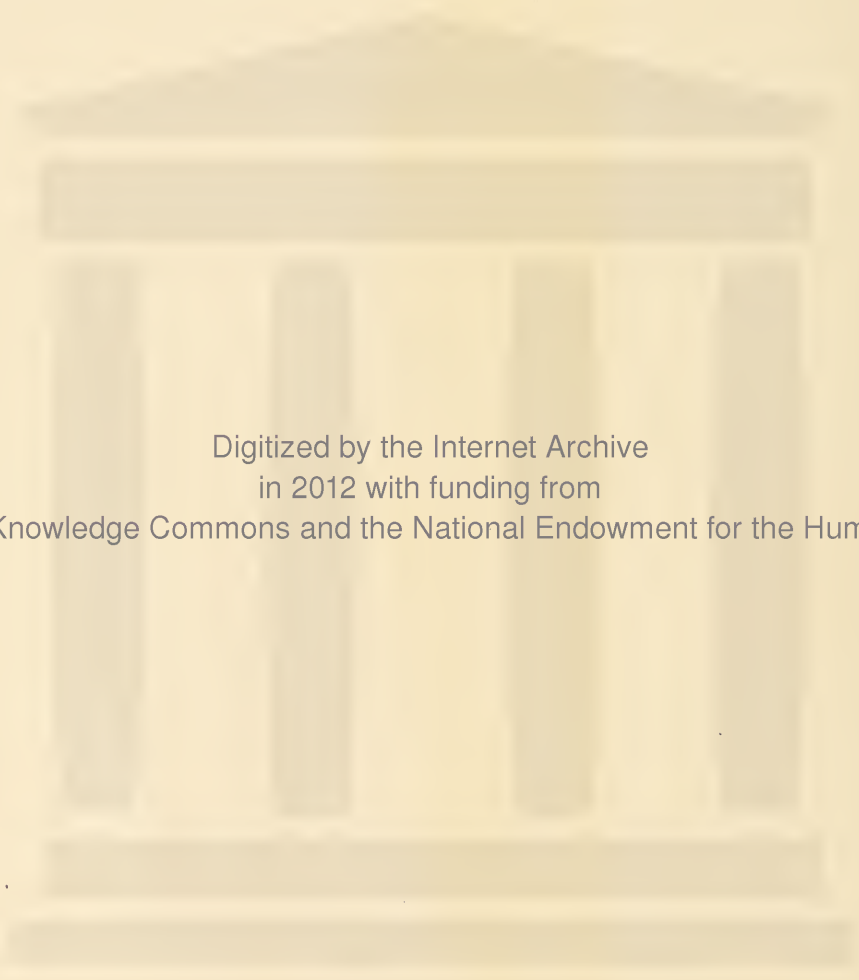






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THE  
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MEDICAL GAZETTE.

A Monthly Journal  
OF  
HOMŒOPATHIC MEDICINE.

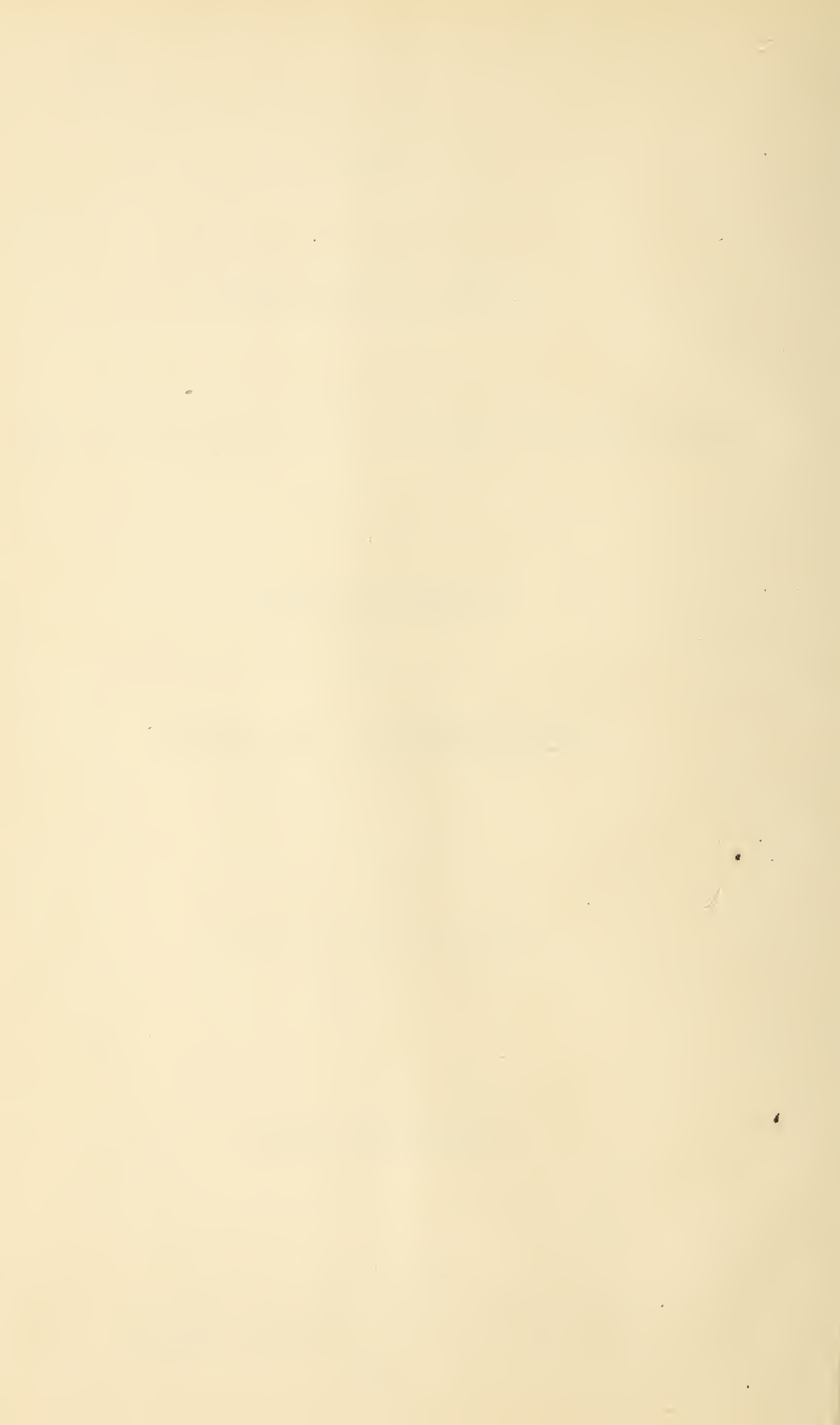
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*“Die milde Macht ist gross.”*

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VOLUME XX.

BOSTON:  
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1885.



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EDITORIAL.

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VOLUME XX.

ALTHOUGH the GAZETTE has still a long road to traverse before it can “come to forty year” and the ripe wisdom incident to that age, yet in its near approach to a twenty-first volume it may justly be said to be approaching its majority. To do this in sound health, as one may say, and with the prospect of long life and congenial labor before it, is certainly cause for self-congratulation, and the GAZETTE ventures to congratulate itself accordingly.

To our new departure, and the changed and larger form in which our journal now presents itself, extended allusion was made in our December issue; and to what was then said nothing need now be added. We have earnest hope of materially increasing both the usefulness and the interest of the GAZETTE in the year now opening; but “one thing is tell, and another thing is make,” as the immortal “Portuguese Phrase-Book,” with its usual topsy-turvy good sense, remarks. We propose to devote our energies to the “making,” and do as little “telling” as possible.

We desire to close our brief annual salutatory with a very urgent appeal to the physicians of New England to give our magazine, whose ambition it is to be their worthy representative organ, the benefit of their thought and experience.

It is manifestly impossible for the management of the GAZETTE to solicit contributions, either personally or by letter, from a tithe of the physicians, contributions from whom would be of

interest and value ; and all our professional brethren are hereby cordially urged to make our magazine, in truth as in name, the "NEW-ENGLAND" MEDICAL GAZETTE. To bring about this most desirable consummation, Maine and New Hampshire, Vermont, Rhode Island, and Connecticut, must join their efforts with those of the State whose physicians are now the chief contributors to our pages.

Not every physician has either the ability or the leisure to formulate new scientific theories, or to think and write abstractly on those already in existence. But the great majority of physicians must surely, in the varied experiences of the year, encounter at least one case sufficiently unique to make a brief report of it interesting to their professional brethren. Even more useful, perhaps, than reports of "unique" cases, would be the carefully tabulated records of a series of cases of a like disorder, — typhoid fever or pneumonia, for instance, — treated according to the homœopathic law, with comparisons of symptoms and results. Such series of cases are most valuable contributions to the full and exact statistics which must be at the basis of the "clinical test" of scientific appeal ; and such a series of cases every practical physician may, with a little painstaking, tabulate and report.

Every physician has open to him a sphere of most active usefulness in the conscientious and scientific re-proving of the drugs of our *materia medica*. Any report of such provings, made either by a physician or by assistants under his direction, and carefully recorded and reported, will be most cordially welcomed to the pages of the GAZETTE, and very probably may, through those pages, pass into yet wider knowledge and service in the pages of the forthcoming "revision."

We need not further dwell, at this time, on the fact we have urged so often, — that for a physician to interest himself in becoming a contributor, to never so small an extent, to the medical literature of his day, is a service bringing its own full reward. No small part of this reward is the refreshing sense of rising, for the moment, from the sphere of the (professional) man of "business" into that of the scholar and the scientist.

The GAZETTE offers to all its readers and contributors its cordial best wishes for a happy and useful NEW YEAR.

*THE BRITISH JOURNAL OF HOMŒOPATHY.*

WHEN an old and trusted friend passes away out of our sight, it is sometimes imperfect consolation to feel that he is well content to go, having accomplished what he felt to be his life-work. It is with very real and lasting regret that we bid farewell to our honored contemporary, "The British Journal of Homœopathy," which, with its October issue, retires from its long and successful labors in the field of medical journalism. We shall miss its familiar appearance as the months go by, as one misses the strong grasp of a friendly hand.

The Journal is in some sense the Nestor of homœopathic periodical literature. For forty-two years it has stood at its arduous post, and its younger brethren have looked to it not in vain for wise counsel and generous encouragement. It has at once faithfully chronicled and largely helped to make the history of homœopathy in England. It may well point with pride to the position occupied to-day by homœopathy and its practitioners, as compared with that occupied by them when its labors were begun; and none will grudge the Journal the assurance that to its own efforts may be largely attributed the good that has been wrought.

In saying farewell, —

"We mourn no blighted hope nor broken plan,  
Where now this life stands rounded and approved  
In a full growth and stature."

We comfort ourselves with the fact that four of the editors — Drs. Drysdale, Dudgeon, Hughes, and Clarke — will not cease from literary labors with the cessation of the journal they have so successfully conducted; but their words, losing no dignity or force in the exchange of the editorial "we" for the more familiar "I," may still be counted upon to instruct and delight us.

But we are not wholly comforted for the leaving by this strong worker, of its work, while yet so much remains undone. Talent and faithfulness are not wanting in the younger generation whose hands are reaching out toward the work their prede-

cessors must let fall: brighter lights may be rising, even now, above the literary horizon;

“But yet — but yet we feel, for us  
A star has set.”

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#### VANILLAISM.

THE toxicological properties of substances in every-day use are subjects never without their interest, especially to homœopaths; and any careful study of such properties is rarely unworthy of consideration. The “*Revue Bibliographique*,” in a late issue, quotes an article written for “*La France Médicale*” by Dr. Layet, who has recently made interesting observations of the effects of handling the vanilla-bean, on the operatives whose business it is to distil from the bean the popular flavoring extracts. So numerous and varied are the pathological conditions consequent on this work, Dr. Layet feels justified in classing them under the generic term “vanillaism.”

The doctor's studies have been made in the large manufactories of Bordeaux, where from twenty-five to thirty kilograms of vanilla are yearly utilized. The beans, on their arrival, are cleansed, and then sorted over, being classified according to their quality. The employees in charge of these operations almost invariably, within a longer or shorter time, develop the following symptoms: a sharp, pricking sensation makes itself felt in the hands and face, accompanied by an intolerable burning; the skin is covered with a pruriginous eruption; there is marked redness and swelling, and desquamation takes place at the end of a few days. The condition is doubtless caused by an acarus, which is found in the end of many of the beans: it is said not to penetrate the human skin, but by contact alone to communicate its poison. There is a fine, thin oil on the surface of the bean, from which it derives its characteristic odor. This oil is said to produce marked effects; and many operatives who escape skin-diseases complain of languor and faintness, with later such severe muscular pains as force them to give up this sort of work altogether.

All this is very suggestive to the enthusiastic seeker after

“new remedies.” It would be interesting to learn the results of observations analogous to those of Dr. Layet, made in some of our own large manufactories; Burnett’s, for instance. Certain “provings” might be brought to light for which the *materia medica* would in time be the richer.

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*THE HOUSE-WARMING AT THE MASSACHUSETTS  
HOMŒOPATHIC HOSPITAL.*

WE have several times during the last few months taken occasion to refer to the fine addition lately made to the Massachusetts Homœopathic Hospital. We now take much pleasure in chronicling the formal opening of the new building, and the brilliant “house-warming,” taking the form of a fancy bazaar, with which the opening was celebrated. The house-warming was held in the hospital-building on East Concord Street. From the evening of Monday, Nov. 17, to that of the Saturday following, the wards, halls, and corridors of both the old and the new buildings were beautiful with tasteful decoration, and tables laden with all manner of charming and useful articles, and thronged with interested and admiring guests. So many physicians were present, and noted for themselves the attractions of the bazaar, and such full accounts of the affair were published by the local press from day to day, that it is unnecessary to enter at this time into further detail. Where, as in this instance, full and wise plans were matured and efficiently carried out by so large a corps of enthusiastic workers, success is a foregone conclusion. More than fourteen thousand dollars was cleared at the bazaar, and, in addition, there was raised by subscription a considerable sum toward the furnishing of the new building, and the annual expenses of the hospital.

The hospital has once more opened its doors for the reception of patients. May its good work in the future increase proportionately to its largely increased advantages! We trust that the generous enthusiasm which has made the inauguration of the new building so noteworthy a success will not wane as the busy months go by, and fresh needs make fresh appeals to friendship.

## COMMUNICATIONS.

*A CASE OF FATAL POISONING BY CORROSIVE SUBLIMATE.*

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE, MASS.

[*Read before the Boston Homœopathic Medical Society, November, 1884.*]

*April 5, 1884.* — Mrs. W. C., aged thirty-six, blond, plump, of somewhat sallow complexion, but usually in vigorous health; mother of three children; delivered three weeks ago of healthy child; labor normal; lochia ceased; not nursing.

Took by accident, at 7 o'clock A.M., on an empty stomach, at one draught, nearly a tumblerful of a concentrated solution of corrosive sublimate, — one ounce to a pint of water. At a rough estimate, not less than a hundred and fifty grains of the poison must have been swallowed.<sup>1</sup>

The immediate effects were heat and burning in the mouth and fauces, followed at once by nausea and copious vomiting, and in a few minutes by active purging. Warm water and mustard-water were immediately administered by the nurse, with the effect of keeping up persistent vomiting and retching, attended by frequent green and yellow slimy dejections; great prostration; hiccough; dull pain at epigastrium. At the end of an hour and a half, great prostration; face pale, sallow, anxious; extremities cold; nose warm; burning and offensive metallic taste in mouth; copious watery yellow stools at intervals of twenty minutes; every five minutes vomiting of bitter, thickish, orange-colored matter; attacks of fainting; burning at epigastrium; no pain in bowels; mind clear; answers questions clearly, but in a labored way. Milk and white of egg had been administered freely.

After three hours (when first seen by me), pale and haggard look; extremities cool, not cold or clammy; pulse small and feeble, — 110; vomits milk and albumen in curds, with yellow watery matter; vomiting occasionally with effort and retching, generally, however, by a quiet, effortless regurgitation of mouthfuls of fluid; no pain; excessive prostration; complains of bad taste in mouth; skin moist; discharges, every twenty or thirty minutes, watery, yellow, fecal; no thirst. Somewhat later, vomiting of deep yellow, sirupy matter, having the appearance of pure unmixed bile; occasional mouthfuls of mucus, streaked with

<sup>1</sup> The draught was taken for a dose of Hunyadi water, which the patient had sent the nurse to fetch from the medicine-closet. Unfortunately, the poison was contained in a Hunyadi-water bottle, with nothing but a small label to distinguish it from similar bottles. The criminal carelessness of druggists who sell destructive poisons without the precautions demanded by law is to be noted.

blood ; restless from general distress ; complains greatly of bad taste in mouth ; respiration somewhat oppressed, — 22 to the minute.

*April 8.* — Doing surprisingly well, considering the amount of poison swallowed, and that must have been taken up and distributed throughout all the tissues ; face flushed ; extensive blushlike redness over cheeks and forehead ; herpetic-like eruption at corners of mouth ; gums spongy, bluish, receding from teeth, with grayish patches along alveolar margins ; soreness and great tenderness of gums ; distressingly bad taste in mouth ; breath offensive ; salivation slight but unmistakable ; tongue covered with thin whitish fur at sides and root, red at the tip ; no swelling of tongue, nor signs of inflammation of its substance ; no sore throat, no pain on swallowing ; frequent vomiting of light yellow matter with whitish curds, and equally frequent stools with great burning and tenesmus ; great burning in rectum before the discharge ; stools slimy, gelatinous as in dysentery, mixed with blood, occasionally yellow fecal matter, offensive ; many stools light yellow, others of a cinnamon color ; no pain in stomach or bowels ; from eight to twelve stools in twenty-four hours ; abdomen slightly tympanitic ; no pain or soreness on pressure ; urine very scanty, pale-colored, less than two ounces in twenty-four hours ; passes urine only when at stool ; drawn by catheter, shows about one-quarter albumen on boiling ; no pain, soreness, or tenderness in lumbar region ; great pain and burning during micturition ; on external genitals, herpetic eruption, like that on corners of mouth ; slight yellowish leucorrhœa ; temperature 98–99 ; pulse 88, soft, very compressible ; general appearance like that of first week of typhoid fever ; mind clear but sluggish ; answers questions, expresses wants ; eyes injected ; slight purulent discharge in corners ; pupils react, but somewhat sluggishly ; dull appearance of eyes ; spells of great faintness and prostration ; general debility with restlessness ; sleeps in shorter or longer naps ; takes milk and white of egg freely without immediate vomiting or distress ; no thirst ; offensive odor from mouth and about the bed.

*April 10.* — Much the same general appearance as forty-eight hours ago ; face red to forehead, slightly swollen on left side ; pupils contracted, but react fairly ; dull, slow of speech ; hearing confused ; says she feels dull in her head ; night and morning, or chiefly in the morning, great faintness and prostration, often wearing off towards the afternoon and evening ; takes food well, — strained oatmeal-gruel, milk, eggs, barley-water ; less vomiting ; evidently inflammation of pyloric orifice of stomach ; accumulation of food and secretions from time to time wake her out of sleep to vomit ; vomit of thin watery matter, like

water in which meat has been washed or soaked ; hawking and expectoration occasionally of mucus, tinged with blood ; cough is slight, short, hacking ; breathing still oppressed, but lies most comfortably with her head and shoulders low ; urine almost wholly suppressed ; occasional discharges of about one thimbleful of pale turbid urine, of which nearly one-third congeals on boiling, or addition of nitric acid ; no pain or soreness of abdomen or in region of kidneys on deep pressure ; stools less frequent, about every two or three hours, of a dark brownish or reddish-green, like spinach chopped and thoroughly boiled, or the fresh manure of cows at grass ; deep-green flocculent masses surrounded by slimy matter, dirty but transparent, and tinged here and there with blood ; discharges not markedly offensive ; great burning and tenesmus before and after stool ; pulse full, soft, regular, — 84 ; temperature 98.8 ; skin warm, soft, slightly moist in palms of hands ; feet warm ; no numbness of extremities ; no œdema except that of face ; tongue still slightly furred ; eruption around mouth healing, likewise that of external genitals ; complains of feeling weak and dull, and occasionally of being chilly, but is much oppressed under additional bed-clothing ; rheumatoid pains, and stiffness in knees ; dull aching pains in thigh-bones ; much headache of an undefined character ; color of skin over entire surface, excepting the face, of a sallow sickly pallor.

*April 12.* — More feeble and prostrate ; mind more sluggish and dull, though clear if roused, but seems to find it hard to collect her senses ; face tumid, red ; cheeks, nose, and forehead deep red ; lips of good color ; slight soreness about left nostril ; nose feels sore, stuffed ; slight purulent discharge from it ; less headache, but much confusion in head ; eyes very dull ; lids drooping, less injected ; lachrymation ; pupils contracted, sluggish ; sleeps about half an hour at a time ; mouth very sore ; deep corroding ulcers at alveolar margins of gums, chiefly about lower incisors and right upper canines ; tongue at edges and lower surface as if sodden or cauterized ; white, thick, raised surface, with thick margins like false membrane of diphtheria ; sordes on lips and teeth ; upper surface of tongue coated brownish in middle, and yellowish-brown at sides ; moist ; saliva thin, but stringy at sides of mouth ; no swelling of salivary glands ; fœtor oris very marked ; still complains of bad taste in mouth ; no sore throat ; great throbbing of carotids ; pulse somewhat irregular, — 80 ; heart sounds normal ; occasional disturbances of rhythm : muffled sounds, like endocarditis ; deep sighing respiration, slow, — 14 ; oppressed during sleep, no dyspnœa while awake ; temperature 97.2, subnormal ; wants to be raised ; attacks of syncope ; retching from two to four times during night, often



violent retching and straining, with ejection of greenish or reddish watery matter; frequent regurgitation of watery blood from stomach without retching or effort; hiccough frequent, but apparently not troublesome; takes food fairly, swallowing easily from eight to sixteen wineglassfuls of egg and milk in course of day; leucorrhœa yellowish; inflammation of nymphæ and lining of vulva.

*April 13, 4-6 A.M.* — Slept in short naps during evening and night, growing more restless towards morning; only two short naps since midnight, owing to increasing difficulty of breathing; long, slow, labored inspirations; breath cold; no salivation; mouth dry; eyes dull; answers questions promptly, more readily than before; moves hands about freely, and helps herself about the bed better; discharges less frequent, tarry, thin, blackish-brown, coffee-colored, dividing into thick and thin supernatant layers, the lower adhering to vessel, and moving slowly when poured, while liquid on top flows freely—not urine, for this seems almost wholly suppressed; less straining and burning; pulse soft, good strength, full, regular, 90; temperature 94.6; dyspnœa most distressing symptom, as it keeps her awake; great oppression and distress at præcordia; active borborygmus; frequent but ineffectual calls for stool; head feels clearer; vomiting much less frequent, still bloody and watery; occasional choking and suffocation, relieved by expectoration of stringy mucus from throat and fauces; mouth so dry that she can wipe thick, dried saliva from teeth, lips, and cheeks.

*10 P.M.* — Increasing stupor, delirium, inarticulate mutterings, or singing in tuneless, inarticulate strain; restless, thrashing about, moaning, and crying out; increased inflammation of labia minora, which appear exceedingly painful; from two to three further dark, tar-like discharges, more reddish than black; tongue dry, brown, hard, and stiff; temperature 92.4; pulse 34, small, soft.

*April 14, 2 A.M.* — Restless; loud, mucous rattling in trachea; face pale about mouth and nose; circumscribed flush on cheeks; slips down in bed, and has general appearance of severe typhoid; loud moaning; frequent loose cough; extremities cold; cold breath and face; swallows with difficulty; tongue very dry; temperature 91.9; no discharge since 11 P.M.; constant singing.

*6.30 A.M.* — Great stupor, roused only with difficulty; occasional cough; breathing very slow and labored. Death at 1.30 P.M.

#### AUTOPSY OF MRS. W. C., APRIL 15, 1884.

*Twenty-six Hours after Death.* — Body well nourished; no dis-

coloration of skin; rigor mortis in usual degree; muscular tissue deep red; blood in subcutaneous and cutaneous vessels disposed to flow freely, or ooze from cut laminæ; on opening thorax, lungs not collapsed or retracted, but full and firm; no fluid in pleural cavities; deep red or purple appearance of left lung, except near lower anterior margin, where it remained pale and crepitating; adhesions at apex, back, and front, and at summit, sufficiently strong to prevent the lung from being drawn forward, but readily broken down by finger; deep purple (*post mortem*) discoloration at back, but similar color somewhat resembling beef's liver, though lighter and less uniform, throughout upper lobe, even anteriorly (red hepatization) no crepitation on cutting through, or slight; on decided pressure, cut surfaces covered by fine foamy fluid, which ran readily to dependent portions; lower lobe more solid, deeper in color, and giving little or no fluid or foam on pressure of cut surfaces; several indurated nodes discovered by handling and compressing lung, consisting of portions more markedly indurated, without sharply defined boundaries, and presenting, on incision, yellowish-gray tinge, and oozing of dirty-grayish fluid less thin than the reddish foamy fluid from other cut surfaces, and not foaming; three such indurations in lower lobe from size of small filbert to that of large walnut; right lung lighter in color than left, and crepitating throughout; adhesion at apex as in left, crepitating on incision, and copious oozing of thin, foamy fluid everywhere; color deep red, but much lighter than left side; no nodes, no purulent fluid.

*Heart.* — Normal; tissue soft and flabby; on opening left ventricle, escape of thin, dark blood; fibrinous clots extending through auriculo-ventricular opening into auricle and aorta; valves normal; right ventricle containing no fluid, but a large fibrinous clot, so firmly interwoven with chordæ tendineæ and spaces between columnæ carneæ as to appear adherent, and to tear rather than disengage itself on forcible pulling; valves normal; no signs of inflammatory deposit; surface deep-colored, but uniform throughout; no fluid in pericardium.

*Abdominal Cavity.* — Coils of small intestines distended, crowding over omentum; deep slaty-purple, dense network of minute vessels easily seen on cut surface; no enlargement of mesenteric glands; removed entire length of intestinal canal from region of internal sphincter.

*Stomach.* — Deep slaty-purple externally; walls thickened, containing grayish semi-fluid, somewhat gelatinous fluid; lining of a deep dirty-grayish hue throughout; near cardia, greater redness from turgid vessels seen distinctly on allowing light to shine through; over great curvature and near pylorus, less

redness, but whole thickness of walls deep slate colored; rough appearance and apparent thickening of walls; paler near pylorus; no marked redness.

*Duodenum.* — Marked inflammatory discoloration throughout, deeper in large tracts; mucous membrane covered with grayish-purple mucus, so yielding that it tears on slight pressure; muscular coat exposed at several points; throughout jejunum and ileum similar patches of inflammation and injection; at ileo-cæcal valve, marked and extensive inflammation, with deep grayish-purple discoloration, and thickening and distension of network of blood-vessels; similar appearance throughout large intestine, most marked at rectum; liver much enlarged; adhesions of peritoneum to omentum, and thickening at many points; uterus and bladder inflamed; in the former and throughout the vagina, patches resembling false membrane.

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### MENTAL INFLUENCES.

BY FREDERICK B. PERCY, M.D., BROOKLINE, MASS.

[*An oration delivered before the Massachusetts Homœopathic Medical Society, October, 1884.*]

A PROMINENT clergyman once said to an audience of young men, "Never begin what you are about to say in public by an apology, either for your subject or its treatment." While appreciating the wisdom and good sense of such advice, it seems but right and proper that my contribution to your meeting should be premised by an apology for having so far departed from the precedent established by those who have filled this position in years gone by, that I have chosen, not a subject which deals with homœopathy and its progress, but rather one common to what Dr. Hughes has so aptly called the whole catholic school of medicine. Did I only believe, with the late Sir John Forbes, that the curative powers of nature, and the mental influences essentially connected with the exercise of a new system, suffice to explain all the triumphs of homœopathy, my subject would be in strict accord with what you have been prepared to expect. Older than any "pathy," nay, as old as time itself, is the history of mental influences, both in causing and curing disease; but it is only within the last century that we have studied them with the veil removed from our eyes, which superstition on the one hand, and theological mysticism on the other, drew closely about them. As a recent writer has well said, "The habit of viewing mind as an intangible entity, an incorporeal essence, which science inherited from theology, pre-

vented men from subjecting its phenomena to the same methods of investigation as other phenomena.”

In treating this subject, I purpose, not to dwell upon the physiology of the brain as the organ of the mind, or the equally interesting matter of cerebral localization, but to ask you to follow me in a brief history of some of the opinions entertained as to the relations of mind and body, of the power of the mind to produce diseased conditions, and, last, the far more important question of its therapeutic forces. You thus see that there is no promise made of new truths or original investigation, only a presentation of old facts rehabilitated, that you may, perchance, desire a tithe of the pleasure which came to me in the course of reading which suggested this subject. There certainly is nothing more interesting than the study of the relation of mind to body, and yet to many physicians a superficial knowledge of this subject seems quite sufficient; and it is satisfactory, to themselves at least, to pass over all cures wrought by mental medicine as the result of mental shock, personal magnetism or imagination, without ever thoroughly mastering the influences which these terms represent, forgetting that in so doing they can never intelligently or successfully use these same agents. To the older practitioners, who have watched the mental development of the young; who have pondered over a baby's thoughts, and fain “would follow the gossamer links

“By which the manikin feels his way  
Out from the shore of the great unknown,  
Blind and wailing and alone,  
Into the light of day;”

who have daily witnessed the influence which a strong mind always has; nay, have often asked themselves the question why so satisfactory results have followed even the mildest remedial measures,—there is no reason to sue for attention; and, of us younger members of the profession, the subject, from its freshness, demands close consideration.

Now, let me do what I should have done some time since, and tell you what I understand by the word “mind.” Reid thus defines it: “By the mind of man we understand that in him which thinks, remembers, reasons, wills.” Tuke considers mind under the three conditions of intellect, emotion, and volition; and I think it will be as well to follow him in his interpretation of what it is. This combination of two distinct agencies, intellect and volition, in the mental constitution of each individual, is recognized in the whole theory and practice of education; for whilst in the earlier stages the educator aims to call forth and train the intellectual faculties of his pupil, and to form his moral character by bringing appropriate external influences to

bear upon him, every one who really understands his profession will make it his special object to foster the development, and to promote the right exercise of that internal power by the exertion of which each individual becomes the director of his own conduct, and so far the arbiter of his own destinies. Apropos of this matter of brain-training, do we properly appreciate the fact that brain development is subject to the same laws as physical development; that daily regular use of the brain is as surely productive of growth as physical exercise will increase our muscular strength? Maudsley says, that not alone is the brain itself changed in shape and size by certain kinds of brain-work, but even the contour of the skull itself. It is not so long ago but that you well remember Herbert Spencer's parting words to Americans, — words of warning against the rush and hurry of our daily life, which not only wear men out before their time, but likewise prevent the accomplishment of half the work, mental or physical, which by nature they were designed to do. There is no truer, if trite saying, than the old one, "*Mens sana in corpore sano.*" I was much entertained by a recent article from the pen of Dr. Beardsley on the impeachment of the body, in which he pleads for more light for the people on the subject of digestion, as good brain-work depends so materially upon the proper performance of that process. Let me quote a few sentences: "An odd enterprise would that be of establishing here and there stations, with employees to talk on pepsin, to labor with stomachs abandoned to depraved desires, or to apply the balm that oozes from hot venison or a juicy roast to a penitent vegetarian." "'Tis safe to strike an average, and aver that in *belles-lettres*, commercial avocations, and the several professions, those who do the most good, or exemplify the ideal nobleness of culture, are not those who cripple the body, or are chary with the larder, or believe in a protracted Lent." "If the various gymnasias for the *Nous* could be furnished with a painting of Jerome, by Ceretto; or if on our parlor-tables there could be scattered vignettes of Lord Bacon, bareheaded in his saddle, defying the storm, — a worthy service would such sketches render." "It is surely not the tax on muscles, nor the sapping of the nerves by thinking, that makes us prematurely gray or unduly fretful. The blanched cheek and withered palm and flabby leg are not witnesses of an overworked physique. The hod-carrier and the master of the spade sleep sweetly, and find a green old age. No painful study or self-communings about coming troubles interrupt the luxury of their living. Let the regimen be general that ministers to the cheery symmetry of mind and muscle; let the culinary art be amplified and the larder stocked, through the aid of a nicer appreciation of the fitness of its contents; let jolly digestion

obtain as a correlate to the happy expansion of genius, — and the parlor will cease to be an infirmary, and a ruddier set of saints will appear, where wit, vitality, and usefulness will not swoon in the afternoon of the chase for fame.”

“It is a curious and interesting study to trace the variety of opinions in regard to body and intellectual principles, — opinions which have in turn taken up every position between the absolute non-existence of mind, save as a form or function of matter, on the one hand, and, on the other, the merely phenomenal existence of matter dependent upon the variations of a sentient or thinking immaterial existence, — the mind.” These two extreme views as to the relation of mind and matter are represented respectively by the materialistic and spiritualistic schools. Those of the former are well tabulated in the words of that brilliant woman, Harriet Martineau: “I am what I am, — a creature of necessity. I claim neither merit nor demerit: I feel that I am as completely the result of my nature, and impelled to do what I do, as the needle to point to the north, or the puppet to move according as the string is pulled. I cannot alter my will, or be other than what I am, and cannot deserve either reward or punishment. Man is merely a thinking automaton; every act or thought, the result of brain-change.” What is this but the doctrine of fore-ordination, — a doctrine which is utterly demoralizing, and destructive alike of mental growth and professional success, — one which dwarfs a man or woman, and reduces him to a mere living machine. As Carpenter says, “It is, in fact, in virtue of the will, that we are not mere thinking automata, — mere puppets, to be pulled by suggesting strings, capable of being played upon by every one who shall have made himself master of our springs of action.” Remember just here that Harriet Martineau herself was a convert to, and a most enthusiastic disciple of, mesmerism; which, in the light of recent psychological investigation, has been proven to depend for its results upon volition and expectant attention.

According to the spiritualistic views, “our knowledge of an external world is only a belief. We do not directly and immediately perceive it, but are cognizant only of our sensations and ideas that are in our own minds. From these we infer the existence of external things; but all outward things, including our own bodies, are only an inference a belief. The existence of the body, and all of its conditions of health and disease, are only a belief, as we know nothing of it, except in our own minds. It is in the enclosure of our inner being. A change of our belief in regard to it, if it be real, is all the same as an alteration of the bodily state.” “Mind is the only active power in the universe, the only causal agent in the realms of matter,

and certainly in the human body." "A man is well so long as he thinks, feels, and believes himself so."

I cannot think you would follow me in advocating the acceptance of either of the above views. God pity the physician who would practise medicine, believing himself a mere puppet! and God pity the patients who were cared for by a physician who believed that there was no such thing as disease or pain, and acted up to this belief! As Professor Lewes has well said, "We say we are both mind and body: we know that we exist as objects perceptible to our senses and to the senses of others, and as subjects percipient of objects, and conscious of feelings. The only agent known is the organism." Did time permit, I should like to dwell upon the views of Descartes, Liebnitz, Hegel, Fichte, and a host of others; but I must haste to consider the disease-producing powers of mental influences

John Hunter once said, "I am confident that I can fix my attention to any part until I have a sensation in that part." Weber could check the pulsation of his heart, Paxton could contract or dilate the pupil of his eyes, and Merrifield could move his ears or his scalp, by a mental effort. Dr. Forbes Winslow remarks, "The physician is daily called upon, in the exercise of his profession, to witness the powerful effects of mental emotion upon the material fabric. He recognizes the fact, although he may be unable to explain its rationale. He perceives that mental causes induce disease, destroy life, retard recovery, and often interfere with the successful operation of the most patent remedial means exhibited for the alleviation and cure of bodily disease and suffering." M. Reveillé-Parise is even more emphatic: "If a patient dies, we open his body, rummage among the viscera, and scrutinize most narrowly all the organs and tissues, in the hope of discovering lesions of some sort or another. There is not a small vessel, membrane, cavity, or follicle, which is not attentively examined: the color, the weight, the thickness, the volume, the alteration,—nothing escapes the eye of the studious anatomist. One thing only escapes his attention; that is, he is looking at merely organic effects, forgetting, all the while, that he must mount higher up to discover their causes. These organic alterations are observed, perhaps, in the body of a person who has suffered deeply from mental distress and anxiety: these have been the energetic cause of his decay, but they cannot be discovered in the laboratory or amphitheatre. Many physicians of extensive experience are destitute of the ability of searching out the mental cause of disease. They cannot read the book of the heart; and yet it is in that book that are inscribed, day by day, and hour by hour, all the griefs, and all the miseries, and all

the vanities, and all the fears, and all the joys, and all the hopes, of man, and in which will be found the most active and incessant principle of that frightful series of organic changes which constitute pathology." "Many a disease is the *contre-coup*, so to speak, of a strong mental emotion: the mischief may not be apparent at the time, but its germs will be nevertheless inevitably laid." I doubt not, such thoughts have oftentimes been on your lips; and, uttered or not, they have been none the less real to you. It takes not many months of practice to convince the physician that disease is not an entity, that typical cases are rare, that the causes of illness are often far to seek, and that mental causes are underestimated. Long before we knew of ether or anæsthetics, Dr. Elliotson had proven that mesmerism could induce a sleep so profound that many minor, and some major, surgical operations could be performed without pain; and, since the discovery of ether, patients have been anæsthetized from thinking they were inhaling it. There never has been an epidemic in which fear has not proven an important factor, if not in proving the exciting, at least the predisposing, cause of many a case. I might cite for you innumerable cases of epilepsy, heart-disease, and that interminable list of ills which we know under the name of hysteria, which owe their beginning to fear, grief, shock, joy, or imagination; but in your own practice you could find parallel cases, and therefore I will not weary you by their recital. You know that John Hunter came to his death because of anger. And hardly a day passes but some victim of heart-disease succumbs to some depressing or exciting influence; and we ask ourselves how and why, but wait in vain for an answer. It is only because we are familiar with the facts, that we no longer wonder at the speedy termination of the other life, in the case of the death of husband or wife who have lived many years together. They say grief never kills: it may not, but it renders many lives hardly worth the living, and death would indeed be a boon. Tuke, in his interesting work on the influence of the mind upon the body, has collected a series of most interesting cases which will illustrate the influence of emotion, fear, and volition, in producing disease. Let me quote a few illustrative cases: "A man believed that he saw, and was seized by, a spectre, and was terribly frightened. One of his feet immediately became red and swollen, and afterward suppurated; he also became convulsed and delirious." "A young woman witnessed the lancing of an abscess in the axilla; and not only did she immediately experience pain in that region, but this was followed by inflammation and decided swelling." "A highly intelligent lady was walking past a public institution, and observed a child in whom



she was particularly interested coming out through an iron gate. She saw that he let go the gate after opening it, and that it seemed likely to close upon him, and concluded that it would do so with such force as to crush his ankle. However, this did not happen. 'It was impossible,' she says, 'by word or act, to be quick enough to meet the supposed emergency: and, in fact, I found I could not move; for such intense pain came on in the ankle corresponding to the one which I thought the boy would have injured, that I could only put my hand on it to lessen its extreme painfulness. I am sure I did not move so as to strain or sprain it. The walk home was very laborious; and, in taking off my stocking, I found a circle round the ankle, as if it had been painted with red currant-juice, with a large spot of the same on the outer part.'"

"There is a case on record of a man who was sentenced to be bled to death. He was blindfolded, the sham operation was performed, and water allowed to run down his arm in order to convey the impression of blood. Thinking he was about to die, he did actually die." Dr. Armstrong said in one of his lectures, "You will seldom be alarmed at hypochondriasis when it occurs in young subjects. I have, since I have lectured, had the honor of curing some pupils of extraordinary and dangerous organic disease by very slight means. I have cured an aneurism of the aorta by a slight purgative, ossification of the heart by a little blue-pill, and chronic disease of the brain by a little Epsom salt." Emotional paralysis, deafness, ocular disturbances, aphonia, are all produced by like influences; but the recital of special cases would only weary you. Let me only ask you to recall the wonderful effects of prenatal influences, and, without rehearsing them, proceed to the consideration of psychic forces as curative or therapeutic agents.

Did I attempt to trace the beginning of the use of psychic forces in the cure of disease, I should be obliged to go back to biblical traditions and miracles, and the history of the earlier nations, with their oracles and shrines, their charms and incantations; but I prefer not to touch upon these matters, nor would you care to follow me in such a research. In those times such remedial agents were unhesitatingly accepted as indications of deific powers, and no attempts at a proper understanding of them were made. While physicians in all ages must have appreciated the importance of these unseen and unknown, if not unknowable forces, yet a systematic use of them was never made until the time of Mesmer, who invented a system of medical practice which has ever since borne his name. "It was supposed to have some analogy to the magnetism of the loadstone, and hence its name." "The art of inducing the magnetic

state [I quote from Chambers], as practised by its discoverer, Mesmer, involved the use of apparatus, — the *baquet*, or magnetic tub, iron rods, etc. ; but the more common means have been passes made by the hands of the magnetizer from the head of the subject downward, or simply making him fix his eyes on the operator. He then generally feels a creeping sensation stealing over the surface, and shortly falls into the mesmeric sleep. While in this state, the functions of the body are liable to be much affected ; the pulsations of the heart and the respiration are quickened or retarded, and the secretions altered, and that chiefly at the will of the operator ; at his direction, the limbs are made rigid, or become endowed with unusual strength ; one liquid tastes as any other, and is hot or cold, sweet or bitter, as the subject is told.” Mesmer refused to part with the secret of this method, and died in retirement some years after the investigation of the commissioners appointed by the King of France in 1785, who declared that the effects actually produced by mesmerism were produced purely by the imagination. “Braid was not satisfied with this interpretation of the matter, and, after a series of careful experiments, declared that the mesmeric phenomena were caused by impressions made on the nervous centres by the physical and psychical condition of the patient, irrespective of any agency proceeding from or excited into action by another.” It is undeniably true that these men and their disciples accomplished a deal of good for suffering humanity ; but the recent successes of the Christian scientists have proven that this sleep which they both invoked was unnecessary, and that expectant attention, faith and will, can explain all their cures. No more notable instance of the effects of expectant attention can be given than that afforded by the history of the “Perkins Tractors,” the invention of a shrewd Yankee. These were originally made of various metals, and possessed, according to the inventor, a galvanic force which was capable of curing any and all kinds of chronic painful diseases. Subsequent experiments in the hospitals of England with wooden tractors, with lead, and even iron ones, produced equally marked relief from pain ; and their usefulness was ended. Bread-pills, provided the patient was assured of relief, and expected it, have proved quite as potent as the most accredited remedies of the pharmacopœia, in the cure of chronic constipation, chronic dysentery and diarrhœa, and nervous diseases of all kinds. There have been physicians for whom the thought of taking a purgative was all-sufficient ; and we must be familiar with many cases where emesis is threatened, if not produced, by the thought of a nauseous emetic, or even a vile odor. Faith and hope are indeed “twin-sisters,” and every physician must testify to the

vital importance of their aid in the treatment of the sick. Said the venerable Dr. Rush of Philadelphia, "I have frequently prescribed remedies of doubtful efficacy in the critical stage of acute diseases, but never till I had worked up my patients into a confidence, bordering upon certainty, of their probable good effects." "The success of this measure has much oftener answered than disappointed my expectations." Fear, though a rather dangerous weapon, has often cured epilepsy; and one case of chronic rheumatism to my certain knowledge, in the person of a lady who had been helpless for a year, unable to walk or use her arms and hands, but who was instantly cured by fear of a weasel, which, escaping from his cage, ran into her room while she ran out of it. One of the best known of the travelling doctors of Boston, whose success in the treatment of lameness, deafness, voicelessness, and a host of other ills, was quite phenomenal, depended largely upon the fear which he tried to inspire in his patients for the cure which he promised. Tuke cites the case of a Mr. Crosse who cured himself of hydrophobia by will-power, and of a Mr. Irving who fought off an attack of cholera in the same way. I cannot see that the Christian scientists of to-day, who are boasting of their many cures, make use of any other forces than those I have enumerated. The conclusions of Dugald Stewart with reference to mesmerism are equally applicable to the other doctrines: "I can see no good reason why a physician who admits the efficacy of the moral agents employed by Mesmer, should, in the exercise of his profession, scruple to copy whatever processes are necessary for subjecting them to his command, any more than that he should hesitate in employing a new physical agent, such as electricity or galvanism." And, now that you have borne with me so patiently in this rambling talk, I will only ask you to bear away these thoughts of Maudsley: "Entirely ignorant as we are, and possibly ever shall be, of the nature of mind grasping feebly for the laws of its operations, we certainly cannot venture to set bounds to its powers over those intimate and insensible molecular movements which are the basis of all our visible bodily functions, any more than we can justly venture to set bounds to its action in the vast and ever-progressing evolution of nature, of which all our thoughts and works are a part. This much we do know, — that as, on the one hand, in the macrocosm of nature, it is certain that the true idea, once evolved, is imperishable; that it passes from individual to individual, from nation to nation, from generation to generation, becoming the eternal and exalting possession of man: so, on the other hand, in the microcosm of the body, which some ignorantly despise, there are more things in the reciprocal action of mind and organic element than are yet dreamed of in our philosophy."

*AN INVESTIGATION OF AN ALLEGED CASE OF ACUTE  
YELLOW ATROPHY OF THE LIVER.*

REMARKS OF J. HEDENBERG, M.D., BEFORE THE BOSTON HOMŒOPATHIC  
MEDICAL SOCIETY.

[*Reported by the Secretary, Horace Packard, M.D.*]

DR. HEDENBERG said, "After having been several times urged, I appear before you, somewhat reluctantly, to make an explanation to many of the friends whom I see present this evening."

The case of F. R. S. reported in "The Clinique" for April 15, 1884, as "Acute Yellow Atrophy of the Liver," was then read, as follows:—

ACUTE YELLOW ATROPHY OF THE LIVER.

BY F. L. VINCENT, M.D., TROY, N.Y.

CASE.—F. R. S., inheriting a good constitution, weighing two hundred and thirteen pounds, five feet seven inches in height, of light complexion, skin always fair and clear, with pink flush on his cheeks; an easy-going, good-natured, never-worried fellow. His occupation is that of commercial traveller, visiting large cities. He is fond of the *cuisine* of the best hotels, a large eater, and is never guilty of wasting time in mastication; of good morals. He has been subject to attacks of acute gastric catarrh every now and then.

On the 17th of February he presented himself with unmistakable signs of Bell's paralysis (probably induced by taking an after-dinner nap with his face against a cold car-window). The paralysis involved only the branch of the facial nerves supplying the orbicularis oris muscle of the left side, as no deviation of muscular contraction was noticeable in contracting the brow or in protruding the tongue. For one week he received daily galvanic treatment, with favorable result. The atrophy was slight, and the contractions of the antagonizing muscles less vigorous than at first, being noticeable only when laughing. Whether there was central disturbance I could not positively decide. His mind was confused, forgetting a day in the week, omitting to draw his salary, knowing that an important obligation to be met depended upon it. The countenance was heavy, and the eyes expressionless, except when roused by conversation.

With the abatement of the paralysis and the symptoms just enumerated, an increase of gastric disturbance manifested itself. A violent occipito-frontal hemicrania of the right side set in, with anorexia and suppressed urination, the urine being heavy with bile and urates. He had no jaundice, or pain in the

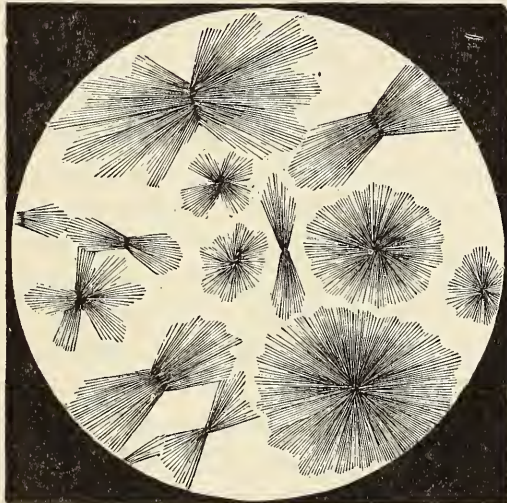
hypochondrium, but a slight tenderness over the stomach. The tongue was large and flabby, the edges red, indented by the teeth, and it had a thick yellow pultaceous coating in the centre. He enjoyed hot drinks (hot water with a little lemon-juice).

I administered *bry.* and *merc. jod. flav.* The bowels moved by enemata daily. The stools were dark brown, pasty, and bilious. The urine now increased in quantity, after a few days' use of the hot water, but was wine-red with bile, and had a heavy deposit of urates.

At no time did the temperature rise above  $101^{\circ}$ : it was usually about  $99^{\circ}$ . The skin was bathed in warm perspiration.

These symptoms varied but little for three weeks, the condition slowly tending toward convalescence. On the 16th of March, four weeks from the date of attack, he sat up and cheerily welcomed several callers.

FIG. 1.



This is a facsimile of the cut published in the "Clinique" to illustrate the case under consideration. The cut very well illustrates the sheaf-shape arrangement of the crystals, but is faulty and misleading in that it attempts to show a crystal having surfaces and angles by a single line (compare with cut No. 2, p. 24). The cut more nearly resembles tyrosin (compare with No. 3, p. 24) than it does the crystals in the urine of F. R. S., for which it was drawn.

On the night of the 16th he was very restless, had slight fever, and complained of a return of the headache. On the 17th he inclined to somnolence, but when awake complained of his head. I saw him in the evening. His temperature was  $99\frac{1}{2}^{\circ}$ ; but I noticed that the heart's action was depressed, his pulse being but 47, soft, and compressible. This condition aroused anxiety, and, thinking of possible uremia or septicæmia from some hidden source, I took a specimen of his urine for further examination. The specific gravity was 1030; re-action acid; there was no albumen, no bile, but an increase of amorphous phosphates. I then applied the microscope, and, to my surprise, found beautiful crystallizations of tyrosin (see Fig. 1).

I immediately telephoned my friend, Dr. J. S. Delevan of Albany, who had seen the patient in council, what I had discovered, and advised him to come up. Together we examined the urine chemically and microscopically, and decided, that, without question, grave disorganization existed in the liver, and that atrophy must be going on. Percussion and palpation confirmed our fears.

Aside from the low pulse, the somnolence, the absence of the ordinary hepatic dulness, etc., and the presence of tyrosin and lucine, so serious a prognosis as was made seemed hardly justifiable from the symptoms.

From the 18th to the 23d it was noticed that his breathing was paroxysmally stertorous, the paroxysms lasting about a minute.

They gradually grew more marked, and lasted longer, accompanied later on by tonic contractions of the left hand and arm.

On the morning of the 24th the breathing was obstructed, and during the paroxysm a dark, grumous, bloody mucus oozed from the mouth. This gradually increased in quantity with each spasm. I examined the eyes during the later hours, and found the left pupil closely contracted, and the right fully dilated.

The patient died in convulsions about 4 P.M., on the 24th. Immediately after death, about one gallon of this bloody mucus was forced from the intestines and stomach.

An autopsy was held on the 26th. It was not satisfactory, because of the opposition of friends. An examination of the abdominal viscera only was permitted.

The remaining fat on the body was soft, and the cellular tissues seemed filled with water. The lungs were healthy. The auricular portion of the heart was laden with fat. The stomach was dilated, but we could not make an examination of its inner walls. The spleen was thickened, but not materially enlarged. It was very friable. The liver was contracted within the costal wall, and was hidden entirely by the colon. The gall-bladder was empty, the capsule shrivelled. The weight was estimated at a pound and three-quarters.

The appearance of the tissue is shown by specimens obtained surreptitiously, and forwarded to the society.

DEDUCTIONS.—J. Wickham Legg calls attention to the fact that acute yellow atrophy is most apt to occur with women after parturition, in sucking-pigs and laying-hens, etc., thus showing that conditions favoring retrograde fatty metamorphosis are most conducive to the development of this fatal malady.

My patient answers this condition, both in the accumulation of fat and in the retrograde change incident to four weeks of illness.

In the thirty-one cases reported by Frerich, jaundice in varying degrees was present. My patient was hardly tinged, either *ante* or *post mortem*.

Hemorrhagic conditions attended nearly all his cases, and with the jaundice became a diagnostic symptom. Until within a few hours of death, nothing was seen of this in my patient; but it existed after death as a verifying symptom.

So, too, the absence of constipation, and of any tenderness over the liver and bowels at any stage of the disease, was a novel condition in this case.

The absence of all marked diagnostic characteristics of acute yellow atrophy, naturally leads us to give greater prominence to the existence of lucine and tyrosin in the urinary deposits. By reason of its detection in this instance, a diagnosis and prognosis were made six days before the other fatal symptoms were manifest.

The importance of making microscopic examination of urinary deposits is here established, particularly in adipose patients, whether male or female, when suffering from typhus, typhoid, or gastric fever, as tyrosin, in my opinion, *is the peculiar diagnostic element*: and the earlier it can be recognized, the greater the possibility of testing the curative virtue of phosphorus, — the *simillimum*, if any there be.

One point more: was “Bell’s paralysis” a coincidence in the first few weeks, or was it an early expression of central disturbance, manifested by hemiplegia in the last stages of the disease?

In regard to tyrosin, the secretary stated that Dr. Vincent had kindly forwarded, along with his sections of the liver and spleen, a sample of the patient’s urine. From this he had prepared some slides, and placed them under the microscope. In the field the tyrosin was found in abundance and beautifully crystallized. As the microscope is standing on a side-table with the tyrosin in view, and beside it a cut of the crystals (similar to the accompanying one), the picture and the object in the field can readily be compared and confirmed by any one present.

Dr. Hedenberg continued: “On my return home from the funeral of my brother-in-law, I brought with me a quantity of urine and a portion of liver. Portions of these I distributed among friends for their examination, saying the case was acute yellow atrophy of the liver, the crystals tyrosin, and the diagnosis was made by finding these crystals.

“One of my neighbors, a young man, a graduate of Harvard University, then in Harvard Medical School, took a small quantity of the urine into the college laboratory, and, while engaged in examining it, was asked by his instructor, Dr. Gannett, what he had. On being told, ‘A specimen of urine containing tyrosin,’ he (Dr. Gannett) examined it, and said he was quite sure it

was not tyrosin. Professor Edward S. Wood was asked for his opinion. He immediately replied, 'It is not tyrosin, but is sodium urate.' A portion of liver was then turned over to the same student, who was a member of a private class, under the instruction of Dr. Gannett, in pathological anatomy. The liver was studied carefully, and pronounced normal to all intents.

"Professor C. Wesselhoeft, on being shown the report, doubted its being yellow atrophy, from absence of some prominent symptoms, and on examining the urine, and comparing the crystals therein with cuts in his books of reference, decided that either those were not tyrosin crystals, or else the cuts were very much at fault.

"A mounted slide bearing some of the so-called tyrosin crystals was sent to Dr. Horace Packard, who made extensive research on the subject, and expressed himself as convinced that they were not tyrosin. A portion of the liver was also submitted to him for examination, and he reported it normal in structure. I have placed one of the slides mounted by him under the microscope, and shall invite your attention to it later in comparison with one of genuine acute yellow atrophy, secured for me by Dr. A. B. Church in Vienna.

"Perhaps it is well for me to call attention here to an error in one of the plates in Neubauer & Vogel's work on urinary analysis. A cut therein, representing crystals identical with those in the urine of the patient, is labelled 'uric acid;' but according to Professor Wood, who edited the work, it should be 'sodium urate.'"

FIG. 2.



(Magnified about 600 Diameters.)

Sodium Urate from the Urine of F. R. S. (erroneously diagnosed Tyrosin). Drawn and engraved from a specimen mounted by C. E. Hanaman, Troy, N.Y.

FIG. 3.



(Magnified about 200 Diameters.)

Tyrosin. Drawn and engraved from a specimen secured by Dr. J. Hedenberg expressly for comparison.

The members of the society were then invited to examine microscopical specimens which Dr. Hedenberg had secured from



various sources. By the side of sodium-urate crystals from the patient, he exhibited genuine tyrosin crystals, and called attention to the fact, that, though they both crystallize in the form of sheafs, yet the individual radiating spiculæ differ very much; those of sodium urate being thick, blunt, or "whetstone-shaped," while the tyrosin are slender, like fine, sharp needles.

A specimen from the liver of the patient was also exhibited, and beside it a specimen of genuine acute yellow atrophy. In the former the hepatic cells, with nuclei and cell-walls intact, were plainly visible, as well as groups of cells separated by capillary blood-vessels. In the latter it was with much difficulty that any trace of liver-structure could be made out. The liver-cells seemed broken into fragments, and the whole a granular mass of pigmented protoplasm and fat.

In the discussion which followed, the unanimous feeling seemed to be that F. R. S. did not die of "acute yellow atrophy of the liver," and while no one could give more than a surmise, in absence of an examination of the brain, the probabilities seemed to be in favor of a central brain lesion.

Dr. Phillips remarked that two things had been impressed upon him during the reading of the report, and while examining the preparations under the microscope, — first, the fallaciousness of many reports of cases; second, the necessity of consulting an expert in cases requiring special investigation.

Professor Walter Wesselhoeft said that physicians frequently concentrate their attention upon a single feature of a case, and fail to see, or ignore, other features of greater weight.

In closing, Dr. Hedenberg thanked his friends for their interest in the matter, and assistance in various ways. He tendered his thanks especially to Dr. Adaline B. Church, who, during her recent visit in Vienna, procured the slide of acute yellow atrophy exhibited at the meeting, in contrast to sections of liver from the case, mounted by the secretary, Dr. Packard.

A slide of urine mounted in Troy, N.Y., by Mr. C. E. Hana-man, received Dr. Hedenberg's highest commendation; but a section of liver by same was not equally successful, being thick and too highly colored.

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### THE NEW ANÆSTHETIC.

BY ADALINE B. CHURCH, M.D., WINCHESTER, MASS.

THE new and curious preparation that has made its appearance in Europe promises to play a grand rôle in the therapeutics of the future. It is called cocaine, the alkaloid of *Erythroxylon coca*.

The hydrochlorate of cocaine is used in a two-per-cent solution (distilled water) as a local anæsthetic.

After having instilled two, three, or five drops of this solution into the eye, and waited five minutes, the eye being closed, it is found that the conjunctiva and cornea have become absolutely insensible. There are few eyes which require a stronger solution, and very few which resist its action.

This insensibility remains several minutes. The paralysis of accommodation that accompanies its action lasts a little longer; while a certain mydriasis persists often several hours. Its effects are not manifest elsewhere, and it causes no particular inconvenience. With this solution (two per cent), the toxic effects seem not to be feared. It has been used hypodermically, causing no unpleasantness.

This anæsthetic was employed for the first time by Dr. F. Koller (Secundar-Arzt of the Vienna Hospital), and presented to the Congress of Ophthalmology at Heidelberg in the month of September of this year.

Operations upon the conjunctiva and cornea are thus rendered more simple. It is even said, that, by its use, cataracts can be removed without pain.

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*RECENT PATHOLOGY IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION, "CAN HOMŒOPATHIC TREATMENT WITH INFINITESIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?"*

BY J. W. HAYWARD, M D.,<sup>1</sup> LIVERPOOL, ENG.

GENTLEMEN, — It is my privilege to welcome you to-day to the fourteenth of the second series of our British Homœopathic Congresses. I do so very cordially, and for several reasons: amongst others, for mutual encouragement in the fulfilling of our duty as trustees of the homœopathic doctrine and method, for mutual professional profit, and for mutual social pleasure. And I also bid you welcome to this meeting, because we are, by being excluded from the British Medical Association, denied our rights of sharing in the annual gatherings of the profession to which we belong.

Thanks, however, to the revelations of science and the teachings of clinical experience, which are continually furnishing fresh evidences of the truth and wisdom of our doctrines, bitter persecution by our colleagues of the old school is being replaced

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<sup>1</sup> Reprint of a presidential address delivered before the British Homœopathic Congress, September, 1884.

by that sincerest form of flattery, imitation. Our method is being adopted, and our material appropriated, to an extent that would be most gratifying to us were our colleagues sufficiently honorable to admit the source of their newly acquired therapeutic knowledge and means. Surely, under the circumstances, the ban of exclusion cannot be much longer maintained! But, whether it can or not, let us continue to exhibit towards our colleagues a strictly honorable and professional bearing.

Since our last meeting, owing to their numbers and leisure, and by means of their monopolizing the privileges of the profession in the shape of university, collegiate, hospital, and government appointments, the members of the old school in this country have made considerable progress in surgery and pathology, and some little in medicine also. In medicine, two main features have been predominant; viz., eager pursuit of living germs as the cause of disease, and desultory pursuit of the physiological effects of drugs; the latter by crude experimentation in imitation of our provings, which they had previously ridiculed.

In the new school we have had to mourn the loss of two of the veterans of medical reform: viz., Dr. Hilbers, whose strong intellectual and sympathetic social faculties commanded respect for homœopathy wherever he went; and Dr. Madden, to whose high moral and intellectual endowments both the literature and practice of homœopathy are greatly indebted, and whose address, as president of the congress at Oxford, was to my mind one of the most convincing expositions of the scientific basis of homœopathy that has appeared in any language. These are some of our losses: what are our gains? Let us hope that their places are being filled by recruits worthy to occupy them,—men who will feed the homœopathic cow, as well as milk her. Let our young men look to it that they be not drones or mere sponges, but worthy followers of the great men that have gone before, even though their being so should call upon them to render some sacrifices at the shrine of professional honor and duty.

The chief progress amongst ourselves has been, as it ever should be, in *materia medica* and therapeutics. These are, in fact, peculiarly our sphere. To us, indeed, is committed the perfecting of these branches of our profession; and it is therefore very proper that much time and attention have been given to the subject of *materia medica*, not only in this country, but also in America and France.

The first thing required by the preparers of a suitable *Materia Medica* is, of course, a collection of pure pathogenetic material in the form of poisonings and provings, shorn of all redundant and doubtful matter, as proposed by Dr. Hughes and adopted by the British Homœopathic Society. And it will have been observed

by the notice in the "Monthly Homœopathic Review" for last month, that the "Bureau of Materia Medica and Provings" of the American Institute has joined the British Homœopathic Society in an attempt to make such a collection, which is to be issued in parts, free to the members of the two societies, under the title of "A Cyclopædia of Drug Pathogenesis." This cyclopædia will be of great value to the medical *student* in studying the physiological action of drugs; but it will not meet the requirements of the medical practitioner in his daily work of prescribing, because unprovided with any means of practical application; and it will be no substitute whatever for the Materia Medica properly so called. It will, however, serve for all future time as a trustworthy source of drug effects, from which those engaged in setting forth these effects in forms convenient for the use of practitioners as well as students may draw reliable, and perhaps otherwise inaccessible material. It will also have been observed, by a review in the last number of the "British Journal of Homœopathy," that in France a volume of Materia Medica has been published under the editorship of Dr. Jousset. This, also, though not without value, falls far short of what is required. In our own country, in accordance with the arrangements come to at the Edinburgh Congress, our efforts have been directed to the preparing of a Materia Medica adapted to the wants of both student and practitioner. For the *student*, the pathogenetic material has been presented in the original poisonings and provings, merely shorn of all redundant and doubtful matter, with critical and explanatory comments on the general and topical action of the drugs; and, for the *practitioner*, a register of the effects on the various organs and regions of the body has been constructed, with indexes, and with references to the lines of the poisonings and provings, to enable him, without difficulty or loss of time, to find any particular symptom, with all its natural relationships; and added to these are therapeutic hints, comments, and clinical confirmations. A specimen volume has been published, displaying several samples; and this, it is hoped, our practitioners will purchase and use; and it is desired that they will give the compilers the benefit of their criticisms for future guidance. It is probable, therefore, that before long a Materia Medica will be forthcoming that will not only serve the purposes of the student and practitioner of the new school, but will also command the respect and acceptance of the student and practitioner of the old school. Dr. Hughes will to-day ask for your opinion on this "Materia Medica of the Future."

At the present stage of the reformation in medicine it is unnecessary for me, on such an occasion as this, to dwell on the question of what homœopathy is; or on the grounds of our faith

in it ; or on its origin, its progress, its truth, or its scientific character ; or on the wisdom of using one medicine at a time ; or on the necessity, the advantage, or the scientific and practical value of the small dose used in the curing of diseases and the proving of drugs. All these topics have been sufficiently enlarged upon in previous presidential addresses, and have been amply demonstrated in our literature and practice : in fact, they have been so expounded as to have carried conviction to the mind of many of the less prejudiced amongst the adherents of traditional medicines, and those who have not been afraid to look into our theory and practice. This is seen in the adoption, though secretly, of some of our remedies, and of our mode of applying them. Homœopathy is, in short, leavening the whole lump of the profession, and assuredly becoming the therapeutical system of the future. This absorption of our remedies and mode of practice, together with the abandonment of bleeding, blistering, salivation, and other heroic measures, has lessened the contrast between the old and new schools, and has so far diminished one of the reasons the public had for preferring the new-school practitioner. Imperfect as this empirical method is, we rejoice to see it, because of the immense benefit rendered to the patient-world by even this mere guesswork homœopathy. We must, however, remind ourselves that this adoption of crude homœopathy by old-school practitioners makes it all the more necessary for us to give our patients the advantage of true and scientific homœopathy ; to be careful to keep ourselves familiar with the details of the *Materia Medica* and the practical use of repertories ; to be abreast of the science of the day, and equal to old-school practitioners in all scientific and even empirical and domestic practical helps.

After considering on what subject I might with greatest advantage address you, I have concluded that I should best answer the purpose for which you placed me in this honorable position, and best serve the interests of our profession, by laying before you a few thoughts on the pathological doctrine now occupying the medical mind, — viz., the *germ theory of disease*, and its bearings on the treatment of disease, — under the title of “Recent Pathology in its Bearings on Scientific Therapeutics,” putting emphasis on the adjectives “recent” and “scientific.”

Pathology and therapeutics as such, like Tennyson’s “Brook,” “go on forever ;” but the views entertained thereon, at least by the majority of the profession, “come and go,” and are continually changing. At one time, diseases were to be treated with antispasmodics, because they were supposed to depend upon spasm of the capillaries ; at another, they must be met by anti-phlogistics, because inflammation was at the bottom of all morbid processes, and bleeding, purgation, and starvation were the

order of the day ; at another time, tonics must be used in all cases, because asthenia was the root of all disease, and tonics, stimulants, and beef-tea must be poured into the luckless patients, whether the system could appropriate them or not ; whilst, at the present day, disinfectants and germicides, such as mercuric chloride, thymol, benzoate of soda, creosote, benzoic acid, salicylic acid, carbolic acid, eucalyptol, quinine, sulpho-carbates, hypophosphites, and such like substances are the means to be used, because minute living organisms or "germs" are credited with being the cause of almost all the diseases that flesh is heir to. And yet, as homœopathic physicians well know, throughout all time, diseased processes have remained the same, and have required the same treatment.\* Morbid processes were the same when the almost universal treatment was antiphlogistic, as they were when it was antispasmodic, and when it was stimulant and tonic ; and they are the same now, although anti-spasmodics, antiphlogistics, and tonics and stimulants, have been abandoned in favor of germicides ; and, moreover, they will be the same when germicides have, in their turn, been given up under the influence of some new pathological *ignis fatuus*, which history teaches us to look for in the not far distant future. Many and great have been the disappointments caused by the fallacy of these supposed discoveries, and by the eager pursuit of these pathological will-o'-the-wisps, — this search for the medical "philosopher's stone ;" and yet for all these the search still goes on, as though there had never been any disappointment at all. Even experience does not make medical fools wise. And, moreover, many have been the victims that have been actually slain in this pursuit, and many more who have been rendered helpless and miserable for the remainder of their lives ; while to the same source must we look for the origin of such vicious and destructive habits as laudanum-drinking, periodical venesections, calomel powders, morphia injections, bromide and chloral intoxication, and alcohol-drinking and drunkenness, each and all of which have for several generations been undermining the health and morals of the British people. From these, emancipation is only just now being achieved under the united efforts of the followers of Hahnemann, Sir John Forbes, and Dr. W. B. Richardson, assisted by the revelations of science, and the lessons taught by physiology and clinical experience. No wonder that Hahnemann should inveigh against these crude and dangerous pathological speculations, or at least against their being made the basis of the treatment of disease : it would have been no wonder, indeed, had he become somewhat intoxicated by the greatness and beneficence of his own discovery, which put a stop at once and forever to any even seeming necessity

for the spinning of such pathological cobwebs for the purpose of the treatment of disease. And yet, strange as it may appear, and notwithstanding all these failures, disappointments, and exposures, even yet, another pathological speculation, — the germ theory of disease, — and another method of treatment based on it, have been advanced even at the present day. The treatment of disease has consequently been made to assume another new phase. The unsophisticated practitioner must now ignore all he has learned about antiphlogistics and tonics, and put in practice the new treatment with disinfectants and germicides. But with what practical result? Very little: for experience has already begun to prove the futility of such treatment by showing that no substance is able to kill germs in the body without killing the patient too; no, nor even to kill the germs existing in a local disease, without also destroying the part in which they are embedded. When will the profession learn wisdom on this matter? When will it see that the cure of disease *is not* to be based upon a pathological theory? It would appear as if the old-school physicians could not treat disease except through some pathological theory: with them it is not the patient, but some supposed pathological state, that is the object of cure; in this instance it is a germ that has to be killed. Truly scientific physicians, however, know well that the human body is neither a chemist's test-tube in which one poison may be neutralized by another, nor yet a battlefield for a trial of strength between the causes of disease, on the one hand, and the medicines provided by the apothecary, on the other.

They are well aware that pathology is but disordered physiology, disease only disordered health, and morbid action, simply disordered healthy action. They know, also, that there is a tendency in nature herself, not only to continue normal action, but to recover it after it has been distorted by some external cause; and, further, they are well aware that the restoring of normal action is nature's own work, not the physician's. Why, then, it may be asked, should we, as practical physicians, trouble ourselves at all about the theories of pathological speculators? Truly, why? Simply, I think, because it is possible there may be some degree of truth in some of them; and as we belong to the medical profession, the members of which practise an art based upon progressive science, it behoves us to note all its struggles after perfection. The germ-theory, then, having been broached, it behoves us to carefully examine it; and to form some estimate of its claims to acceptance and of its bearings on the treatment of disease; and to endeavor to ascertain whether it is based on a greater amount of truth than previous interpretations of morbid action, or if it is destined, as they were, to do much

damage to mankind, and then pass away into the region of forgetfulness, leaving behind, as they did, a wreck of disappointed pathological speculators and maimed and degraded humanity. We should inquire, Has this last new theory really any thing in it likely to be of service to mankind, — to help either physician or patient? And, if it really has some truth in it, what is the truth, and what bearing should it have on scientific therapeutics? These are questions well worth a careful consideration in this general assembly of *scientific physicians*.

What, then, is the germ theory of disease? In examining this theory, let us first of all inquire what is a *disease-germ*? According to one of the greatest authorities on this question, — Dr. Lionel Beale, — every germ, whether vegetal or animal, for there are both — every germ comes from living or germinal matter, and from this only: it is an independent particle of germinal or living matter. It may be of extreme minuteness, even less than the hundred-thousandth part of an inch in diameter, but, if living matter, it is a germ. This minute living speck may take up lifeless or dead matter, and convert it into living matter like itself, and thus grow. It may then divide and subdivide so as to multiply a millionfold within a few hours. It may give rise to successive generations of new particles or germs having similar powers or properties to itself, or, under altered surroundings, there may emanate from it particles of a higher or lower type, that is, of an abnormal character or construction, — distorted or morbid germs, with perverted vital activity and a tendency to grow into morbid structures [vide *Disease-Germs*, 2d ed., p. 10]. The matter of which these germs are composed is protoplasm or bioplasm, which is a transparent, structureless, semi-fluid, clear matter, having the same microscopic appearances in both vegetables and animals. "There is," says Beale, "no possibility of identifying the different kinds of bioplasmic matter under the microscope. The most minute living particles of a living vegetable organism exactly resemble those of an animalcule, or those which may become developed into beings still higher in the scale; and these cannot be distinguished from particles of bioplasm derived from the living matter of pus, or white-blood corpuscle of man himself" [p. 35]. Vegetal germs are named "bacteria," and animal germs are called "bioplasts."

Stated briefly, then, it may be said that the germ theory — that is, the latest, the present-day pathological speculation on the nature of disease — is that many diseases, at least many infectious and contagious diseases, depend upon (arise from, are caused by) minute living morbid particles called germs, which find their way into the body and into the blood. As to zymotic diseases, for instance, it is held that living pathogenetic germs,



or their spores, having made their way into the blood, and found material suitable for their nourishment (unless prevented by treatment), they, at the expense of this material, grow and multiply in the blood and tissues at the rate of many millionfold per day, until they have exhausted this material, as the yeast-germ does in the wort ; and, having exhausted it, or replaced it by some of their own products, they cannot live any longer : so they die. And if, after this, the blood and nervous system are left in a state capable of carrying on the vital processes, the patient recovers ; if not, he dies : the disease itself being the commotion produced in the system, either by the presence of these germs as foreign bodies in the blood, or by the loss of the material they have appropriated, or by some ferment they have produced. Dr. Beale says, " Among the most fatal diseases from which man and the higher animals suffer are those which are called contagious or infectious. These depend upon a poison, which, having entered the body, grows and multiplies there in a marvellous manner peculiar to matter which is alive. The living poison may be introduced into our bodies in the air we breathe, in the water we drink, or in the food we eat, and may possibly, also, gain access to us by the pores of the skin " [p. 85]. And referring to the pathogenetic germs (there are both pathogenetic and non-pathogenetic), he writes, " They are *living*, and increase as living particles alone increase. They grow, they feed upon the nutrient juices of the organism and upon the tissues, and in some cases flourish at their expense, and destroy them. The poison which enters may be so infinitesimal in quantity that it can neither be measured nor weighed, nor, under ordinary circumstances, seen ; but, having gained access to the blood and tissues, it increases to such an extent that in many cases sufficient is produced in one subject to infect hundreds of persons, the population of a town, or even a whole country " [pp. 1 and 2].

It is further held that the germ theory affords, and is the only one that does afford, a satisfactory explanation of the phenomena of the zymotic diseases, — of their origin by infection, of their incubation, their specific character, and their definite cause and progress, as well as of the subsequent immunity from future attacks, and of natural and acquired immunity in general. The incubation period is the time occupied by the growth and multiplication of the germs to the point of intolerance ; the disease is the period of struggle between the germs and the vital powers of the individual ; the convalescence is the recovery of normal action, and repair of the damage done ; whilst the immunity is the resulting, somewhat permanently altered, vital action, or altered construction of the blood.

Now, all this is very reasonable ; and no objection need be

raised against the germ theory on any of these points, nor do homœopathic physicians, as such, offer any objection to it on any one of them. The germ theory is only objected to when it is put forward as a guide to the treatment of disease. Homœopathic physicians are quite as delighted as others can be to obtain what appears to be a true explanation of the real nature of disease. We are also quite as well acquainted as our colleagues of the old school with the fact that many diseases are intimately associated with the presence of parasites and germs, and quite as able to recognize the apparently satisfactory explanation the theory affords of the phenomena of the zymotic and contagious diseases. We also know well the essential nature of scabies, and the connection of ring-worm, tinea, favus, pityriasis, and other parasitic skin-diseases, with the so-called fungus cells in the form of bacteria, etc. Nor are we unacquainted with the fact of the presence of bacillus in anthrax, the spirillum in relapsing fever, the micrococcus in some cases of erysipelas, or of morbid bioplasts in such diseases as influenza, glanders, rabies, purulent ophthalmia, gonorrhœa, and primary syphilis. And we know, too, that cryptogamic plants or fungus cells or spores, as micrococci and bacteria, as well as cells or bioplasts thrown off from animal bodies, both healthy and diseased, are floating about in the air almost everywhere in myriads, and are constantly settling on our skin and mucous membranes, and being taken in with the air we breathe, the water we drink, and the food we eat; so as to coat our tongue, teeth, respiratory and digestive mucous membranes, and thus get into our blood, and become interspersed everywhere amongst our tissues, where they are ever ready, on meeting with a suitable nidus or part where the vital resistance is low, or, as Dr. W. J. Collins might say, with the suitable pabulum provided by degraded vitality resulting from unhealthy surroundings [vide *Specificity and Evolution*, pp. 21 and 19], to multiply either on or within us, — if they be innocent, to do us little or no harm, but, if morbid or pathogenetic, to poison us more or less; that is, to throw us into a state of disease, local or general. With all this we are quite familiar, and with the natural history, and course and termination, of the morbid states connected therewith. But none of these facts are themselves at all new: all that is new about them is their discovery. It is not only in the nineteenth century that the vegetal world has produced fungi, or that the spores of these have floated in the air and settled on animals and men, or been admitted into their blood and tissues, — all this must have been going on ever since the vegetal and animal worlds began, — so that, if vegetal spores in the blood do really produce disease, they must have done so ever since the beginning; and this in the

open country, where there is little zymotic disease, as well as in towns and cities, where there is much. If zymotic diseases are now dependent on vegetal germs, they have always been so; unless, indeed, we are to assert that by the law of evolution innocent vegetal germs have, under the influence of civilization, degenerated into such as are dangerously pathogenetic.

Most writers on the germ theory, however, maintain that the pathogenetic germs are *vegetal* organisms, in the form of micrococci, bacteria, bacilli, spirilla, etc. Beale, however, maintains that in most diseases they are *animal* organisms; that is, minute particles of living morbid bioplasm thrown off from the body of diseased persons or animals. And it is quite true that animals, as well as vegetables, do produce and throw off living particles or germs. Animals, as well as vegetables, are made up of anatomical units or cells composed of living or germinal matter, — the protoplasm or bioplasm already described. These particles or bioplasts, as already remarked, are of extreme minuteness, and they are alive; that is, the matter of which they are composed (bioplasm) is always in a state of internal or molecular, perhaps atomic motion, *sui generis* or vital motion [BEALE, pp. 128-243]. The vital motion within the bioplasts of any particular individual is the resultant of the union of the motions of the atoms or molecules of the germ-cell and sperm-cell of the parents, and in healthy persons it is said to be "normal." The motion appears to be most active, or the attraction the strongest, in the centre of each little particle or bioplast, and drawing inwards, forming a kind of vortex of vital activity, by which the atoms of the surrounding pabulum are drawn in towards the centre of the little particle, where they are impressed with the special vital motion of the particular bioplast, whether that be normal or abnormal. The atoms drawn in to the centre displace those already there, pushing them outwards farther and farther, until, pushed beyond the influence of the central activity, they become formed material or cell wall, and are thrown off. Now, the same process that goes on with the atoms in the bioplasts goes on with the bioplasts in the body: they, too, are pushed outwards farther and farther, until they are thrown out in the exhalations, secretions, and excretions; endless numbers of them being thrown out by the breath, by the cutaneous exhalations, and by the urine and stools. These particles, being so extremely minute and light, float in the air, and are of course particularly abundant in the air surrounding animal bodies; and, floating in the surrounding air, they settle on all things in the neighborhood, and on the skin and mucous membrane of persons in the immediate vicinity; they are also taken in with the air they breathe, with the water they drink, and with

the food they eat, and thus get into their blood. If the individual from whom they are escaping is healthy, they will be healthy, and perhaps innocent; but if he be in a state of disease, such as scarlatina, morbilli, variola, pertussis, etc., they will be morbid or pathogenetic, and liable to multiply in the blood and tissues in the manner before mentioned, and to set up the same disease as that in the person from whom they were derived.

(*To be continued.*)

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### GLEANINGS AND TRANSLATIONS.

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THE NEW LOCAL ANÆSTHETIC. — “The Hahnemannian Monthly” for November, 1884, reprints in full from the “Medical Record” some uncommonly interesting clinical observations by Drs. C. R. Agnew, W. O. Moore, and James I. Minor, on the use of cocaine hydrochlorate as a local anæsthetic in ophthalmic operations. In the cases reported a two-per-cent solution of the cocaine (made with Merck’s crystals and with distilled water) was dropped upon the surface of the eye to be operated upon, after which the operation was successfully performed, in every case without causing the slightest suffering to the patient. The operations included those for convergent squint and for double pterygium. We trust that further experiments will be speedily made in this direction, and their results laid before the profession. Should they prove equally satisfactory, the medical world may congratulate itself on a very valuable and long-sought discovery.

ERYTHROXYLON COCA IN THE THROAT. — Dr. Solis-Cohen of Philadelphia has a brief article in the “Medical News,” suggesting that the hydrochlorate of cocaine, whose anæsthetic properties in connection with operations of the eye are now being so widely discussed, may be used to advantage to facilitate making examinations of the larynx. In his own practice he finds that the topical application of it, after the manner prescribed for the conjunctiva, to a limited area of the pharynx, produced almost immediate toleration of the laryngoscopic mirror.

A LOCAL ANÆSTHETIC FOR OBSTETRIC PURPOSES. — Dr. J. R. Uhler of Baltimore reports in the “Maryland Medical Journal” the successful employment by him of muriate of cocaine as a local anæsthetic in labor. He uses the drug in a two-per-cent solution, applying it in moderate quantity to the labia and vagina. He claims that the drug produces sufficient local anæsthesia to greatly mitigate the severity of the suffering incident on child-birth, without at all interfering with the uterine contractions.

In a recent case reported by him, delivery was rapid, and the mother was notably free from the after-soreness which accompanies ordinary labor.

THOROUGHLY SENSIBLE. — “My boy,” says the old sage, “I am an old man. I have practised over fifty years, and, as you are aware, have been very successful. In regard to your labor cases, I would give you the following advice: first, As you intend practising in the city, make a habit of leaving your forceps at your office; for, if you ever require them, you will always have ample time to send for them, and not having them with you may save some woman much trouble. Second, Do not examine your patient much or often. See that things are right, and then let nature manage the case. Third, Instruct your patient, when she desires to empty bladder or rectum, to have her night-glass conveniently placed near the bed in a chair, and, while supporting the abdomen with her hands, to rise carefully from the bed to the stool, and to return in the same way. Her rising will allow all clots, fragments of placenta, etc., to pass from the vagina; and you will be surprised to see how few cases of puerperal fever you will be troubled with. As for its bringing on hemorrhage, that is all bosh. Let your patients keep the outside of their bodies clean, attend to the calls of nature in a common-sense way, and depend upon nature to keep the inside all right, and you will be surprised at your success in this line of practice.” — *Medical Age*.

HEREDITARY CATARACT. — Dr. Carreras, in the “*Gaceta Médica Catalana*” for August, 1884, has an exceedingly interesting paper on the transmission of cataract by heredity. From his own experience, and careful study of facts from the experience of others, he concludes: 1. Cataract is, beyond question, transmissible by heredity. 2. As generations multiply, the transmitted cataract makes its appearance at an earlier age, at last becoming congenital. 3. Prognosis, from an operative point of view, depends on the complications presented in each individual instance: the trouble is, of course, most severe in patients most advanced in age. 4. The cataract, in a large majority of instances, develops in descendants of the same sex as the ancestor originally afflicted. — *Revue Bibliographique*.

AN ORIGINAL GUESS. — The “*Medical News*,” in an editorial discussing “Pain in Childbirth,” quotes Dr. Rome as hazarding the following guess, why childbirth, of all physiological functions, should alone be attended with suffering. Dr. Rome’s suggestion strikes us as peculiarly French in its slightly saturnine humor, its neatness, and its general impossibility: “Whenever Nature has an important act to accomplish, she takes the most vigilant care, the most jealous precaution, to preserve her work.

She desires the preservation of the species, and hence the reason for the pains of childbirth. Imagine for an instant, if childbirth could occur without *bruit*, without noise, and without phenomena which would attract attention, what would be the result. Simply that the half of infants would silently disappear, — no noise, no alarm. The same mystery which presided at their advent would preside at their departure.”

DIAGNOSIS OF COCCYGDYNIA. — The “Maryland Medical Journal” quotes Dr. W. Goodell as giving the following suggestions toward the diagnosis of coccygodynia. To detect an injury of the coccyx, the index-finger should be passed into the rectum, and over the coccyx. You must be careful not to be misled by the statement of the patient; for the mere insertion of the finger is a shock, and the woman at once complains before you have pressed the parts. Before manipulating the parts, ask if it gives pain; then pretend to move the bone, and see if any complaint is made; after which get directly over the bone. In real coccygodynia the slightest touch will give very great pain. This is almost as sensitive as a caruncle of the meatus urinarius.

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### SOCIETIES.

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#### *HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

THE regular quarterly meeting was held at Cooley’s Hotel, Springfield, Wednesday, Nov. 19; the president, Dr. L. B. Parkhurst, presiding.

The Bureau of Surgery and Zymotic Diseases (Dr. J. K. Warren, chairman) had the meeting in charge, and made it one of more than usual interest.

Dr. N. W. Rand of Monsen opened the meeting with a paper upon hydrocele, giving the history of five cases successfully treated; his method being to withdraw the fluid by means of the aspirator, and inject (through the same needle, without removing it) thirty minims of 1x dilution of iodine.

The sac refilled in each case, and some inflammation ensued; but this was only transient, and the fluid was soon re-absorbed, and cure was complete in every case.

There were no unpleasant results following the operation, and but little pain or inconvenience caused thereby. The paper was discussed by Drs. Warren, Carmichael, Roberts, Hitchcock, and others; some having had good success from the injection of the sac with iodine, but in two instances narrated its use was followed by collapse of a very serious character.

Compound tincture of iodine, extract of ergot, and extract of quercus alba, have been used successfully by different members of the society.

Dr. Carmichael presented an instructive paper upon sprains; one of the prominent features of his treatment, called soon after the accident, being the use of hot alkaline baths.

After an hour's recess for dinner, Dr. O. W. Roberts read a paper upon gangrene, giving a partial history of a case of senile gangrene now under treatment.

Dr. J. K. Warren reported several cases of strangulated hernia relieved by operation.

Several members were obliged to leave on the early train, and the society adjourned till the third Wednesday of February; at which time the Bureau of Materia Medica and Clinical Medicine will report, Dr. Harvey of Springfield being chairman of the bureau.

G. H. WILKINS, M.D., *Secretary*.

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

HORACE PACKARD, M.D., *Secretary*.

THE December meeting of the Society was held at the college-building, East Concord Street, Thursday evening the 18th. Dr. I. T. Talbot served as president *pro tem*.

A committee, consisting of C. E. Hasting, M.D., N. W. Emerson, M.D., and the secretary, was appointed to make arrangements for the annual meeting of the Society in January.

The scientific session was devoted to the subject, "Surgical Practice."

Dr. G. R. Southwick read papers on the surgical treatment of "Prolapsus of the Female Urethra" and "Ruptured Perineum," as seen by him in European hospitals (for papers in full, see February number).

Dr. Alonzo Boothby made remarks in explanation of "the methods of operating for the restoration of ruptured perineum," and reported two recent cases upon which he had successfully operated according to a substantially new plan. By the use of needles of a peculiar pattern, he does away with deep sutures, and claims that more perfect co-aptation is secured (for detailed report, see February number).

*THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.*

THE Massachusetts Surgical and Gynecological Society held its annual meeting, Dec. 10, in the Hawthorne Rooms, No. 2 Park Street.

The election of officers resulted as follows: viz., president, N. R. Morse, M.D.; first vice-president, H. K. Bennett, M.D.; second vice-president, David Foss, M.D.; secretary, L. A. Phillips, M.D.; treasurer, J. H. Sherman, M.D.

The following were elected to membership: viz., Sarah E. Wilder, M.D., Boston; J. F. Hadley, M.D., Waltham; Amelia W. Stockwell, M.D., Boston; E. H. Ellis, M.D., Marlborough; Susan D. Short, M.D., Somerville; Anna B. Taylor, M.D., Charlestown.

Secretary's correspondence relative to the National Hospital at Washington, to the publication of papers of the Society in the Transactions of the State Society, and to their publication in the NEW-ENGLAND MEDICAL GAZETTE, was laid upon the table.

The treasurer's report showed a healthy condition of the finances, there being a balance on hand of over seventy dollars.

The president, H. A. Houghton, M.D., read an address upon the history and development of gynecology as a specialty; after which the following papers were read: "Cystitis," by H. M. Hunter, M.D., of Lowell; "Cystitis and Vaginitis Differentiated," by O. S. Sanders, M.D., of Boston; "Hemorrhage from Polypi," by G. F. Forbes, M.D., of West Brookfield; "Operation for Prolapsus of Bladder, and Treatment of Abortion at Third or Fourth Month," by G. R. Southwick, M.D., of Boston; "Cystitis," by W. P. Defriez, M.D., of Woburn; "Physical Examinations, Local Applications and Pessaries, a Reply to Dr. Minton's Propositions," by D. B. Whittier, M.D., of Fitchburg; "Cystitis," by A. M. Cushing, M.D., of Boston; "A Case of Gastro-Intestinal Catarrh following Childbirth," by J. H. Sherman, M.D., of South Boston.

Adjourned to second Wednesday in June.

L. A. PHILLIPS, *Secretary.*

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## REVIEWS AND NOTICES OF BOOKS.

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THE KNOWLEDGE OF THE PHYSICIAN. By Richard Hughes, M.D. 8°. 292 pp. Boston: Otis Clapp & Son, 1884. A course of lectures delivered at the Boston University School of Medicine, May, 1884.<sup>1</sup>

Dr. Hughes, by his lectures and numerous contributions to medical science, has obtained a world-wide reputation as a teacher,

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<sup>1</sup> The above able analysis of Dr. Hughes' latest work has been sent us by the Reviewing Committee of the New York Society for Medico-Scientific Investigation. We retain, in publication, the form in which it reached us; though we regret the form should be that of a review, since the valuable work in question was reviewed in the GAZETTE for September last. Every assurance, however, of a wide appreciation of Dr. Hughes' book, must be welcome to his and its many friends everywhere. — EDITOR.



close observer, and practitioner. It is with pleasure that we have read Dr. Hughes' book; and that pleasure arises not only from the charm of his writing, but from the fact that there is now, in handy form, a volume to which can be referred any young man who is contemplating the study of medicine.

In his first lecture, entitled "The Knowledge of Life," the author remarks, "Whatever else you learn, inform yourselves thoroughly as to *facts*, — as to all that can be elicited by observation and experiment. Nor take them only from teachers and books. See, hear, feel, for yourselves; handle the instruments by which modern investigation brings the distant near, and the invisible into view. Man is made to inquire, — to ask 'how?' and 'why?' as well as 'what?'" This is excellent advice to all, especially the new student in medicine. The prevailing tendency on the part of most medical students is to accept all statements made as being facts. The reasoning faculty is not called into play. This is a lamentable condition of things. This is the reason why there are so many blind followers, and so few leaders. The author's definition of life and vital growth is very clear. He teaches that the student should not be content to learn of the pathological changes from the cadaver, but also that the phenomena which are constantly taking place within the living body should be carefully studied. In closing this lecture, the author shows that the line of demarcation between life and death is faint, the condition of life being wholly dependent on the external stimuli.

The second lecture teaches that the physician should be a hygienist, and not a mere drug-giver; that he should study preventive medicine. The author also shows the proper value of exercise, rest, warmth, air, food, water, and the so-called stimulants, — tea, coffee, tobacco, and alcohol.

Lecture III., "The Knowledge of Disease," should be most carefully read and mentally digested by every student of medicine. Herein is shown the great necessity of the knowledge of semiology, etiology, pathology, nosology, diagnosis, prognosis, and drug therapeutics; the knowledge of each and all being indispensable to the scientific physician.

Lecture IV. shows the difference between medicines and foods, the modes of discovering medicines and their value, the value of characteristic symptoms. The author shows that the action of drugs, unlike diseases, can be studied in books, showing the importance of detailed records; that the Hahnemannian scheme is available for reference only, not for study. A restoration of the original text is absolutely necessary for our future work.

The title of the next two lectures, "Pyrexia and the Anti-Pyretics," clearly indicates the text. Fevers are treated of, and

the medicines which combat them, giving the respective value of the homœopathic and "old school" methods of treatment. The indications for his prescriptions are clearly set forth.

In the next two lectures the subject of rheumatism and the anti-rheumatics is treated in a masterly manner. The indications for its treatment are clear and concise.

In the three lectures devoted to cerebral localization and drug-action, the author shows the modern advances in the physiology of, and the supposed drug-action on, the nerve-centres. These chapters must be read with great care by the student in order that they may be adequately comprehended. The reader will be amply repaid for his careful perusal of this section.

In the concluding chapter of his book, Dr. Hughes deals with the future of pharmacodynamics. Here he is very plain and outspoken, fearlessly criticising Hahnemann and some of his methods, and makes an earnest protest against longer continuing in our works on *materia medica* the untrustworthy symptoms gained from clinical records, experiments on animals, etc. He recognizes that they have a value, but that it is subsidiary, and makes a plea for thorough provings on healthy individuals alone to constitute the future *materia medica*; while to sifting and arranging the work already done he proposes to devote the remainder of his life.

The book is neatly and carefully printed on good paper. Its general execution is highly creditable to the publishers.

*Reviewing Com. of N. Y. Society for Medico-Scientific Investigation.*

The medical profession must feel itself in a state of chronic indebtedness to Messrs. William Wood & Co. for their ability in judiciously selecting, and their enterprise in publishing at most reasonable rates, works of striking and permanent value. "Wood's Library" has passed from the realm of experiment into that of assured success; and few physicians can glance over the "prospectus," as it appears from year to year, without immediately choosing the corner of the library-shelf where the forthcoming volumes are to stand.

#### DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART.

By Dr. Constantin Paul. 335 pp.

The March number of "Wood's Library" for 1884. In respect to pathology and diagnosis, this work meets all reasonable requirements. The treatment is reserved for a separate and concluding section. It contains all that is recognized as best in "rational" treatment. Hygiene and general treatment are much dwelt upon, and the drugs recommended are but few. Digitalis,

veratrine, convallaria maialis, and bromide of potassium, figure as the most prominent remedies; while sedatives, stimulants, narcotics, and diuretics are mentioned, with the usual indications. There are many illustrations. Well-selected cases from hospital practice are used to excellent purpose in emphasizing the points dwelt upon in the text.

A PRACTICAL MANUAL OF OBSTETRICS. By Dr. E. Verrier. With an Introduction and Four "Obstetric Tables," by Professor Pajot. 395 pp.

The April number of "Wood's Library" for 1884. This is the first American edition, translated by Dr. Leigh H. Hunt, with revisions and annotations by the well-known Dr. Edw. L. Partridge of New York, the translation being made from the fourth French edition of Dr. Verrier's work. The book gives a clear exposition of the theories and practices of French obstetricians, and as such is naturally of interest to American practitioners; while the very excellent notes of Dr. Partridge render the work suited to the purposes of a text-book for medical students.

HOOPER'S PHYSICIAN'S VADE MECUM. Tenth edition. Revised by William Augustus Guy, M.B., F.R.S., and John Harley, M.D., F.L.S. In two volumes.

These two volumes form the May and June numbers of "Wood's Library" for 1884. The original work of Dr. Hooper was published in 1823: we must conclude it, therefore, to be a work of unusual merit, since it has been in active demand by the profession for so long a period. The marked ability of the editors, who have from time to time revised and improved the book, doubtless is to be credited, in part at least, with its long and successful life. Thanks to the work of Drs. Guy and Harley, the present edition may be looked upon as a book of to-day. The treatment, however, which tends strongly to the "heroic," renders the work of little value to the homœopathic practitioner.

PHYSICIAN'S VISITING-LIST, 1885. Lindsay & Blakiston's. Philadelphia: P. Blakiston, Son, & Co.

This is the thirty-fourth year of the publication of this little book. It contains calendar, list of poisons and antidotes, dose tables rewritten in accordance with the sixth revision of the U. S. Pharmacopœia, Marshall Hall's ready method in asphyxia, lists of new remedies, Sylvester's method for producing artificial respiration, with illustrations, diagram for diagnosing diseases of heart, lungs, etc.

The quality of the leather used in binding this list has been again improved; and a superior pencil, with nickel tip, manufactured especially for it, has been added.

**MALARIA AND MALARIAL DISEASES.** By George M. Sternberg, M.D., F.R.M.S., major and surgeon U.S. Army. First edition. 329 pp.

The book before us, though the author apologetically claims short notice for its preparation, is a masterly review of the subject treated; giving not only the author's views of malaria, but those of the best authorities, notably, Colin, Morehead, Fayrer, and Bérenger Féraud.

The author defines malaria as "an unknown poison of telluric origin, the cause of periodic fevers." The introduction contains a review of the various fevers commonly and improperly ascribed to malaria, with a few words relating to the various causes which produce periodic fevers; among which causes the author mentions the use of opium, but neglects to mention many drugs whose properties of this sort are well known to homœopaths. The difficulty in diagnosing malarial diseases is dwelt upon; the main test, and in the mind of the author not always a reliable one, being the curative action of quinine in all malarial fevers.

Part I. is devoted to the nature, mode of evolution and intoxication, general effects and geographical distribution of malaria. The antidotes (quinine, arsenic, carbolic acid, iodine, and potassium bromide) are discussed. A chapter is devoted to prophylaxis. The various theories are discussed ably and impartially.

Part II. is devoted to the description and treatment of the malarial fevers. Among the most interesting points in the treatment is the hypodermic use of quinine in small doses (one to six grains), and the use of the cold *douche* in algid pernicious inter-mittent.

The book forms the July number of "Wood's Library" for 1884, and is one of the most interesting and valuable of the series.

S. S.

**A MANUAL OF DISEASES OF THE THROAT AND NOSE.** By Morell Mackenzie, M.D. 400 pp.

This the second volume of Dr. Mackenzie's admirable work forms the August number of "Wood's Library." It treats of the diseases of the œsophagus, nose, and naso-pharynx. It needs no more than a superficial reading to convince one of Dr. Mackenzie's ability to deal with the subjects he has chosen. The short historical sketch given in connection with each disease will prove of great value to those "looking up" the subjects treated. The illustrations presenting the incredible number of instruments used in the diagnosis and treatment of diseases of the throat and nose may well appall the would-be specialist

with suggestions of the necessities and expenses of his scientific outfit. Dr. Mackenzie's book bears many evidences of thought and study, one might say of genius, if one accepts the old definition of genius being "an infinite capacity for taking pains."

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernst Zeigler, professor of pathological anatomy in the University of Tübingen. Translated and edited for English students by Donald MacAlister, M.A., M.B. Part II. 365 pp.

In this volume the special pathological anatomy of the following tissues and organs is treated in a terse, but, on the whole, satisfactory manner: the blood and lymph, the vascular system, the spleen and lymphatic glands, the serous membranes, the alimentary tract, and the liver and pancreas.

Though complete as regards the subjects treated, this book is only a part of an extensive work, certain sections of which have passed through two editions before the last sections could be completed. Judging from the parts already published (Part I. appeared in "Wood's Library" for 1883), it will be a matter for congratulation when the entire work is completed in the original, for it will not then be long before American readers will have it offered to them. The present volume forms the September number of "Wood's Library" for 1884.

NOTE.—We have lately received information that Messrs. Henry C. Lea's Son & Co. of Philadelphia have in press the first volume of a notable and interesting work, entitled "The American System of Practical Medicine." In this work, according to the publishers' announcement, "for the first time, American medicine will be thoroughly represented by its worthiest teachers, and presented in the full development of that practical utility which is its distinguishing characteristic." Volumes edited by Dr. William Pepper—and including in their contents papers on cholera, by Alfred Stillé; on puerperal fever by William T. Lusk; on diseases of the liver, by Roberts Bartholow; on pelvic hematocele, by Gaillard Thomas; on hygiene, by John S. Billings; on pulmonary phthisis, by Austin Flint; on diseases of the pericardium, by J. M. Da Costa; on diseases of the ovaries, by William Goodell, and many others of equal value—cannot fail to arouse interested anticipation in the progressive physician of any school.

The work will be published in five octavo volumes, and is to be sold by subscription only. Price in cloth, \$5 per volume; in leather, \$6; and in half Russia, \$7.

THE first number of a new professional magazine, to be entitled "Annals of Surgery," is announced by the publishing-house of J. H. Chambers & Co., St. Louis, to appear in January, 1885. The magazine is to be in some sort the successor of the "Annals of Anatomy and Surgery," and is to be issued simultaneously in America and England; edited, in the former country, by Lewis A. Pilcher, A.M., M.D., of Brooklyn, N.Y., and in the latter, by Mr. C. B. Keetley, F.R.C.S., of London, with the collaboration of celebrated surgeons of both countries. The "Annals" will be devoted entirely to the interests of surgery. We wish it all possible usefulness and success. Subscription price \$5 per year, in advance; single copies, 50 cents.

ADVERTISER'S REFERENCE-BOOK. E. Duncan Sniffin, 3 Park Row, New York. 1884.

Mr. Sniffin's wide reputation for ability and conscientiousness in his exacting work will be, if possible, augmented by this carefully prepared list, which enumerates every publication of interest to advertisers in the United States and Canada.

THE POPULAR SCIENCE MONTHLY for December offers, in its interesting articles on a wide variety of subjects, more food for thought and study than the average reader will be likely to assimilate before the January issue provides a fresh supply. Dr. Crothers's paper on alcoholic trance strikes us as so valuable and so suggestive, that we hope soon to reprint it for the benefit of our readers. The author of a paper on cannibalism seems to have a grotesque relish for his subject, amazing to note. The pigeon of "strong Malthusian views" is a literary acquaintance worth making, and deserves immortality in the niche beside Barnaby Rudge's Raven. New York: D. Appleton & Co.

THE December CENTURY amply justifies the claim of this standard magazine to be classed among what the "Woman's Journal" cleverly calls the "hot-cakes of literature," — the periodicals eagerly anticipated and unfailingly satisfying. The illustrations to Douden's article on Dublin City make one envy the students whose privilege it is to revel in the picturesqueness of the quaint old city. The contents, as usual, are pleasantly varied and exceedingly readable. The paper on the "Principles and Practice of House Drainage" commends itself to the prospective house-owner and to the practical sanitarian as of interest and value. New York: The "Century" Company.

THE NORTH-AMERICAN REVIEW for December discusses, by the pens of well-known and able writers, such themes of practi-

cal importance as "Labor and Capital before the Law," "Railway Management," and "Responsibility for State Roguery." New York: Fords, Howard, and Hulbert.

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*BOOKS AND PAMPHLETS RECEIVED.*

THE SCIENCE AND ART OF SURGERY. By John Eric Erichson, F.R.S., LL.D. F.R.C.S. Eighth edition. Philadelphia: Henry C. Lea's Son & Co.

SONGS AND RHYMES FOR THE LITTLE ONES. Compiled by Mary J Morrison. New York: G. P. Putnam's Sons.

A PHARMACOPŒIA FOR THE TREATMENT OF DISEASES OF THE LARYNX, PHARYNX, AND NASAL PASSAGES. By George Morewood Lefferts, A.M., M.D. New York: G. P. Putnam's Sons.

MURIATE OF COCAINE IN OPHTHALMIC SURGERY. By C. J. Lundy, A.M., M.D. Reprint.

THE DRY TREATMENT OF CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR. By C. J. Lundy, A.M., M.D. Reprint.

A PALACE PRISON. New York: Fords, Howard, & Hulbert.

TENANTS OF AN OLD FARM; OR, LEAVES FROM THE NOTE-BOOK OF A NATURALIST. By H. C. McCook, D.D. New York: Fords, Howard, & Hulbert.

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PERSONAL AND NEWS ITEMS.

HERBERT A. CHASE, M.D., has removed from Cambridgeport, Mass., to No. 561 Superior Street, Toledo, O.

N. W. EMERSON, M.D., of Dorchester, has received the appointment of recording secretary of the Massachusetts Homœopathic Medical Society, to fill the vacancy caused by the resignation of Dr. Herbert A. Chase, who has removed to Toledo, O.

DR. ALONZO BOOTHBY has removed from 19 Joy Street to Hotel Hamilton, Clarendon Street, corner Commonwealth Avenue, Boston. He will give special attention to general and gynecological surgery.

DR. JOHN H. PAYNE, having returned from abroad, where he has been making a special study of diseases of the eye and ear, has resumed business at Hotel Columbus, corner Columbus Avenue and Holyoke Street. His office-hours are from 8 to 10 A.M. and 2 to 4 and 6 to 7.30 P.M. He has also resumed his old position as consulting physician and surgeon at the Eye and Ear Department of the Homœopathic Dispensary on East Concord Street, on Mondays and Thursdays, 10 to 12 A.M., as heretofore.

L. B. HOLBROOK, M.D., has removed from Clinton to Graniteville, Mass.

DR. H. W. BOYNTON has removed from Lawrence to No. 12 Blue-Hill Avenue, Boston Highlands.

DR. CARRIE H. W. MANNING (formerly Dr. Carrie H. West) has removed to Billerica, Mass.

HENRY A. JACKSON, M.D., Class of '80, Boston University School of Medicine, has located at 245 Greenwich Street, Providence.

AARON WALKER, A.M., M.D., has located at Jacksonville, Fla.

DR. WILLIAM P. WESSELHOEFT has removed his office and residence to No. 176 Commonwealth Avenue, just west of the Hotel Vendome.

DR. JAMES B. BELL has removed his office and residence to No. 178 Commonwealth Avenue, just west of the Hotel Vendome.

AUGUST A. KLEIN, M.D., has located at No. 32 Warren Street, Boston. He has received an appointment as one of the physicians and surgeons to the Eye and Ear Department of the College Dispensary.

S. H. SPALDING, M.D., Class of '84, Boston University School of Medicine, has settled in Arredonda, Fla.

WE commend to the attention of our readers the card of Dr. Foote, which appears elsewhere. Dr. Foote is well known as a homœopathic physician; and those placing friends or patients under his care may have the pleasant assurance that they will never, like the patients in too many like institutions, be plied with drugs whose after-effects upon the system are almost as fatal as those of alcohol and opium themselves.

DR. W. H. WINSLOW of Pittsburg, Penn., has issued a new book, entitled "Cruising and Blockading," — a naval story of the late war. Two hundred pages. Price \$1.25.

DOROTHEA LUMMIS, M.D., Class of '84, Boston University School of Medicine, has located at Los Angeles, Cal.

R. E. PIERCE, M.D., Class of '79, Boston University School of Medicine, is associated with Dr. C. W. Breyfogle at San José, Cal.

DR. H. R. STOUT of Jacksonville, Fla., has removed his office and residence from 48 Pine Street to the north-east corner of Ocean and Munroe Streets.

AFTER an absence of ten years in the West, E. J. Foster, M.D., Class of '69, Hahn-Medical College, Philadelphia, has located in Waterbury, Vt.

DR. G. R. SOUTHWICK has removed to 136 Boylston Street. He will make a specialty of midwifery and uterine surgery.

ANNA B. TAYLOR, M.D., Class of '84, Boston University School of Medicine, has located at 86 High Street, Charlestown.

S. J. DONALDSON, M.D., has removed to "The Chelsea," 222 West 23d Street, New-York City.

WITH the January number, "The Medical Advance" will be enlarged to eighty pages (price \$3 per annum) by the addition of thirty-two pages devoted exclusively to obstetrics, gynecology, and pediatrics. The addition will be separately paged, and have a separate index, and, if we understand their prospectus correctly, will have a separate title, as follows: "The American Homœopathic Journal of Obstetrics, Gynecology, and Pediatrics," edited by Phil Porter, M.D.

MR. T. ENGELBACH, the popular pharmacist at New Orleans, has extended a cordial invitation to all physicians visiting the Exposition to make their headquarters at his pharmacy, No. 154 Canal Street.

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## OBITUARY.

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DR. HECTOR BERNARD. — It is with profound sorrow that we chronicle the death, at Mons, on the 8th of October, of our honored confrère, Dr. Hector Bernard. The cause of homœopathy in Belgium suffers, in Dr. Bernard's death, an almost irreparable loss; and, indeed, we may say the same of the cause of homœopathy everywhere, since, through his valuable contributions to medical literature, the influence of our lamented confrère was, to the infinite service of the art he loved, felt in a far wider sphere than that of his immediate professional work.

"Not only," said Dr. Ciquelion, standing beside the open grave, "was Hector Bernard a wise man and a scholarly: he was first of all a *good* man. Faithful and loving in the relations of son, husband, and father, he was a loyal and consistent Christian; and the gentleness, the justice, and the truth of his Master beautified his daily life."

DR. GEORGE S. KELSEÂ died at his residence in Newport, Vt., Sept. 26, aged fifty-four years and ten months. He has been a great sufferer for the past four years from the effects of blood-poisoning contracted in the discharge of professional duties. He has been a resident of Newport, Vt., since January, 1869, prior to which date he practised in Derby. He leaves a widow and one son and a large circle of friends.



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EDITORIAL.

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A MEMORABLE ADDRESS.

THE address<sup>1</sup> on medicinal and non-medicinal therapeutics, delivered by Dr. Austin Flint before the New-York State Medical Association in November last, may justly be said to mark an epoch in the progress of "rational" medicine. Dr. Flint's words must be regarded as setting forth clearly and dispassionately the position reached and occupied to-day by the great body of practitioners whose almost ideal representative he may be said to be. For not only is he second to none in recognized ability and professional fame; he is a "regular" of the "regulars," conservative to intolerance in his relations with all medical theories outside those of his own school, an outspoken enemy of the "new code," and a scoffer at the therapeutical methods of those whom the new code, in some sense at least, recognizes as "qualified" practitioners. In the light of these facts, the address of Dr. Flint on the very practical and important subject he has chosen may well be regarded as the *ipse dixit*, not of an individual, but of a class.

Let us briefly note, then, something of what "rational" medicine, in the person of Dr. Flint, has to say to us to-day. We find ourselves, at the very outset, lingering over the frank admission, (what horror it would have awakened, not a score of

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<sup>1</sup> Remarks on Medicinal and Non-Medicinal Therapeutics. An Address delivered at the First Annual Meeting of the New-York State Medical Association, Nov. 20, 1884, by Austin Flint, M.D., LL.D. — *New-York Medical Journal*, Nov. 29, 1884.

years ago, in every "legitimate" breast!) that the giving of drugs constitutes but one part of therapeutics properly understood, and in therapeutics entirely non-medicinal there are possibilities for the successful cure of disease; to which statement homœopathy may surely play willing clerk, and shout the "amen!" which allopathy has so long withheld from the same statement when made by Samuel Hahnemann and his followers.

Dr. Flint dwells almost querulously on the unreasonable demand for drugs on the part of patients, who, he says, not infrequently resent the most speedy and successful cure if made non-medicinally, and look askance, as at a mere novice, or worse, at a physician who denies them many or powerful drugs. It would be well for Dr. Flint to consider for a moment whom we have to thank for this undesirable state of things, from which to-day every conscientious and scientific physician suffers in greater or less degree. Whom, indeed, but the "regulars" (omnipotent twenty years ago, and even now not wholly unknown), whose abuse and ridicule were poured without stint on the "charlatans," who, ignoring "heroic" treatment, preached hygiene and diet, and administered drugs but sparingly! Truly, in the morbid craving for drugs on the part of the public which they deprecate to-day, our allopathic brethren reap a harvest of their own sowing. The false ideas on the necessity of dosing which they labored to create, they must labor to destroy. To hear the phrase "pharmacomaniacal practitioners" employed in condemnation of indiscriminate drug-givers, not by an ostracized homœopath, but by an honored "regular" of enviable standing, is to realize that the world moves indeed.

No less satisfactory evidence of progress is found in the words immediately following the expression quoted: "The practitioner . . . has sufficient confidence in medicinal agents; but recognizing, that, in proportion to their potency, they do either good or harm, he must be satisfied that they are clearly indicated before he employs them. He will not prescribe potential drugs at a venture, but only for a clearly defined purpose. He shoots after taking deliberate aim, and he shoots with the rifle in preference to the shot-gun." A significant allusion, this, to the growing sentiment in favor of the single remedy, as opposed to polypharmacy!

A little later on we find it said, "The only reliable basis of therapeutical knowledge is clinical experience. It is not sufficient to conjecture from the properties of drugs as to what they ought, reasoning *a priori*, to effect." Dr. Flint states in this connection, with unmistakable emphasis, that we must often recognize and admit a therapeutic *fact* long before we discover the theory which explains its action. Let Dr. Flint but abide by the consequences of this his own logic, which for years has been the logic of the supporters of homœopathy, and the "new code" will have lost an enemy.

We have left ourselves no space to linger on the more practical parts of the address; but we commend to our readers' interested attention the paragraphs, reprinted elsewhere in full, on diet and "cold-catching," which are rich in solid good sense and useful suggestion.

In conclusion, we observe with mingled amazement and amusement the grounds from which Dr. Flint takes his "bright and encouraging outlook" on "the medicine of the future." "Let the doctrine be established," he says, "as may be expected, that all infectious diseases are parasitical; and let the class of infectious diseases be enlarged, as may also be expected,—and the therapeutic problem will be to ascertain by clinical experience a parasiticide for each parasite." A clinical problem, indeed, before which even the "eternal hope" of the Sisyphus of rational medicine, forever pushing the stone of "specifics" up the hill of clinical possibility, may well grow faint! Let us, as homœopaths, rejoice that our hope for the "medicine of the future" rests on other foundations; whose upheaval we need not fear, even when the theory of parasite and parasiticide drifts away—perhaps, considering the basis of the theory, the more correct phrase would be *crawls* away—to join the theories of inflammation and antiphlogistics, "humors of the blood" and destructive purging.

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*CIRCUMCISION AS A PROPHYLACTIC AND THERAPEUTIC MEASURE.*

FROM the time of the apostle Paul until a very recent date, there has been a tendency to regard the laws and teachings of

the Old Testament from a spiritual stand-point only, and thus to think of them as obsolete so far as present practical suggestiveness is concerned, and useful only as historical landmarks or for purposes of allegorical illustration. Within a few years, however, it has been realized that Moses, the great statesman, was a great sanitarian also, and that the laws given by or through him for the government of physical life and habits are in many instances quite as safe and useful guides for the men of a newer dispensation as for the Israelites under his immediate rule. The most universally known of these laws, and the one, perhaps, of most lasting effect on the health of the Jewish people of all time, is that relating to the compulsory practice of the operation known as circumcision. Sanitary science seems to be asking itself to-day, whether, after all, it is not matter for regret that the practice of circumcision has so long been regarded as of theological significance only, and is waking to a late appreciation of the value of the operation, not only as an agent in the cure of disease, but as a means for the prevention of disease.

One of the most interesting and valuable studies on this subject, which has lately come to our notice, is the little pamphlet entitled "Genital Reflexes the Result of an Abnormal Physical Condition known as Phimosis," by Dr. T. Griswold Comstock.<sup>1</sup> In the light of the growing scientific certainty that disease of all sorts often has its origin in organs and conditions far removed from the seat of its immediate manifestation, Dr. Comstock makes a brief yet careful study of various diseased conditions which may, directly or indirectly, be traced to the presence of phimosis in the patient under consideration. The author proves from his own experience, and from that of such eminent authorities as Drs. Agnew, Barwell, and Osborne, that such widely differing ailments as epilepsy, hernia, strabismus simulating astigmatism, neuralgia, priapism tending to masturbation, eczema, and other troubles too numerous to be catalogued here, may have their origin in phimosis, and may be not only relieved to a very great extent, but in many cases wholly cured, by the oper-

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<sup>1</sup> Genital Reflexes the Result of an Abnormal Physical Condition of the Genital Organs known as Phimosis. By T. Griswold Comstock, M.A., M.D. St. Louis, Mo. Reprinted from the New-York Medical Times.

ation of circumcision; while the prompt performance of the operation on any infant discovered by the family physician to have a tendency to phimosis may ward off many evils, not only physical but mental, from his future existence. Dr. Comstock does not, of course, recommend the practice of circumcision being made legally compulsory, as among the Jews, though he does suggest that the proverbial Jewish immunity from certain forms of disease is due in no small measure to the universality of the custom among this people; but he urges upon physicians, strongly and convincingly, the possible usefulness of circumcision in a much wider prophylactic and pathological sphere than has hitherto been accorded it.

Dr. Beard, in his valuable work on sexual neurasthenia, points out that it is not the female organism alone in which wide-spread and serious mischief may directly result from any disorder of the sexual organs. Dr. Comstock's pamphlet may well be read in connection with Dr. Beard's work, pointing out as it does the many reflex diseased conditions directly traceable to a single disorder of the male sexual apparatus. It is to be hoped that this pamphlet, doubtless obtainable on application to its author, will be widely read, and thus the attention of physicians called, with what cannot fail to be useful clinical results, to a subject so practically important.

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#### *ARE INEBRIATES RESPONSIBLE?*

At the time, now ten years or more ago, when several notorious murderers in New York escaped the consequence of their crime on the admitted plea of insanity, Mark Twain, with his characteristically sardonic good sense, remarked that apparently it was not a law against murder, but a law against insanity, that was at present called for in the United States. In view of the ever-widening shield of "irresponsibility" which science and philanthropy to-day seem joining hands to lift between criminals of all sorts and the legal consequences of their acts, Mark Twain might well add, that it is not laws against assassination, rape, and theft, but against "hereditary tendency" and "unconscious cerebration," for which our statute-books lie waiting. How far even

the worst and most dangerous criminals are to be held responsible for their actions is a question pressing alike on medical, legal, and social science for a reply. It is the responsibility of a single class of criminals only, which we propose here briefly to discuss.

We reprint in our present issue, being moved thereto by its originality and its extreme interest, both theoretical and practical, a paper on "Alcoholic Trance," by Dr. T. D. Crothers. In it we find, as it would seem conclusively proved, what would once have been regarded as an incredible statement,—that a man may, in a certain stage of intoxication, walk, talk, and mingle with his fellows, to all appearance in a normal condition, but in fact entirely unconscious of his words and actions, and liable at any moment, without knowledge or volition of his own, to commit monstrous crimes which work havoc to life, property, and the honor of woman. Such a crime once committed, and the perpetrator restored to his full and horrified senses, Dr. Crothers claims, with every appearance of justice, that the inebriate may seek protection from the cell and the halter behind the plea of unconsciousness of his crime; he being, to all intents and purposes, not himself, but another man, at the time of its commission.

It needs the descent of no prophet's mantle to enable one to point out the inevitable result of such a conclusion practically accepted in our courts of justice. It would not take many months for "alcoholic trance" to become as frequent and successful a plea in the mouths of clever and unscrupulous criminal lawyers as "insanity" has been these many years; to the paralysis of the arm of justice, and the breaking-down yet further of the barriers which, in a civilized community, separate destroyer and victim. It is a doubtful kindness which is done by medical research to social science, when the former raises anew the cry of "barbarism" at the punishment of some class of criminals whose "irresponsibility" has just been found susceptible of proof.

It strikes us as wholesome and reasonable doctrine, that, if an inebriate is responsible for being an inebriate, he is responsible for the murder committed in a state of inebriety. The law justly recognizes the fornicator as responsible for the bastard born of his unbridled lust, though he may have been innocent of desire

to beget a child: is it not equally just for the law to hold a man responsible for the crimes born of a condition into which he wilfully enters, knowing that in it he must lose volition and self-control? *C'est le premier pas qui coute*; and the first step in this direction it is in every man's power, with a very few sorrowful exceptions, to avoid taking. The old monkish axiom, that the cause of a cause is the cause of the thing caused, is sound foundation for modern law; which is as bound to protect the innocent from wilful "irresponsibility" as from voluntary crime. Let this once be fully and practically recognized, and then let medical research teach far and wide the possibilities of crime and ruin for which the man who knowingly gives up his consciousness and self-control as the price of the gratification of appetite may wake to find himself responsible: for we strongly claim that the wilful inebriate is responsible for the crimes born of the condition into which he voluntarily enters. To teach the contrary is to give dangerous countenance, not only to young men forming the habit of alcoholism, to whom it promises immunity from legal consequences of acts resulting from their enslaving habit, but also to would-be murderers, who foresee an assured defence in (simulated) intoxication and a lawyer conversant with the catch-words of science; and to those zealous sentimentalists of every community whose object in life seems to be the protection of the wolf at the expense of the lamb.

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### COMMUNICATIONS.

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*RECENT PATHOLOGY IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION, "CAN HOMŒOPATHIC TREATMENT WITH INFINITESIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?" — Concluded.*

BY J. W. HAYWARD, M.D.,<sup>1</sup> LIVERPOOL, ENG.

SUCH is, I think, a fair exposition of the germ theory of disease. In it, it will be observed, there are involved three special statements: viz., (1) that many diseases are caused by living germs;

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<sup>1</sup> Reprint of a presidential address delivered before the British Homœopathic Congress, September, 1884.

(2) that these germs are of *vegetal* origin, that is, are bacteria of various kinds; (3) that the germs are of *animal* origin, that is, are particles of the living bioplasm of diseased persons.

I myself am ready to admit that there may be truth in all the three statements. I believe that many diseases *are* caused by living germs, and that in a large number of diseases these germs are, as Beale says, morbid bioplasts, whilst in some diseases they may be, in accordance with the more general opinion, bacteria. The poison, which enters as a mere speck, and rapidly multiplies within the body many millionfold within a few days, cannot, I think, be any thing else than a living germ. That some diseases, such as purulent ophthalmia, gonorrhœa, and primary syphilis, are caused by morbid particles transferred from one person to another, is, I think, beyond dispute; and that anthrax (malignant pustule, splenic fever) is associated with the presence of a bacterium (the bacillus anthracis), is, I think, also a patent fact. But between these two extremes we find a large number of diseases, in some of which the evidence pointing to the correct classification is not very clear. These are such as specific influenza, glanders, rabies, morbilli, scarlatina, varicelli, vaccinia, variola, typhus fever, yellow fever, rheumatic fever, pertussis, pneumonia, septicæmia, cholera, typhoid fever, erysipelas, leprosy, tuberculosis, relapsing fever, and some others. Some of those at the beginning of this list, viz., influenza, glanders, rabies, morbilli, scarlatina, and typhus, are, to my mind, most probably caused by morbid animal bioplasts; for bacteria have not been found in them, whilst morbid bioplasts have. Some of those at the end of the list, viz., relapsing fever, tuberculosis, and leprosy, may possibly arise from bacteria: at any rate, bacteria, as well as morbid bioplasts, are found in connection with them. Davaine, Pasteur, Koch, Feltz, Tyndall, and others are of opinion that the germs are in all cases bacteria, and they refuse to recognize any alternative; this has been made very evident in Koch's searches for the cholera germ, in which nothing else but a bacterium or bacillus has been looked for; whilst, as before stated, Beale appears to be of opinion that the germs are morbid bioplasts derived from previously diseased persons. It is probable that here, as in so many other cases, *in medio tutissimus ibis*; that there is truth on both sides, — that in some diseases it may be the one, and in others the other, kind of germ. It would certainly appear probable that in splenic fever, chicken cholera, and the septicæmia of mice and rabbits, the germ is a bacterium; for in each case it can be cultivated outside the body for several generations, and then injected with a degree of certainty approaching the absolute.

Dr. Barron of Liverpool has given much attention to this



subject, and has made some very beautiful preparations illustrative of the presence of bacteria in various diseases.

Summing up on this matter, Professor Coats, in his recent work on pathology, — one of the best and most recent works on the subject, — takes it for granted that there is no other kind of disease germ than the bacterium. Referring to Koch's researches on the septicæmia of mice and rabbits, he writes, "When the blood is examined . . . it is found to contain myriads of minute bacilli, . . . producing the disease which Koch calls the septicæmia of mice; . . . and the septicæmia of rabbits is also produced by a bacillus, but one of larger size than that of the septicæmia of mice" [pp. 244-246]. And referring to Ogston's experiments with pus, he writes, "It would appear, therefore, from these observations, that the active agents in producing inflammations in the tissues are micrococci" [p. 239]. On pyæmia he writes, "It must be borne in mind that the emboli are infective, containing organisms which in some way produce an intense irritation leading to necrosis and inflammations with a tendency to develop suppuration very rapidly" [p. 249]. And as to the joints in pyæmia he writes, "In case of the joints, also, if the micrococci once get admission to the interior, they are likely to multiply in the synovial fluid, and produce a general inflammation" [p. 251]. And of the specific fevers he writes, "There are several in which the evidence is tolerably clear that they are as closely related to bacteria as are the septicæmias of rabbits and mice" [p. 253]. Of splenic fever (anthrax) he writes, "In this disease there is present in the blood . . . a very definite form of bacterium, which is called the *bacillus anthracis* [p. 254] . . . It is clear, therefore, that the disease stands in the same relation to this particular form of bacillus as do the septicæmias of rabbits and mice to theirs" [p. 255]. And he goes on, "In the next place, we have one of the acute fevers, — *relapsing fever*, — associated with the presence in the blood of a distinct micro-organism of a spiral form. . . . That the disease depends on this organism, seems to be established from the fact that it is always present in the blood during the acute stage. . . . *Typhoid fever* is another disease in which a special form of bacillus has been observed. . . . This organism appears to stand in definite relation to the duration of the disease [p. 255]; . . . and *erysipelas* is another disease in which bacteria have been found by several observers" [p. 256]. It will be seen by these quotations that Coats teaches that the bacteria are considered to be really the *cause* of the diseases referred to. And yet, as if himself somewhat in doubt on the matter, he writes, "Bacteria have been found in the tissues in a large number of acute diseases in man, and most of these be-

long to the class 'zymotics.' . . . All that is asserted in the mean time is that bacteria have been observed in these diseases: it is not meant that each of these diseases depends necessarily on a specific form of micro-organism" [p. 252]. Dr. Klein, too, seems to be in doubt on this matter; for, when referring to bacilli being found in inflamed tissues, he writes, "Whether the presence and growth of these bacilli was the primary cause, or only a concomitant symptom (due, for example, to the loss of active vitality of the tissue), remains to be proved" [*Practitioner*, vol. xxxii. p. 409]. Now, Beale, on the contrary, appears to have made up his mind that the germs are in almost all cases, and certainly in all zymotic diseases, morbid animal bioplasts. Referring to *vegetal* germs, he writes, "The diseases of man and the higher animals, known to depend upon the growth and development of vegetable organisms, are local affections confined to a part of the body not involving the blood; while, for the most part, the different forms of contagious fevers are general affections, in which the whole mass of the blood, and in some cases every part of the body, is affected, and is capable of communicating the disease. . . . In many of the diseases which are at this time considered to be actually due to the multiplication of vegetable germs, it is doubtful if the tissues and organs invaded were perfectly healthy at the time of invasion. . . . In fact, it has already been shown that the fungi which commonly grow on the surface and in other parts of the body do not *produce disease*" [p. 77]. "In many different forms of disease," he continues, "these germs of bacteria, and probably of many fungi, are to be discovered in the fluids of the body; but the evidence yet adduced does not establish any connection between the germs and the morbid process. . . . Their presence is due rather to alterations in the fluids *consequent upon* morbid changes, than to the fact that they are themselves the cause of disease. They follow the morbid change instead of preceding it [p. 68]. . . . In cases in which these organisms have been discovered actively multiplying in the blood, that fluid must have already undergone serious changes, which had rendered it unfit for the nutrition of the body. I cannot agree with those who consider that we have evidence in favor of the view that the bacteria are really the active agents in cases in which the blood has been shown to exhibit the properties of a *specific contagious virus* [p. 70]. . . . A disease germ," he continues, "is probably a particle of living matter derived by direct descent (degradation) from the living matter of man's organism" [p. 95]. He then figures the active living bioplast of pus, of vaccine, of variola, and of varioloid, taken from the vesicles in these diseases, and remarks, "I think they consist of a peculiar kind of living matter, the smallest particle

of which, when supplied with its proper pabulum, will grow and multiply, giving rise to millions of little particles like itself, each having similar properties and powers" [p. 145].

Now, Beale is perhaps the greatest of microscope investigators of the minute structure of animal tissues and disease germs, and one who has for years worked with higher powers than has any other investigator except Dr. Drysdale and the Rev. Mr. Dallinger; while he is at the same time the author of perhaps the most complete treatise on the subject in any language. The powers ordinarily used by others appear to have ranged from three hundred to eighteen hundred diameters, whilst those employed by Beale varied from seven hundred to five thousand diameters; and he has for many years given especial attention to disease germs in all their relationships: much reliance may therefore be placed upon his conclusions.

And it certainly does appear to me much less probable that vegetal spores should cause typhus or gaol fever in man than that this disease should arise from animal germs, generated by overcrowding and by animal filth in prisons, ships' holds, and human habitations. When, however, such able and distinguished investigators disagree on the matter, we may well allow the question to remain in abeyance; nor is it necessary for us, as practical physicians, that it should be decided either one way or the other: we can go on treating disease quite as successfully, whether we know the truth in this matter or not. Living germs being the cause of infectious diseases, and animal and vegetal germs being about equally resistant to our attempts to kill them, and both growing and multiplying in much the same way, it matters very little as to treatment, and even as to prevention, which they are: the same prophylaxis and treatment are required in both cases, and the factors are the same in both; viz., on the one hand, the healthy or normal vital action of the individual, and, on the other, the disturbing germs. The normal vital action is the original impulse arising from the parents, and the germs are the foci of the morbid vital action of the sources of infection. The struggle is between these two motions or forces. It is, as it has already been asserted, the constant effort of the original impulse — the *vis medicatrix* — of the individual to maintain the original normal action of the organism when it exists, and to recover it after it has been deranged by any disturbing cause: hence, in fact, the natural limitation of morbid processes, and the frequent occurrence of spontaneous recovery. Were it not so, when once a morbid process has commenced, nothing but extraneous interference could prevent a fatal issue in every case. This, however, we all know, does not occur.

As in almost all other instances, the physician's object, in an

attempt to cure any of the germ diseases, should be to assist the natural tendencies just referred to ; that is, to help nature to resist the action of the disturbing germs, and to restore to normal any disordered action. The question is, "How can he best do this?" As already mentioned, he need not attempt to kill the germs with ordinary germicides, for that this cannot be done has been demonstrated by the germ theorists themselves; nor can he purge them out, nor sweat them out, nor drive them out with diuretics, nor get quit of them by any other of the evacuant means usually put in force by the practitioners of the physiological school: there can be no *tolle causam* here. Nor can the morbid process be diverted to some other or special part or organ by the use of derivatives, rubefacients, blisters, etc. There is, indeed, no place here for the use of any of the classifiable actions of drugs. As to medical treatment, there is, in fact, no sphere for the practitioner of the old school at all in any way: he is quite out of the race altogether, and can only stand by and watch. The germ theory is therefore no help to him, except so far as prophylaxis is concerned; he can have nothing whatever to do with the *cure* properly so called: the germ theory, indeed, rather shunts than enthrones him. But does this last new pathological speculation on the nature of disease quite dispose of the claims of *all* physicians to be curers of disease? In the presence of it, are all physicians mere ciphers, only to stand by and watch the struggles between the natural powers and the disturbing causes? Certainly not: far from it. Homœopathic physicians can go on curing disease now and in future quite as well as they have done in the past, and continue to show statistics of shortened illness and diminished mortality, not only absolutely, but in comparison with the statistics of the old school, just as satisfactorily as ever. To homœopathic physicians pathological theories are minor matters. *As to the cure of diseases*, it is all the same to them, whether the morbid state to be cured is of the nature of spasm, of asthenia, inflammation, or fever; or whether it be the result of some chemical or organic poison, or of the presence of living germs, of the loss of some constituents of the blood the germs may have removed, or some organic or chemical ferment they may have put into the blood. Whether the one, or the other, or all of these, makes little or no difference to homœopathic physicians: they know that the days of disease entities have long passed away. Taught by Hahnemann, to them the patient, not some supposed pathological state, is the object of cure; to them the patient presents deranged vital actions and altered bodily structures that require to be rectified; and to rectify these is their object and duty. How best to do this, their leader, Hahnemann, interrogated Nature;

and she replied, "Find a drug that will produce a similar derangement of the action, and a similar alteration of the structure, and administer that in a quantity too small to induce any other derangement, or to aggravate the existing one, and I will do the rest." Hahnemann did these, and he found Nature faithful to her promise; and so, too, have his followers. To homœopathic physicians, therefore, each patient presents a morbid picture, to which they have to find a "simile" in the pure effects of one or more drugs. They must take into account not only the cause, but the physical signs, the objective symptoms, the subjective sensations, and the mental perversions, with their course and progress, and their conditions and concomitants, and not only in the patient, but in the medicine also. And they must then administer the medicine pure and alone, in a reliable preparation and in a proper dose, with the necessary repetitions, leaving the rest to Nature. It is for the physician to restore the conditions necessary for normal action, but it is Nature only that can restore the action itself. So the physician is Nature's hand-maid, to help her to rectify herself with remedies of her own choosing: he is not her domineering taskmaster, to knock her about with alteratives, or to force her on and derange her operations with sudorifics, purgatives, diuretics, and emetics, or to obstruct her operations with astringents, or to press her down and blind or paralyze her with sedatives and narcotics, or in any other way to thwart her tendency to preserve her own equilibrium. The true physician, if he can give Nature no help, will at least offer her no obstruction.

But we come now to the principal questions before us: viz., Is homœopathic treatment as effectual in diseases originating in bacteria or bioplasts as it is in others where no such connection is traceable? that is, can homœopathic treatment with infinitesimal doses cut short infectious diseases dependent on living germs? Or, on the other hand, germs having gained entrance into the blood, and there found suitable pabulum, will they run through their life-history in spite of any thing we can do? Will they pass through precisely the same processes whether we interfere or not? If the growth and multiplication of germs can be interfered with, and the course of disease shortened or rendered less severe by medicine, are we sure that such results can be secured by medicines selected on homœopathic indications, and administered in infinitesimal doses? And if our medicines and doses do really shorten these diseases, or render them less severe, how do they accomplish their work?

To give a demonstrative reply to each of these questions separately would occupy too much of the valuable time of this meeting: I must therefore content myself with a general review of the whole subject, and one as brief as possible.

Before an assembly of physicians who have, some of you, for nearly half a century, been in the habit of treating all varieties of zymotic disease, presenting every degree of malignancy, with medicines selected on homœopathic indications and given in infinitesimal doses, I need not advance one single argument in support of the fact that disease is shortened and rendered less severe in every one of the instances I have referred to. I need do no more than simply remind you of the frequent experience all of us have had of seeing these diseases rendered less severe, less prolonged, and less deadly, by our treatment. We could, however, were it necessary, appeal to statistics in abundance, furnished even by our opponents; for, wherever statistics have been collected, they have shown unmistakably the power of homœopathic treatment to shorten the duration and diminish the mortality of disease.

In *rheumatic fever*, for instance, "our statistics," writes Dr. Hughes, "compare favorably with those of the old school. There, as you know, first the alkaline plan had been proved greatly superior to all others in acute rheumatism, and then the results of pure 'expectancy' appeared to be equally good with those of alkalization. The conclusion was inevitable that the latter was so much useless drugging, while the other methods were positively injurious. Our method, therefore, has to be compared with the expectant; and the result is, that we shorten the average duration of the disease by from six to ten days" [*Therapeutics*, i. 143]. And we are all familiar with the much more rapid relief of pain and suffering, and the much greater freedom from cardiac complication, under homœopathic treatment. In *acute pneumonia*, — "true primary inflammation of the lungs, — the 'croupous pneumonia' of the German pathologists," writes Dr. Hughes, "taken altogether, they make the mortality of expectancy nearly 19 per cent, while that of homœopathy rarely reaches to 6." The mortality under the most modern treatment, expounded in Ziemssen's "Cyclopædia," is 12 per cent; that of the late Dr. Hughes Bennett, 25 per cent; and that of the ordinary old-school treatment, 20 to 30 per cent [*Therapeutics*, ii. 165, 166].

The course, duration, and rate of mortality, of the other germ diseases, when not interfered with by medical treatment of any kind, have not been sufficiently made out to allow of a comparison of their true natural history with their progress under homœopathy; so that the only way of judging of the facts is to compare the results under homœopathic treatment with those under what is known as allopathic treatment. For this purpose sufficient statistics are on record.

Time will only allow us to refresh our memories by reference

to a few of these: so we will take three of the most deadly of the diseases referred to; viz., cholera, yellow fever, and typhus.

*Cholera.*—In this disease, in 1836, comparisons were made in Vienna, where the mortality was, under old-school treatment 66 per cent, and under homœopathic treatment 33 per cent.

In 1849 comparisons were made in Liverpool, where the mortality was, under old-school treatment 46 per cent, and under homœopathic treatment 25 per cent; in Edinburgh, where the mortality was, under old-school treatment 68 per cent, and under homœopathic treatment 25 per cent.

In 1853 comparisons were made in Newcastle, where the mortality was, under old-school treatment 50 per cent, and under homœopathic treatment 20 per cent; in London, where the mortality was, under old-school treatment 51 per cent, and under homœopathic treatment 16 per cent [vide *British Journal of Homœopathy*, x. 41, 321 (Dudgeon)].

In 1866 comparisons were made in Liverpool, where the mortality was, under old-school treatment, with astringents 71 per cent, with castor-oil 30 per cent; and, under homœopathic treatment, 15 per cent [vide *Med.-Chir. Trans.*, l. 127 (McCloy & Robertson); and *British Journal of Homœopathy*, xxv. 90 (Proctor)].

*Yellow Fever.*—In this disease, in 1850, in Rio de Janeiro, the mortality was, under homœopathic treatment, 7 per cent.

In 1853, in Philadelphia, the mortality was, under old-school treatment, 80 per cent. In New Orleans the mortality was, under homœopathic treatment, 6 per cent; in Barbadoes, on board H. M. S. "Dauntless," under old-school treatment, 50 per cent [vide *North-American Journal of Homœopathy*, iii. 503].

*Typhus Fever.*—In this disease the average mortality is, under old-school treatment 21 per cent, and under homœopathic treatment 10 per cent; or, excluding complicated cases, under old-school treatment 10 per cent [MURCHISON], under homœopathic treatment 0 per cent [HUGHES, i. 72].

So that, taking three of the most deadly of the germ diseases, homœopathic treatment with infinitesimal doses is, in *typhus* 11 per cent, in *cholera* from 21 to 43 per cent, and in *yellow fever* from 46 to 73 per cent, more curative than ordinary treatment.

Surely such statistics as these demonstrate plainly enough that homœopathic treatment with infinitesimal doses is effectual in germ diseases as well as in those not traceable to living organisms.

If it be asked, "How do medicines selected on homœopathic indications, and given in infinitesimal doses, cut short infectious diseases dependent on living germs?" the answer is, "In the same way that they cut short diseases dependent on any other

cause; viz., by assisting Nature to resist the disturbing germs, and helping her to restore the normal action, and repair the damage done." And this assistance is rendered by using the remedies pointed to by the rule of similars: this rule Nature herself revealed to Hahnemann.

As already affirmed, the germs having once gained entrance into the blood and tissues, and found suitable pabulum, the removal of the cause, as this is ordinarily understood, is quite out of the question. It is absolutely useless to attempt to kill germs in the blood by the usual germicide treatment. This is candidly admitted by the best practitioners of the old school. Even in some of the parasitic diseases of the skin, where the germicide can be applied directly to the locality of the disease, Mr. Startin and other specialists admit that the germs cannot always be killed by ordinary germicide applications, and that some cases of these diseases cannot be cured at all by merely topical treatment; and they consequently recommend that we should place our main reliance on constitutional treatment, with the view of starving out the germs by altering the conditions under which they live. Hence in cholera, whose germs infest the intestinal canal, Koch has shown that they cannot be killed by the exhibition, or even by the injection, of germicides. And so, also, in the constitutional germ diseases, such as typhoid fever, tuberculosis, relapsing fever, and even splenic fever, the internal administration of germicide drugs has been abandoned by the best practitioners; and such diseases are left almost altogether to sanitary measures, with rest and nourishment. Curative medicines, they, of course, do not profess to have. Rest and nourishment, under sanitary conditions, are, however, surely not all the treatment to be expected from *physicians*, — medicine-men. They ought, at least, to endeavor to alter the condition of the blood and secretions, that the germs might not be able to flourish in them. Different disease germs, like all other living things, grow and multiply under different conditions, and live on different kinds of food. Pabulum suitable for one kind (the yeast germ, for instance) will kill another kind (the pus germ, for example), and *vice versa*. In his Bradshawe lecture [*Lancet*, Dec. 16, 1882, p. 1020], Sir James Paget says, "Just as in agriculture, soils must be studied as well as seeds; seeds will not germinate in an unfit soil." The blood that is food for some kinds of germs has been proved to be poison to other kinds; so that, by altering the character of the blood, we may destroy their means of existence. A very little, perhaps a mere atomic or metabolic change, may be sufficient to insure their death. That very slight differences in the blood are sufficient to determine whether the germs shall live or not, has been demonstrated by the germ



theorists themselves: Koch, for instance, has shown that the germs of the septicæmia of the domestic mouse, injected into the blood of the field mouse, die immediately; and so with other germs and different animals [vide COOTS, pp. 260-264; also GREEN'S *Introduction to Pathology*, 6th edition, pp. 484, 485, and 494, 495]. And again: the germs of variola, morbilli, scarlatina, typhus, pertussis, and other infectious diseases, cannot live in the blood that has already been altered by an attack of the disease. Nor can the germs of variola live in the blood that has been altered by *vaccine lymph*; nor even those of anthrax, chicken-cholera, or rabies, live in the blood that has been altered by vaccination with attenuated virus, as Pasteur has shown. And it is also well known that the germs of ague cannot, as a rule, flourish in the blood that is under the influence of *quinine*, nor the germs of yellow fever in the blood that is under the influence of *crotalus*, nor the germs of smooth scarlatina in that under the influence of *belladonna*, nor those of algid cholera in that under the influence of *camphor*, nor those of suppurative inflammation in that under the influence of *hepar*, nor those of syphilis in that under the influence of *kali bichromicum*, nor those of some epidemics of morbilli in that under the influence of *aconite*, nor those of vesicular erysipelas in that under the influence of *rhus*; and so on with all true homœopathic specifics. Homœopathic medicines are, in fact, substances that have the power to produce alterations in the blood analogous to different morbid states, so as to induce a kind of immunity, or at any rate a diminished susceptibility, in the manner, though perhaps not to the extent, of a previous attack of the disease; or after the manner of the attenuated viruses of anthrax, chicken-cholera, rabies, vaccine lymph, etc.; or in the way of the physiological and medicinal antidotes to poisons, as *belladonna* to *opium*, *atropine* to *morphia*, *chloral* to *strychnia*, *alcohol* to serpent venom, etc. Those homœopathic medicines which produce changes analogous to the specific germ diseases are, the serpent venoms, some insect venoms, *belladonna*, *camphor*, *rhus*, *aconite*, *arsenicum*, *iodium*, *sulphur*, *quinine*, *veratrum*, *mercurius*, *hepar*, and some others. These are, therefore, the medicines that have the power to cut short germ diseases. And that they will do so, and have done so, I have already given ample evidence by statistics. Which of them to select, however, in any given case, is not a matter of indifference: it is of essential importance, for it may be that only one of them is capable of producing the special change required; and to miss selecting that one might be to miss curing the patient. For instance: to cut short smooth scarlatina, one particular medicine is required, viz., *belladonna*, but this will not cut short purpura miliaris, or morbilli; and to cut short

hemorrhagic scarlatina and yellow fever, *crotalus* is required, but this will not cut short typhoid or relapsing fever; and so on. How the selection is to be made is, then, a very important problem. But Nature has not left us helpless here either: she has herself taught us how it is to be done; viz., the medicine chosen must be one the pathogenetic effects of which resemble those resulting from the presence of the particular germ. How complete and perfect, then, and simple withal, is the science of therapeutics under the rule of similars! The practical application of it may, indeed, often be unsuccessful, because it is in the hands of fallible human instruments; but the science itself is as perfect as the provisions of nature usually are. Pathology and diagnosis being imperfect, and frequently unable to interpret the true nature of disease, the treatment based on them frequently fails and is disastrous; but by a faithful narration by the invalid of his sufferings to an observant and educated physician, and the selection of the true simile, a cure may frequently be brought about *tuto, cito, et jucunde*, whether the pathology and diagnosis be true or not. What an elevated position of superiority, then, is occupied by the physician who practises homœopathically! Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculation of the day, to the homœopathic physician, whether the germ theory or any other such theory be true or false, and whether the germs are vegetal spores or animal bioplasts, are matters of little moment: he can go on relieving suffering, curing disease, and shortening convalescence, all the same. What a blessing to mankind, and what a privilege and honor to himself! Let the homœopathic physician, then, go on his way rejoicing; and let him thank God, that, though a martyr to professional prejudice, he is a conscientious scientific physician, and a benefactor to his race.

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*NERVOUS EXHAUSTION DEPENDENT UPON CONCUSSION  
OF THE SPINE.*

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IN spinal concussion there would appear to be two distinct, and indeed widely opposed, conditions induced; viz., spinal anæmia and spinal inflammation. It is of great importance to bear in mind that these two conditions—entirely distinct, and indeed opposed, as they are pathologically—may yet give rise to many symptoms that have much in common. There is, however, this wide difference between them,—that anæmia of the

cord is rather a functional disease (a clinical expression, possibly, more than a well-proved pathological fact), while, on the other hand, the intra-spinal inflammations, whether they affect the membranes of the cord, the cord itself, or both, are well-recognized and easily determinable pathological states, the conditions connected with which are positive organic lesions that lie at the bottom of the functional disturbance. There is, then, this essential difference between the two affections, — that, whereas the signs of functional disturbance may be much the same in both, in one they are underlaid by organic disease and structural change, in the other by no appreciable pathological condition. We shall have to do with spinal anæmia only to-day. Anæmia of the spinal cord is that condition which has long been recognized by physicians, in one of its forms, as giving rise to a group of symptoms, which, collectively, constitute the disease called “spinal irritability.” Most commonly the disease stops here; but there is another form in which it advances beyond the stage of irritation, and enters that of paralysis. The symptoms of this condition are those of exhaustion, associated, as all conditions of nervous exhaustion are apt to be, with neuralgic pain, or hyperæsthesia, which often assumes such prominence as to overshadow the allied conditions of a paralytic character. These symptoms may develop themselves suddenly, after the receipt of an injury of the spine, more especially in persons, who, by a previous state of weak or ill health, are predisposed to their occurrence; or they may occur more gradually in those whose health is broken down, whose nutrition is impaired, and who consequently become anæmic as the result of disturbance of the system induced by the injury to which they have been subjected. It is a condition that is most apt to occur in the young, more especially in women under the age of thirty-five.

I have, however, seen unequivocal instances of this condition in men, and in individuals of both sexes advanced in life. The symptoms of spinal anæmia are as follows: There is always, and as the most prominent symptom, considerable pain in the spine. The pain in the spinal column is greatly increased by pressure, whether superficial or deep; by flexion, rotation, or downward pressure on the spine. It is augmented by pressing deeply on either side of the spine, and by the application of a hot sponge. The pain is not much, if at all, complained of when the body is at rest, or when the back is not pressed upon. It is more of the nature of tenderness on pressure, than of actual permanent pain. This tenderness may be limited to one spot in the spine, and, if so, is usually seated in the cervico-dorsal region. It may occupy several points, or it may extend over the whole vertebral column. It is always associated, when traumatic (and I am only speaking

now of spinal anæmia, the result of injury), with cutaneous hyperæsthesia, often of a very intense character, diffused more or less extensively over the back, usually as far as the lateral median lines. In fact, it corresponds exactly to the distribution of the superficial branches of the posterior primary divisions of the dorso-spinal nerves. This hyperæsthesia is often so intense that the mere approach of the finger will occasion involuntary shrinking on the part of the patient; so that it would almost appear as if the dress, rather than the skin, were the seat of the exalted sensibility. But, intense as it may be, when the attention of the patient is fixed on the approach of the surgeon's finger, yet, if the patient's mind is occupied by having his thoughts directed to other matters, the hand may be placed on the back, and carried down the spine, without the slightest sign of suffering. It is much the same with movements of the body. If the surgeon flexes or rotates the spine in order to test the existence of pain, the patient will cry out and complain loudly of the torture; but, if his attention is otherwise engaged, he will rise off the couch, stoop, dress, and undress, without the slightest sign of suffering. This, which often arouses suspicion as to the reality of the trouble, must not be taken as an evidence of malingering. That he does suffer pain when his attention is directed to the part that is touched or moved, there can be no doubt. That this pain is not permanent, or that it disappears when his attention is actively engaged elsewhere, and is as much dependent upon the patient's mental condition as upon the state of the spinal cord, is equally certain. In the more intense cases of anæmia of the spinal cord there is paralysis, more or less complete, of sensation, and, often quite complete, of motion in the lower extremities. Below a certain level in the dorso-lumbar region, in the greater part, if not the whole, the nervous system appears to be completely exhausted, and its action almost entirely suspended. It is equally incapable of receiving and transmitting impressions. The legs and feet are cold; there is no reflex sensibility or movement in them; they are not susceptible to the electric stimulus, either as regards muscular irritability or cutaneous sensibility. They are, of course, utterly unable to support the patient. The knees bend under him if an attempt is made to place him on his feet, and the legs fall heavily and lifelessly on the bed when raised from it. But, notwithstanding all this local nervous exhaustion, it will be found that the sphincters are not paralyzed; and the general health, though enfeebled, may be fairly good. The intelligence is usually perfect, though the brain and the eyes easily become fatigued, and the patient is thus equally incapable of sustained intellectual effort or of continuous reading. The condition, in fact, is one of exhaustion of the spinal system below a

certain level, usually corresponding to a line drawn round the body from the tenth dorsal vertebra. The condition of the inferior divisions of the cord, and of the nerves of the lower extremities, in spinal anæmia, very closely resemble the perversion and suspension of functions met with in certain of the sensory nerves in the exhaustion of cerebral anæmia. The impairment of vision, amounting at last to complete amaurosis; the tinnitus aurium, going on to deafness of one or both ears, after prolonged lactation and profuse hemorrhages, — are of this kind; purely functional conditions, dependent on the affected nerve, being incapable alike of the reception and the transmission of sensory impressions. As I have already remarked, this condition, which we call “anæmia of the cord,” is scarcely a pathological one. It is never fatal, and hence no opportunity has been afforded to pathologists of examining the condition of the parts after death. It is rather by clinical inference, than by positive pathological observation, that such a state can be termed one of anæmia; and in this uncertainty as to its true pathology, it may, perhaps, scarcely be desirable to attempt to give an explanation of the method by which such a condition of the cord is brought about. Whether it is by a concussion or vibratory jar in consequence of which its molecular condition is so disturbed that its functions become for a time perverted or suspended, or whether, as may not improbably be the case, the primary lesion has been inflicted upon the sympathetic system of nerves, in consequence of which the vascular supply to the cord may have become interfered with, the result of the disturbance of the vaso-motor action of the sympathetic, is uncertain. That the sympathetic is disturbed in many of these cases, would appear to be probable from the fact that this so-called spinal anæmia is frequently associated with derangement of function of the abdominal or thoracic organs, as shown by palpitations, vomitings, etc.

We will now proceed to the consideration of a condition of the nervous system that occasionally occurs as a result of spinal concussion, which appears in its clinical history, in its symptoms, and probably in its pathology, closely allied to anæmia of the cord, and which, for want of a better name, we call “hysteria,” — that word which serves as a cloak to ignorance, and which simply means a group of symptoms, all subjective, and each one separately common to many morbid states. But, before proceeding to speak of hysteria as a result of concussion of the spine, let me say a few words about the different varieties of nervous shock, leading up to complete unconsciousness, that may result from these accidents.

It is important to observe that a serious accident may give rise to two distinct forms of nervous shock, which may be suffi-

ciently severe to occasion complete unconsciousness. The first is mental or moral; and the second, purely physical. These forms of shock may be developed separately, or they may co-exist. It is most important, not only so far as the prognosis, but also so far as the recognition of the patient's immediate condition, is concerned, to diagnose between these two, and, if co-existing, to assign to each its proper importance. The mental or moral form of unconsciousness may occur without the infliction of any physical injury, blow, or direct violence, to the head or spine. It is commonly met with in persons who have been exposed to comparatively trifling degrees of violence, who have suffered nothing more than a general shock or concussion of the system. It is probably dependent, in a great measure, upon the influence of fear; it partakes more of the character of syncope than of the true concussion of the brain, or of that extreme depression of the system that is consequent upon the infliction of a severe physical shock. It is never followed by those secondary effects that are so commonly met with after a shock has been inflicted by a direct injury to the head, spine, or, indeed, to the body generally. If it is followed by any after-symptoms, these are usually of an emotional, and possibly of an hysterical character. It will be found, that, as the patient recovers from the immediate and primary depression of the shock, he, or more frequently she, becomes greatly agitated, nervous, or truly hysterical, often manifesting great excitement, and being soothed and pacified with difficulty. This mental state is one much more frequently met with in women than in men; but in men it is occasionally found as one of the sequelæ of railway injuries. The crash, the confusion, the uncertainty attendant upon a railway collision, the shrieks of the sufferers, possibly the sight of the victims of the catastrophe, produce a mental impression of a far deeper and more vivid character than is occasioned by the more ordinary accidents of civil life. The symptoms indicative of this emotional or hysterical condition are as follows: The patient, after an accident by which he becomes very much alarmed, without receiving any direct or serious physical injury, may for a few hours, or even days, go about his business, but in an unnatural manner, before the emotional symptoms develop themselves. The first manifestation may be a fit of violent sobbing and weeping. He becomes alternately irritable and morose, emotional to a high degree, and may threaten his family or those about him. He becomes utterly unfitted for business or for the ordinary duties of life. Notwithstanding these nervous symptoms, his digestion is perfect, and his various functions are healthily performed. He does not lose flesh, but he has a despondent and haggard look. It is alike impossible to reason with him or

console him. He nurses his symptoms, and dwells upon his sufferings, his losses, and his wrongs. If he was struck upon any portion of his spine, he will complain of pain at this point as of the most agonizing and excruciating character. Yet he can move freely, walk about, get up and sit down, dress and undress himself, without such restrictions of his movements as would necessarily arise from the sufferings resulting from organic disease. There is an obvious want of consistency between the freedom of his movements and the pain that is complained of on pressure on the affected part. So sensitive does he become to the touch, that, almost before his clothing comes in contact with his skin, he will try to get beyond your reach. There is, in fact, that unconscious exaggeration of symptoms, and especially of pain, which is common to all hysterical people,—that simulation or nervous mimicry of real disease. It is far too common a practice to treat this state either as being under the patient's control, or as being a condition of no material moment, inasmuch as it does not arise from permanent organic injury or disease. It is unjust, as well as irrational, to treat the condition as one of little moment. We are apt to speak lightly of hysteria; but in reality it is often a most formidable disease, as well as intractable. This emotional or hysterical state not infrequently occurs as an independent affection without any complication; yet cases every now and then occur in which there is real, possibly permanent and organic, injury inflicted upon the body, the symptoms of which become mixed up with, and obscured by, those arising from the purely emotional state. This complication of hysteria and real injury is one that is extremely difficult to unravel, and it is just this condition that taxes the diagnostic skill of the surgeon to the very uttermost.

The diagnosis of hysteria following shock has to be differentiated (1st) from organic disease of the spine, (2d) from incipient softening of the brain. In making it there are three principal points to which attention should be directed: the first is the mental state; the second is the character of the local nervous symptoms, such as pain and paralysis; and the third is the condition of the bodily health.

The mental state has already been described, and I need not again refer to its character; but there are a few points in connection with it that deserve special attention in its diagnostic aspect. The first is that it develops very speedily after the accident, possibly at the very moment of the catastrophe, or very shortly afterwards,—at most, in a day or two.

In this respect it differs materially from those mental conditions that go on slowly and progressively as a consequence of chronic irritation of the brain or its membranes, and which re-

quire a considerable time for their development. Then, secondly, the mental condition, and indeed all the symptoms of this state, are more or less continuous. They are not progressive: they are just as severe at the end of two or three days as after the lapse of a year or two. There may be fluctuations, but there is never a steady progress, in the symptoms. Then, again, there is a tendency to exaggerate every thing connected with the patient's ailments, and a disinclination, if not a complete inability, to entertain a hopeful view of his state. He prophesies every possible evil, such as paralysis and insanity, as impending over him.

The pain is very peculiar, and differs entirely from that which is the result of organic disease. It partakes of the general characteristic of hysterical pain, consisting, rather, in diffuse cutaneous hyperæsthesia, than in any defined neuralgic affection, such as arises from pressure upon the nerve-trunks on their exit from the spinal column; and still less is there any of that distinctly circumscribed or localized tenderness on pressure, persistent and greatly increased on movement of any kind, which is so characteristic of inflammatory pain. It is unattended by any objective phenomena. Thus, although the patient will not allow you to touch, without the manifestation of the most acute suffering, any portion of the skin of his back, yet there is perfect flexibility of the spine, perfect power of moving the body, and an utter absence of all rigidity of the muscles. There is no objective sign whatever with which the pain can be connected. Remember that pain in a part is not, *per se*, an indication of disease of the part which is its seat; yet remember, also, that a long-continued and persistent localized pain is indicative of a morbid state of the nervous system, either in the nerves of the part itself, or as a reflex neuralgia dependent on central irritation.

The functions of the various organs of the body are usually well and healthily performed. The temperature is normal; the ophthalmoscope makes no revelation; and the pulse, though usually quick and weak, is regular. The rapidity of the pulse will vary greatly and very suddenly. There is no more derangement of the bodily health than would naturally ensue from the life of indolence of body, and vacuity of mind, that is usually led by patients of this kind. It may be observed, in connection with this matter, that the persons who suffer from this kind of emotional or hysterical manifestation, after comparatively slight injuries, will often be found to be those who previously had had their nervous energies exhausted by overwork or dissipation, or who had suffered greatly from anxiety of mind, from business losses or worries.

As to life, the prognosis in these cases is good; but the cases



that fully recover their former health are rare, and many of the above symptoms will return from time to time to torment and harass the patient. Many will remain in a state of chronic invalidism, needing the careful attention of the surgeon to make life endurable; while others will be able to be about and assist themselves, but with their health far below par. Any misfortune, excitement, or sickness, out of the usual routine of life, is very apt to bring on a return of the nervous prostration.

The treatment of nervous exhaustion, caused by spinal anæmia as a result of shock, will be largely expectant. We must treat symptoms as they arise, and by the proper, indicated remedy, on strictly homœopathic principles: adjuvants, such as a cheerful life, plenty of fresh air (sea and mountain alternately), well-ventilated rooms, repose but not solitude, warm salt-water bathing and douching, skin-friction, massage, and electricity; good nutritious food, *iron, zinc, phosphorus, hypophosphites, coca, and strychnia*. If there is any inflammatory action of the cord or brain, exercise, *iron, zinc, phosphorus, and strychnia*, as well as all forms of electricity, would be injurious, and therefore contra-indicated.

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#### MURIATE OF COCAINE IN CATARACT EXTRACTION.

BY JOHN H. PAYNE, M.D., BOSTON, MASS.

I NOTICED in the January issue of the GAZETTE an allusion to the use of the muriate of cocaine in cataract extraction. The correspondent says, "It is even said, that, by its use, cataracts can be removed without pain." My own experience with its use would seem to admit of a reserve clause to that statement. I have used it twice in cataract extraction, and, with the GAZETTE's permission, will here give a detailed history of the cases.

The first patient was a lady of eighty-nine summers. For the past five years she had been paralyzed and bedridden, so that she could make no effort to help herself: otherwise she was in as good condition as could be expected in one so aged; digestion, apparently as perfect as ever; had previously enjoyed the best of health. Examination of the eyes revealed double senile cataract, well developed. She was able to locate the light of a candle at ten feet distance, and held at various angles. The iris responded sluggishly to light, and was somewhat irregularly dilated. She seemed intolerant of any contact with the eyes, the lids closing spasmodically at any attempt to touch them. I decided to operate by the modified linear method of Von Graefe, upper section, right eye. This eye was chosen at her request, there being no perceptible difference between the

two. Applied four drops of the two-per-cent solution of muriate of cocaine, Merck's solution, and waited its action for five minutes; then four more drops; and so on for four applications, at intervals of five minutes. After the second application, the globe of the eye could be pressed upon without causing shrinking. She declared she felt nothing of it, though the lids still closed spasmodically at any effort to separate them. After the fourth application, and twenty minutes following the first, the upper lid was noticed to be very much drawn upward, giving the eye a staring expression; and its sensibility was much diminished. The aqueous appeared slightly hazy. I then proceeded to the application of the stop-speculum and the fixation forceps, and made the incision through the sclero-corneal junction with the Graefe's cataract-knife, as usual, without the least evidence of sensitiveness. The iridectomy following caused considerable shrinking, and expression of pain. Before proceeding to the next stage of the operation (the use of the cystotome and the evacuation of the lens), it was necessary to withdraw the speculum and the fixation forceps, which I accordingly did. In using the curette for cleaning up the area of the pupil after the evacuation of the lens, I re-applied the fixation forceps to steady the eye; and this was done without any evidence of sensitiveness.

Throughout the operation, the anæsthesia was apparently limited to the conjunctiva (palpebral and ocular), the cornea, and the sclerotic: the iris seemed unaffected.

The second case was that of a lady sixty-five years of age, the cataract fully developed in one eye only. I here used the muriate of cocaine, same solution as above, and in precisely the same way. The result was a complete anæsthesia of the conjunctiva throughout, but no effect, or only a very slight one, upon any of the other tissues. The application of the fixation forceps was attended with no pain; but the subsequent steps of the operation were very uncomfortably felt by her. In this latter case there had existed a chronic hyperæsthesia of the fundus, as exhibited by an attendant photophobia, and occasional subjective sensations of lights.

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### ALCOHOLIC TRANCE.

BY T. D. CROTHERS, M.D.

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I PROPOSE to describe in a general way a peculiar mental state following the toxic use of alcohol, which has only recently attracted attention, and which promises to be a very important

factor in the medical jurisprudence of the future. Morbid states of the nervous system, in which the mind seems to act automatically, and without consciousness of the surroundings, and with no registration by the memory of these acts, are not new to students of mental and nervous diseases ; but the fact that they are more or less common in inebriety from alcohol, and may follow any excess, is a recent discovery. In 1879 I published a short paper, "On Trance and Loss of Consciousness following Inebriety," which, as far as I can ascertain, was the earliest study of these cases ever made. The following are among the first cases which attracted my attention to this subject. In 1877 a patient was admitted to the asylum at Binghamton, with this incident in his history : A year before, while apparently sober, he purchased a trotting-horse, paying a fabulous price. Two days after, he denied all knowledge of the transaction, and became involved in a lawsuit. On the trial, it appeared that the purchase of the horse had been discussed for many hours, and that the buyer had exhibited great sagacity and judgment to avoid deception ; also, that, although drinking large quantities of spirits, he gave no evidence of other than good judgment, and perfect knowledge of his acts and their consequences. In the defence it was shown that the purchase of the horse was a most unusual act ; that he never showed any interest in fast horses, or racing, nor had he been on the race-course, and was, in fact, afraid of driving fast horses ; and, lastly, he had many horses in his stables, and needed the money paid for this horse, for a distinct purpose, which had been determined on before. From his own testimony, he had many blanks of memory while drinking, and at this time had lost all recollection of passing events from the hour of dinner, during which he drank freely, until next morning, when he drank again, and fell into another blank, which lasted thirty-six hours. Other testimony indicated a gradual increasing dulness and abstractedness of manner during this time ; also apparent disinclination to fix his attention on any one thing long. The suit went against him, and he soon after was brought to the asylum. In another case the president of a bank, a man of wealth and irreproachable character, forged a large check, put the money in his pocket, and the day after was amazed to find the money and to account for it. In an investigation it was proved that he suffered from these blanks of memory after drinking wine freely ; that he had before done many unaccountable acts, apparently fully conscious at the time, and yet afterward disclaimed all memory of them, — a fact which was supported by their motiveless character. This mental condition may be described as a loss of memory and consciousness of present and passing events, that is concealed and not apparent from a gen-

eral study of the conduct ; or, in other words, a state of the brain similar to somnambulism in respect to the unconscious character of the acts, and all recollection of them. For the time being the sufferer is a literal automaton, giving little or no evidence of his actual condition, and acting from impulses unknown, and motives that leave no trace.

The late Dr. Beard believed this state to be one of general lowered brain-function, in which the cerebral activity is concentrated in some limited region of the brain, and is largely suspended in the rest. He also urged that the plane of consciousness was below the point of remembering : hence these cases were conscious at the time, but the memory failed to record the impression. In confirmation of this, the late Dr. Forbes Winslow recorded a case of a somnambulist, who, while walking about, set his night-dress on fire, and with excellent judgment and coolness threw himself on the bed and extinguished the flames, then resumed his walk, and awoke next morning with no memory of it, and was greatly alarmed at the charred appearance of his dress. Whatever the pathology may be, it is clear that this is a state of irresponsibility, and, for the time being, a form of dementia and insanity, about which there can be no question. Careful study of these cases for many years has indicated the startling fact that they are very common in inebriety ; also that in every case where alcohol is used to excess there are histories of loss of memory and consciousness of acts committed while using spirits. These conditions are almost infinite in variety and complexity, and are considered mere freaks of memory by many persons. Probably in a majority of cases in the early stages these blanks of consciousness and memory are partial, and appear in the delirium or stupor which follows excess of spirits, or in mental states approaching it, and clear up after recovery, or remain like a cloud for weeks, then from some little circumstances break away, and every act is recalled. In other cases only a dim, vague impression remains of what has transpired in the past, which may or may not become clear with time ; or the blank may be total for the time being, and then break away. In many of these cases there is apparent realization of all his acts and words ; in others, a self-evident unconsciousness of them. This is only the beginning of another and more pronounced stage, in which the blank of memory and consciousness is total ; and during this period the acts and appearance of the person differ but little from those of usual health. In many cases the brain function or action, as seen in his acts, is fully up to the best state of health, even showing more than usual strength in some directions. In a paper read before the Medico-Legal Society of New York, in 1881, I discussed this condition as a trance state following inebriety.

Since that time a number of different names have been suggested by authors, — such as “inebriate automatism,” “inebriate insanity,” “inebriate unconsciousness,” — all describing the same condition. The following may be mentioned as facts that are generally accepted as landmarks from which further study may be dated :—

1. This trance state is a common condition in inebriety, where, from some peculiar neurotic state, either induced by alcohol, or existing before alcohol was used, or exploded by this drug, a profound suspension of memory and consciousness, and literal paralysis of certain brain-functions, follow.

2. This trance state may last from a few moments to several days, during which the person may appear and act rationally, and yet be actually a mere automaton, without consciousness or memory of his actual condition.

3. This trance state may be noted by criminal impulses and by unusual thoughts and acts foreign to all the man's past history. In all these cases there are no apparent disturbances of the nervous system, no convulsions, no premonitions to mark this state : at some unknown point, all unconscious, the eclipse begins. A comparison of the history of a number of cases will show three mental conditions quite prominent, (1) in which the mind in this state acts along certain accustomed lines of thought and action ; (2) in which the mind displays unusual ranges of thought and action, which in some cases can be traced to certain mental states growing out of the surroundings ; and (3) where criminal impulses are prominent that have no apparent connection with the present or past. These conditions may be illustrated in the following cases: A railroad conductor, who drank to excess every night after the day's work was over, would frequently get up in the morning, go out on his train, perform all his duties correctly, and recover consciousness of himself suddenly on the road, and all the past be a blank to him from some point the night before. These blanks occasionally lasted twenty-four hours ; and he could never recall any thing which happened, and only knew by the money and tickets that he had made a trip on his train. After a time he would put down in a note-book events of importance in this state, which he never did otherwise. The train-hands knew that he was, as they termed it, “memory-drunk,” when he used his note-book freely, and seemed dull and abstracted. A pilot on a Sound steamer, after seasons of hard work, and exhaustion from loss of sleep, would use brandy to keep up, and have blanks of hours from which he would recover, having no recollection of what had happened. He would act as usual, only be less talkative, and dull in his manner. A skilled mechanic, who used spirits to excess, suffered from blanks of many hours'

duration, during which he attended a dangerous machine, performing all the duties requiring both skill and judgment. A clergyman who drinks wine has frequently conducted service, and preached a sermon, without any memory of the fact, having a blank of all surroundings for hours. A grocer, after a period of great excess in the use of spirits, will conduct his business for hours without any consciousness of events, and only know by the books, and the statements of others, what has taken place. These are only a few of the histories of a large number of cases which I have gathered to illustrate the fact, that, in this trance state, the mind may work along accustomed lines of thought and action. In this condition, the evidence of a mental blank is more or less obscure. In the next division the mind displays unusual ranges of thought and action, some of which can be traced to the surroundings. A physician who drank constantly, and was a bitter sceptic, went into a revival-meeting, and professed change of heart, and took part in the exercises, and the next morning had no recollection of it. Later, while drinking, he heard the singing of the revival-meeting, and, dropping all business, entered and took a very active part, and seemed fully conscious of all the surroundings, yet, after a night's sleep, had no recollection whatever of any thing which had occurred. In this case the trance state was manifest in unusual deeds and acts, suggested from the surroundings. A similar case was that of an editor, who, after drinking to excess, could always be found in temperance-meetings, making eloquent appeals; and yet he gave no evidence of being under the influence of spirits, nor could he remember any thing of what had occurred. Another case is that of a man of fortune, who drank wine freely, awoke and found that he had married his servant, and made an unusual disposition of his property, which was all a blank to him. To his friends and others he seemed fully conscious of the nature and consequences of these events at the time. I think it will be found that inebriates brought suddenly into conditions of excitement are moved by circumstances and surroundings to which they are often really oblivious. If the trance state is present, the influence of the surroundings cannot be estimated. The last division, that of *criminal impulse growing out of this trance state*, illustrates the subject of our paper more closely. The following cases bring out the facts better than any description. An inebriate was repeatedly arrested for horse-stealing, and often punished. The crime was committed under similar circumstances, and no attempt was made to conceal the property. On two occasions he assisted the owner to hunt up the horses. When it was apparent that he was guilty, great was his astonishment, and he denied all recollection of any circumstances or events. This was confirmed

by all the circumstances of his life, by his inebriety, and blanks of memory, and absence of motive and object in the crime. He was fond of horses, and seemed at this time to be governed by an impulse to drive and ride behind a good horse. A farmer of quiet, good disposition suffered from blanks of memory after drinking to excess. One day, in what seemed full consciousness of the surroundings, he attacked a stranger, and injured him so that he died. He had no recollection of the time, purpose, or any circumstances, of the tragedy. A periodical drinker, of wealth, fired his buildings, and, awaking when they had burned down, offered a large reward for the incendiary. To his great astonishment, the fire was readily traced to him. The circumstances and motive were all a perfect blank. A man of much talent and eminence, who drinks occasionally to excess, has on many occasions offered violence to his wife, whom he loves very dearly. On these occasions he is apparently sober, gives reasons for his conduct, and afterward has not the slightest recollection of it. In a murder-trial recently it appeared that a drinking-man drank early in the morning, then killed his wife, and went about his work in the vicinity as if nothing had happened, all unconscious until arrested. He was sentenced for life, but has a firm conviction that he did not commit the crime, because he cannot conceive of a motive, and has no recollection of it. A clergyman committed a rape under the most extraordinary circumstances, and denied all recollection of it. His drinking-habits and all the incidents of the case sustained his statement. A lawyer of reputation planned the abduction of the lady he was going to marry. A man of a large family and happy domestic relations married a notorious woman. A physician stole a large sum of money from a patient. A college graduate enlisted in the army. In each of these cases there was a history of drinking to excess, and each had no memory of the event; and all the circumstances were so unusual, and at variance with previous conduct, that undoubtedly a trance state was present. These cases might be multiplied almost indefinitely from the records of criminal courts everywhere. Every day the papers record cases of crime without motive or purpose, by inebriates, who, in defence, claim to have no recollection of it; but, as they were not wildly delirious or stupid at the time of committing the act, they are punished as fully responsible. When the crime is of magnitude, and the defence is insanity, the explanation and theory are so far from the accepted views of experts as to confuse courts and juries, and be criticised and ridiculed by others. This defence occurs most frequently in two forms of cases, one of a chronic inebriate who is all the time more or less under the influence of spirits, and who lives in a low moral atmosphere, in bad physical

surroundings. Suddenly he commits a crime, which is without motive, and seems a mere accident, and result of unforeseen conditions. The second case is of a man who may be a periodical inebriate, and of good character and reputation in every thing except excess of use of spirits; whose surroundings and general standing are good, and who commits a homicide, or some strange crime, under circumstances that are inadequate to explain or account for it. In both of these cases there is no recollection of any of the circumstances, and the defence is based on some specious reasoning and theories. There are evidently disorganized brain-power, mental and physical in-coördination, with defect and unsoundness of the reasoning-powers, which cannot be made clear to the court and jury. The prevalence of the theological theory, that all these strange, unaccountable acts of inebriates, who are not stupid at the time, or wildly delirious, come from vice and sin, is fatal to all scientific study and progress. This condition of trance, noted by absence of memory and consciousness, has been discussed by Dr. Carpenter of England, under the title of "Automatic Cerebration," from which I quote the following sentence: "I have noticed some cases of drunkenness, in which a suspension of memory and consciousness was noted, coming on unexpectedly; and then the patient was a victim to morbid impulses which he never realized or had any recollection of after." Dr. Hughlings Jackson writes at some length on mental automatism following transient epileptic paroxysms, in which this same condition is described at length as a form of sudden paralysis of the cerebral functions, or conditions of hyperæmia, and suspension of some controlling centres. The late Dr. Forbes Winslow describes a similar condition of trance and automatism, where the person seemingly acted as fully recognizing right and wrong, although consciousness was obliterated. Dr. Hammond mentioned the case of a man, who, after an attack of epilepsy, went about for eight days in a trance state, doing business, and having no memory of it. Dr. Hughes has also mentioned similar cases. Abroad many eminent specialists, including such names as Drs. Bucknill, Clouston, Mercer, and Motet of Paris, and others, have described this state associated with epilepsy, and following mental shocks in persons who are drunkards. These references are presented to show that the trance state has been observed by eminent men, although not yet studied from the side of crime and responsibility. A large number of cases are constantly before the courts, on trial for crime committed after and during excess in the use of alcohol, — crime that is purposeless, without motive or object, and differing in the manner of execution, and effort to conceal afterward, from other crime of similar nature; in some cases noted for apparent cool-



ness without excitement, and cold-heartedness, or indifference to the nature of the act. In the defence, all recollection or consciousness of the event is denied; and many circumstances, seen both before and after the crime was committed, bear out this statement. These cases receive no study, and are punished, the result of which precipitates the victim into worse and more degenerate stages. Undoubtedly these cases are suffering from alcoholic trance, and have crossed the border-line of sanity and responsibility, and are as truly insane as the wildest maniac. In this trance state, the person is a mere automaton in motion, either moving along certain fixed lines of conduct, or acting in obedience to unknown forces, which may change or vary any moment. Some governing centre has suspended, and all rememberable consciousness of time and the relation of events has stopped. Changing thoughts and impulses, the suggestion of a disturbed organ, or the impression of a thought or desire felt in the past, may suddenly concentrate into action irrespective of consequences. Both subjective and objective states, influenced by conditions of health and brain-power, may develop into acts that will be unknown and unrecorded by the higher brain-centres. Clinical facts within the observation of any one will indicate, without any kind of doubt, that in all cases of inebriety there are a defective brain-power and ability to recognize the natural relations of life in all particulars. The sufferer is more or less incapable of healthy normal thought and action. He has opened the door for many complex nervous disorders, and the natural process of tearing down the structure is greatly accelerated. If the trance state is found to be present, he has passed into the realm of practical irresponsibility and unconsciousness of the nature and character of his actions. I believe the following summary will be found to outline the future recognition and treatment of these cases:—

1. Inebriety, in all cases, must be regarded as a disease, and the patient forced to use the means for recovery. Like the victim of infectious disease, his personal responsibility is increased; and the community, with him, are bound to insist on the treatment as a necessity.

2. Inebriety must be recognized as a condition of legal irresponsibility to a certain extent, depending on the circumstances of each individual case.

3. All unusual acts or crimes committed by inebriates, either in a state of partial stupor or alleged amnesia (or loss of memory), which come under legal recognition, should receive thorough study by competent physicians, before the legal responsibility can be determined.

4. When the trance state is established beyond doubt, the per-

son is both physiologically and legally irresponsible for his acts during this period. But each case should always be determined from the facts of its individual history.

In the light of science, the present legal treatment of inebriety is but little else than barbarism. The object of the law, in punishment, benefits no one, and makes the patient more incurable, destroying all possibility of recovery and return to health again. Inebriety in any form may be no excuse for crime in a legal sense; but it is still less an excuse for punishment, which destroys the victim, or makes him more helpless and hopeless. A vast army of inebriates, hovering along these border-lands of disease and crime, who are unknown and unrecognized except "as vicious and desperately wicked," are a perpetual menace to all progress and civilization, unless they can be reached and checked by rational, effective methods. A revolution of sentiment and practice is demanded, in which the inebriate and the conditions which developed his malady shall be understood; then the means for prevention, restoration, and recovery can be applied along the line of nature's laws.

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#### A FEW CASES OF NEURALGIA.

BY W. K. KNOWLES, M.D., BANGOR, ME.

WE often meet with neuralgias which are confined to some particular locality, and are very persistent, defying all curative measures, unless we can hit upon the exact *simillimum*, when they promptly disappear. I here offer a few cases illustrating the action of our remedies in reaching the exact part affected, although this was of circumscribed limits.

*No. 1.* — A man of middle age had for a long time been troubled with a severe pain over the left eye. It came on every day about 9 or 10 A.M., gradually increasing until noon, when it was intense. Then it gradually decreased until about 4 P.M., when it disappeared. Old-school treatment had failed to relieve him in the least.

Several remedies have pain over the left eye, and several also have a similar periodicity; but *stannum* seemed to cover the totality of the symptoms more closely than any other remedy, and *stannum* promptly cured.

*No. 2.* — Constant severe pain for several weeks in left side of head, extending over vertex to right side of head, and also down to occiput and nape of neck. Aggravated from heat; somewhat relieved by cold applications and by tying something around the head (*arg. nit.*, *calc. c.*, *puls.*). Great soreness of the

scalp: it hurts even to touch the hair. Gave *merc. jod. flav.*, but it failed to relieve.

After looking over the provings of *cinnabaris* in Metcalf's collection, I decided that this was the remedy, and was gratified to find its administration followed by an immediate cure.

*No. 3.* — Pain of several weeks' duration in nape of neck and occiput, extending up over vertex and right side of head; aggravated from heat, stooping, and physical labor; soreness of scalp.

I thought *cimicifuga* would help this case, but it did not. Noticing that the case was similar to the preceding one, except that the pain was in the reverse direction, I gave *cinnabaris*, and it acted as promptly as before.

*No. 4.* — Unremitting, intense pain beneath the inner and lower angle of left scapula, extending through to the chest. Cured by *chenopodium*. Pain in same locality on *right* side is found under *chelidonium*.

*No. 5.* — Pain in left chest and heart; constant dull, sore pain, with occasional sharp stitches; respiration quick and oppressed; palpitation of the heart and intermitting pulse. *Rumex, cimic.*, and *lachesis* failed to relieve, but *oxalic acid* proved to be the remedy required.

*No. 6.* — Pain in the region of the heart and left side, with numbness, and feeling as if paralyzed, in left arm. Cured by *paladium*.

None of the foregoing cases were simple, transient, neuralgic pains, but occasioned much suffering by their duration and severity, and were relieved by nothing but the appropriate remedy.

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#### GLEANINGS AND TRANSLATIONS.

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ABLE TO "A TAIL UNFOLD." — A writer in "La Vox de Hipocrates" says, "An interesting discovery has just been made in Paraguay of a tribe of Indians having a tail. While a party of men were engaged in mowing, their mules were attacked by Guayacuyos Indians, whom the laborers put to flight only after several mules had been killed. In the flight, a child eight years old, left behind by the Guayacuyos, was captured by the pursuing party. This child has since excited the greatest curiosity, far and near, being possessed of a perfectly formed tail, perhaps a dozen finger-lengths long. One of his brothers is also thus adorned, and it is said the entire tribe boasts this appendage." — *Revue Bibliographique*.

PERFECT FILTERS. — The excellent idea of turning to account for sanitary purposes the simple method used by M. Pasteur for separating microbes from their medium of culture has suggested itself to M. Chamberlain. He finds that even the most impure water, after filtration through a porous porcelain tube, is perfectly freed from germs and microbes. Under a pressure of two atmospheres, twenty litres of water per day can be obtained from a tube .20 of a metre in length and .025 of a metre in diameter. Tubes so used can be cleaned by plunging them in boiling water, or heating them in a flame till the organic matter coating the exterior is destroyed. He proposes, therefore, that porous porcelain vessels should be used as filtering media, the external surface being exposed to the impure water. — *Louisville Medical News.*

PROFESSIONAL BIGOTRY IN FRANCE. — The action of the medical and surgical societies connected with the Paris hospitals, which have just refused to admit women to compete for positions in the hospital service, is an odious instance of what Charles Reade would have called "trades-unionism" among the doctors. If a woman can prove her superior fitness for a position in a fair competitive examination, she ought to be allowed to do so, and to have the position she has earned by her superior attainments. But no woman is to be permitted even to compete. M. Paul Bert sided with the women; and Laboulaye, who wrote bravely in defence of women doctors, would doubtless have done the same if he had lived.

The fact that so large a proportion of hospital patients are women makes the exclusion of qualified women physicians from positions in the hospital service as undesirable as it is self-evidently unjust. One of the most touching scenes in "Dr. Sevier" is that where Mary Richling, in the Charity Hospital, lies in a cold perspiration of terror, watching the approach of Dr. Sevier and his crowd of medical students. If examination before a crowd of men is so terrible to a modest woman when she knows that the examining physician is gentle and considerate, what must it be when he is hard and coarse? Charles Reade, in "A Woman-Hater," — a book for which the women doctors united in a testimonial of thanks to him, — has given some idea of the comfort which the presence of women doctors may afford to women patients. Rhoda Gale, in describing the clinics at the infirmary, says of herself and the other women students, "We held a little aloof from the male patients; we always stood behind the male students; but we did crowd around the beds of the female patients, and claimed the inner row; and, *sir, they thanked God for us openly.*" Those who have read Eugène Sue's terribly graphic description of the

progress of Dr. Griffon and his medical students through the women's ward of a Paris hospital will easily understand this.

But all the temporary victories of injustice are only so many respites from its final and inevitable defeat. The Paris doctors will have to yield sooner or later; and the sooner the better, for themselves and their patients. — *Woman's Journal*.

DIET IN DISEASE. — It is a sound maxim in medicine that the therapeutic indications derived from science and from nature, as a rule, should harmonize. If they be in conflict, the scientific indications are open to suspicion. I will add, as another maxim, that the true principles of therapeutics are in accordance with the dictates of common sense. If there be antagonism here, when are considered the liabilities to error in scientific deductions, it is reasonable to suspect the correctness of the latter. These maxims are applicable to the dietetic treatment in diseases. Nature's indications as regards diet relate to appetite and the sense of taste. That appetite and taste were intended to govern the choice and quantity of aliment in health, no one can doubt, especially if it be added that the indications derived therefrom are to be regulated to a certain extent by reason and experience. But it is a popular error that these natural indications are necessarily morbid in cases of disease, and that, instead of being recognized as constituting a governing principle, they are to be opposed. This popular error prevails to a certain extent in the medical profession. How often, perhaps I should say how common, is it that patients with different diseases are denied food when Nature indicates the need of it by the sense of hunger! How common, when food is allowed, for patients to be denied the articles of food which they desire, and made to take articles which they dislike! I look upon this disregard of Nature's indications in the same light as upon the exclusion of fresh air from the sick-room, against which Sydenham was the first to rebel, and upon those restrictions in the use of water internally and externally which have not even now become obsolete. The dietetic regulations, in cases of disease, need reform to-day fully as much as reform was heretofore needed in regard to air and water. It is evidence that science is astray whenever it opposes, instead of co-operates with, the indications of Nature. — AUSTIN FLINT, M.D., *New-York Medical Journal*.

“CATCHING COLD.” — If most persons outside of the medical profession were to be asked what they considered as chiefly to be avoided in the management of sick people, the answer would probably be, “Catching cold.” I suspect that this question would be answered in the same way by not a few physicians. Hence it is that sick-rooms are poorly ventilated, and patients are oppressed by a superabundance of garments and bed-clothes.

The air which patients are made to breathe, having been already breathed and rebreathed, is loaded with pulmonary exhalations. Cutaneous emanations are allowed to remain in contact with the body, as well as to pervade the atmosphere. Free exposure of the body is deemed hazardous, and still more so bathing or sponging, the entire surface of the body being exposed. Patients not confined to the bed, especially those affected with pulmonary disease, are overloaded with clothing, which becomes saturated with perspiration, and is seldom changed for fear of the dreaded "cold."

These sketches are from life, and the observations of every medical practitioner furnish real illustrations. The supposed morbid agency of cold is a traditional error deeply rooted in the popular mind. It interferes often, in no small degree, with the satisfactory management of cases of disease. It is an obstacle in the way of securing for patients hygienic conditions, the importance of which may be greater than that of drugs. It is obstructive to the adoption, in cases of fever, of the antipyretic treatment, which is, perhaps, the most important of the improvements in modern therapeutics. How reluctant are physicians, on account of traditional ideas, to make trial of either the cold affusion of Currie, the cold bath, the wet sheet, or even sponging of the body, in cases of pneumonic fever, although testimony is ample of the safety and utility of these measures of treatment! Of those who are convinced of the safety and utility of these measures, how many hesitate to resort to them, lest, if the termination be fatal, the death might be attributed to a therapeutic innovation so opposed to popular prejudice!

A reform is greatly needed in respect to "catching cold." Let the demon be exorcised, first from the medical, and next from the popular mind. Let it be generally known and believed that few diseases are referable to the agency of cold, and that even the affection commonly called "a cold" is generally caused by other agencies, or perhaps by a special agent which may prove to be a microbe. Let the axiom, "A fever patient never catches cold," be reiterated until it becomes a household phrase. Let the restorative influence of cool, fresh, pure atmosphere be inculcated. Let it be understood that in therapeutics, as in hygiene, the single word "comfort" embodies the principles which should regulate coverings and clothing. Non-medicinal therapeutics will have gained much when this reform is accomplished. — AUSTIN FLINT, M.D., *New-York Medical Journal*.

A GRIM EXPERIMENT. — "Talking of interesting psychological investigations," said Irving, "I came upon a curious story the other day, of the execution of Dr. de la Pommerais in 1864. He was a poisoner, somewhat after the Palmer type. I was

present, then a boy, during the trial of the English murderer, and was therefore all the more interested in the last hours of the Frenchman. He was a skilled physician, it seems, and the surgeon Velpeau visited him in his prison the night before his execution, in the pure interest of science. 'I need not tell you,' he said to De la Pommerais, 'that one of the most interesting questions in this connection is whether any ray of memory or sensibility survives in the brain of a man after his head is severed from his body.' The condemned man turned a startled and anxious face to Velpeau. 'You are to die: nothing, it seems, can save you. Will you not, therefore, utilize your death in the interests of science?' Professional instinct mastered physical fear, and De la Pommerais said, 'I will, my friend, I will.' Velpeau then sat down, and the two discussed and arranged the proposed experiment. 'When the knife falls,' said Velpeau, 'I shall be standing by your side, and your head will at once pass from the executioner's hands into mine. I will then cry distinctly into your ear, "Count de la Pommerais, can you at this moment thrice lower the lid of your right eye while the left remains open?"' Then next day, when the great surgeon reached the condemned cell, he found the doomed man practising the sign agreed upon. A few minutes later the guillotine had done its work: the head was in Velpeau's hands, and the question put. Familiar as he was with the most shocking scenes, it is said that he was almost frozen with terror as he saw the right lid fall, while the other eye looked fixedly. 'Again!' he cried frantically. The lids moved, but they did not part: it was all over. A ghastly story! One wishes it might not be true." — IRVING'S *Impressions of America*.

CONSERVATIVE SURGERY. — In a recent number of the "New York Medical Record" Dr. Meigs Case reports the result of a railway accident. A porter aged twenty-eight, while hand-coupling a locomotive, was caught by the heavy iron bar, which was driven through the left arm, fracturing both radius and ulna about an inch and a half in front of the elbow-joint. The radius was also fractured in its middle third, so that a four-inch piece of this bone, completely detached, lay transversely across the wound. Two other small pieces of loose comminuted bone were removed. The median nerve was torn half across; the ulnar artery and the soft parts adjacent were crushed; and the wound was filled with soot. The soft parts were crushed through near the radial attachment of the biceps, so that the fore-arm hung only by a band of skin less than two inches wide, and a very few unsevered fibres of the supinator longus and the extensor radialis longior, together with the brachio-radial artery, which was uninjured; so that there was a good pulse at the wrist. The patient "feared that the

arm would drop off before he got home." Hopelessly crushed tissue was removed; the parts replaced, and secured by interrupted sutures; and the arm, held in position by lateral splints of flannel and gypsum, was laid upon a pillow, and covered with yeast poultices. At first there was considerable venous hemorrhage, extensive swelling, and some sloughing of the bruised muscular tissue; but at the end of three months the patient had recovered, with some paralysis of the fore-arm, and slight fibrous ankylosis of the elbow-joint. He is able to carry a pail of water, and handle a shovel or hoe as well as ever. Engravings from photographs, showing the condition of the limb at the time of the accident and after recovery, are appended to the original publication. — *Popular Science News.*

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#### REVIEWS AND NOTICES OF BOOKS.

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MYTHS IN MEDICINE, AND OLD-TIME DOCTORS. By Alfred C. Garratt, M.D. New York: G. P. Putnam's Sons, 1884. 242 pp.

There is current among undergraduates what Dr. Holmes would call a "medicated legend," to the effect that there was once in a country town an elderly practitioner celebrated far and near for his successful treatment of "fits." So dear to his heart was his fame in this direction, that, when called to see a patient, with whatever disease afflicted, he immediately administered a drug which brought on convulsions, and then applied himself to the treatment of the same—to his own exceeding glory, though with what consequences to the patient, deponent saith not.

One is reminded of this legend in glancing over the pages of the book before us. "Myths in Medicine" is certainly an inviting subject, suggestive of a stroll through the tranquil paths of archæological research; but Dr. Garratt (if one may risk an inelegance) must be said to have given this harmless subject "fits" for the sake of attacking that *bête noir* of old-school bigotry,—homœopathy. For as the shadow, so to say, of the coming Ayer's pill, or bottle of Hood's sarsaparilla, falls upon the opening lines of a specious advertisement beginning with the "Advice of a Clergyman" or the "Adventures of a Hunter," so, when Dr. Garratt in his introduction tells us, "It is not honorable nor just to the present or rising generation, for physicians . . . to condone, countenance, or even tolerate by silent connivance, a subtle and dangerous *organized error* that presumes to claim," etc. (the italics are Dr. Garratt's own), we find it easy to guess that the "subtle, dangerous, organized," and



(crowning enormities!) well established and ably defended "error" is none other than homœopathy.

The mantle of Dr. J. Y. Simpson seems, from time to time, to have fallen upon the shoulders of some latter-day prophet. But the mantle is by this time worn so threadbare, and so eaten by what Oscar Wilde calls "the canker-worm of truth," that it can be assumed only with the greatest caution, since through its tatters it is too easily discernible whether the form beneath be that of honest conviction, or that of petty professional jealousy.

The present author's arraignment of homœopathy offers nothing new in the way of argument. He follows so closely, indeed, in the footsteps of his illustrious predecessors in battle, as not to escape a single pitfall to which bad logic or controversial injustice betrayed their steps. For us, therefore, to here reproduce and attempt to refute the arguments of his pages, — arguments once advanced by Forbes and refuted by Henderson, — would be too like the attempted reproduction by dwarfs of the battles of giants. We note that the long-suffering waters of Lake Erie are once more ladled out, as it were, to do illustrative duty in the way of diluting medicines given by homœopaths to their confiding patients. Once more we find it stated, in exasperating defiance of Greek and of common sense, that homœopathy means the psora theory and the infinitesimal dose. Once more the living and beneficent homœopathic law of cure is wilfully confused with, and condemned for, the human mistakes and fallibilities of its great discoverer; until homœopathists feel as might have felt the followers of Columbus, standing with the earth of the New World solid beneath their feet, had one cried to them that their leader could have discovered no new continent because he put faith in the dogma of transubstantiation. The right of progress belongs to no one school; and the path of progress for homœopathy, as for "rational" medicine, may be strewn with outgrown theories whose truth or falsehood has no relation to proven and vital laws. It is as puerile and irrelevant to reproach homœopathists with the abandonment of the psora theory, as to reproach allopathists with the abandonment of the pernicious practices of indiscriminate blood-letting and exhausting purging. In both cases the "abandonment" is matter for congratulation to men whose ambition it is, not to dogmatize, but to grow.

In short, Dr. Garratt's arguments are but the Dogberryian utterances with which we have long been familiar: e.g., "thirdly, homœopathy never existed; sixthly and lastly, it is a dangerous error, threatening the lives and reason of the community and the pockets of allopathic physicians; secondly, homœopathy is now, at last, dead past resurrection; and firstly, and to conclude,

homœopathists are pernicious quacks, whose medicines are so harmless that they would not prove fatal to the too numerous patients dosed with them; even should too many teaspoonfuls be taken at a time."

"Myths in Medicine," then, but for its excellent literary style and the few amusing anecdotes and historical reminiscences with which its author sugarcoats the pill of his condemnation of homœopathy, might well be relegated to the shelves of archæology; there to stand beside the works of that philosopher whose treatise, conclusively proving that no iron vessel could cross the Atlantic, was published shortly after the first ocean-steamer came successfully into port.

The homœopathy which has received unscathed, upon its shield of simple truth and usefulness, the keen and polished lance of an Oliver Wendell Holmes, has nothing to fear from any weapon in Dr. Garratt's armory. To any triumphant assurance that it is now at last dead, its supporters can, cheerfully smiling, suggest as its appropriate epitaph the prophetic word "Resurgam."

AMERICAN MEDICAL PLANTS. By Charles F. Millspaugh, M.D. New York and Philadelphia: Boericke & Tafel, 1884. Parts 1 to 5.

Messrs. Boericke & Tafel here offer to the profession what may fairly be called an *edition de luxe* of a work which has not its parallel in homœopathic literature. It is announced as "An Illustrated and Descriptive Guide to the American Plants used as Homœopathic Remedies: their History, Preparation, Chemistry, and Physiological Effects." The drawings which illustrate the work are made from each plant *in situ* by the author, who justly claims to thus avoid "the misrepresentations of wilted individuals, and too highly colored fancy pictures." The work will appear in semi-annual or annual instalments, embracing about thirty plants each.

No homœopathic medical college can afford to be without this most valuable and beautiful publication. The rather dry subject of the preparation of drugs for medicinal use would be greatly lightened to students by the study of these exquisitely drawn and colored plates; through which, moreover, they will later be able to enliven their "drives about country" by the recognition of old floral acquaintances. Physicians should welcome the work not only for its usefulness, which commends itself on a moment's consideration, but because, as one turns its pages, there breathes from them a refreshing suggestion of field and woodland, pleasantly foreign to what may be called the pathological atmosphere of the average medical work.

CHARACTERISTIC INDICATIONS OF PROMINENT REMEDIES. By W. J. Hawkes, M.D. Chicago: Halsey Brothers, 1884. 131 pp.

“Labor-saving inventions” are characteristic of an age which is said to run its race by steam; and the little book before us may be said to be an appliance for the saving of mental labor. The author very modestly says that “no claim is made of originality, not even of expression;” but we must so far differ with him as to hold the opinion that a collection of “keynote” symptoms, many of which have been verified by their compiler, admirably arranged, and offered without unnecessary verbiage, is in itself an originality, and a very happy one. We commend the little book heartily, as likely to be of very practical use, not only to the undergraduate, but to the practising physician, to whom it offers many welcome guide-posts in the symptomatic wilderness of an unrevised *Materia Medica*. The book is excellently gotten up, the idea of alternating with printed, blank pages for personal verifications and memoranda generally, being a capital one.

THE TREATMENT OF UTERINE DISPLACEMENTS. By W. Eggert, M.D. Chicago: Duncan Brothers, 1884. 136 pp.

This little work, although apparently offered to the profession as an original monograph, must rather be regarded as a compilation; less than twenty-four pages, out of the hundred and thirty-six pages which make up the volume, being written by Dr. Eggert. The remaining pages are devoted to quotations from the writings of Dr. Minton and Dr. Moss, to a chapter of homœopathic therapeutics, a clinical index, and an appendix giving papers on uterine displacements, read before the Massachusetts Surgical and Gynecological Society by their authors, Drs. Bennett, Sanders, and Cushing. Brief as is Dr. Eggert's own contribution to the work, it is sufficiently long to bring its would-be reviewer into no slight perplexity. To be more explicit, one is led by the preface and the opening paragraph to expect a record of cases cured with remedies “given in the two hundredth potency and upwards,” by one who has somewhat contemptuously, it would appear, “discarded all external medication as well as other appliances.” Approaching this expected record with a mind open to conviction, the reviewer finds himself confronted with the “few rare exceptions” which Dr. Eggert occasionally allows himself to make to his rule of purely medicinal treatment of uterine difficulties. When these “exceptions” — by everyday practitioners employed, and frankly referred to as “adjuvants” — are found to include hip and spinal baths, rest, the

abdominal compress, a "cotton ball fastened to a string" (perhaps the "tampon" of the every-day practitioner referred to above?), and the perineal compress, the reviewer is shaken in his determination to accept the supposititiously forthcoming record of cases cured with medicines "given in the two hundredth potency and upwards," and is rather relieved than otherwise to find that no such record is forthcoming, after all.

The English of the work is far from irreproachable. When, for instance, one meets with such a paragraph as, "*We* have consented to their appearance in this work," but "*the author* is not to be held responsible for any views herein contained; *he* is of the strong opinion," etc.,—one feels like protesting, with Mr. Samuel Weller, against "all this 'ere he-ing and I-ing." It is to be observed that the author's reverence for homœopathy extends even to its adverbs; "homœopathically" appearing, whenever employed, with a capital H.

When Dr. Eggert, in the opening paragraph of the appendix, prophesies that "finally remedies will be the *dernier ressort* in the majority of cases," we cannot rid ourselves of a haunting conviction of there being a misunderstanding somewhere, since the use of the well-selected remedy, effectively diluted, must certainly represent to the author's mind something much more hopeful than a *dernier ressort*; at least, as that phrase would be understood in what Mark Twain would call its "native wilds."

THE INFLUENCE OF THE MIND UPON THE BODY IN HEALTH AND DISEASE. By Daniel Hack Tuke, M.D., F.R.C.P., LL.D. Second American from the second English edition. Philadelphia: H. C. Lea's Son & Co., 1884. 482 pp.

It is, on the whole, the tendency of the present age, though the rule is not without its exceptions, to employ without prejudice every efficacious method for the alleviation of suffering and the restoration to health of diseased humanity. Among the least understood of these methods may be classed psycho-therapeutics. Physicians have always recognized the power of the mind over the body, but it has remained for latter times to seek to scientifically utilize this power for good. The work before us will prove valuable reading to any practising physician; for, by its careful perusal, he will be brought to a vivid realization of the fact that there are other curative agents as powerful as diet, hygiene, and mere drug-giving. Not that these things are to be displaced, but their usefulness may be incalculably increased by other aids, not so generally resorted to, and here most suggestively set forth.

We quote the author's words, in order to give our readers a just idea of his objects in writing the book.

“The objects of the following pages may be thus stated:—

“I. To collect together in one volume authentic illustrations of the influence of the mind upon the body, scattered through various medical and other works, however familiar to many these cases may be, supplemented by those falling within my own knowledge.

“II. To give these cases fresh interest and value by arranging them on a definite physiological basis.

“III. To show the power and extent of this influence, not only in health in causing disorders of sensation, motion, and the organic functions, but also its importance as a *practical* remedy in disease.

“IV. To ascertain as far as possible the channels through, and the mode by, which this influence is exerted.

“V. To elucidate by this inquiry the nature and action of what is usually understood as the imagination.”

The author also wishes it understood that “because effects are produced, and cures performed, by means of a mental condition called the imagination,” it is a mischievous error to assume “that *these results are imaginary*; in other words, that they are ‘all fancy.’”

After giving certain general psychological and physiological principles, Dr. Tuke discusses entertainingly and instructively the influence of the intellect, of the emotions, and of the will, upon the functions and organs of the body, and finally the effects of these same influences upon morbid conditions of the system.

The practical usefulness of such a work, and a work so admirably well written as this, need not be pointed out. The author teaches while he constantly amuses us. There is much food for thought in his pleasant pages. To impress a few of the facts here given upon the minds of the laity would wholesomely shake their credulity in the so-called miracles of “faith-healing.”

HOMŒOPATHIC PRACTICE OF MEDICINE. By M. Freligh, M.D.  
New York: C. T. Hurlburt, 1884. Fourteenth edition, revised and enlarged. 705 pp.

Dr. Freligh has here attempted, as one may say, to kill three birds with one stone; viz., to supply in one and the same work “a text-book for the student, a ready volume of reference for the physician, and a comprehensive and simplified guide for domestic use.” Considering the widely different requirements of these three classes of readers, this seems to us a somewhat formidable undertaking; yet, that the courageous author has in some measure succeeded, the fact that this is the fourteenth edition of the work bears convincing testimony. Type and paper are of good quality, and the substantial binding is well adapted to the exigencies of “domestic consultation.”

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By Frank Hastings Hamilton, A.B., A.M., M.D., LL.D. Seventh edition. Philadelphia: Henry C. Lea's Son & Co.

In its general make-up, the present edition is much like its predecessor, with the exception of a slightly increased bulk; the present edition containing 1,005 pages, while the preceding had 909. Much of the new material, the author acknowledges having obtained from Dr. A. Poinsoot of Bordeaux, who has recently translated this work into French, adding thereto a large number of lately recorded facts, and valuable observations of his own.

In the preparation of this edition, the usual care has been exercised in eliminating unreliable material. It is most gratifying to meet with a work which bears unmistakable evidence that the author was imbued with the desire to contribute something of real value to the profession, rather than simply to attain the laurels of authorship. Previous editions of this work are so well known, that any thing like a *résumé* of the present seems unnecessary. It contains all of value which has appeared before, and, in addition, statistical reports from the author's private practice, as well as from all other available sources up to the present time. In the chapter on fractures from gunshot wounds, a short account of the case of the lamented President Garfield appears.

A PALACE PRISON. New York: Fords, Howard, & Hulbert, 1884. 347 pp.

The anonymous author of "A Palace Prison" apparently holds, in defiance of Mr. Henry James and his school of novelists, that fiction may legitimately be employed as a means to an end, instead of being regarded as an end in itself. The work before us is a protest — a most passionate and indignant protest — against the abuse of patients in private lunatic-asylums. It sets forth the story of a young girl, who, nervously overworked at school, is sent to a palatial private asylum, there being detained on false representations from the physician in charge, year after year, until at length the madness her friends dreaded as a possibility, becomes a tragic fact. Intensity of purpose so far nullifies crudeness of literary style, that the reader feels himself sufficiently identified, for the time being, with the wretched patients under Dr. Lamarette's charge, to find the book very painful reading. We trust, despite this fact, that it will be widely read by the general public, and so far accomplish its author's purpose as to inspire a very wholesome horror of those irresponsible private hospitals, where, as is grimly suggested, "no patients are ever dismissed as cured unless by the direct order of *those who pay for keeping them there.*"

"A Palace Prison" suggests, in some respects, that most

powerful and pathetic novel of Miss Tincker's, "By the Tiber." It goes forth on a useful mission, which we earnestly hope may be a successful one.

THE NORTH-AMERICAN REVIEW for January has a table of contents made inviting by such names as Bishop Huntington, Frederic Harrison, Richard A. Proctor, John LeConte, and others scarcely less noteworthy. The bishop, in discussing "Vituperation in Politics," indulges in a little mild ecclesiastical vituperation of his late political adversaries, though his paper professedly deals only with lofty generalities. Professor LeConte's contribution on "The Evidence of the Senses" is suggestive and entertaining to a marked degree. New York: 30 Lafayette Place.

THE POPULAR SCIENCE MONTHLY for January offers to scientists, and thinkers of all classes, its usual variety of valuable and interesting reading. Issues are rare, of this excellent magazine, which do not present to the student of medicine at least one paper on a subject of professional interest; the one in the present number being that on "Influences determining Sex," by W. K. Brooks. New York: D. Appleton & Co.

THE CENTURY for January has for its frontispiece a finely engraved portrait of Edward Everett Hale, and among its contents an appreciative paper on that deservedly beloved author and preacher, by W. S. Kennedy. George W. Cable has a noble and eloquent presentation of "The Freedman's Case in Equity." Cheney's amusing verses on "How Squire Coyote brought Fire to the Cahrocs," irresistibly suggests "Uncle Remus's" chimney-corner, and the legends of "Brer Rabbit," to whom "Squire Coyote" is assuredly near of kin. New York: The "Century" Company.

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#### BOOKS AND PAMPHLETS RECEIVED.

- CRUISING AND BLOCKADING. By W. H. Winslow, M.D., Ph.D. Pittsburgh, Penn.: J. H. Weldin & Co., 1885.
- INTESTINAL OBSTRUCTION: ITS VARIETIES, WITH THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT. By Frederick Treves, F.R.C.S. Philadelphia: Henry C. Lea's Son & Co., 1884.
- ELEMENTS OF SURGICAL DIAGNOSIS. By A. Pearce Gould, M.S., M.B., F.R.C.S. Philadelphia: Henry C. Lea's Son & Co., 1884.
- THE PRINCIPLES AND PRACTICE OF GYNECOLOGY. By Thomas A. Emmet, M.D., LL.D. Third edition. Philadelphia: Henry C. Lea's Son & Co., 1884.
- OPHTHALMIC SCIENCE AND PRACTICE. By Henry E. Juler, F.R.C.S. Philadelphia: Henry C. Lea's Son & Co., 1884.

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F.R.C.S. Fourth edition. Philadelphia: Henry C. Lea's Son & Co., 1884.

CONSUMPTION: ITS NATURE, CAUSES, PREVENTION, AND CURE. By J. M. W. Kitchen, M.D. New York: G. P. Putnam's Sons, 1885.

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## PERSONAL AND NEWS ITEMS.

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J. FRANKLIN HADLEY, M.D., Class of '82, Boston University School of Medicine, has removed from Chicopee to Waltham, Mass.

E. F. HINCKS, M.D., has removed from Marlborough to Hyde Park, Mass.

A. SALLS, M.D., has removed from Quincy to Marlborough, Mass., having purchased the practice of Dr. Hincks.

PROF. H. P. GATCHELL, M.D., has taken up his residence in Ashville, N.C.

MRS. L. R. CLEMENTS, M.D., is spending the winter in Florida and New Orleans.

E. B. HOLT, M.D., has removed his office from 18 John Street to 4 Hildreth building, Merrimac Street, Lowell. Residence, 4 Park Street.

DR. G. W. BOND has removed from Champlain, N.Y., to West Cornwall, Vt

F. W. HALSEY, M.D., has removed from Middlebury, Vt., to No. 49 Rutland Square (a few doors from Columbus Avenue), Boston. He will make the treatment of diseases of the rectum a specialty.

N. L. DAMON, M.D., formerly of North Middleborough, has located at Cohasset, having returned from a year's study in Europe.

W. H. WHITE, M.D., No. 622 Tremont Street, Boston, will make medical and surgical electricity a specialty, both general and consulting practice.

ANDREW S. OLIVER, M.D., Hahnemann Medical College, Philadelphia, Class of '81, has removed from Milford, Mass., to Concord, N.H.

DR. HENRY MINTON, the editor of "The Homœopathic Journal of Obstetrics," is in no way connected with any other publication, the announcement in our advertising columns in January issue being an error.

HENRIETTA N. PORTER, M.D., Class of '82, Boston University School of Medicine, has removed from Worcester, Mass., to Meriden, Conn.

D. ALBERT HILLER, M.D., has removed from the Palace Hotel to No. 1011 Sutter Street, San Francisco, Cal.

THE late Mrs. Samuel B. Rindge of Cambridge has left a legacy of twenty-five thousand dollars to the Massachusetts Homœopathic Hospital, to be kept as a fund for the support of the hospital.

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## OBITUARY.

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MARTHA F. WHITMAN, M.D., died of typhoid fever at her residence in Lexington, Mass., Dec. 12, 1884. Dr. Whitman was a member of the class of '84, Boston University School of Medicine, and at the time of her death held the position of resident physician at the New-England Conservatory of Music. Her death is a most sincere loss and sorrow, not only to her immediate family, but to an exceptionally large circle of friends. Those associated with her during her brief professional life mourn the loss to the medical profession of one who seemed singularly fitted to meet its arduous requirements, not only in intellectual ability, but in unselfish devotion to her chosen work, and an unflinching and contagious cheeriness that seemed to bring sunshine into the dark places of disease and suffering.



THE  
New-England Medical Gazette.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,  
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EDITORIAL.

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*TAXATION WITHOUT REPRESENTATION.*

OUR esteemed contemporary, "The Hahnemannian Monthly," in an able editorial published in December last, says tersely and truly, "It is through the influence of . . . governmental and other public institutions, far more than through the increase of our relative success in practice, that we are to look for the firm establishment of homœopathy, and the overthrow of medical phariseeism. To bring this influence over to our side will require, not spasmodic and puerile effort, but a steady, persistent, ever-intensifying determination, and the adoption of such methods and measures as we know cannot fail." We are so heartily in accord with the sentiment above expressed, that it is with very great pleasure we note the agitation, at the January meeting of the Boston Homœopathic Medical Society, of the subject of securing certain wards in the City Hospital for the homœopathic treatment of patients, and the admission, on equal terms, of homœopathic students to the hospital wards. We rejoice to see the placing of the matter in hands as able as those of the committee appointed by the Society; and we trust that the question, once opened, will not be allowed to rest this side of a favorable settlement. Such a settlement cannot fail to commend itself to every just thinker, whatever his medical opinions; such a settlement may be most hopefully looked for, after last year's prompt and generous response by the Massachusetts Legislature to our appeal for homœopathic treatment for the insane.

In view of the fact that so many large-tax payers and influential citizens of Boston are loyal supporters of homœopathy, and the equally significant fact, that, though offered their free choice, the poor of Boston beg for homœopathic treatment beyond the present power of homœopathy in Boston to grant their petitions, there is no just reason why homœopathy should not be represented in the hospital whose expenses its rich supporters help to pay, and whose beds its poor adherents are forced to fill.

Bitter opposition is, of course, to be expected from the faction now in power. Some arguments of that opposition are easy to anticipate. We are sure to be told, that, in a community where allopathic practice is favored by the majority, allopathic practitioners should control the hospitals: to the victors belong the spoils. To this it may be answered, that the question of the representation of homœopathy in city hospitals has never been submitted to the community; and therefore the will of the "majority" cannot be quoted on either side. From the fact of the favorable report of last year's Senate committee, the large majority of whom employ allopathic practitioners, we have every reason to believe the "majority" vote would be on the side of simple fairness and justice apart from sectarian views of any sort.

As to forthcoming cries of "ignorance" and "charlatanism," the educated homœopathic practitioner whose degree was given under the charter of the State of Massachusetts can well afford to let the State reply to insulting doubts of its value and significance.

All success to the good endeavor! To succeed would be to win a battle not only for homœopathy, but for tolerance, anti-monopolism, and justice.

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#### *A FEW WORDS MORE ON THE POTENCY QUESTION.*

IT is borne in upon us with ever-increasing force, how much it would simplify matters, both for the profession and for an interested laity, if the two factions now tacitly recognized as existing in the homœopathic school of medicine were to take unto themselves names more clearly significant of their relative principles than the present vaguely employed terms, "low-dilutionist"

and "high-dilutionist." We would suggest "homœopathist" and "Hahnemannian" as possibly appropriate titles; resisting the impulse to substitute for "Hahnemannian" "Hannemaniac," since we would avoid seeming personality even at the expense of exactness. We doubt if such a substitution could, after all, be called unjust; since we have it on the highest of all authorities, that a master's true followers are not those who oftenest quote his words, or loudest eulogize his name, but those who work in the spirit in which he worked.

By whatever names called, it is quite time that the factions alluded to came to a more definite understanding than now exists, not only with each other, but with an intelligent and interested laity, on the subject of their differences. It is our opinion that such an understanding of each other's position and principles would reveal differences so radical as to show argument between homœopathist and Hahnemannian to be as fruitless as the shillelah-combats of Donnybrook Fair, proving nothing, and leaving soreness behind.

By way of humble contribution toward this frank understanding, "let us, my friends," as the immortal Chadband says, "in a spirit of love inquire" what may in fairness be said to be the relative positions of homœopathist and Hahnemannian.

The homœopathist, to our apprehension, is one who founds his claim to that title on his adoption of the law, *similia similibus curantur*, as his guide *in the selection of a remedy*. He claims that neither etymologically, nor in any other way, can homœopathy be made to stand for any thing else than allegiance to this law in selection: to the size of the dose employed it has no more relation than to the dogma of transubstantiation. The homœopathist claims for this guiding law of his a basis of scientific probability; he sees in it nothing contradictory to any known or proven fact; nothing, within his knowledge, in clinical experience makes against the trustworthiness and practical usefulness of the law of his choice; he sees, in personal experience, many cases of disease, treated according to it, making speedy and satisfactory recovery; he has the inestimable comfort of knowing that no patient under his charge is the worse for drugs administered by him, since, when he learned from Samuel

Hahnemann to select his remedies in accordance with the law, *similia similibus curantur*, he learned to administer those remedies in doses sufficiently small to secure his patient from drug-poisoning. The homœopathist recognizes that the science he represents is as yet in its infancy; not sprung full-grown, Minerva-like, from the head of Jove, but born an infant, so to say, to be guarded, studied, and brought little by little to a full and perfect development. He recognizes also, and admits without a tremor, that many of the miracles attributed to homœopathy in the past, might have been due, after all, to the *vis medicatrix naturæ*, left free to work its healing will unassassinated by the monstrous therapeutic methods employed by the "rational" school at the time these miracles were wrought. Even when, in seeming support of the awful possibility just alluded to, his statistical studies show "expectant" treatment to be, in certain diseases, following close upon homœopathy in the paths of clinical success, he stands undismayed. Believing that some reliable statistics go to prove the superiority of homœopathy over expectancy in such acute diseases as cholera, for instance, he remains unshaken in his allegiance, — a faithful homœopathist still.

With the question of the dose he concerns himself little; merely stipulating that "dose," being a material term, shall be applied only to demonstrable substance; a "dose" of the disembodied spirit of a drug being, to his mind, no more reasonable a term than "a teaspoonful of repentance," for instance. The medicinal substance once present, he considers it well established by scientific experiment, as well as — if that were needed — the consent and present practice of the best authorities in both schools of medicine, that efficient results may be obtained from doses which seem phenomenally small. He is well content with the maxim laid down by Hahnemann (*Organon*, § 279), that the *smallest* dose may be given, "*provided* that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease;" but he means in every case to satisfy himself that the aggravation is real, and not imaginary. His sincerest ambition is to establish homœopathy, by scientific and statistical tests, on the firmest possible basis.

The Hahnemannian, on the contrary, fervently declares himself willing to abide by every statement, theory, and chance suggestion of his worshipped "master," as by truth seven times proven: his pope is absolutely infallible, and the dicta of that pope not to be subjected to any form of trial more modern or exact than "individual judgment" or the "clinical test." With him it is "Hahnemann, — right or wrong, always right," as an old sea-captain once, when called upon for a toast, said of America. Starting from a suggestion of Hahnemann which that most reasonable man, in the light of exact modern scientific tests, would doubtless be the last to uphold, he altogether out-Herods Herod: what Hahnemann diluted into improbability, he dilutes out of earthly existence. His course of reasoning, apparently, is that if a very minute quantity of medicine may accomplish much, what may *not* be accomplished by no medicine at all! which suggests Mark Twain's story about the pilot, who, hearing that a brother-pilot had, while in a state of somnambulism, taken a steamer through the most difficult part of the Mississippi River, exclaimed enthusiastically, "Ef he could do that when he was asleep, what couldn't he do ef he wuz *dead!*" He advances no theory — though very occasionally what may be called the ghost of a theory — in explanation of the amazing statement that medicine cured where no medicine was given. His appeal is solely to the bar of "clinical evidence," — said "clinical evidence" consisting in the fact of recovery from disease in cases where highly "potentized" medicines were given, — while he ignores as irrelevant the fact of a thousand recoveries from the same disease, where non-"potentized" medicine, or no medicine at all, was given. When hard pressed by his adversary the homœopathist to explain how he can justify his beliefs in impossibly attenuated remedies on the mere fact of his success as a practitioner, — since the same plea is advanced by brazen charlatanry all about us, and is quite as convincing in one case as another, — the Hahnemannian's response is invariably of the *tu quoque*, or, less classically, the "you're another," sort. "What has homœopathy to boast, that high potencies cannot claim? Do not they stand or fall together?" he questions triumphantly. "How do you know that homœopathic practice itself will bear

the severe scientific and statistical tests which you insist on imposing on us, and yet be able to demonstrate its superiority over the expectant treatment?" To which the homœopathist makes prompt reply, "I cannot admit for an instant that homœopathic practice stands or falls with high potencies: since homœopathic practice can prove, in face of the most searching scientific tests, the presence of medicinal substance in the remedies it employs, and the possibility of medicinal substance acting in small doses. And if the statistical tests I demand should prove—as I have a firm belief they will *not* prove—the expectant treatment to yield as satisfactory results as homœopathy, I still, because my worship of a name, or of my reputation as a great and mystical medicine-man, is less than my worship of the truth, am determined to have the truth, the whole truth, and nothing but the truth, let it cost me, and the cause under whose banners I have enrolled myself, what it may."

The difference between homœopathist and Hahnemannian is the world-wide and irreconcilable difference between the servant of fact and the worshipper of theory.

Controversy between them is worse than useless, as between all disputants lacking common premises from which to take argumentative departure. Time and science must judge between them.

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## COMMUNICATIONS.

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### *HOMŒOPATHY, BUT NO CLINICAL TESTS.*

BY A. H. TOMPKINS, M.D., JAMAICA PLAIN, MASS.

AT the risk of being thought by some to prolong useless discussion, or, worse, to nurture "strife" between those who believe and those who disbelieve in high potencies, the writer of "A Layman's View of the Potency Question" would like to offer some additional thoughts upon substantially the same topic. So far as Dr. C. Wesselhoeft's response to "A Layman's View," under the caption of "Homœopathy a Science, not a Creed," in the same issue of the GAZETTE (November, 1884), is related to the present paper, it serves more as an excuse than as a reason for it.

Dr. Wesselhoeft's avoidance of the issues presented by us

was so manifest and general as nearly to preclude the supposition that his paper was designed to answer ours. And his complaint that "direct assertions" were not sufficiently adhered to in "A Layman's View," took on an almost Pickwickian complexion, in view of the wide berth given by him to such "direct assertions" as that article did undeniably contain.

By something more than a coincidence, doubtless, the same number of the *GAZETTE* which contained the "Layman's View" and Dr. Wesselhoeft's response, bore also an able editorial on the very apposite subject of "The Clinical Test," in which the editor's substantial accord with Dr. Wesselhoeft was made apparent. If, therefore, we make allusions to this editorial in the following paper, we shall doubtless receive the editor's pardon. We confide in Dr. Wesselhoeft's willingness to see the hardest blows dealt against his position which truth and fairness will warrant. To him, as to us all, nothing else can prove so valuable as the absolute truth, though to-day's most cherished views melt away beneath its beams.

With the editor's permission, we will begin by pointing out what strikes us as fairly entitled to be considered an objection to his position concerning the clinical test.

If we do not yet know what the terms of a clinical test would be, since "science is now only slowly spelling out to us, letter by letter," this very "message," then, certainly, the further opinion, entertained alike by the editor and Dr. Wesselhoeft, that we cannot know that we have ever had a clinical test, must be correct. If we do not know that we have ever had a clinical test, we do not know that we have demonstrated the existence of our homœopathic law. If we mistake in ascribing great importance to the assurance of a law to guide us, or in making that assurance depend upon our having made clinical tests at some time in our history, it will be our pleasure to acknowledge correction.

With no law as a basis for our practice, with nothing about our pills and powders to suggest phenomenal energy in advance of their administration, and with no clinical tests thereof to which we can point to belie their unimposing appearance, upon what features of our system precisely should we prefer our claims for a chance to meddle with the sick?

Our presence as physicians in a community is a constant appearance before the bar of reason to show cause for thinking that we can do better than those who certainly appear to carry far heavier ordnance than ours. Give him a chance to say loudly, who can say at all, what claims we can present before this bar, when, with scientific disdain, we have tossed overboard the pretence of ever having had a clinical test. Would that not be a pretty "chancery" in which we should have put our foolish heads,

to be pommelled by our friends of the "heavy weights" of medicine?

If, in the absence of every detail of practice for twenty years by at least one hundred (and one) physicians, we have really had nothing worthy the name of clinical test, pray, how are we to know that homœopathy is more "a science" than "a creed"? Indeed, how do we know that our medicines operate according to a "law of similars" rather than of dissimilars? How do we know, that, after a proper test, we should not find that "homœopathy" was no name for it?<sup>1</sup>

We suspect that some of us have been led into essential error by failure to recognize the fact that there are clinical tests and clinical tests, — a failure to discriminate between the amount of evidence required to establish the existence of a force, and that needful to certify its precise degree. While science often holds us to laborious, long-continued, and rigid experimentation when the relative degree of different forces is to be exactly found, the existence of only comparatively feeble or rare forces, fortunately, need not be subjected to such tests for its determination.

In the domain of medicine, for instance, the power resident in *morphine* to dull human sensibilities to pain never has been and never will be questioned by extensive tests and counter-tests. Nor will laborious experimentation be instituted to ascertain the possession of cathartic properties by *castor-oil*, or of an emetic tendency by *ipecacuanha*.

In these days when many able minds, in sympathy with a certain pseudo-scientific drift, are feeling the temptation to magnify the theoretical difficulties of surely knowing any thing, it may be well to remember that even science is willing to admit some things as *obviously* existent, and therefore not dependent for proof upon exhaustive courses of experimentation.

Suppose six men, accustomed to exact research, travelling in company, to have been subjected to a long tramp in a cold rain-storm, and in consequence to have suffered for the last week or ten days from the following symptoms: stiffness and pain in the lower back, thighs and legs; the pain aggravated while at rest and when beginning to move, and better from continued motion till fatigued; worse at evening and during the night, when lying long in one position and while changing position,

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<sup>1</sup> We may, perhaps, be excused for saying briefly, in answer to the above questions, that the term "homœopathy" applies not at all to the *operation*, but solely to the *selection*, of a remedy. Remedies must act in some manner antagonistic to disease-processes; but in just what manner they act is no concern of homœopathy. Homœopathy being the method of selecting remedies in accordance with the formula, *similia similibus curantur*, as long as the rule is adhered to, the name "homœopathy" will be perfectly appropriate, however the action or *operation* of remedies may, in future time, come to be explained. — EDITOR.



but distinctly better for a short time after changing; worse while sitting in a cold room, and generally better from warmth.

We prescribe *rhus toxicodendron*, and request a report after thirty-six hours. What homœopathist can doubt that every one of these six scientists would report unmistakable benefit, if not complete relief, and, were opportunity given and used for three such experiences with this remedy, would be able to report to the world that it had exerted an *obvious* and definite energy? (Or would it matter if the potency chosen happened to be the two-hundredth?) We must remember, that, though the same patient may not have several good tests of the same drug, the same physician often witnesses hundreds of such tests, in which case the dependence of his own comfort upon daily food is not more evident to him than such drug's power. And who knows this, practically, better than Dr. C. Wesselhoeft, who yet, in his theorizing, sets the "clinical test" at such an impossible altitude?

We believe that science would render a verdict of "obvious" still, if the curative virtue of *nux vomica* in high or low potencies were exhibited in the morning headaches especially, but not exclusively, of high livers and wine-drinkers, when accompanied by constipation, indolence, sour, unsociable mood, and hypersensitiveness to cold, noise, and nearly all other impressions from without.

No man, however scientific, and no body of men who had each suffered from half a dozen headaches of this kind without medicine, and then in three other attacks had received *nux* in any potency, could, in our opinion, be in any doubt about its merits: so with *aconite* in small doses, for that particular kind of fever which, in large doses, it tends to produce upon the healthy; and *belladonna*, for its special form of congestive headaches; and so on to the end of the list of well-proven remedies.

In short, for the homœopathy of *well-proven drugs, thoroughly indicated and properly administered*, we claim a basis of *obviousness* as broad as that upon which our knowledge of *morphine's* narcotism rests; an obviousness which renders unnecessary a twenty-years' proof by a hundred physicians; an obviousness which alone makes possible our patients' recognition of the value of our medicines, despite their tastelessness, — a recognition without which we should be poor indeed, but by the aid of which our school is winning a constantly enlarging place in the world of medicine.

If, now, it be admitted that potencies below the twelfth centesimal, at least, have obvious remedial virtues, — and without such an admission, our claim to the possession of a guiding law has, as we have seen, nothing to rest upon, — then it should not prove difficult to go one step farther.

Right here we beg the reader to observe that the successful controversion of the proposition that there can be *no* remedial virtue in potencies beyond the twelfth centesimal, requires only that we should show that there *is some*, and by no means that we should show that there is as much virtue as, or more virtue than, in potencies below that point.

It is not essential to our purpose to know whether or not Dr. Wesselhoeft has really committed himself to the aforementioned proposition as his opinion. He has seriously raised the doubt whether such higher potencies are not wholly worthless. We will do our best to show this doubt to be ill-founded, if not preposterous.

Admit that certain potencies are so valuable as to be obviously so, that is, requiring but brief experiment to establish their value, and the next step is a perception that we cannot deny *some* value to other certain potencies, whose results are not obviously inferior to those of the first. Now, if any testimony to the lack of obvious superiority of low over high potencies could be stronger than that furnished by Dr. C. Wesselhoeft from his own experience, it would be found in the stupendous proportions of the test which he deems requisite to decide on which side superiority lies, — “so subtle a question,” he denominates it in another paper.

The thesis of “A Layman’s View,” as we think every intelligent reader must have observed, was purely and simply the survival of remedial virtue in potencies above the twelfth centesimal; and the evidence brought to sustain it was the lack of obvious inferiority of these potencies to those below. The fact, that, in the only case in which any thing like statistics (save the facts of Dr. C. Wesselhoeft’s professional experience) could be adduced to show this, they, in fact, tended to show more, and place superiority on the side of the higher potencies by seventy per cent, cannot be held to be an extension of the writer’s thesis to cover the claim of superiority; the tone of his paper to the contrary being very evident.

We must also point out that we did not “spurn” the idea of the “wholesale ransacking of clinical records” *per se*, but only if “an utter lack of medical virtue in potencies above the twelfth is to be postulated.” With “some efficacy admitted for both,” so far from spurning “musty records,” we should heartily approve of their study by any one so inclined.

In the brief discussion following the reading of “A Layman’s View,” we did say, that from considerations of the molecular theory, to which we had given no small attention, we did not see how potencies above the twelfth centesimal could contain drug matter; but like a good devotee to science, who is not to be frightened away from his fact by his inability to explain it, we

pointed to our clinical experience as making remedial power in such potencies obvious to our mind, notwithstanding. We are quite sure that neither on that nor any other occasion have we indulged ourselves in any expression of theories concerning the source of curative virtue in these higher potencies.

We shall need to leave the query concerning what can happen by further dilution, to a potency which has already lost its material substratum, to be answered by its author. But if he believes that all remedial virtue expires with the disappearance of drug substance beyond the twelfth centesimal potency, to what shall we look for the explanation of his interest in the further dilution which modern high-potencists may have inflicted upon Hahnemann's thirtieth centesimals? And how can it be "enough" for him, "that Hahnemann was not responsible for the modern hundred-thousandths and millionths"? It would seem that nothing short of knowing that the founder of our school did not himself drown out his material substratum ought to be enough for one who would use his name for the reproof of those who have made a further use of water.

Though it has been foreign to our purpose to discuss what a test of the exact degree of force in high potencies, relative to that in low potencies, would involve, we freely admit, in closing, that experiments far more extensive, doubtless, than any yet made, would be required. Whether one hundred physicians, practising twenty years, would be the necessary size of it, might be more apparent as the test proceeded. We should certainly hardly wish to say that it would be a sufficient impeachment of any man's judgment, that, in advance of the experiment, he should think a force of fifty physicians, practising ten years, might prove adequate.

Whatever there may be in the foregoing which is "ambiguous," mistaken, or otherwise ill-considered, — and we can scarcely hope that some passages will not justly fall under one or the other condemnation, — we have a final word which we are persuaded is neither of these, but one to the refutation of which we trust our friends who desire to stand or fall by the microscope will especially devote themselves.

Homœopathy must be practised, if at all, with potencies either above or below the twelfth centesimal. If we say that the potencies above are utterly worthless, and those below cannot certainly be shown to be any better, short of a twenty-years' test by one hundred physicians, then surely it cannot greatly concern the world whether we consider homœopathy more "a science," or more "a creed."

Truly the harbor that will float the low potency craft, and strand the high, is to be entered only betwixt a Scylla and Charybdis of more than Grecian peril.

*AN OBVIOUSLY UNAVOIDED ISSUE.*

BY C. WESSELHOEFT, M.D., BOSTON, MASS.

DR. TOMPKINS naturally comes to the rescue of his dialogue in the November number of this journal, and accuses the writer of the present article of having avoided the issue, which, if true, would certainly merit severe censure. But let us see if Dr. Tompkins has not been in error.

Was, or was not, his whole dialogue a defence of high potencies? If this was misunderstood, it was not the fault of the reader, but of the writer. As it was, every point asserted by Dr. Tompkins, speaking through two imaginary persons, was squarely and pertinently met, and there is no need of a repetition of the argument here.

Instead of showing where, how, and when the issue was avoided, Dr. Tompkins writes as if his dialogue had been intended as a vindication of homœopathy in general. Here Dr. Tompkins plunges over-zealously into the monstrous delusion of confounding homœopathy with the high-potency question. This latter he defends. The subject calling forth this defence was the endeavor of the writer of this article to call attention to the necessity of basing clinical evidence in medicine upon *accurately compiled statistical data*.

The only new point now brought out by Dr. Tompkins is, that the most desirable clinical test had been "set at such an impossible altitude" that it could not be reached; and this is followed by a lengthy argument to demonstrate that a thing need only be sufficiently "*obvious*:" therefore, published clinical experience having made the efficacy of homœopathy (that is, high potencies) obvious, this should be sufficient.

It is not a very difficult task to maintain that what has hitherto been held a sufficient clinical test, when brought face to face with the demands of modern scientific methods, is in reality a very insufficient and faulty kind of evidence; for, if applied to certain other things, let us say ways of practice which we all agree to condemn as unworthy of honorable physicians, this same kind of evidence would uphold these ways of practice also, inasmuch as they are upheld by attested published cures.

Hence we must in future have methods of test that will stand fire; and such tests should rest upon unassailable statistical evidence, holding side by side negative as well as positive results. Is this heretical? Is the raising of the standard of evidence to be condemned, and are we forever to be satisfied with the standard of a century ago?

The drift of the usual report of clinical cases, not only in ho-

mœopathy, but medicine in general, centuries before, and during the present, was simply: Jack got sick; Jack came to the doctor; Jack got well. If Jack happened to die, as Jack sometimes will, Jack was *not* reported in the journals. Let us have better evidence of the causes of Jack's recovery — or demise.

Let a cure only be "obvious," and it can not, must not, be attributed to any thing but the medicine the doctor gave. *Post hoc, ergo propter hoc*, is a wrong way to reason, and has always been applied by philosophers as a term of reproach, which medical men use in good faith. It is "obvious" that Jack got sick; it is equally "obvious" that he went to the doctor; it is no less "obvious" that Jack got well. Well, what more do you, can you, desire, gentle reader? If the doctor gave Jack medicine, this cured him, for it is obvious that Jack got well. Or, to give the deceptive syllogism a different turn, as it is obvious that the doctor gave Jack medicine, he got well; or, as he got medicine, it is obvious that he got well.

As this is the way in which not only "folks," but mightily learned doctors (allopathic, homœopathic, and high-dilutionists) reason, it is time that this way of considering every thing "obvious" which is desirable, should be replaced by more exact rules of thought and demonstration. Slackness of thought demoralizes theology, law, and medicine. The acceptance of mere "obviousness" as a proof would be the very worst kind of slackness of thought.

To any one not too much disinclined to ransack the musty records of philosophers, from the earliest to the most recent times, it must become clearly "obvious," that, though philosophers are not particularly agreed concerning things in general, they are positively clear in their minds, and in full accord with each other that there is nothing really "obvious" in this world, but that any thing, to be even tolerably well established, needs careful demonstration and lucid proofs. Many go so far as to say that nothing is as we think it is.

Just for argument's sake, let us accept the all-sufficiency of obviousness, and let us see where we shall land.

The theoretical *rhus* and *nux vomica* cases would all be very nice if they had happened in just that way. *Had* a dozen of each kind been cured consecutively of precisely the same set of symptoms, this would make the efficacy of the treatment obvious; but the cases quoted are as yet purely theoretical. If any one has had just such cases, out with them, do not hesitate. But supposing all this to be obvious, and as obviousness is all that is required, it is very obvious (nay, much more than so: it is a positive fact) that there is no medicine at all in certain preparations used as medicine; at any rate, not the medicine intended

to be given (see Dr. J. Edwards Smith's latest researches). This can be made obvious to any one who wishes to see, while the theoretical cases require voluminous statistical evidence. Hence it is also obvious that certain cures with high potencies, though excellent recoveries, are not the result of the prescription used. Therefore not even literary courtesy permits the admission that there is "some" value in the high potencies, for it is "*obvious*" that they are no medicines.

To this point, and to no other, would the mere "obviousness" of things lead us. If Dr. Tompkins considers obviousness enough to establish all the evidence required in medicine, his course is an easy one, as long as he does not apply obviousness to things requiring accurate demonstration, like the subject of presence or non-presence of medicine in triturations or dilutions, or, what is *infinitely* more difficult, the demonstration of the curative value of drugs, — the clinical test.

It is noticeable that Dr. Tompkins employs the word "obvious" in the sense that a thing is sufficiently self-evident without being subjected to severe tests for its identification, to which tests he objects as unnecessary. This is diametrically opposed to his cry for "truth," "the absolute truth, . . . though to-day's most cherished views melt away in its beams," and other phrases of the sort.

Every earnest student, tracing even with indifferent care the progress of events in medicine or other sciences, commonly observes that they who clamor loudest for truth, absolute truth, are invariably those who do not recognize it when they happen to meet it, and spurn with something like indignation any method of thought or investigation which they fear might lead them to it. Those, on the other hand, who know how to get at trustworthy facts and useful information, do not keep crying "truth, truth," but improve their time in devising accurate means of avoiding self-deception, in order that they may not deceive others. That is precisely what is needed in medicine in general, and in homœopathy in particular. The meaning of this is plain: the issue has not been "avoided."

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*PHYSICAL EXAMINATIONS, LOCAL APPLICATIONS, AND PESSARIES. — A REPLY TO DR. MINTON'S PROPOSITIONS.*

BY D. B. WHITTIER, M.D., FITCHBURG, MASS.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

THIS paper is not given for the purpose of bringing to your attention any new examples of uterine mal-position, or asserting unusual success in their treatment, but to refute some peculiar

and undemonstrated statements made by Dr. Minton in his paper read before this Society at its last meeting. The cases cited are not selected only because there has been successful treatment, but because they represent a few out of the many that occur in the practice of any gynecologist within a few months' time. I propose to limit my illustrations and remarks to this; namely, the necessity of explorative uterine examinations, topical applications, and the proper use of the pessary in retroverted and retroflexed uteri. The advantages of each will appear, I trust, in the cases I shall cite, and therefore there will be no need of my formally naming them.

I take no exception to Dr. Minton's reasoning regarding the physiological mobility of the uterus, and the difficulty of indicating an absolute normal status, nor to the statement concerning the toleration of Nature, in many cases, to a large degree of prolapse. Neither do I advocate the use of the pessary in prolapsed uteri, except in those cases of nearly or complete procidentia where the support from the ligaments is much the weaker force, inducing distressing bearing-down pains and sympathetic neuralgias.

Here the use of the pessary is of greater relief than constitutional treatment can possibly be for a long time, and the amelioration is immediate. A great perplexity in selecting a suitable pessary is the number offered the profession. The physician who is most encumbered with a great variety will be most puzzled. His perplexity is overcome by experience in their use, or by putting into practice the advice of experts. The cuts portraying the qualities of a pessary are the poorest guides in selection, for their promised excellences are seldom realized when practically tested. The theories upon which their benefits are based may be plausible and unique: the anatomical adaptation looks complete; the retentive powers seem certain, and their mechanism all that ingenuity can desire; and still they may not serve their professed ends.

Experience has caused me to discard all pessaries except Smith's retroversion and Thomas's anteversion, and their various modifications. These meet all the needs for support, save those in a few exceptional cases.

As a rule, the pessary should be made of hard rubber, be of simple construction, light of weight, one easily cleansed and adjusted to the requirements of the parts, and one which the patient cannot manipulate. Soft-rubber pessaries should not be permitted, as the vaginal mucous membrane is injured by them.

Stem pessaries of external or internal varieties should be discarded as unnecessary. They are, besides, expensive, and often harmful.

The rules for the adjustment of pessaries are so generally accepted as not to require repetition; but attention to a few facts is demanded as necessary to success.

1st, All acute inflammation must be first subdued.

2d, When in position, a pessary should be mobile, so as to allow freedom from discomfort, and also of sufficient size to put the vaginal walls upon slight tension, and secure the upright position of the uterus.

3d, The length and width should be sufficient to admit the closure of the intra-vaginal walls, and vulva; as the admission and departure of air, or what may be called vaginal respiration, causes degeneration of the mucous membrane.

Dr. Minton makes this bold assertion: "I do not believe that uterine displacement of any kind or degree was ever cured, or even benefited, by the use of the pessary." In this statement he arrays himself against the intelligence and experience of the large majority of gynecologists. Were this the *ipse dixit* of a tyro in gynecological practice, we could smile at his credulity; but a statement so startling as the above, coming from one of even acknowledged ability, needs the support of practical examples, that the majority may see their error, and, as he advises, fall into line "with right-thinking men." I accept the statement of Dr. Minton, that meddlesomeness in the treatment of uterine troubles is usually both unnecessary and mischievous. And for the reasons I shall name, if for no others, I affirm that the well-adjusted pessary, after reposition of the uterus, prevents needless interference, exempts the patient from long confinement in bed (a condition very many cannot comply with), and the physician from frequent examinations for replacing recurring displacements, and also removes any ground for making the ignorant charge that physicians seek occasion for familiarity with the genital organs of their patients. Evidence accumulates with experience, that those physicians who show their meddlesomeness and imprudence by their too frequent examinations in order to ascertain the positions of the womb, are those who disclose a want of proper knowledge of the common uterine appliances, or those so girt with an educational bias as to disregard the counsel of the experienced, and also those who do not gain the knowledge which comes in the line of common sense, a commodity none too common. By discarding the use of the pessary in cases where the uterus is not likely to remain repositied, is to force upon patient and physician a constant apprehension of recurring displacement, and subjects the uterus to the manipulations contemned.

But a properly adjusted pessary is worn without the sense of its presence, save the feeling of relief. The mind, in large



measure, is diverted from the pelvic organs, and is relieved of the fear of aggravating or reproducing uterine deflections likely to occur by exercise or labor without its use. That the mind should be at ease as much as possible in diseases of this kind, no one will question; but to allow the continuance of mental or physical causes, compelling the aggravation or permanence of the complaint, is to defeat the endeavors of the physician.

I grant the pessary is often misapplied; and the results of its misapplication may cause it to be excluded by the disappointed, and the innocents who never knew how to use one.

Dr. Minton, again, says that "never resorting to, or placing any reliance upon, local treatment, the appearance of the parts, upon inspection, affords no therapeutic indication, and therefore is of little practical interest." Thus he asserts that all pathological knowledge objectively obtained gives no suggestions of remedial means, though the knowledge gained from this source has been a chief reliance in diagnosis, and has led to surprising success in treatment during the last decade. The investigation and treatment of diseases by the aid of pathological knowledge he does not favor, but depends wholly upon those subjective symptoms which are supposed to mirror those deviations and organic changes that so frequently occur in the pelves of women, or regards their presence as insignificant. Such evidences are most deceptive aids in diagnosis, and a dependence on them to solve the therapeutic problem will too often leave the physician the possessor of a profound sense of chagrin. Dr. Minton waxes yet bolder, for he assails the evidences of sense, experience, and of physiology, when he says, —

"1st, We have no evidence that uterine displacement ever causes local or constitutional disturbances of any kind.

"2d, We have no evidence that the replacement and retention of the uterus in its supposed normal position affords any relief from the numerous discomforts with which the displacement is associated."

If it is meant by displacement those mal-positions other than prolapsus, the accuracy of the statement will be questioned, because unphysiological, and contrary to the cumulative experience of those of the greatest ability. Assertions of this kind should be confirmed by careful and comprehensive tests. But all facts run counter to such a statement. Let the evidence given by hosts of suffering women, who have received benefits from the pessary, show the fallacy of Dr. Minton's affirmation. Kindly criticism should be bestowed upon the gynecological art for the purpose of improving its methods; but criticism carried to the extent of rejecting the knowledge, and disregarding the success, that have come to the profession through the tests of ripe expe-

rience, evinces a display of egotism, or a mental perversion that prevents the true conception of facts and their uses. Surely only a "craze of the faculties" would compel him to make the statement that "uterine therapeutics had not been advanced one whit in ages past," by men whose ability and position command the encomiums of the profession. Dr. Minton again startles us with the complaint that specialists, when they do not find an "absolute infraction, are sure to find some displacement." This is both infelicitous in statement and untrue in fact. The inference is plain. Because no disease is discovered, the specialist will name some unimportant condition as an excuse for making an examination, or will resort to a device to unjustly establish himself in the minds of his patients as an acute diagnostician, rather than admit that the examination did not disclose any abnormality. Now, the opposite is often the case. Diseases or mal-positions are discovered by examination when the symptoms do not indicate, or even suggest, the troubles. The gynecologist is not necessarily dishonest. We acknowledge that in medical, as in other pursuits, our opinions, likes or dislikes, are liable to force us into certain channels; but it is patent that the intelligent use of impartial investigations will tend to dissipate prejudice. Whatever condition is found to exist will form the basis of our conclusions, whether our opinions are sustained, or our likes gratified, by them.

Before I present my cases, I will quote from a paper presented by Dr. Minton to the American Institute of Homœopathy in 1883. This extract contains much toward refuting some of his statements now under discussion.

He says, "No case of uterine disease can be said to be thoroughly investigated where a physical examination has not been instituted; and without such examination, no correct conception of the abnormal condition can be obtained, no totality of the symptoms arrived at, and hence no scientific homœopathic prescription made." In relation to the natural shrinking, or supposed surrender, of womanly modesty, offered as a plea for an aversion to a proper investigation of their diseases, I quote again from the same paper. He says, "When a lady with a uterine complaint calls upon a gynecologist, she expects a thorough examination, and is disappointed and unsatisfied if she does not receive it."

In regard to his wide difference of opinions then and now, I remark that the cause of his change of mind within a year's time is not apparent. The profession is left to wonder if he has reached medical attainment of such magnitude as to permit his putting aside his former convictions and practices, and excusing himself from the use of the prevailing gynecological art of to-

day. If a little pleasantry may be allowed, we might suspect he had drifted into the "*think-so*" method of treating disease, — a system which treats pathology as a nonentity, or a disease as a mental impression which needs no investigation, nor the common remedial aids, as restoration is gained by routing the impression of disease by mental force.

The following cases are presented in order to show abnormal conditions in the pelvic cavity. Minor symptoms, for want of space, cannot now be described.

CASE 1. — Mrs. D., aged thirty, in poor health, and thin in flesh. Three years ago she aborted, after an attack of measles. Since that time has had an irregularity of menses of from four to six weeks, two days' duration; flow scant, thick, of dark color, attended by sharp colic pains at the navel; navel drawn in; breasts painful and hot, and abdomen tender and also hot; ovarian pains precede the menses for three days; during intermenstrual periods has albuminous leucorrhœa, sometimes mixed with blood, and has severe pains in the hypogastrium; locomotion creates heat in the abdomen, and induces great bodily fatigue. She has *not conceived since the abortion*, and never used preventive measures.

In this case the subjective symptoms point to a possible malposition of the uterus, endometritis, periodical ovarian congestion, and some pelvic inflammation. I could only determine which of these were present by an examination.

A digital exploration disclosed a sharp uterine retroflexion, adhesive bands in the posterior *cul-de-sac*, with some induration of tissue that held the uterus quite firmly down in the pelvis, the evident remains of cellulitis. Specula examination brought to view endocervicitis.

No impression could be made by the finger towards the reposition of the uterus, which was only slightly elevated by what force I dared to employ with the sound. *Glycerole of belladonna, fluid extract*, was used for a week, when a partial raising of the uterus was effected, and a pessary placed to retain the elevation, and to keep the adhesions upon the stretch. The *glycerole* was continued for another week, and a larger pessary used, to make greater tension. At the end of two weeks I had nearly succeeded in the restoration of the womb.

This patient resided twenty-five miles distant, in the country: consequently the visits were few during the four months' treatment. At the last visit the pessary was removed, the womb retained an upright position, but prolapsed; and satisfactory improvement has since been made.

CASE 2. — Mrs. T. has suffered from headache for five years. Face pale, and countenance sad; pain in the forehead, dizziness,

blurred vision, followed by headache, with morning aggravation; wakeful until midnight from mental activity; sensitive to noise; nervous, wants quiet; faintness at the stomach; vomiting, sleeping, and eating relieve; vomited substance bitter and sour; an erratic neuralgia affects the left side from the head to the foot; evidences of cerebral anæmia present. Prescribed *bryonia* for the morning, and *sulphur* at night. She returned three months after, and reported the headache cured after two weeks' use of the medicines.

The neuralgia remained. She was not conscious of any thing unnatural about the pelvic organs; but I suspected the neuralgia was reflex. Further investigation elicited the fact that she had *not conceived since the birth of a child ten years ago, and had used no precaution*. I diagnosed some undiscovered uterine cause. I found, upon examination, a retroversion of the womb, which I replaced, and adjusted a Smith's pessary; and the patient went about her household work with comparative comfort. She called herself well; but she had not fully recovered, as the neuralgia occasionally re-appeared. Habit becomes "second nature," and is not eradicated at once, even when the cause is removed. So the neuralgia, like the gasping of expiring life, asserted itself at intervals, but *atropine*<sup>2</sup>, taken twice a day, cured the attack. At this writing the neuralgia has departed.

CASE 3. — Miss B., two years ago, received an injury by a fall, and since that time has had a headache extending from the forehead to the occiput, and a pain in the back between the hips. A month after the accident, a yellowish fetid leucorrhœa appeared, causing intense itching and burning. The fetor was so great as to cause the young lady to be shunned by her shop-mates. At times there was backache, with great heat. The menses were irregular and painful; the flow excessive, black, and very offensive. From the subjective symptoms, it is uncertain what pathological conditions exist within the pelvis. The case suggested to my mind a retroversion, vaginitis or endometritis. An examination was necessary to determine. I found a prolapsed and hypertrophied uterus and chronic cervical metritis. I applied a tampon with *glycerole of iodine, compound tincture*, twice a week, and the same application to the cervical canal. Prescribed *mercurius corrosivus*<sup>3</sup> internally every four hours. She is now entirely well, except the pain in the back.

CASE 4. — Mrs. W., married six months, consulted me by letter. Immediately after marriage, her physician said she had scarlet fever (?); following which she had attacks of what two physicians diagnosed as acute urethritis or cystitis, each attack lasting many weeks. They occurred when sexual intercourse was had, even when abstinence was practised for months. Dur-

ing these attacks, the micturition was frequent, and the pain and burning were intense, requiring absolute quiet. Relying on the diagnosis given above by the physicians who had examined the case previously, I sent her by mail *aconite* and *cantharis*<sup>3</sup>, to be taken in alternation every two hours. In a week she was able to report to me in person, very much improved. I discredited, from the commencement, the diagnosis that had been given by the preceding physicians; and at this interview I asked for an examination, to make my own decision of the case. My previous doubts concerning the absence of some uterine or vaginal disease were increased upon learning the following additional facts: coitus was intensely painful; the vulva and vagina seemed dry and unyielding, with a sensation as if the parts were being lacerated; absence of sexual desire; dysmenorrhœa and menorrhagia, with blood-clots. The diseases suggested by the history of the case, without further investigation, were vaginismus, vaginitis, caruncle of the meatus, fissures of the vulva, and endometritis. The micturition I regarded as reflex disturbance. Digital exploration revealed hyperæsthesia of the vagina, descent and enlargement of the uterus, with very tender cervix; the urethra neither unusually sensitive, enlarged, nor inflamed. Specula examination brought to view vaginitis and endocervitis, the lining membrane of the cervical canal everted and eroded. *Compound tincture of iodine* was applied to the cervical canal, and *glyceroles of belladonna*, *fluid extract*, and *aconite tincture*, were used on tampons of cotton. *Belladonna* and *mercurius corrosivus* given internally every four hours alternately. Six applications have been made. The subjective symptoms are all relieved. The hyperæsthesia and inflammation of the vagina are cured; menstruation normal; and the patient is enjoying life again, but is under observation, to ascertain if the endocervical inflammation is completely cured.

CASE 5. — Mrs. H., married, aged thirty-seven, anæmic, called on me for relief of distress at the nape of the neck, and mental confusion, as if she would lose her mind; had partial deafness and severe dysmenorrhœa. I suggested to her that the head and neck troubles resulted from some cause in the pelvis. She conceded the point, but wanted the head relieved, and then wait for development. Prescribed *gelsemium*<sup>1</sup> three times a day. Two months after, she reported the head symptoms very much improved; and concluded to have the cause of the dysmenorrhœa ascertained. The following brief history was given: Had painful menses from puberty until the birth of first child; menstruation normal for four or five years after, when, from abuse of her husband, she contracted uterine disease, complicated by severe ulceration of the os, and had severe neuralgic pains in pelvic

region. She was treated with liberal, if not excessive cauterization. The patient believes, from the physician's remarks made, that it extended into the endometrium. Since then she has had menstrual pains approaching labor-pains in severity, and *never conceived*, and also pains in the sacral region which extend down the legs, and subsequent muscular soreness. The pains decrease after the flow commences.

Is an examination necessary? Who will state the exact pathological condition and its location? It will occur to the mind to name the cervical canal as the seat of the lesion; but what is the extent and location; at the external or internal os; and is it a permanent or spasmodic trouble? An examination must determine both diagnosis and treatment. Inspection showed induration of the cervix, and almost complete obliteration of the cervical canal. I had no probe small enough to enter the os tincae: in fact, I was not sure that I found it. The treatment prescribed was dilatation, but was deferred by the patient, who feared conception, and some hereditary taint in the child, as results.

The symptoms of pelvic congestion or inflammation, or those of obstruction, like the various forms of occlusion of the cervical canal, are manifestly local and obvious; but the absence of local subjective symptoms in retroversions and flexions is sometimes surprising, while the reflex symptoms, if not pronounced, will raise a strong suspicion of pelvic disorder. There are also other cases where the symptoms do not at first raise a suspicion even of uterine complication; and not until the treatment of them shows negative results, or only palliative benefit, does the mind fasten upon an obscure cause within the pelvis.

I will cite three cases of this class:—

CASE 6. — Mrs. R. was treated, years past, for ailments incident to the life of an ambitious, hard-working woman, who was possessed of an inconsiderate self-care that led her to almost reckless endeavors. The conditions for which she has sought relief were muscular soreness, rheumatic symptoms from exposures, exhaustion from excessive toil, tenderness and pains in the upper dorsal spine, and attacks of dyspepsia. A year ago, when carrying a sewing-machine, the lumbo-sacral spine was sprained, and again, lately, from lifting a carpet. Since the last injury, she has been unable to rise from recumbency, or to turn the body while in that position, without help; had frequent micturition of limpid urine, pains in the left inguinal region, constipation with ineffectual desire, with a sensation as if something was preventing fecal expulsion. The history of this case points to the results of overwork, with cerebro-spinal disturbances; yet I felt it a duty to ascertain what condition the pelvic organs were

in, after such physical strains. A digital examination discovered a uterine retroflexion of long standing. The flexion was sharp, and the posterior cervical tissue indurated and unyielding. I raised the uterus to an upright position, and inserted the pessary I supposed of suitable size and shape, and requested a subsequent opportunity to ascertain its adaptation to the requirements of the case. Many of the symptoms were relieved in a short time, and the micturition and constipation alleviated at once. A week after, I found the pessary of insufficient size, as it did not prevent the uterus from assuming a lateral flexion. Reposition by the finger could not now be effected. The angle of the flexion was so acute as to require some time and considerable manipulation to introduce the sound for reposition. The adjustment accomplished, a larger pessary was used, and the organ retained in position. The cervical flexion remains to be overcome by time and Nature; for experience demonstrates, that, when an organ approximates its proper relations, Nature does more to complete the restoration than we are willing to give her credit for, especially when we have an opportunity of showing our professional skill. The patient is making good improvement without medicines.

CASE 7. — Mrs. —, four years ago, had a fall from which resulted a backache in the sacral region, and occipito-frontal headaches. Any overwork would induce severe attacks. After attendance upon the sick about a year ago, she had, in addition to these symptoms, erratic pains in the legs, through the chest, and around the heart, of a neuralgic character; *sterility*. Digital exploration disclosed a retroversion and pelvic venous stasis. The womb would not remain repositioned without the aid of a pessary, which was adjusted, when a marked amelioration of her symptoms was experienced, with renewal of health and spirits. *Sepia* was given for the pelvic congestion, and *gelsemium*<sup>3</sup> on the recurrence of headache from toil or mental excitement.

CASE 8. — Mrs. A., married six months ago, tall, of slender build, stooping shoulders, of consumptive habit, but with no hereditary predisposition; no cough, great weakness; marasmus; appetite good; menses regular; temperature normal; infiltration in the lungs, probably from deficient respiratory action. She was not conscious of any pelvic troubles, but *has never been pregnant*, and never used preventive measures, which is suggestive that all is not right with the generative organs. There was not a symptom to indicate a mal-position; but, on examination, I found a retroversion. This was reduced, and a pessary used, as there was wanting strength of the parts to retain the womb in position. I prescribed *sulphur* internally, with the most nutritious table-diet she could take, with the

addition of Murdock's food. I cite this case simply to show that abnormal conditions in the pelvis may exist, and a very few seemingly unimportant symptoms indicate their presence, or no symptoms whatever be present.

I could multiply cases; but enough have been presented to reveal the plausibility of the methods used, and the directness of their results. The cases cited are of such recent date that it cannot be said absolutely that permanent cure has been effected. It will be noticed, I have emphasized temporary sterility as indicating very strongly the want of normal uterine function, that demands investigation as to its cause, even if no other symptoms are present to enforce this demand. Its cause will be usually found in retroversions and flexions, or in endometritis; and to demonstrate which is present, requires an examination. In a word, uterine examinations, the use of the pessary, and topical applications, especially the *glyceroles*, are recognized as so universally applicable, and necessary as aids in the treatment of uterine diseases, that any attempt to prove what is already conceded, is wasted. If there is any issue in the use of these methods, it is in their want of adaptation to certain conditions and emergencies that are infrequent and exceptional. The appropriateness of their use is at the command of common sense, in conjunction with such practical experience as gives weight to its decisions for their indorsement or rejection. In the use of the *glyceroles* there is no limitation, so long as there is any form of inflammation or induration of tissue, turgescence, or hyperæsthesia of the parts to be overcome. There is no method known to me that will so quickly reduce these states to their wonted integrity, or one more comforting in its use. The prudishness of confining necessary examinations to married women is a mark of weakness, and results in injury. Uterine disease requires proper investigation, and its treatment *demand*s the best methods known to the practitioner. He can exempt only those whom tender years would excuse, and the incurables. While endometritis, endocervicitis, and retroversions, from the nature of the exigencies of married women, are more frequent than in the unmarried and non-childbearing women, yet in the latter classes, cervicitis, cervical flexions, and retroversions are not infrequent conditions; and their treatment I have found to be more intractable than in the former class, because investigation has been deferred so long, on account of youth and the single state. All of these diseases can *only* be accurately determined by examinations; and their better and more progressive treatment is by topical applications, rather than by constitutional treatment alone. The use of the pessary is consigned to the art of mechanics; and it does not fail to comply with those laws in the hands of the gynecologist.



If experience can have any just clinical weight, the following proposition will pass unchallenged. In cases of obstinate retroversions, the use of the pessary is absolutely necessary in justice to the patient, and it may be useful in all cases. The physician who does not indorse the supplying a lost power by temporary mechanical aid, or overcoming weakness by support (an ally of strength), or preventing the destructive results of a superabundant force of gravity by anticipating them, may regard the pessary as an innovation, but will be compelled to pass many patients from his hands as incurables.

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*NECROSIS OF THE ANTERIOR SEGMENT OF THE FOURTH CERVICAL VERTEBRA.—RECOVERY.*

BY F. C. RICHARDSON, M.D., EAST BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

CARIES and necrosis are both of common occurrence in the spinal column; but the former is, of the two, infinitely the more frequent. The large amount of cancellous tissue that enters into the composition of the vertebræ will explain the greater tendency of the column to caries, and for the same reason it follows that the bodies are the usual parts attacked by this malady. Necrosis, on the other hand, is chiefly met with in the posterior segments of the spine.

The principal and most frequent examples of necrosis of the spine are found classed under Pott's disease, or disease of the atlo-axoid region.

But the case I am about to present to you cannot well be referred to either of these clinical divisions, and as it possesses features which may prove interesting, and possibly instructive, I deem it worthy of your attention. On the night of Nov. 11, 1883, I was called to relieve Mr. W. F. Osborn, at that time employed as engineer at the East Boston reservoir, of severe occipital headache. He had no other aches or pains; in short, nothing to complain of but the excruciating pain in the back of his head. This headache had grown steadily worse for three days, and during the last two nights had kept him awake. There was some rise of temperature and increased pulse-beat. I prescribed for occipital neuralgia, but without effect, and the patient passed another sleepless night.

The following day there was no improvement of the condition, and, noticing that the man had a stiff neck, I added muscular rheumatism to my former diagnosis.

But the pain persisted in spite of carefully chosen remedies,

and I soon determined that I had to do with something out of the ordinary.

From prolonged wakefulness and suffering, the patient began to show signs of weakness. The nape of the neck was swollen, and tender to pressure; turning the head was impossible; the cervico-occipital neuralgia seemed to grow worse, if that were possible.

In answer to my inquiries, the patient informed me that his neck had been more or less stiff for about two years; in fact, since December, 1881, when, after unusually heavy exercise with dumb-bells, such as raising a fifty-pound dumb-bell while lying upon his back, he awoke the following morning unable to turn his head on account of the soreness and stiffness of the neck.

This, however, wore off in a measure, and he went about his business as usual during the remainder of the winter, and the summer of 1882, but noticed that prolonged walking caused discomfort about the neck. He still continued to use light dumb-bells occasionally, but did not again handle the heavy ones. About December, 1882, he discontinued this exercise. During the winter of 1882-83 he was in fair health, except that the left leg was not always entirely under control, and the neck remained stiff, having a tired feeling, particularly after walking. In June, 1883, he suffered from soreness and pain in the left intercostal muscles; which pain suddenly disappeared, and he experienced a sensation of trickling pain, running down and up the left leg, which leg would occasionally fail to support him. This lasted two months, since which time he had been quite comfortable, until Friday, Nov. 9, when the back of his head felt hot, and ached. This gradually increased until it became unbearable, when he sent for me.

He attributes his present trouble entirely to his prolonged and severe exercise with dumb-bells, which he thinks "strained his neck."

Taking into consideration this possible traumatic origin, and remembering the dangerous character of injuries, however slight, to the spine, I carefully reviewed the case, but was persuaded that the alleged injury was altogether too trivial and too remote to account for present symptoms.

I next turned my attention to idiopathic disease of the spine, and cast about for some constitutional dyscrasia; but in vain. I became satisfied that my patient was entirely free from specific taint; neither could I obtain any family history of syphilis, tubercle, or scrofula. Had the case been that of a child or youth, I should have unhesitatingly pronounced it the beginning of Pott's disease, even though the patient was not of strumous diathesis; for at present the weight of opinion goes to show that

such diathesis may have nothing to do with the production of this disease.

But here was a man thirty-four years of age, who had been perfectly healthy all his life, with no known cause for any such condition.

Possibly the neuralgic pains were the vanguard of locomotor ataxia; but this idea was thrown aside because there was no difficulty in co-ordinating movements. The patella reflex was present, and we are told that it is always absent in this affection, even at an extremely early stage. To be sure, ankle clonus, which is thought to be indicative of structural change in the cord, was present, but only in a slight degree; and this is at times found in the healthy person.

In my perplexity, I called counsel, and, after abandoning as untenable the above and many other possible theories, we were forced to conclude that we had to treat a case of meningitis of idiopathic origin.

Homœopathic remedies were tried, apparently without avail. The symptoms continued unabated. The patient had not slept for days, and there was now occasional mild delirium. Being convinced that sleep must be had at all hazards, *morphia* was administered hypodermically, and continued at intervals, until it became evident that the relief obtained therefrom did not compensate for the disagreeable after-effects of constipation, etc., when it was discontinued, and recourse was had to counter-irritants.

These measures afforded the patient only transient immunity from the agonizing cervico-occipital neuralgia; and it was not until Dr. E. P. Colby, who had been called in consultation, suggested the use of *guaco*, that I felt I had any control over his suffering. The administration of this remedy in the second decimal dilution so far diminished the pain as to render the patient comparatively comfortable. It was soon after this that a troublesome tickling cough made its appearance, with occasional expectoration of yellow sputa. The lungs were examined, with negative results, and the cough thought to be due to reflex bronchial irritation.

Thus the case progressed, or rather did not progress, from day to day, the stiff neck, pain, soreness, etc., continuing with varying intensity until patient and doctor were rapidly becoming tired of trying to be polite to each other, and the list of untried remedies was growing beautifully less, when, nearly ten weeks from the date of my first visit, — during the whole of which time the patient followed my treatment with a patience and persistency rarely met with, and deserving of the highest praise, — on Jan. 18, 1884, something happened. When I made my visit

that day, the patient showed me a small piece of bone which he had coughed up, and assured me it was a sliver of mutton-bone which he had swallowed two years before, while eating mutton-broth, adding very justly that he thought it singular such a thing could have remained lodged in the throat so long a time without troubling him. Cautioning him to be on the lookout for more "mutton-bone," I prescribed *symphytum* and *silicea*, and awaited developments.

I had not long to wait, as on the following day I was hurriedly called to Mr. Osborn, who, I was told, had a bone in his throat, and was choking. Sure enough, there was protruding from an opening in the posterior wall of the pharynx, at its lower part, a mass of something covered with mucus and pus, which the patient was frantically endeavoring to dislodge. This I managed to seize with a uterine dressing-forceps which I had with me, and with a little difficulty removed a piece of necrosed bone. I ordered a gargle containing *potassium permanganate*, continued the *silicea* and *symphytum*, and insisted upon his lying quietly upon the back in bed.

From this time the case lost its doubtful character, and was watched with the keenest interest. We had evidently necrosis of the spine; and, that being the case, the indications for treatment plainly were to remove all pressure from the diseased vertebræ by furnishing artificial support for the head; and, to fulfil these indications in what I thought to be the most economical manner, I decided to put on a jurymast brace, supported by a *silicate of potassium* jacket.

Accordingly, a Sayre suspension apparatus having been procured, on Sunday, Jan. 27, extension was made, and the weight of the head allowed to rest upon the jurymast brace, fastened in position by turns of a roller about the shoulders and chest; each successive layer of bandage being painted with a solution of *silicate of potassium*, which hardening, the whole afforded a firm, snugly fitting jacket.

This appliance, although decidedly uncomfortable, met the indications: and the patient reported less pain and soreness; in short, abatement of all the symptoms. On Tuesday, Jan. 29, another piece of sequestered bone made its appearance at the post-pharyngeal opening, and was removed in the same manner as the former one.

After this, the pain rapidly subsided, and the patient felt more comfortable than for months before.

The supporting apparatus gave rise to so much discomfort, however, that it became evident something different must be devised; and, as a result of our deliberations, a brace was manufactured by Messrs. Leach and Greene, which, while allowing

the patient perfect comfort, proved adequate in every respect. This apparatus was worn until the first of last June, the patient making, to the great surprise of all cognizant of the case, a rapid and apparently perfect recovery.

There is still considerable swelling about the cervical region. There is undue prominence of the spinous processes of the upper cervical vertebræ. The ankylosis is incomplete, allowing the patient quite free motion of the head. He tells me he experiences little or no discomfort about the neck. For the past four months he has had no artificial support, and has been able to attend to his business, that of engineer, without inconvenience.

In the light of the facts recorded above, I have formed the following theory in regard to the origin and progress of this case. Starting with the supposition that the whole trouble was referable to undue exercise with dumb-bells, it is my opinion, that, by lifting fifty-pound weights while lying upon his back, this man strained his spine. This, giving rise to an intervertebral arthritis, was followed by extension of the inflammation to the periosteum of an adjacent vertebra, and subsequent involvement of the bone through deficient blood-supply, ending in encephalation, as we have seen. Whether or not there has been any osteoplastic action, I am, of course, unable to decide.

Points which render the case anomalous are, in the first place, the existence of the trouble at all in a previously healthy adult; then the unusual occurrence of necrosis in the anterior segment of a vertebra; the remoteness and trivial character of the probable traumatic origin; the paucity of symptoms of pressure, considering the close proximity of so grave a disease to the cord; the place of sequestration, which act was accomplished without hemorrhage or serious injury to the surrounding tissues; and, finally, the recovery with so little deformity, after the loss of certainly the larger part of the body of a cervical vertebra. And now a few words before closing this already too lengthy paper.

Aside from the general interest possessed by the case as being rather anomalous, there are some facts instanced by it to which I wish, in conclusion, to call attention.

First, the never-failing utility of prescribing symptomatically, even when without pathological knowledge to aid in the selection of a remedy, as shown by the prompt action of *guaco* in relieving the cervico-occipital pain.

Second, the confirmation of the symptoms indicating the use of this drug in spinal affections, which are, according to Dr. Elb, "when spinal disease has not been due to loss of fluids or depressing causes; when the pains, with only a slight feeling of

weakness in the lumbo-sacral region, are mostly in the upper part of the vertebral column, mostly aching, drawing, or sticking in character, with, at the same time, only pains in the extremities, but no parietic conditions, and the parts affected are extremely sensitive to pressure."

It were well for us all to impress upon our minds the words of Abercrombie, of whom the elder Gross wrote as being one of the most acute observers and sagacious practitioners of the present century. "Every injury to the spine," says Abercrombie, "however insignificant, should be considered as deserving of minute attention; the immediate cause of anxiety in such cases being from inflammation, and from the insidious manner in which disease declares itself, perhaps under circumstances in which neither the patient nor his attendant anticipated any ill consequences."

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### *THE SURGERY OF STRABISMUS.*

BY JOHN H. PAYNE, M.D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

I WISH to call your attention to a subject of much importance in ophthalmology, — the correction of strabismus by operative measures. Its importance arises from the fact of the extreme annoyance to the possessor of the presence of this defect, its influence on the integrity of the tissues of the eye, its tendency to the production of a complete atony of the nerve fibres at the fundus oculi from disuse, its frequent dependence on a diseased condition of the fundus that might have been arrested by proper and timely surgical measures, its disfigurement, and, last but not least, its difficulty of correction. Many measures have been proposed, aside from the simple tenotomy, which, as you know, can correct only a deviation of two lines, whereby the correction might be made more complete, and at one operation; but nothing has as yet proved entirely satisfactory. The principal difficulties have been, inability to estimate the exact amount of contraction of the muscle following an operation, which varies in different individuals; also the limit of correction possible by a simple tenotomy. The two following methods are meeting with the most favor at present among specialists: the first, a combination of tenotomy of the contracted muscle with an advancement of the tendinous insertion of the opposing lengthened muscle; the second, a rotation of the eyeball within the capsule of Tenon, — a method recently devised by Dr. de

Wecker of Paris, and by him called the "Capsular Method." This latter has not, to my knowledge, been given to the profession as yet, but is still being experimented with by the originator. I had the privilege of personally witnessing the results in many cases, and they seemed so satisfactory that I am induced to explain his method in detail here.

After separating the lids by the stop-speculum, catch up a fold of the conjunctiva and sub-conjunctiva over the tendon of the lengthened muscle, on the opposite side to the direction of the deviation, and one line from the edge of the cornea, and excise a triangular flap three-eighths of an inch in length, and as wide as necessary to produce the desired result, leaving the whole breadth of the tendon of the rectus exposed. Loosen the sub-conjunctiva from the upper surface of the muscle for a considerable distance by passing the blunt scissors around between them. Then with the sharp-toothed dressing-forceps nip up a small fold of the capsule of Tenon just at the upper edge of the muscle, and close to the outer edge of the cut conjunctiva, and make a small incision with the scissors through this. Proceed likewise at a corresponding point at the lower edge of the muscle. Introduce the blunt hook into these incisions, and loosen the capsule under the muscle from its attachments to the sclerotic. Draw the cut edges together by sutures, the outer ones including the capsule and the conjunctiva, so as to draw the capsule forward on the eye, and thus advance its attachments. This draws the eye over to that side, and produces a double thickness of capsule along the line of the cut edges, which holds the eye in that position.

This alone will answer in slight cases of strabismus. In excessive cases combine this advancement of the capsule over the laxed muscle with a severing of the attachment of the tendon of the opposing muscle, as by the old procedure. The amount of conjunctiva excised, and the distance apart of the points of entrance and of exit of the sutures, regulate the result. By this process we have the advantage of being able to correct the slight shades of deviation, and the most excessive; and this we accomplish, in the former instance, without cutting either muscle, and, in the latter, by cutting only one. We also avoid the unsightly cicatrix of the conjunctiva, that so often results from a combined tenotomy and advancement. Dr. de Wecker has evidently proceeded on the supposition of the existence of minute muscular attachments between the capsule of Tenon and the sclerotic, which have been observed in some cases heretofore, but not sufficiently often to make it certain that such attachments exist as any thing more than individual peculiarities. His results thus far have been eminently satisfactory.

*NEW OPERATION FOR URETHROCELE.*

BY G. R. SOUTHWICK, M.D.

*[Read before the Boston Homœopathic Medical Society.]*

THIS operation was devised by Dr. T. A. Emmet as a more radical method of treating urethrocele, or prolapse of the urethra, than the older ones of snipping it off, or cauterizing it. The latter, it is true, removed the cystocele, but only temporarily. In a few months the patient would be in as bad a condition as before. Care must be taken not to mistake prolapsus of the urethral mucous membrane for a polypus of the urethra, which it closely resembles. The chief point in differential diagnosis here is to examine the base, or pedicle: if a polypus, the pedicle will not extend all around the canal, as would be the case in prolapse of the urethra. The new operation consists in making a urethro-vaginal fistula, drawing the prolapsed membrane back, fastening it in the edges of the fistula, and bringing the whole together.

An instrument closely resembling a buttonhole-cutter is made for this special purpose by Caswell, Hazard, & Co. The blunt blade is passed into the urethra, the other closed on it, and the fistula is complete. If this is not at hand, the fistula may be made in the following way: Place the patient in Sims's position, expose the anterior wall in the usual manner with Sims's speculum, introduce a large sound into the urethra with the convexity towards the vagina, putting the urethra somewhat on the stretch. Have a trusty assistant hold this in place, and make an incision about three-quarters of an inch long in the median line, beginning just below the first transverse vaginal fold beneath the pubis, which marks the location of the sphincter vesicæ, and carrying it down to nearly a quarter of an inch from the mouth of the urethra. Make the incision slowly and carefully, as it is not an easy matter to keep in the median line, till you reach the urethral membrane which bulges into the wound on the sound. Pick this up with a pair of fine mouse-toothed forceps, and gradually draw back the membrane on all sides till the prolapsus is no longer visible. Now transfix this fold of membrane, which has been drawn out of the wound, with the needle and silk loop, and give it to an assistant to hold back with slight traction. Then insert the silver-wire sutures from side to side, including the vaginal and urethral surface over the sound, which is kept in place. Cross the ends of the sutures to see if they will bring the wound together nicely: if so, cut off the fold of tissue held by the silk, so that its edges will lie just within the wound on the vaginal surface when the opening is closed. It cannot slip back into the urethra, as the wires hold it in place. The sutures



are now twisted, the ends cut short and turned down, or perforated shot may be crushed over them. The sound is then withdrawn. The sutures can be safely removed on the tenth day.

A very similar operation is performed for treating fissures at the neck of the bladder, also for irritable bladder depending upon cellulitis in the utero-sacral ligaments. For these cases the urethral membrane is incised upon the sound, and stitched to the vaginal edge of the wound all around, so as to make a temporary fistula. This affords a much better opportunity for local treatment and visual inspection of the urethral membrane. For cellulitis in the utero-sacral ligaments, the incision is carried farther up in the median line on the vaginal surface, dividing the fascia, which binds the neck of the bladder down, but not through into the urethra and bladder; for, if the sphincter vesicæ be divided, incontinence of urine follows. In cellulitis of this region there is a dragging on the neck of the bladder, this being the fixed point, and, firmly bound down by the fascia, it will not yield. The bladder becomes irritable, and in turn a source of irritation to the cellulitis, till the fascia is divided: the neck of the bladder then yields, the irritation subsides, and the patient recovers.

After recovery, either from the cellulitis or fissures, the fistula is closed in the ordinary manner, which is easily done. A class of cases in which this operation is considered very beneficial is where injections of nitrate of silver have been used for cystitis, and the patient is left with an irritable bladder, and must void urine at frequent intervals. Many a case of urethritis, or fissure at the neck of the bladder, has been mistaken for cystitis. Before making a positive diagnosis of cystitis, it is always well to examine the urethral membrane with Skene's speculum, and notice if the passage of a sound into the urethra causes pain.

As is well known, the formation of an artificial vesico-vaginal fistula is recognized as one of the most successful methods of treating stubborn cases of cystitis. The operation is performed in a very similar manner to the urethral fistula. The fenestrated staff devised by Dr. Harris<sup>1</sup> of Paterson, N.J., is a great help in performing this operation.

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#### *HYDROCELE. — FIVE CASES.*

BY N. W. RAND, M.D., MONSON, MASS.

[*Read before the Worcester-County Homœopathic Medical Society.*]

THE cases of which I shall briefly speak present nothing extraordinary for your consideration; yet there are a few points

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<sup>1</sup> See American Journal of Obstetrics, 1883, p. 271.

connected with the treatment which are of interest to myself: hence I commend them to you.

From time immemorial, *iodine* has been recommended for the radical cure of hydrocele. All schools of medicine have used it, and it has generally afforded satisfactory results. Occasionally, however, it has been known to produce alarming symptoms. Excruciating pain, great distress, anguish, fainting, and general collapse have been known to follow immediately upon its use. Two such cases within my recollection have been reported at our State society. Fearful of results like these, I determined never to risk the strong tincture of *iodine* until I had at least tried some milder means.

On the 5th of December, 1882, I was called upon by Mr. M., a man some fifty years of age, for advice in regard to a large swelling of the scrotum. He had been troubled with it for fifteen years, had been obliged to wear a support, had used lotions and taken medicines for it most of the time. His physician, at the first, had diagnosed it correctly, and proposed to cure it by internal medication. He had advised no operation: consequently the man was rather fearful of having any thing radical done. Nevertheless, I obtained his consent to use the aspirator, and drew away from both sides a little over a pint of very dark fluid. I then injected thirty minims of pure *alcohol* into each vaginal sac. Had never heard of this treatment, but had read of cures following the injection of *red wine*, and could see no reason why *alcohol* would not do as well. I prescribed *digitalis*<sup>ix</sup>, one powder every night, and a lotion of *hamamelis*. Swelling and inflammation followed. Both sides filled as full as ever; but in the course of five or six weeks the swelling and tenderness subsided, and the left side became entirely normal. The right was reduced about one-half, and there remained stationary until Jan. 30, when I aspirated again, and injected thirty minims of *iodine*<sup>ix</sup>. Inflammation again supervened, and the sac refilled; but the same treatment was pursued, and in about one month we had the satisfaction of seeing the entire collection of fluid disappear. The testicle, however, was much indurated, and nearly double the normal size. Some further treatment was employed for this, but without apparent results. Up to the present time, he has had no return of the effusion on either side.

Mr. C., aged seventy, came to me on the 14th of April, 1883, to be relieved of the contents of an old hydrocele. He had had it for years, and it had been repeatedly tapped. In three months' time it had usually refilled, so as to be very cumbersome. His physician had advised no attempt at a cure, deeming it wiser to depend upon the temporary relief of tapping. I drew off nearly a pint of fluid, and followed with the same treatment I have

mentioned ; viz., thirty minims of *iodine*<sup>ix</sup> injected into the sac, *digitalis*<sup>ix</sup> internally, and lotion of *witch-hazel*. It filled again directly, as did the others, and then gradually subsided, until in a few weeks it was entirely gone, and, when I examined it a short time ago, it was quite normal.

The next case was that of Mr. B., about twenty years of age, who applied to my brother, Dr. J. P. Rand, for treatment during my absence. Hydrocele was diagnosed, about half a pint of fluid removed with the aspirator, and advice given to have it injected should it refill. It did refill, and on the 15th of May last we aspirated again, and removed about the same quantity of fluid. The same treatment as in the former cases was employed. A good deal of inflammation followed ; but about two weeks ago it was reported that the operation was successful, and the patient in good condition.

On the 12th day of last April, Mr. R., a butcher, aged forty-five, strong and robust, applied to my brother for treatment. He diagnosed hydrocele, and with the aspirator drew off two-thirds of a pint of amber-colored fluid, giving the same advice as in the previous case. Nothing more was heard of the patient until the 2d of August, when he appeared again. The sac had refilled, and was so large as to distend the groin badly, and well-nigh conceal the penis. We gave it precisely the same treatment as the other cases had received, and saw no more of him, until a few days ago, meeting him upon the street, I asked him how our operation succeeded. His reply was, " I am just as sound as I ever was in my life."

Now, here are five consecutive cases of effusion into the tunica vaginalis, each differing from the others in duration, quantity, and character of fluid, and age and temperament of patient. All received very nearly the same treatment, all were similarly affected by the inflammation which supervened, all were radically cured. The question naturally arises, What did the work? *Digitalis*, I know it is claimed, has cured some cases of itself ; but I have given it, unaccompanied by local treatment, repeatedly without any apparent effect. And in these cases I gave it more for the sake of giving *something*, than with any hope of achieving much by its use. For the lotions I claim nothing, except palliation of the inflammatory symptoms excited by the injections : hence I conclude that the credit belongs to the injections alone. One of these, it will be remembered, in a case of fifteen years standing, was simple *alcohol* ; and in each of the other four, only three minims of tincture of *iodine* were used. Would not the alcohol have done as well alone in all the cases ? To be sure, it failed in one ; but even there it wrought a marked improvement, and perhaps, had it been repeated, might have done as well *with-*

out the *iodine* as with it. I simply offer this suggestion for your consideration. Professor Helmuth relates a case which was cured in forty days by the application every evening of a compress soaked in pure *alcohol* at a temperature of 30° F.

In removing the fluid, I prefer the aspirator simply because it is less painful to the patient: otherwise a trocar would do equally well. With either instrument, the scrotum should be held firmly with the left hand, so as to render the surface of the tumor tense and prominent. Then the needle should be thrust into the lower anterior portion, and pushed upward and backward so as to avoid striking the testicle.

In diagnosis it should be remembered that there are no pathognomonic signs. In the majority of cases your patient will hardly be able to tell you whether the tumor began to grow from the top or bottom of the scrotum. According to Gross, fluctuation and translucency are both liable to be absent. Helmuth says that the lightness of the tumor, as compared with a solid growth, is more imaginary than real; and as regards the sickening sensation produced by pressure, he says, that, in every case of varicocele or sarcocele that he has seen, he has observed the same thing. According to Dr. Snelling, smoothness of surface is not always present; and in the congenital variety the cough impulse is altogether misleading. Absence of pain and tenderness amounts to nothing, as we find the same condition in nearly all cases of reducible hernia; and, moreover, we sometimes have cases of painful hydrocele. The history of the case will shed some light, but even this may be deceptive. Thus we see that every single sign and symptom may fail us; and I have had personal knowledge of two instances where experienced surgeons have thrust a trocar into an enlarged testicle, much to their own chagrin, to say nothing of the interest the patient might naturally be supposed to take in the experiment.

A very good aid in recognizing the translucency of a tumor is to take a tube and apply one end closely to the part to be examined, with the light from a window upon the opposite side, then look through the other end. This dispenses with the necessity for a lamp and dark room; for, the inside of the tube being dark, nothing more is required. A common Ferguson's speculum answers the purpose nicely. This method is usually employed in hospitals. Treatment by simple incision, by removing a portion of the tunica vaginalis, by seton, by electricity, by acupuncture, by injecting a small quantity of strong *carbolic acid* or *compound tincture of iodine* into the fluid without removing any part of it, has each had its advocates, and still continues to have; and, if my desultory remarks succeed in drawing out the opinions of others on this subject, I shall have accomplished all I had hoped.

## SOCIETIES.

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE annual meeting of the Boston Homœopathic Medical Society was held at the college-building, East Concord Street, Thursday evening, Jan. 15. In the absence of the president, Dr. J. P. Sutherland, who is spending the winter in Florida, Dr. J. Heber Smith presided. Dr. L. B. Atwood of Watertown was elected to membership. The secretary, in his annual report, stated the present membership of the Society to be 130. Nine meetings had been held during the year, and twelve new members admitted. At the close of his report, the secretary tendered his resignation.

The treasurer, Dr. A. L. Kennedy, reported that the expenditures had about equalled the receipts.

The chairman of the Committee on Homœopathic Hospital Treatment for the City Poor reported as follows:—

MR. PRESIDENT, — Your committee, agreeable to the directions of the Society, has carefully considered the matter of homœopathic hospital treatment for the city poor, and herewith presents the following report:

The Massachusetts Homœopathic Hospital, erected and supported by private charity, has, during the past six years, cared for 648 free patients. The facilities thus afforded have proved most gratifying to the patrons of the hospital, and have enabled them to place many sick and needy persons under that medical treatment which they believe to be best. The Homœopathic Hospital, owing to the limited number of free beds therein contained, furnishes but meagre facility for the accommodation of the large number of charity patients who daily besiege its doors for admittance. It can accommodate but a tithe of the suffering poor which the one hundred and twenty homœopathic physicians of Boston must annually turn over to some charitable institution for hospital care and treatment. There being no alternative, they are sent to the City Hospital, where medical treatment is administered, in which the homœopathic physician does not believe, and to which the patient himself objects. This seems a gross injustice; and doubly so, when we take into consideration that many hundreds of Boston's wealthiest citizens and heaviest tax-payers employ homœopathic treatment, believe it is the best, and desire that those of the city poor who prefer it shall have it.

The Free Homœopathic Medical Dispensary, organized and supported by citizens imbued with a desire to extend the blessings of homœopathy to the poor; has, during the past year, treated 15,620 patients. Each year since its organization its

patronage has increased, until, at the present time, its facilities are taxed to the utmost.

Under the present *régime*, the students of Boston University School of Medicine are practically shut out from the wards of the City Hospital, thus depriving them of clinical advantages which are as much their right as that of any other body of medical students in the city of Boston.

In the face of such facts as these, we can but unanimously recommend that the City Government be petitioned to provide homœopathic hospital treatment for such of the city poor as desire it.

HORACE PACKARD, M.D.,	}	<i>Committee.</i>
ALMINA J. BAKER, M.D.,		
HERBERT C. CLAPP, M.D.,		

In the discussion which followed, Dr. Talbot said that the fact that fifteen thousand poor people had come to the homœopathic dispensary during the past year, unasked and unsolicited in any way, and with equal freedom to go to the allopathic dispensary, shows that there is a desire and a preference, on their part, for homœopathic treatment. The city provides only one method of treatment at the City Hospital: there is no alternative for poor patients who are sent there; they must accept that form of treatment, or stay away. Dr. Talbot then made a motion that the original committee, which took the matter in charge at the time it was agitated several years ago, be requested to re-organize and hold a public meeting, to take action upon the matter. The motion was unanimously carried.

The election of officers for the ensuing year resulted as follows: Horace Packard, M.D., president; W. H. White, M.D., vice-president; Almina J. Baker, M.D., secretary; Alonzo L. Kennedy, M.D., treasurer; Conrad Wesselhoeft, M.D., Caroline E. Hastings, M.D., Charles H. Farnsworth, M.D., censors.

Reports from various homœopathic institutions in Boston were submitted, as follows:—

#### BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Dr. I. T. Talbot, dean, reported the largest junior class that has been in attendance since the adoption of the present system of study. The students now in the school are faithful and earnest workers. During the past year, two special courses of lectures, worthy of special mention, have been given,—one by Richard Hughes, M.D., of Brighton, Eng.; and the other by John Odri-neaux, M.D., of New York.

#### MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

Dr. D. G. Woodvine, member of the executive committee, and attending physician for the present quarter, reported as follows:—

The Massachusetts Homœopathic Hospital was chartered by the Legislature in 1855, and failed of an endowment by the State of ten thousand dollars by only one vote in the Senate, the House having passed it by a large vote.

In the winter of 1860-61 the uncertainties of business, and the civil war which soon followed, delayed the enterprise.

In 1870 a few friends of the cause united their efforts, and secured a building in Burroughs Place, fitted up the same with the help of the Ladies' Aid Association, and were able on Jan. 23, 1871, to open its doors for the reception of patients.

Six years, or nearly, were spent in these small temporary apartments, until the main and permanent building on the corner of Albany and East Concord Streets, with forty beds, was erected at a large expense. As you are aware, eight years have elapsed since this building was put up. The Board of Trustees, realizing that our quarters were not large enough to accommodate the increasing demand for homœopathic treatment in surgery as well as medicine by all classes who preferred hospital treatment, wisely appointed a committee to draw plans and make estimates for the erection of a new surgical wing, with sixty beds, to occupy a position on the south side of the same grounds; also to make plans and estimates for boiler-house and laundry. Later a building committee was appointed, with full powers to build according to the plans presented, to the full extent of the funds in the treasury. These buildings have been completed and paid for, and stand as a monument. \* It is true, when we began to make plans and estimates, our funds were inadequate for such an undertaking; but the public were made aware of our needs, and the nature and character of the work we proposed to do, and, to our astonishment, we received a munificent gift of forty-five-thousand dollars from one person, also smaller gifts from others. It was made apparent that an infectious ward was much needed, and our unknown generous friend was at once ready to assume all expense of building and furnishing it. In order to connect the main building with the new wing in a proper manner, it became necessary to close the main building on the 1st of July; and it remained closed until the 1st of December. During this time the main building has been raised two feet, and connections made with the new wing and laundry.

We have been receiving patients into both buildings since Dec. 1. We are not yet full, but desire to do all we can to accommodate the public, by receiving as many patients as we can care for. This is a private institution, supported by a generous public, and we feel encouraged to believe that the time is not far distant when we shall have ample means to run the hospital to its fullest capacity, without jeopardizing its means.

## HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.

HERBERT C. CLAPP, M.D., *Superintendent.**Report of Patients treated during the Year ending Dec. 31, 1884.*

	New Patients.	Prescriptions.	New Patients.	Prescriptions.
CENTRAL DISPENSARY, 14 Burroughs Pl. . . . .			1,376	3,946
Medical Department . . . . .	1,113	3,378		
Out-Patients . . . . .	263	568		
WEST END BRANCH, Charity Building . . . . .			3,610	7,527
Men's Department . . . . .	1,579	3,710		
Women's Department . . . . .	785	1,783		
Out-Patients . . . . .	1,246	2,034		
COLLEGE BRANCH, East Concord St. . . . .			10,634	26,381
Medical Department . . . . .	2,475	5,183		
Surgical Department . . . . .	951	2,224		
Women's Department . . . . .	896	2,672		
Dental Department . . . . .	1,893	2,107		
Eye and Ear Department <sup>1</sup> . . . . .	536	2,293		
Heart and Lungs Department <sup>2</sup> . . . . .	486	1,236		
Children's Department <sup>3</sup> . . . . .	1,010	2,808		
Skin Department <sup>2</sup> . . . . .	330	1,089		
Throat Department <sup>2</sup> . . . . .	290	1,190		
Nervous Department <sup>2</sup> . . . . .	78	460		
Ear Department <sup>2</sup> . . . . .	0	0		
Out-Patients . . . . .	1,689	5,119		
Total . . . . .			15,620	37,854

<sup>1</sup> Open four times a week in November and December; in other months twice a week.<sup>2</sup> Open twice a week. All other departments are open every day except Sunday.<sup>3</sup> Open four times a week.

Balfour H. Van Vleck, S.B., lecturer on biology in Boston University, favored the Society with an address on generation in plants and animals. He held the close attention of his hearers, and illustrated his remarks by a large number of culture-fluids which he had prepared, and fine charts and drawings. At the close of Mr. Van Vleck's remarks, the Society adjourned to the supper-hall; and, after doing ample justice to the appetizing viands spread before them, the Society was called informally to order, and George B. Peck, M.D., Robert Hall, M.D., and Sayer Hasbrouck, M.D., — all from Providence, — were introduced and welcomed. Each responded in a felicitous manner, and extended greetings from the Providence fraternity. Dr. L. D. Packard addressed the Society in his usual humorous strain. Dr. J. H. Sherman related some amusing incidents of the early portion of his professional career. At 10.30 the Society adjourned.



*TO THE HOMŒOPATHIC PROFESSION.*

THE Hahnemann Medical Association of Louisiana sends its cordial greeting to every homœopathic physician, far and near, north, west, east, south, and abroad, and invites them to grace with their presence the forthcoming convention of the Southern homœopaths. This will take place in the city of New Orleans on the ninth day of April, 1885, for the purpose of organizing a Southern Academy of Homœopathy, and celebrating Hahnemann's birthday.

By order of the Association,

C. J. LOPEZ, M.D.,

*Corresponding Secretary.*

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 REVIEWS AND NOTICES OF BOOKS.
 

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A SYSTEM OF PRACTICAL MEDICINE. By American authors. Edited by William Pepper, M.D., LL.D., assisted by Louis Starr, M.D. Vol. I. Pathology and General Diseases. Philadelphia: Lea Brothers & Co., 1885. 1,094 pp.

We welcome with pleasure the first volume of this valuable work, a short announcement of which appeared in our January issue. The volume before us contains nearly eleven hundred pages of reading-matter, most of which is really valuable, and all of which is suggestive and interesting. The contributors are men of acknowledged ability and wide experience, worthy representatives of American "rational" medicine, whose names add weight and dignity to any work on whose titlepage they appear. The literary style of their contributions is unexceptionable, being clear, smooth, and forceful.

The first two hundred and thirty pages of the work are devoted to general pathology and sanitary science. In the paper on "Etiology," by Dr. Henry Hartshorne, a most excellent presentation of the germ theory is given; the article on "Hygiene," by Dr. John S. Billings, is particularly interesting; and the too short contribution on "Drainage and Sewerage in their Hygienic Relations," by G. E. Waring, jun., is worthy the closest attention, giving evidence, as it does, of much original thought and research. His recommendation of the old-fashioned ewer and basin, as being much more hygienic articles of bed-room furniture than the modern "set bowls," is especially noteworthy.

The remainder of the book is devoted to a consideration of general diseases, in the following order: simple, continued, typhus,

typhoid, and relapsing fevers; variola; varicella; scarlet fever; rubeola; rötheln; malarial fevers; parotitis; erysipelas; yellow fever; diphtheria; cholera; plague; leprosy; epidemic cerebro-spinal meningitis; pertussis; influenza; dengue; rabies and hydrophobia; glanders and farcy; anthrax (malignant pustule); pyæmia and septicæmia, puerperal fever, and beriberi.

As far as etiology, symptomatology, morbid anatomy, the diagnosis, prognosis, etc., of disease are concerned, the work is eminently satisfactory, and may be regarded as setting forth the best and most advanced thought of the day, on these important subjects. But when we come to treatment,—that department of medical science for the sake of which, in great measure, all other departments exist,—we are fairly startled at the frankly pessimistic spirit in which, in almost every instance, the subject is handled. To quote a few of many examples:—

“The difficulties which attend the solution of therapeutical questions regarding diseases which are comparatively regular in their evolution, and are produced by definite causes acting in an intelligible manner, are very numerous and often insuperable.”

“We are far from having it in our power to decide whether a rational treatment of the symptoms has cured the disease, or lessened its mortality.”

“A review of the methods that have been employed, and their results, leads to no doubtful conclusion that *some are mischievous*, and others more or less salutary” (the Italics are ours).

“In addition to the local treatment of the sore [the bite, in rabies], certain general medication has usually been resorted to, though its real value may well be questioned.”

“In order to treat scarlet fever successfully, it is necessary to bear in mind that it is a self-limited disease, running for a certain time and through certain stages, and that it is not abbreviated by any known treatment. Therapeutic measures can only moderate its symptoms, and render it milder.”

“However a false notion of the power of medicines may blind us to the fact, it is none the less a fact, that, if different methods of treatment are compared, that method gives the best results which is least perturbative” (apropos of cholera).

“Respecting the therapeutic management of variola, it must be admitted that there are no remedies known to exert the slightest influence in either cutting short the curriculum of the disorder, or in checking its progress in any stage.”

“The result of the investigation is disheartening, and adds to the accumulated proofs that the power of medical art is exceedingly restricted.”

The whole work offers most significant and convincing testimony of the tendency of the old school to place more confidence

in diet, nursing, and hygiene, than formerly, and to use drugs but sparingly; the only acknowledged guides to their use still being empiricism and theory. These "signs of the times" cannot fail to be regarded by homœopaths as encouraging: for this candid recognition of therapeutic weakness and inability may well be the "dark hour" before the dawn of a better day in medical treatment, when a serious and frank investigation of the homœopathic law by the rational school may be followed slowly and surely by experiment, conviction, and adoption.

We note a slight change in the name of the publishing firm, which now reads *Lea Brothers & Co.*; but no change is to be noted in the always admirable character of their work.

DOCTRINES OF THE CIRCULATION. By J. C. Dalton, M.D. Philadelphia: H. C. Lea's Son & Co. 296 pp.

This book contains a history of physiological opinion and discovery in regard to the circulation of the blood, from the time of Aristotle to that of the microscopic demonstration of capillary circulation and blood-vessels. The theories held by all noted observers, and the arguments used to support them, are given in Dr. Dalton's well-known attractive style. To trace the evolution of the present doctrine of the circulation with so wise and entertaining a guide as Dr. Dalton, is a privilege of which no student, of whatever age or stage of advancement, should need urging to avail himself.

A MANUAL OF OBSTETRICS. By Edw. L. Partridge, M.D. New York: William Wood & Co. 295 pp.

This is one of "Wood's Pocket Manuals," and, though small enough for a very small pocket indeed, it contains a concise and correct outline of the obstetric knowledge especially called for by the medical student and general practitioner. Dr. Partridge's name is sufficient guaranty of the accuracy and usefulness of the work; and the little book is neatly and excellently gotten up.

A PHARMACOPŒIA FOR THE TREATMENT OF DISEASES OF THE LARYNX, PHARYNX, AND NASAL PASSAGES. By G. M. Leferts, A.M., M.D. New York: G. P. Putnam's Sons, 1884. 101 pp.

This little book gives in detail a large variety of therapeutic formulæ, as well as full descriptions of the apparatus used by the author in the local treatment of affections of the larynx, pharynx, and nasal passages. Constitutional remedies are not mentioned. Numerous illustrations are necessitated by the character of the work; and these are, in the main, commendably

accurate. The book is a second edition, which fact attests that its merits are already well recognized.

SONGS AND RHYMES FOR THE LITTLE ONES. Compiled by Mary J. Morrison. New York and London: G. P. Putnam's Sons, 1884. 234 pp.

This is a very pleasant, and, in the main, well-selected volume of verses for children, which the family physician may conscientiously prescribe as a wholesome mental sweetmeat for the little people under his care. Here and there we meet with a rhyme whose *raison d'être* in a compilation of this nature we are at a loss to guess; as, for instance, "The Rattle of the Bones," on p. 170. Such a jingle might be of great use to what may be called the medical infant; namely, the student of medicine, on the eve of the dreaded examination in anatomy. We can fancy that such a verse as

"How many bones in the human head?  
Eight, my child, as I've often said!"

might prove a friend in need, when Gray's polished phrases are gliding hopelessly out of mind. But to an infant of the ordinary sort, "The Rattle of the Bones" must prove dull, not to say sombre reading, and have a tendency to make him regard poetry in general in "a bony light," as Silas Wegg would say.

THE CENTURY for February is even more entertaining than its pleasant wont; which is certainly great praise. Howells traces still further "The Rise of Silas Lapham;" Henry James contributes the opening chapters of a new novel, "The Bostonians," in which he discusses our city with that remote disinterestedness only possible to one who has been born an American, and wishes he hadn't; Mark Twain tells with grim drollery the adventures of "Royalty on the Mississippi;" and entertaining essays, poems, etc., make up a most readable number. New York: The "Century" Company.

THE POPULAR SCIENCE MONTHLY, in its February issue, has a reprint from the London "Lancet" of a timely paper by Dr. Max von Pettenkofer, on "Cholera: its Home and its Travels." Among other papers of especial interest to the medical profession may be noted, "Sick Rates and Death Rates," by Dr. Cl. T. Campbell, and "The Physical Training of Girls," by Dr. Lucy M. Hall. New York: D. Appleton & Co.

THE February number of the NORTH-AMERICAN REVIEW discusses, by the pens of "many men of many minds," "how our Presidents shall be elected," and whether "clergymen should be politicians," and has, besides, several interesting articles; among

them an amazing paper on the "Certainty of Endless Punishment," which, although signed by a Rev. Dr. — Shedd, we believe, strikes one as being a posthumous manuscript of John Knox, or possibly of Calvin, reprinted that the reader may congratulate himself on the advance of religious thought since the day of the rather sulphurically-minded writer. New York: 30 Lafayette Place.

BACTERIA AND THE GERM THEORY OF DISEASE. By Dr. H. Gradle. Chicago: W. T. Keener. 216 pp.

The book before us is a series of eight lectures delivered at the Chicago Medical College. The first three lectures contain a review of what is known of the bacteria, and of the theories of their relation to fermentation and putrefaction. The remaining pages are devoted to descriptions and discussions of the bacteria found in various diseases. The relations of the *bacillus anthracis* to the *bacillus subtilis* are perhaps passed over rather hastily, considering their importance, in the present state of our knowledge of the nature of "germs." The author is evidently an ardent believer in the "germ theory," and, as is perhaps natural, he reviews some of the work done on the subject by more conservative thinkers, in a somewhat partisan spirit. As a *résumé* of what has been done in this field, the book is interesting and valuable. Its literary style is easy and excellent. It is to be recommended as a useful companion to the student to whom original work is impracticable; and all interested in the subject it treats will find it practical and suggestive. — s. s.

THE ELEMENTS OF PHYSIOLOGICAL PHYSICS. By J. McGregor-Robertson, M.A., M.B., C.M. Philadelphia: Henry C. Lea's Son & Co., 1884. 578 pp.

This is one of the latest issues of Lea's useful and handsomely gotten-up series of manuals for students of medicine. Its author has admirably succeeded in his object, which is to furnish medical students with a small text-book in which the elementary facts and principles of physics are presented, together with their physiological applications, and a somewhat detailed description of physical apparatus and methods, as adapted to physiological purposes. The book is well and fully illustrated with two hundred and nineteen woodcuts.

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#### BOOKS AND PAMPHLETS RECEIVED.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twentieth annual session. Pittsburgh, Penn., 1884.

THE FAMILY POCKET HOMŒOPATHIST. By D. A. Baldwin, M.D. Second edition. Rochester, N.Y.: E. Darrow & Co., 1885.

- INSANITY AND ALLIED NEUROSES. By George H. Savage, M.D., M.R.C.P. Philadelphia: Henry C. Lea's Son & Co., 1884.
- COCAINE: ITS USE IN OPHTHALMIC AND GENERAL SURGERY. By H. Knapp, M.D. New York: G. P. Putnam's Sons, 1885.
- THE THERAPEUTICS OF THE RESPIRATORY PASSAGES. By Prosser James, M.D. New York: William Wood & Co., 1884.
- DISEASES OF THE URINARY AND MALE SEXUAL ORGANS. By William T. Belfield, M.D. New York: William Wood & Co., 1884.
- A MANUAL OF THE MEDICAL BOTANY OF NORTH AMERICA. By Laurence Johnson, A.M., M.D. New York: William Wood & Co., 1884.

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### MISCELLANY.

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A MEDICAL CENTENARIAN. — Dr. Christopher Columbus Graham of Louisville, Ky., recently celebrated his hundredth birthday in the enjoyment of a banquet tendered to him by his neighbors. — *Journal of the American Medical Association.*

DECIDEDLY MORE COMFORTABLE. — "I pr'ythee, Tom, beat Cut's saddle, put a few flocks in the point; the poor jade is wrung in the withers out of all cress:" this, if Shakspeare may be trusted, is the style in which the English carrier talked in the days of King Henry the Fourth. "I vary my rounds by occasionally driving myself in a light dog-cart; in wet weather a carriage may, perhaps, be more comfortable, but in cold weather I much prefer the pig-skin:" and this, if the London "Lancet" may be trusted, is the style in which the English doctor talks in the days of Victoria. — *Louisville Medical News.*

A TRULY SAXON IDEAL. — Sir James Paget describes the pattern healthy man as "one who lives long and vigorously; who in every part of his life, wherever and whatever it may be, does the largest amount of the best work that he can, and when he dies leaves healthy offspring." — *Medical World.*

A DANGEROUS INTEMPERANCE. — The "Medical Counsellor" quotes the following very timely and sensible little article:—

"While good temperance people are decrying liquor," said one of the leading physicians of the city, "they seldom stop to think how much harm is being done by the abuse of a beverage to which many of them are devoted. I just came from attending a case of a five-year-old babe who is ruined for life by its parents indulging in tea-drinking. The child became very nervous and dyspeptic, and they sent for me. I asked them how much tea the child drank. "About two cups at each meal, and several between meals," was the reply. You see," the doctor continued, "they let the teapot stand on the stove all day. Thus the tannic acid is extracted, which serves to turn the linings of the stomach into leather, and brings on dyspepsia and kindred diseases. Yes, you will find hundreds of women, young girls, and aged women, and occasionally a man, who have completely ruined their nervous system by the excessive use of common tea. It will be a blessing to mankind when a temperance crusade can spare wind enough from its attack on alcohol to assail tea." — *Waterbury (Conn.) American.*

AN EXPLICIT EPITAPH. — The following epitaph is from Hoosick Falls:—

"Ruth Sprague, daughter of Gibson and Elizabeth Sprague. Died June 11, 1846, aged nine years, four months, and three days.

"She was stolen from the grave by Roderick R. Clow, dissected at Dr. P. M. Armstrong's office in Hoosick, N.Y., from which place her mutilated remains were obtained, and deposited here.

"Her body dissected by fiendish man,  
Her bones anatomized,  
Her soul, we trust, has risen to God,  
Where few physicians rise."

— *Chironian.*

AN EPIGRAMMATIC VERDICT. — In London a man fell in a drunken fit and broke his neck. The jury found out that his grandfather died of a broken neck, and brought in as their verdict, "Died by the hereditary visitation of God." — *Medical Era*.

BACHELORHOOD AN EXPENSIVE LUXURY. — The decrease of the population in France has become so alarming that a tax on bachelors is actually proposed in the next French "Budget." The preamble reads: —

"Considering the growing decrease of the population in France, it has become necessary to impose a tax on all single persons over — years of age of the male sex." — *Woman's Journal*.

PROOF POSITIVE. — "Gentlemen," said the professor to his medical students assembled in clinic, "I have often pointed out to you the remarkable tendency to consumption of those who play upon wind-instruments. In this case now before us we have a well-marked development of lung-disease; and I was not surprised to find, on questioning the patient, that he is a member of a brass band. — Now, sir," continued the professor, addressing the consumptive, "will you please tell the gentlemen what instrument you play on?" — "I blays der drum," said the sick man. — *St. Louis Periscope*.

A PUN-GENT COMMENT. — A Hebrew physician who makes a specialty of supplying wet-nurses is said to be able to excite secretion in both the male and the female, and in the latter independent of pregnancy. Some employed, in preference, the male nurse, thinking that there would be greater vitality and vigor imparted to the child. — *Medical Investigator*.

MILK obtained from the male by the ingenious method of a Hebrew doctor would be in a twofold measure *He-brewed* milk. — *Chironian*.

CÆSAREAN SECTION PERFORMED IN MEXICO. — The operation of Cæsarean section was performed for the first time in the city of Mexico, a short time ago, by Dr. Juan Maria Rodriguez, professor of obstetrics in the Mexican National School of Medicine. The child survived, but the mother died on the evening following the operation. — *Revue Bibliographique*.

ORIGINAL VERDICTS. — According to the "Boston Journal," a "Memphis Avalanche" reporter has fished up some curious verdicts returned by coroner's juries during the past year. One is, "She come to her death by strangulation in the testimony we have sit our handes and seal the day above wroten;" another, "Came to his death from national causes." Others were, "The joueres on thare ouathe do say that he come to his death by old age, as tha could not see enny else the matter;" "Come to his death from the following causes, to wit, from some suddent cause to the jurors unknow;" "The said deceased being an orphan, father and mother both being dead;" "Came to his death in the following manner, to wit, he was born dead;" "Congestion of the brain an' applicote fitze;" "From exposier."

CHEERFUL FOR THE PATIENT. — Three medical celebrities meet to consult at the sick-bed of Gen. X. After they go, the general rings for his manservant. "Well, Jacques, you showed those gentlemen out: what did they say?" — "Ah, general, they seem to differ with each other. The big fat one said that they must have a little patience, and at the autopsy — whatever that may be — they would find out what the matter was." — *College and Clinical Record*.

ENCOURAGING TO SMOKERS. — M. Pecholier, in the "Montpellier Médical," claims that the use of tobacco preserves one from an infinity of contagious disorders. — *Hahnemannian Monthly*.

AN ANOMALY IN RADIAL ARTERY. — A curious deviation in the course of the radial artery was lately observed at the San Francisco Homœopathic Hospital. The house physician, wishing to count the pulse, pressed his finger in the usual course of the artery, but no pulsation was discoverable. Continuing his search, the artery was at last found on the back of the wrist, and superficial. It left the true course an inch and a half above the radio-carpal articulation, crossed the radius, and followed down the back of wrist and hand, and entered the hand between the thumb

and first finger. The patient was a female, and the artery well developed. The same deviation occurring in a male might be very dangerous, owing to its superficial course and the liability of the part to accident. — *California Homœopath.*

SEVERE. — An elegant and languid young swell informs his physician that he has lately been vaccinated with lymph direct from the calf. The physician (presumably a homœopath) abstractedly murmured, "*Similia similibus.*" — *Punch.*

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### PERSONAL AND NEWS ITEMS.

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F. W. MANN, M.D., has removed to 43 Eastern Avenue, Burrillville, R.I.

T. L. HAZARD, M.D., has removed from Salamanca, N.Y., to Anamosa, Io.

A COPY of the January, 1878, GAZETTE is very much desired to complete a set for binding. Any physician who may have a spare copy will confer a favor by addressing Otis Clapp & Son, Boston.

DR. W. C. DOY has removed to No. 403 Columbus Avenue, Boston.

DR. ELLEN L. EASTMAN has left Fitchburg, and is now associated with Dr. Mary K. Gale of Wollaston.

DRS. GALE and EASTMAN have taken a branch office at Neponset.

ATTENTION is called to notices of practice for sale, on pp. 4 and 18 of advertisements.

MEMBERS of the State society are invited to contribute to the bureau of clinical medicine, and forward their papers, or title of the same, to Dr. D. B. Whittier, Fitchburg, Mass., the chairman of the committee.

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NEW YORK, Jan. 31, 1885.

The position of resident physician of the Hahnemann Hospital, in this city, will be vacant April 1.

There will be a competitive examination for the position, due notice of which will be given to candidates.

The doctor will receive his board, lodging, and washing; also thirty dollars per month.

Applicants may address

JOHN H. THOMPSON, M.D.,  
*Secretary of Medical Board,*  
 36 E. 30th St., New York.



THE  
New-England Medical Gazette.

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EDITORIAL.

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STATE REGULATION OF THE PRACTICE OF MEDICINE.

HE who would do battle with charlatanism must prepare himself for combat with a hydra. True of charlatanism in all forms, this is especially true of charlatanism in medicine, which to-day shows itself as many-headed as the monster of Lake Lerna, and whose conquering Hercules seems slow indeed in arriving. None the less, since every one of these many heads is daily sucking down health, wealth, and honor from the community at large, it behooves those who are, nominally at least, the medical guardians of the community, — its scientific and reputable physicians, — to attack the monster at any vulnerable point, with what courage and discretion they may.

The question of the necessity of State regulation of the practice of medicine in Massachusetts is becoming from year to year a more pressing and serious one. Other States have drawn and are drawing a moral *cordon sanitaire* about their borders, whose tightening forces out from beyond those borders all the blacklegs of medicine; which undesirable guests, as a matter of course, come flocking in ever-increasing numbers to the States not thus wisely protected, of which Massachusetts is unluckily one. The signs displayed on Boston streets, the vulgarly ambiguous advertisements appearing in Boston papers, furnish, if no other were forthcoming, quite sufficient evidence of the presence among us of abortionists, "confidence-doctors," and the like medical gar-

bage, to an appalling amount. All honest physicians who are daily sickened by the spectacle of the ruin wrought by these creatures must be agreed that some measure should be taken, and that speedily, to establish the *cordon sanitaire* in Massachusetts also.

Such an establishment is, however, beset by difficulties neither few nor small. Legislation is the only means to its accomplishment, since there exists a popular prejudice against the simple and effective methods employed in like cases by our brethren of the Far West. And legislation in a State where scientific medicine sends forth its fiat from the halls of three separate and not wholly fraternally-minded assemblies is verily a "hard road to trabel." It is thoroughly well understood that no bill can approach the Legislature, with any reasonable hope of success, which is not equally satisfactory to the Massachusetts Medical Society, the Massachusetts Homœopathic Medical Society, and the Massachusetts Eclectic Medical Society, or which does not protect the rights of each beyond the possibility of infringement. Such a bill could only be framed by a council in which each of these societies was represented. The quiet dropping out of sight, of the bill offered a few weeks ago by a committee of the former society only, should demonstrate effectually to these gentlemen that other than *ex post facto* counsel must be taken with their brethren of differing therapeutic views, before co-operation can be safely counted upon. It is a consummation devoutly to be wished, that the three societies should work harmoniously together in the framing of a bill and the carrying-out of its provisions; since thus the more reasonable men of each could have opportunity to convince themselves how slight, after all, are the barriers by which, in daily professional life, they are held back from mutual friendly helpfulness. The early days of the new bill in operation might, it is true, present to the world the deliciously incongruous spectacle of a member of the Massachusetts Medical Society refusing consultation with a homœopath, on the grounds that for such consultation he would be liable to expulsion from his society as holding dealings with a charlatan, and presently sitting amicably with that same homœopath as fellow-judge of the possible charlatanism of some candidate for a State

certificate. Consciousness of the utter absurdity of such an attitude could hardly fail to bring about abrupt revision of a certain sacred code of ethics.

Homœopaths can hardly need warning to “make haste slowly” in framing and advocating this new law under which they are to live. Let them insist strenuously, unalterably, upon an absolutely equal representation in any board of medical examiners, that there may be left no loophole of temptation to injustice to the men in whose books — whatever their individual, irresponsible, verbal utterances — homœopathists still stand “writ down” charlatans and impostors. Let no careless acceptance of any ambiguously worded provision leave the way open for subsequent attempt to harass and annoy homœopathy and its practitioners. Is it said that such an attempt, were the way to it never so clear, is not to be anticipated for an instant — “Brutus” being “an honorable man”? Let the history of the past dealings of allopathy with homœopathy in Massachusetts reply to that. Is it said that such an attempt, even if made, would be so promptly foiled by public sentiment as to be utterly harmless? Homœopathy has no desire to present itself to public opinion in the unpicturesque and unheroic attitude of a man, who, having carelessly thrust his head into a noose held out to him by his intimate enemy, shrieks for assistance when the noose begins to tighten. Is it said that persecution is sometimes useful as political capital? It is answered, that to lightly invite persecution, with any idea of its ultimate political usefulness, is to trend too closely on the domain of that charlatanism which the proposed bill aims to suppress. However easy it may be to remedy mistake, it is at once simpler and more dignified to avoid mistake. Therefore let homœopaths see to it that the bill be so framed as to secure absolute freedom of therapeutic opinion, to its remotest possibility of interpretation.

The reasonable and just attitude of homœopathy on the question of State regulation of the practice of medicine seems to us admirably set forth in the petition unanimously adopted by the Boston Homœopathic Medical Society at its March meeting, and given in full in the report of that meeting, printed in our present issue. No measure less deliberately framed than the one there

suggested, or less equally representing the interests of the three divisions of the educated physicians of Massachusetts, should receive even the tacit support of any homœopathist, professional or lay. A just law once framed, let homœopathists urge it on to success with earnest zeal, and every influence at their command.

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“*BEDSIDE PROVINGS*” OF *IPECACUANHA*.

THROUGH the kindness of Dr. C. A. Norton of Washington, D.C., who chanced upon it during his researches among certain quaint old volumes in the library of the Surgeon-General’s office, we are enabled to present to our readers the following letter, which bears date of the latter part of the seventeenth century. It strikes us as of much interest, partly as showing the early employment and apparent efficacy of *ipecacuanha* in conditions where it is employed by the homœopathy of to-day; partly because it gives very suggestive evidence of on how slight “clinical observations” a drug — fortunately, in this instance, a valuable one — won its place in the pharmacopœia. We are sure our readers will share our pleasure in its perusal, and our gratitude to Dr. Norton for its availability.

SOME OBSERVATIONS MADE UPON THE BRASILLIAN ROOT, CALLED IPEPOCOANHA. SHEWING ITS WONDERFUL VIRTUE AGAINST VOMITING AND LOOSENESS.

WRITTEN BY A PHYSITIAN IN THE COUNTRY TO THE PRESIDENT OF THE COLLEDGE OF PHYSITIAN IN LONDON.

*London Printed, etc., 1682.*

SIR, — I being frequently importuned by Esq. Boyl to make Experiments upon Indian Samples, and to give an Account of my Observations and Success to some London Physitians, and knowing you to be very Curious in Medicine, I take this Opportunity to Communicate to you what wonderful Virtue I have found in the Root called Hypepocanha, which hath done such wonders in FRANCE and FLANDERS in the Cure of Dysenteries and Lyenterial Fluxes, Diseases proving very fatal both to Fleets and Armies, as well unto Cities and Countries.

This Famous Root hath an admirable Quality to blunt those Acidities which irritate Nature, and stimulate the Expulsive Faculty, it stays all violent Excretions of the Guts; and this it doth not by astringency but by its Cleansing Quality, expelling those

Venemous Particles which were lodged in the Intestines, and afterwards by its Balsmick Properties heals and comforts the Bowels, and repairs those Breaches which the Enemy hath made.

I knew an Old Gentleman who fell into a Malignant Distemper for many Days, and was brought so low, he could not turn in his Bed, and had considerable Quantities of Blood mingled with his Stools, a black Thrush in his Mouth, with an intermittent Pulse, after all other Methods proved insufficient, I gave him the Tincture, Spirit and Extract of this Root in all his Liquid Alliment, and he found wonderful Relief, and recover'd Health and Strength.

A young man who was miserably afflicted with frequent returns of pains in the Bowels, and upon every change of his Meat or Drink was put into Scowring, so that all his Nourishment was lost, and he could not sleep, being disturbed by frequent Motions to Stool, and it wasted away all his flesh, and reduced him to a meer Skelliton. I gave him the Medicine made with the Root, and his strength returned, and he is now alive and in good health.

This Root is not without the Approbation of good Authorities of Travellers and Physitians. A famous Doctor in Scotland wrote me a Letter of some great Cures he had wrought with it amongst Children, it hath carried off all that Green Choller wherewith they are extreemly molested, and thereby prevented many Distempers caused thereby.

I knew a Gentlewoman who was brought into a Condition by a Disentery or Loosness, she had taken many Glysters made with very proper ingredients, her Physitians thought she had an Ulcer in her Bowels, which might be the Occasion of her frequent Relapses; I gave her Drops drawn out of this sovereign Root, sometimes in Wine and Water, and sometimes in milk and Water, and she quickly recovered, and hath had no returns of her Distemper many Months.

I could give twenty more Instances of Cures wrought by this Remedy, but these I think are sufficient for any Physitian to make tryal of it when vulgar Methods fail; but some Men will not think it for their Intrest to approve of what they don't prescribe themselves; but I take you to be a Man of more Honesty and Candor, and design more to do good than to get Money.

I very well remember that Sir Charles Scarbrough told me that a Physitian in France had done great Cures with it, and kept it a Secret a long time, and when it came to be known to be so effectual against all sorts of Fluxes, the Secretary of State to that Kingdom gave order that all Physitians and Chyrurgeons belonging to the Hospitals and Armeys should be furnisht with it.

FINIS.

*A NEW "OUNCE OF PREVENTION."*

THE aim of the true physician, like that of the true priest, must always be to emancipate those whom he serves from the necessity of his services, by bringing them into familiarity with the laws, obedience to which would render them independent of medicine or theology. The wise saying about an ounce of prevention being worth a pound of cure, was formulated long ago; but the date is a recent one at which it has been so practically believed, that the laity have preferred an "ounce" of intelligent care of themselves while in health, to a "pound," more or less, of exceedingly nasty, and too often dangerous medicine, when ill. Of late years only, is it, that physicians in general have shown themselves worthy the name by preferring to instruct their patients in physical self-preservation, rather than line their own pockets with fees for repairing the damages wrought by carelessness and ignorance.

We have often taken occasion to refer to the immense progress made by "preventive medicine" within the last few years; and it gives us pleasure to note, at this time, yet another evidence of this progress in the appearance of a bright and wise little magazine<sup>1</sup> called "Babyhood," which has newly established itself on what may be called the borderland of medical journalism. This periodical, edited by Dr. Leroy Yale, and Marion Harland, the well-known motherly oracle in nursery affairs, is not (as one might erroneously infer from its title) *for*, but *about* babies, — a sort of nursery missionary, preaching to those in charge of small people the gospel of intelligent ministry to their needs. Such a publication, fifty years ago, would have struck our worthy ancestors with scarcely less amazement than would the telephone or the doctrine of evolution. In those days, knowledge of how to care for a baby was supposed to be born with the baby itself; and, in any perplexity, there was always the "wise woman" of the neighborhood, whose nostrums and applications were warranted to produce any given effect on an infant within half an hour, unless the infant were "mercifully removed" in the process. Between ignorance and false theory,

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<sup>1</sup> *Babyhood*: a Magazine devoted exclusively to the Care of Infants and Young Children. New York: 18 Spruce Street.

the law of "the survival of the fittest" had full scope for its grim manifestation among the unlucky babies of fifty years ago. Happily, we are wiser now; and in nothing does our hard-earned wisdom show itself more significantly than in consciousness and confession of our ignorance of those mysterious processes by which the new-born child gropes its way to sensation, understanding, and individuality. Any thoughtful study of the least of these processes — and many such studies are promised us in the pages of "Babyhood" — must be welcomed by those whose most difficult patients are often the helpless mites of humanity whose ills they can only partly understand. Any teaching to mothers which shall do away with the careless and foolish errors in dress, feeding, and exposure, even now so pathetically common, cannot fail to be welcomed by the physician who has turned away more than once, sick at heart, from the incurable suffering resultant on such ignorance. The practitioner of "preventive medicine" should make a subscription to "Babyhood" one of his first prescriptions to the young mothers under his care.

In one of the recent issues of this little magazine is a very interesting paper by Christine Franklin, on Professor Preyer's lately published work on "The Mind of the Child." We offer herewith a few quotations from this paper:—

"The first systematic study of a child has been made by Professor Preyer of Jena. For a period of three years he devoted three hours a day to observing and experimenting with his infant son, and to writing down the results of his study. . . . To obtain the most valuable results, many children must be studied, and there must be comparison of observations; but, as Professor Preyer has said, more can be learned from one child than from none. . . . The mind of a new-born child is not a *tabula rasa*: it is, rather, a tablet covered with half-obliterated inscriptions, traces of the experience of many past generations. To decipher this hidden writing is the problem which Professor Preyer has proposed to himself. . . . Vision, in any proper sense of the word, is not in the child's power in his first weeks. He begins by distinguishing masses of light and shade: a small bright spot, when very bright, as a candle-flame, he can separate, after a few days, from the surrounding gloom. Of colors, he learns to

know, first, red and yellow: the blue end of the spectrum gives him much more trouble, possibly because blue is more absorbed than other colors by the blood-vessels of the retina. The involuntary closing of the lids when an object approaches the eye is wholly wanting at first: . . . its occurrence in the second or third month is a sign of the completed power of seeing. Wide-open eyes are a sign of pleasure: discomfort and pain are accompanied by a partial closing of the lids. . . . The infant can turn the eye down while the eyelid is wide open,—something which the adult has lost the power of doing. . . . It is usually three or four days before the infant shows susceptibility to sound. Direction of sound is perceived after the first month. Taste is at first the best-developed of the senses. Bitter and sour substances cause various grimaces and unmistakable signs of dislike, immediately after birth.”

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### COMMUNICATIONS.

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#### *A FEW FACTS ABOUT HOMŒOPATHY IN AUSTRALIA.*

BY W. R. RAY, M.D., MELBOURNE.

[We feel sure that our genial correspondent, Dr. Ray, will pardon us for thus giving our readers the benefit of certain interesting facts concerning homœopathy in Australia, which we quote from a private letter lately received from him. — EDITOR.]

AUSTRALIA, as you are doubtless aware, is divided into its several colonies, each answering to your several States, with cities of varying size, from that of Boston to those of a small village with its five or six thousand inhabitants. Our numbers in the different colonies do not amount to very many in the aggregate, some fifteen or twenty in all. In Melbourne, where I live, our number is seven; and of these, three must be reckoned as “eclectics,” although flying the flag of homœopathy. We are, however, doing good work; each individual member having a large practice, and having his time well occupied. We have here a hospital and dispensary, which was founded in 1869, and which has steadily gone on increasing, until now we are building a nice hospital, which, when finished, will hold about two hundred and fifty beds. There are four on the staff,—two surgeons and two medical men,—your correspondent being one of the latter. There is an out-patient department which is served by the staff on the several days of the week, the daily average attendance being from forty-five to fifty. Operations are performed as occasion demands.



There is a medical board appointed by the government, who examine all diplomas; it being necessary to be registered before starting practice, as all persons endeavoring to practice without being registered are subject to a heavy fine. The requirements of the Medical Act are, that "he shall prove to the satisfaction of the Board that he has passed through a regular course of study, of not less than three years' duration, in a British or foreign school of medicine, and has received, after due examination, from some British or foreign university, college, or body duly recognized for that purpose in the country to which such university, college, or other body may belong, a medical diploma or degree certifying to *his* ability to practice medicine or surgery, as the case may be."

You will see from the above that the degree of the Boston University School of Medicine fully meets the requirements of the Act, but that the pronoun used is masculine, as no female has ever offered herself for registration; nor do I think she would meet with the slightest success. I particularly mention this, as I have received two communications from lady graduates, inquiring what prospects of success were open to them. The fees here are much in advance of yours, being \$5 or \$2.50 for consultation, and \$5 for visiting; midwifery fees, \$25 and upwards. I would strongly urge some of the younger graduates to turn their attention this way, as there is plenty of room, and, if the man has any ability, a certain success.

The list of diseases here runs much as in other places, phthisis pulmonalis showing itself very prominently; although I must say that fifty per cent of the cases are those sent from England and other places for the change of climate. There is a peculiar fever, which occurs in the springtime, which approaches very closely typhoid (the temperature varying from 101° to 105° F.), having the cerebral characteristics, but, instead of diarrhoea, constipation. With such cases, *baptisia* acts with great success. So much for my own colony, Victoria. As to the others, there are some four or five in each of the other colonies, who are all doing well. But the general cry is for more men; and, if any venture to come so far, I can promise them a hearty welcome, and an almost certain prospect of success.

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#### LEGISLATION AGAINST CHARLATANISM.

BY P. BENDER, M.D., BOSTON, MASS.

THE evils of quackery have long proved not only a stigma upon American society, but one of its most serious dangers. To be sure, in Britain and other countries there are medical pretend-

ers and bunglers enough, — men of little or no ordinary, much less medical, education ; but the United States holds an unfortunate pre-eminence as the special refuge and most profitable field of the quack, whose gross ignorance and malpractice yearly ruins thousands of constitutions, bringing wasting sickness, fearful suffering, and untimely death into a multitude of once happy homes. Their chief strength lies in that popular credulity and ignorance so easily imposed upon in a plausible, insinuating manner and brazen impudence, which have ever characterized the humbug, and formed his most effective tools. In Great Britain and other leading European countries there is less of this nuisance, less liberty, less indulgence being granted the quack ; but in this country, with its abundant liberty, with the varying laws of the different States, and the immense help which any pretender may obtain from a powerful and all-pervading system of journalism, it is no wonder the class has obtained such practice and influence, to the great detriment of the highest interests of our people. It is high time some check should be put upon this evil ; and, for various reasons, Massachusetts should not lag behind in a movement of reform. It is certainly much to be desired that such legislation as the Boston Homœopathic Medical Society is endeavoring to obtain from the Legislature of the State, or something kindred to it, should be secured.

As every one knows, any one can at present assume the title of doctor, and practise medicine, or call himself a druggist, without knowing how to safely compound or dispense medicines. This is indeed a discreditable state of things. When people knowingly place themselves under the care of ignorant pretenders, they deserve little sympathy ; but how many, strangers and others, in cases of emergency, call in the nearest doctor ! If he be of the class I refer to, and the case be serious, death may follow, or at least permanent injury, owing to the incompetency of the medical attendant. Twenty-six States in the Union have already taken action upon this important matter, and it will be disgraceful if an enlightened State like Massachusetts should be backward in so vital a movement.

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#### *A CASE FROM PRACTICE.*

BY E. B. ATKINS, M.D., ESSEX, N.Y.

IN the very excellent number of the GAZETTE for February, I find a valuable paper by Dr. Carmichael of Springfield, Mass., entitled "Nervous Exhaustion Dependent upon Concussion of the Spinal Cord." A careful reading of this article has induced me to report a case in point. Eight weeks ago I was called to

see Miss N., aged twenty, a bright blonde of good physique, and, until lately, in good health. Found her complaining of pain through the abdomen, worse upon moving; the surface tender to the touch, but tolerant of pressure; extreme weakness from the dorsal region of the back to the feet. These symptoms had been gradually developing for some weeks. The weakness was such that she could not walk, and could stand upon the feet for a few moments only. The feet were cold to the touch, but she complained of their feeling "burning and tender;" pulse 100 to 120; temperature 99° to 101°; tongue coated and white; bowels constipated; urine scanty; appetite good; has much headache over the eyes, cannot read on this account; pupils are widely dilated, contract but slightly under bright light. She is now irritable and despondent, though naturally vivacious and hopeful. There was tenderness along the spine, most marked at the *vertebra prominens*, *lower dorsal*, and *sacral* regions; reflex irritability of the lower extremities feeble, as is also the cutaneous sensations. Being at a loss to account for these symptoms, and for the unusual difference below the boundary-line at the lower dorsal region, I instituted careful inquiry as to her having received an injury in any way. At first she thought not, but, upon recalling the fact, told me that on July 4 last, while sitting in a carriage, the horse became frightened: she jumped to the ground, and one of the wheels struck her in the back, from the carriage having been partly overturned. The soreness and lameness soon wore away, and were nearly forgotten. The injury was received over the dorsal vertebræ. My treatment has been absolute rest of mind and body, and friction over the back and limbs. As to remedies, have used *arnica*, *belladonna*, *nux vomica*, *phosphorus*, *ergot*, and dilute *phosphoric acid*, as the symptoms seemed to require. Improvement is taking place gradually: the mental and general symptoms improve more rapidly than the local ones.

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#### CRANIAL OTACOUSTIC, OR EAR-TRUMPET.

BY ANGUS MACDONALD, M.D., BOSTON, MASS.

ALLOW me, through the GAZETTE, to call the attention of the profession to an improved ear-trumpet. This instrument is called the cranial otacoustic, or ear-trumpet. Seeing the disadvantages and bad results arising from the use of the ordinary tin trumpet, has led me to the construction of an instrument which would render the assistance of a trumpet, and yet could be placed upon the head. After many trials, the following instrument has been made for me by the New-York India-Rubber

Comb Company. It is of black vulcanized rubber, and weighs an ounce and a quarter. The otacoustic resembles the sphenoid bone in shape and relation. It is placed on the top of the head, with tubes running from the sound-chamber into the ears, thereby gaining all the assistance rendered through the bones and nerves of the head. I have found, that, when the sound-receiving chamber is in contact with the bones of the head, the effect of the trumpet as an aid to hearing is considerably increased, and deaf persons can hear much more distinctly than with the ordinary ear-trumpet, the sound-receiving chamber of which is distant from the head. It will be seen that the trumpet, formed as described, is much more convenient than the ordinary form, since it does away with the annoyance and embarrassment of carrying a trumpet in the hand. It can be wholly concealed by ladies, as shown in the cut.



### STOMACH AND BRAIN.

[*Translated for the GAZETTE from the French of Dr. Martiny.*<sup>1</sup>]

THIS is the title of a book which has just appeared from the pen of Dr. Leven, physician-in-chief to the Rothschild Hospital of Paris. The work seems to me of vivid interest, offering advice to our old-school brethren which they cannot do better than to follow, and making certain frankly worded avowals which should be precious to homœopaths, coming as they do from such a distinguished adversary. This is not Dr. Leven's first book: he has already published a "Treatise on Diseases of the Stomach," which has gone far to establish his reputation as

<sup>1</sup> *Revue Homœopathique Belge.* Bruxelles, Decembre, 1884.

a scientific thinker. He has made many original researches, and may be said to have opened up a new horizon for the pathogenesis of gastric troubles. His new work contains a further account of these researches; and one finds in it page after page which can be accepted without demur by the most ardent disciple of Hahnemann. We offer a few quotations. It will be seen that Dr. Leven's theories give the solar plexus a very important place in a variety of illnesses.

"Among the causes which serve to excite the solar plexus, drugs must be given a prominent place. Those therapeutists who govern themselves only by the traditions of the past are continually forcing drugs into the human stomach, without taking into account either the nature of the organ itself or the fact of the patient possessing a nervous system. Suspecting the existence of some diathesis at whose nature they can only imperfectly guess, they load the stomach with substances of every description,—purgatives, alteratives, irritants, and anti-spasmodics,—in the hope of eradicating some malady which is hidden in the depths of the organism; in process of bringing about which result, these drugs create dyspepsia, and bring about derangement of the entire nervous system.

"Lack of appetite, furred tongue, and pain in the stomach, are indications, it is said, for the administration of a purgative. One is given: the tongue clears, and the condition for two or three days seems improved. At the end of that time the gastric difficulty re-appears; and the patient, taught by precedent, himself administers, and it may be repeats, the purgative dose: the appetite disappears, the entire abdominal nervous system is upset, and a simple gastric disturbance, which two or three days of rest and dieting would have set right, is turned into a serious difficulty whose relief is a matter of weeks, or, it may be, months.

"How many patients I have treated whose illness could be traced to the use of purgatives! Arsenic itself is hardly more to be feared than purgatives; even in small doses, they do serious mischief to the appetite and to the stomach: and, indeed, I may say the same of iodide of potassium, which, given in gram doses, will produce cramps, and yet is frequently given in chronic articular rheumatism, when, with rheumatic patients, an especial care of the stomach is always called for.

"The same remarks are applicable also to bromide of potassium, which is ill supported in large doses.

"It is common treatment to give purgatives frequently in typhoid fever, under pretext of eliminating certain hurtful mat-

ters which would prove poisonous to the patient if allowed to remain in the intestines,—a singular theory, never substantiated by facts, which yet influences physicians to the administration of purgatives sometimes as often as every other day. As I have already said, the purgative causes irritation of the solar plexus, and adds its pernicious effects to those of the disease. In the last epidemic of typhoid, which brought our Rothschild Hospital over a hundred patients, I did not allow a purgative substance to be administered to a single patient. . . . Purgatives not infrequently help to produce intestinal hemorrhage, and are thus most fatal in typhoid; giving to the fever a character more dangerous than it would otherwise possess, and greatly adding to the perturbative effects of the disease upon the nervous system.

“Anæmia, in our day, is as fashionable as inflammation was at the opening of the century. Sixty years ago, society in general believed itself afflicted with congestion and inflammation, and had itself bled accordingly. To-day, society labors under another delusion: it believes itself anæmic, and must ‘build itself up’ with iron and quinine. Anæmia seems to threaten therapeutics and the hygiene of alimentation as seriously as did its predecessor, inflammation. . . . Arseniate of soda, given to an eczematous patient, irritates the solar plexus, and brings on dyspepsia: so, also, does iodide of potassium, which is recommended in one or two grain doses for pulmonary dyspnoea; so do purgatives given for gastric difficulties; and so indefinitely. Each one of these drugs, if it relieves one malady, certainly creates another. Alcohol, so often recommended in phthisic and diabetes, is destructive to the appetite. Digitalis, which acts so wonderfully on the cardiac nervous system, moderating palpitation and regulating the heart-beats, also excites the solar plexus, and brings on vomitings: so in many cases, so far as palpitations go, the last state of the patient is worse than the first. Subcutaneous injections of morphia, given in the hope of controlling vomiting, will indeed delay the paroxysms on its first administration; and the patient, soothed into a deceptive confidence, will fall into a drowse. Soon, however, he will be awakened by a paroxysm more violent than its predecessors, only to demand fresh injections of the morphia, that fatal drug whose too prolonged use is slow suicide, with preliminary destruction of every mental faculty.

“I cannot too often repeat that purgatives are as fatal to the system as blood-letting, and quite as valueless from any rational therapeutic stand-point.

“These many examples serve to illustrate why drugs so often fail of their purpose: it is because the prescriber fails to take into account, while analyzing their powers, their effects upon the solar plexus. Thus they derange the nervous system, especially of sensitive patients; and the ills they cause, neutralize their favorable action on the ills they are given to cure.

“The real value of drugs can never be known without accurate determination of their action upon the solar plexus: consequently experimentation upon animals is a quite insufficient means of studying their properties. Physiological experimentation shows us only detailed facts; only action upon such and such isolated organic elements, not the general action of a remedy upon the human organism in its entirety.”

We venture to say that never has a homœopathic physician more strongly set forth the hurtful effects of drugs, and especially of purgatives. Yet still, poor humanity fondly clings to the idea that “to purge” is synonymous with “to purify,” and refuses to be taught that the liquid which forms part of every stool induced by a purgative, is a direct drain on the blood. No, the reign of purgatives is not yet over: purgation is still allopathy’s mighty steed of war. Still the patient of an allopathic practitioner greets him with a complacent, “Doctor, I have prepared for your coming by taking a good dose of physic.”

But let us listen to Dr. Leven’s wise remarks on the subject of diet:—

“Children are gorged with meat, cooked and uncooked; every one eats and drinks to excess; and society to-day makes itself ill for fear of becoming anæmic. Excesses in food and in alcoholic drinks are bringing about not only organic diseases of the stomach, liver, kidneys, and heart, but are exerting a dangerous influence over the brain, thanks to the intimate relations of the brain and the solar plexus. . . . We have no very precise knowledge, it is true, on these subjects. We know that a man loses, in twenty-four hours, fifteen grams of nitrogen and three hundred grams of carbon: consequently, to keep in good condition, he is bound to replenish the system with at least these proportions of the elements named. But how small a quantity of food would, after all, suffice for this! Two pounds of bread, a little milk, a few eggs, taken daily, suffice to keep a man well nourished. In a large experience, I have demonstrated to my entire satisfaction that such a diet as this will not only preserve health, but increase weight. I have now under my care a lady, who, during the month of May last, gained twenty-six pounds on a daily diet of one and a half litres of milk, five or six eggs, and a dish of simple farina.

“It will thus be seen that the amount of food taken into the system by the average man, rich or poor, is greatly in excess of that actually necessary to preserve life. The surplus is as hurtful as useless: it remains, until thrown off, a mere burden, the bearing of which helps to wear out the body before its time. . . . Many opinions are held as to what food is necessary, and what permissible. . . . Meat is stimulating to the solar plexus; overstimulating, if taken in quantity disproportionate to that of other articles of diet. Vegetables are not sufficiently stimulating if used exclusively. Meat twice a week will keep the system in excellent condition. Taken in large quantities, it affects unpleasantly not only the stomach, but the brain. Country people often eat meat but once a week, and yet keep the superb health which fits them for hard field-labor.”

“Ah, the poor babies!” Dr. Leven might have added. Public prejudice to-day seems to take it for granted that the average infant of to-day is born anæmic; and passing lightly by the use of milk, a baby’s natural diet, the mistaken mother “builds up” her offspring with meat-juices and “strengthening” drinks, till she “builds up” within it a gastric disturbance which not infrequently ends in carrying the poor abused mite beyond the need of further human alimentation.

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### *DIET IN DYSPEPSIA.*

BY J. H. SHERMAN, M.D., SOUTH BOSTON, MASS.

*[Read before the Boston Homœopathic Medical Society.]*

THE indefatigable secretary of the Boston society has commissioned me to talk to you this evening of the management of dyspepsia. After framing my discourse, I found that I had trespassed upon the domain of another member who had been requested to write upon the influence of diet in this disease. As my ideas on this point may be wholly different from those of the gentleman mentioned, I will venture to state them briefly; especially as the management of dyspepsia without allusion to diet would be much like the play of Hamlet, with Hamlet left out. At the outset, I may as well state that I know of no panacea for the disease under consideration. No two cases are just alike, and in treatment it is necessary to consider each case by itself. Still there are certain general principles that must be adhered to. What shall the dyspeptic eat? He must eat that which his stomach will tolerate and digest. It will be safe to prohibit most ordinary cooked vegetables, most fruits, all fats, salted and smoked meats, pork, pig, veal, lamb, domestic ducks and geese. The flesh of very young or old animals is less



digestible than that of those of middle age, and unsuitable for the dyspeptic. Fish are indigestible, though fresh cod, haddock, and oysters are allowable: these should never be fried. Fresh-made bread, puddings, cake, pies, gravy, and all sorts of dressings containing butter, wine, or sugar, should be prohibited. All pasty substances are impenetrable by the gastric juice, and are excluded. Butter, lard, cheese, sausages, brown sugar, molasses, and honey cause acidity, and cannot be indulged in. The fruits allowable are tomatoes, sweet free-stone peaches, blackberries, and dewberries. Fresh milk will be suited to most stomachs, and should be a standard article of diet. Sweet cream rarely offends the most delicate stomach, and is peculiarly adapted to those cases of debility which result from insufficient nutrition. Ice-cream is very grateful to the stomach of the dyspeptic, and is not objectionable: it should be flavored with vanilla, and eaten very slowly. Fresh-made butter, not subjected to heat, will agree with most stomachs. Shall the dyspeptic eat a full meal and at long intervals, or little and at short intervals? Here authorities are well agreed, I believe, that the food should be taken regularly, and at long intervals; but it is my experience that most patients do better taking but little food at any one time, and taking that little often. The best cure that we ever made was in accordance with this rule. The patient was a shoemaker, a hard worker, a prudent liver, of strictly temperate habits. After trying the usual remedies without satisfactory results, he was put on a diet principally of stale bread and meat made into sandwiches. He was directed to eat no regular meals, but take his sandwiches to the shop with him, and take a mouthful from them every few minutes, or as his appetite demanded. In the course of the day he ate the amount of three ordinary meals. In this way he avoided the usual distress after eating, and rapidly regained his health. The food should be eaten dry. The custom of "washing down" the food with various liquids is highly injurious. If the patient eats his food dry, he will be compelled to masticate it thoroughly,—the first requisite to perfect digestion. Furthermore, the food will become moistened and lubricated by the saliva, so essential to good digestion. We are aware that an eminent authority, no less than Carpenter, in his "Physiology," says that the saliva is for convenience, and serves only to moisten the food, and that some other liquid would do as well; while other authorities, equally eminent, contend that the saliva not only lubricates the food, making deglutition easy, but that it acts as a stimulant to the glands and follicles of the stomach, causing them to secrete an abundance of gastric juice, so essential to good digestion. The last view agrees with the observations of the writer after

many years' experience with different patients, added to his individual experience as a dyspeptic. If liquids are taken in considerable quantity during meals, or immediately before or after meals, the gastric juice becomes diluted thereby, so as to render it inoperative. What shall the drink be? Cold water or iced water in small quantities. You will protest against this advice, of course; nevertheless, a small quantity of ice-water increases the flow of gastric juice, and assists digestion. In regard to alcoholic stimulants or malt liquors, I should exclude the entire list. They, no doubt, temporarily assist a weak stomach in disposing of its burden; but unpleasant re-action follows, and the result is harmful. Condiments, also, ought to be prohibited from the diet of the dyspeptic, salt excepted. The influence of the mind is a powerful factor in the management of dyspepsia. Sudden news, either sad or joyful, will arrest the secretion of the gastric juice, and cause indigestion: hence the importance of having the mind in a tranquil state during the hours of meals and those that immediately follow. Pleasant conversation at the table is one of the best stimulants, and the only stimulant that should be indulged in. So important is the happy mental state to good digestion, that it will often be found necessary to send patients away to new and different surroundings, and insist that they shall cut loose from the perplexing cares of business, or the habit of confinement and study. Passive exercise after meals, such as boating, riding, listening to entertaining anecdotes or the reading of a story, or indulging in some simple game, is highly conducive to good digestion, and should not be omitted. Judicious bathing, so as to keep the skin in good condition, is conducive to good digestion. But what of medicines? To tell the truth, my faith in medicines for this complaint is limited. I would by no means undervalue medicine; but the management is of so much more importance, that medicines are of at least secondary consideration. *Nux vomica* has served me oftener and more satisfactorily than any other remedy I have used. It is a tonic to, or modifies the action of, the pneumogastric nerve,—the nerve that plays so important a part in the process of digestion. It has often been of service in cardialgia and gastralgia, as well as in the less distressing sensations, such as fulness or sense of weight in the stomach. *Pulsatilla* for same conditions, where *nux* failed to relieve, or by repetition had lost its power to effect the case, and for females with the characteristic blond complexion, etc. *Bryonia* has proved useful in cases accompanied by great depression of spirits, with morbid hunger and a desire for acids. *Hydrochloric acid* has been found efficacious in the acid variety of dyspepsia, characterized by sour, hot eructations, and burning pain

in the stomach. Alkalies temporarily relieve such cases, while *hydrochloric acid* often cures them. *Carbo vegetabilis* is useful in some forms of flatulent dyspepsia with acidity, but my experience with it has not been very satisfactory. *Pepsin* and *ingluvin* have proved to be valuable agents in affording patients temporary relief. *Carbolic acid* in half-grain doses, given in glycerine and water, modifies the process of fermentation, relieves flatulent distention of the stomach, and is a valuable remedy in many cases. This comprises nearly all I have to say on the subject of dyspepsia. I would, however, remind you that this disease is one that often requires the abandonment of all known rules, and the striking-out on original and unusual methods. Especially must the idiosyncrasies of the patient be considered. As illustrative: we once knew of a dyspeptic who "ran the gauntlet," as the saying is, with various physicians of the different schools, and finally hit upon one more sensible than the rest, who asked him if there was any particular article of diet that he craved. Said he, "Yes: boiled onions, the most unlikely thing I could eat." This was no ordinary case, for the most simple nutriment would set the patient in torture. He was directed to eat half a dozen boiled onions. He ate them, and with no bad result. At the next meal he ate a dozen; and for the third meal he concluded to have one "square dinner," taking two dozen boiled onions and a variety of other food: it digested perfectly. From this time forward, the patient continued his onions until he was a well man. My wife's mother suffered many months with dyspepsia, and was treated by one of the most skilful homœopaths in this State, without very much benefit. She was cured by an old allopath, with pork-scrap, or with pork fried till it crumbled between the fingers. It might be termed *carbo animalis*.

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*AN OPERATION FOR LACERATION OF THE PERINEUM,  
OFTEN EMPLOYED AT THE WOMAN'S HOSPITAL, NEW  
YORK.*

BY G. R. SOUTHWICK, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

THE patient is to be placed in the lithotomy position, with the hips projecting well over the edge of the operating-table. After she is under the influence of ether, separate the labia with the fingers, and ascertain the line of demarcation between the lacerated surfaces forming the original perineum and the vaginal mucous membrane. Next hook up with fine tenacula three points, — one on either side of the labia, where the laceration originally started, and the third in the projecting rectal fold, — and

bring the latter forward, and together with the other two. This will enable the operator to judge the size of the perineum he wishes to form.

There should be no tension, as the sutures will then cut out. If these three points readily come together, and the intended perineum seems large enough, snip off the points with the scissors as landmarks for freshening the surfaces.

The next step in the operation is to pick up with a pair of mouse-toothed forceps a small fold of mucous membrane on a level with one of the landmarks just mentioned, and a little within the line between the mucous membrane and the skin. Remove this in a thin strip with a pair of curved scissors to a corresponding point on the opposite side. Using scissors curved right and left, a continuous strip can be removed by carrying the scissors from side to side till the entire surface is freshened. In former operations, and by many surgeons now, the lower border of the prepared surfaces is extended out on the skin of the labia. This is a mistake. It is not united by nature, and should not be by art. The skin and cellular tissue here are lax and loose, affording no support to the perineum. Support proper must come from the pelvic fascia. Removal of the skin further than actually occupied in the normal condition only causes more pain after the operation, does no good, and makes the patient uncomfortable.

After the strip of tissue is removed, any portion of undenuded surface may be freshened with a pair of scissors curved on the flat; especial care being taken with the surfaces on either side of the rectal fold, which is brought forward, as these form the bulwarks of the perineum. All cicatricial tissue must be carefully removed to obtain a surface favorable for union by primary adhesion.

Hot water (110°) will usually arrest the bleeding. Arteries or large veins should be tied if torsion is insufficient. Slight oozing will cease when the wound is brought together. All the little clots must be carefully sponged away, as they might interfere with perfect union.

In introducing the sutures, a perfectly straight needle about two inches long, with a round, *not a lance*, point and a large eye, is preferable to all others. A darning-needle of about this length will answer every purpose. The round point is much more difficult to introduce than the lance point, as it will not cut the tissue; but the latter is its great advantage. In a region so rich in its blood-supply, it will only make a hole barely sufficient for the needle to pass, which is *completely* filled by the suture with the surrounding tissue contracted upon it. The lance point will *cut* through, making a much larger hole than the suture will

fill. There is more danger of wounding a blood-vessel, and ensuing thrombosis, which would be apt to interfere with the success of the operation.

A straight needle can be introduced more easily than a curved one; and the operator has the advantage of always knowing where to find the point, — a matter of some difficulty when the curved needle deviates from its course.

Silver wire is the best material for sutures in this operation. The needles to be used should be threaded double with linen thread, and a half-hitch taken so as to leave a loop seven or eight inches in length. After the needle is passed, and the loop drawn through, a piece of silver wire can be hooked and bent sharply down in it, and then drawn through with a quick sweep.

Wire can be introduced in this way much more easily than by passing it through the eye of the needle. We are now ready to introduce the sutures. The forefinger of the left hand is passed into the rectum to bring the anterior wall forward, and to follow the point of the needle. Commencing at the lower border of the wound next the anus, the needle is inserted about one-quarter of an inch from the denuded surface, made to describe an arc of a circle in its course, carried up a little more than a quarter of an inch in the freshened surface, and, after passing just beneath it, is brought out at the corresponding point on the opposite side. The wire is hooked in the loop, and brought through, the ends twisted together a little, and left till all the wires are in. The remaining sutures are introduced in the same way, parallel to each other, and a little less than a quarter of an inch apart. The most important suture is the next to the last one taken. This is introduced all around the upper margin of the freshened surface, and brings the three points previously mentioned, together. The last suture is introduced just above the freshened margin on either side, then out and across to the rectal fold just above the freshened border. This brings the three points together more firmly, takes off a certain amount of tension from the other sutures, and diminishes the danger of infiltration of urine or secretions. The eye of the needle should not be seized in the bite of the needle-holder, as it will be apt to break. While introducing the needle, there is a great temptation to bring the point forwards and out by mere rotation of the wrist. This applies the force directly *across* the axis of the needle, instead of *along* it. The needle consequently breaks. This can be easily obviated by pressing the point of the needle-holder backwards and inwards with a slight rotation, which will throw the point of the needle out without so much danger of breaking the needle. After the sutures are in, carefully sponge out the wound, remove all the little clots of fibrine, and see that no vessels are bleeding.

The next step is to bring the patient's knees forward, so that her feet rest on the table. Now separate the knees, and shoulder the sutures; i.e., bend the wires at right angles immediately over the edges of the wound after it is brought together. Then, when the suture is twisted up, the traction will be equal on each side; the edges of the wound will come together better, and are not apt to roll in or out. The shield is often a useful instrument here.

After twisting as much as may seem necessary, take a tenaculum, and hook the suture upwards and outwards at the point on each side where it enters. This bends it at nearly right angles, and greatly diminishes the danger of its cutting out. The suture is finished by clamping a perforated shot over the wire, close up to the wound, and cutting off the wire smoothly over the shot. Each suture is treated in the manner described. The shot is preferable to the older method of enclosing the ends of the wire in a piece of rubber tubing. In the latter case, the tubing is in the way, often catches on the clothing, or, if accidentally hit, moves the entire wound, and causes great pain. The shot are small, separate, and out of the way, and the patient is much more comfortable. After the wound is closed, it is well to smear it thoroughly with vaseline, and tie the legs loosely together. For the first three days, the urine should be drawn by elevating the limbs over the body, and using a soft rubber catheter every five or six hours. As the instrument is withdrawn, the end of it should be closed by the forefinger of one hand, while a finger of the other holds a piece of linen just beneath the meatus, to prevent any dribbling into the wound. After the third day, the patient may pass her urine without assistance, but should have a lukewarm vaginal douche after it. Her diet should be light but nutritious. By using the proper diet, it will not be necessary to keep the bowels bound. The patient is best turned on her side in bed by lifting up one side of the mattress. On the tenth day the sutures are removed: and, after remaining in bed four or five days longer, the patient may get up; but she should be careful about going up or down stairs very frequently, taking long walks, or assuming any position of the body which brings a strain on the recently united perineum.

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*REMINISCENCES OF THE CHOLERA OF 1849, WITH  
REFLECTIONS.<sup>1</sup>*

BY DR. JOHN MOORE.

It has occurred to me, that, as some of our younger members may not have had the opportunity of seeing the cholera during

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<sup>1</sup> An abstract of this paper was read at the Liverpool Medico-Chirurgical Homœopathic Society, Oct. 2, 1884. Reprinted from the Monthly Homœopathic Review, January issue, 1885.

its former visitations to this country, it might be profitable to spend an hour or two in its discussion, as there is still some ground to fear that its present outbreak may not be confined to the south of Europe. And if it should again visit these islands, we ought to be thoroughly equipped for its treatment — to the extent, at least, of our present knowledge, and the lessons which past experience has supplied: for it is a disease which requires prompt treatment; and the loss of an hour or two may be the loss of a life, especially at certain stages of it. It was my good fortune to be associated with Dr. Drysdale and Dr. Hilbers in the dispensary practice of 1849, and we worked most harmoniously and cordially together. The recent death of Dr. Hilbers moves me to say that a man of a more kindly heart, or of disposition more ready to help his younger brethren, could not be found within the precincts of any profession.

So much has been written on this disease, and such varied theories have been promulgated as to its nature, etc., that it would only waste the time of the Society to rehearse them. To those who desire a full account of the Asiatic cholera, I refer them to Macnamara's interesting work; to Pette Koffer's (of Munich); and to the American volume on the cholera of 1873 in the United States of America, — a book published under government authority, containing upwards of a thousand pages of matter, in which all theories of the disease, and all kinds of allopathic treatment, are recorded; in addition to these books, the reports of the medical journals during the four visitations of cholera in our own country, viz., that of 1832, 1849, 1854, and 1866.

As regards the homœopathic treatment of cholera, an account will be found in the seventh volume of the "British Journal of Homœopathy" by Dr. Rutherford Russell, by Dr. Drysdale in the eighth, and by Dr. Proctor in the twenty-fifth volume.

The recent researches of Koch and Pasteur give color to the idea that the disease is of germ origin; but whether the bacillus discovered in the secretions be the cause or the effect of the disease is by no means proved; and, happily for our own treatment, we have not to wait till the essential nature of any disease is found out, but treat it as our great master taught us, — by its symptoms, objective and subjective.

A vast amount of valuable time has been lost by an attempt to discover the essence of diseases, and of this special disease; but it has been left to homœopathy to find out the system of treatment which has been proved to be the most successful in all its stages, and it is to this branch of the subject that I wish especially to direct your attention. And first we will give the symptoms of the disease, although so well known. These are, first, a sense of oppression at the pit of the stomach, sometimes

accompanied by faintness, at others by giddiness: this is soon followed by vomiting or purging, or both, the matters ejected resembling rice-water, oftentimes of a sweetish, sickly odor. There is present great thirst, and coldness of the surface of the body, which is generally in a state of perspiration. Cramps may or may not be present: if present, they may affect the abdomen or the upper or lower extremities, chiefly the lower. If this state is not speedily checked, there soon follows the second stage,—the stage of prostration or collapse, or, as it has been called, the blue stage: this is characterized by extreme coldness of the body, extending even to the *tongue* and the *breath*. The breathing is oppressed; the voice hoarse and husky, very peculiar, hence called the *vox choleraic*; pulse small and frequent, and scarcely to be felt; and there is generally a fearful foreboding of death. The skin of the hands becomes like a washerwoman's; the face of a blue color. Suppression of the urine occurs during this stage. He who has once seen such a state will never forget it, nor mistake it for any other known disease: it is a distressing vision. If the patient rallies, or by treatment is brought out of this stage, febrile re-action generally follows, which is not difficult to remove, unless there has been some previously existing chronic affection. The suppression of the urine is sometimes a troublesome symptom; and certainly, until removed, the patient cannot be regarded as out of danger; and patients often die in the consecutive fever, I believe chiefly from cerebral or renal congestion.

TREATMENT. — In the first stage let us emphasize the great remedy first announced by Hahnemann, — *camphor*. I do not hesitate to affirm that it is the most sovereign remedy for Asiatic cholera yet discovered, and I write from personal experience of its virtues in the epidemic of 1849, and my experience has been re-affirmed by all who have used it since: indeed, my only regret is, that we did not advocate its use more fully, freely, and persistently throughout many cases where we abandoned it for other medicines which appeared to be more closely indicated.

*The Second Stage.* — The fear that *camphor* would neutralize the effect of other medicines, added to other reasons, prevented me from giving it with those medicines in the stage of collapse. I will now give one illustrative case of cure by *camphor* alone; and it may be taken as a type of many similar cases cured in the same stage of the disease, viz., in the transition from the first to the second stage. On the 8th of July, 1849, a merchant of this city, of strong will and lymphatic temperament, aged fifty-five years, was attacked by diarrhoea in the morning of the day. Being Sunday, he resolved, notwithstanding his state, to attend public worship, as usual. During the service he began to



feel faint and sick, and speedily withdrew to the vestry. As I happened to be present at the service, I was called to see him, though not his usual medical attendant. I found him very ill, pulse wavering, cold skin, blue appearance of the face, and great prostration: in fact, he was on the verge of full collapse. Having a bottle of *spirit of camphor* in my pocket, I procured some lumps of sugar, and gave him five drops on a piece of sugar, and made him melt it slowly in his mouth; and as soon as it was dissolved, I gave him a second dose in like manner; and so on for two hours, when re-action set in, and then I had him removed to the house of a relation in Oxford Street, as his own residence was in the country. I remained with him for two hours more, and found the re-action well sustained. I then abandoned the *camphor*, and gave him *veratrum* for the slight diarrhoea still existing. Next day he was able to be removed to his own house in the country, and perfect recovery ensued without re-actionary fever. As aforesaid, this is a typical case, just on the borderland between the first and second stages; and I have always found, and I believe others also, that, when *camphor* has been well borne, the patients have done well. The cure was synonymous with the camphorizing of the case, and the camphorizing was complete when warmth was restored to the surface. Then all danger was past; and, unless improper food or stimulants were given, no further trouble was experienced. Throughout the disease, use dry heat to the surface of the body.

The question may now be asked, *What prevented camphor* being given in every case, if its effects were so excellent? I reply, The constant nausea prevented it from being administered. It became repulsive to the patient. The severe thirst often present, demanding cold drink, and the previous domestic dosing with *brandy* and *opium*, so complicated many cases, that *camphor* had to be given up. It may be truly affirmed that *brandy* and *opium* and astringent medicines rendered many cases much more difficult to treat, and in some cases cut off *entirely* the chance of their recovery.

The painful thirst, caused doubtless by the drainage of the serum from the blood, was more effectually relieved by frequent sips of iced water, and by the medicines most appropriate to the stage. These medicines are *veratrum* and *arsenicum*. *Veratrum* corresponds to the vomiting and purging: its sphere of operation was generally limited to the first, or early part of the second stage. I found *veratrum*  $\phi$  succeed better than the dilutions. When positive collapse came on, with cold tongue and cold breath, *arsenicum* was the medicine on which to rely, and likewise *hydrocyanic acid*. Recently Dr. Sircar of Calcutta has found striking benefit from the latter in the most apparently

hopeless cases. *Phosphorus* also is indicated in this stage, and *crotalus* probably; but the medicines are very few that meet such a condition as the fully formed collapse of cholera. In this state cases on record prove that *aconite* has been found of service. However, let us not deceive ourselves by superficial resemblances between the medicines and this disease. Where *veratrum* has failed, *iatropha curcas* has been found to check vomiting and purging, as reported by Dr. Holland of Bath. The symptoms of this medicine, as given by Allen, are analogous to *veratrum*. When intense thirst co-existed with violent vomiting and purging, I gave *veratrum* alternately with *arsenicum*. The collapse of cholera is not a state of syncope, but of asphyxia: hence *alcohol* is not indicated.

With reference to the cramps of cholera, when they have been the prominent symptom, *cuprum* and *colocynth* are the medicines indicated. If asked to differentiate these medicines, I should answer, When the cramps are chiefly abdominal, *colocynth* is the medicine; if in the extremities, *cuprum* will be found most beneficial; if the pains are severe in the hypogastric region, *nux* or *strychnine* will be found eminently serviceable. Several other medicines have been recommended, such as *iris*, *ipecacuanha*, *secale*, *carbo vegetabilis*, and *tartarus emeticus*. The latter was found of great service in Dr. Hayward's hands, in those cases where *arsenicum* was indicated. There is another medicine which occurs to me, which I have had no opportunity of trying; viz., *elaterium*, which corresponds to the serous purging. I name it for consideration during any future invasion of the disease, should such occur in these islands. Should I ever be called to treat cholera again, I should not abandon *camphor* while coldness of the surface is present. When prevented from giving it internally, I should apply it externally, in the form of liniment rubbed over the epigastrium and along the spinal column; for it is evident in this disease that the cerebro-spinal system is involved, as well as the sympathetic: and I should do this simultaneously with the internal administration of the medicines above referred to, chosen according to the prominent symptoms. Perhaps *aconite* and *phosphorus* might prove the best medicines for the blue stage of cholera, if others failed.

We come now to the *third* stage,—the stage of re-action and rallying out of the collapse; then we have generally a febrile condition. This is met with the usual febrile medicines,—*baptisia*, *bryonia*, *pulsatilla*, and *ipecacuanha*,—chosen according to the prevalent symptoms. One of the most troublesome symptoms in this stage is suppression of urine, and often requires special treatment by the well-known medicines for this state,—*terebinth*, *cantharis*, and *colchicum*. In the epidemic of 1849,

we found *kali bichromicum* very efficacious in this condition, as recommended by Dr. Drysdale. I have named but few medicines for this fell disease, and only those I believe to be thoroughly reliable. A speedy choice of medicines is necessary; while a long list of them is confusing to the learner, and to those who meet the disease for the first time in their lives. If any person wishes to see "confusion worse confounded" in medical treatment in Asiatic cholera, let him read the large American volume referred to above, and published in 1874. Therein he will find about eighty different medicines used, and cases recorded in which *calomel*, *opium*, *capsicum*, *quinine*, *ether*, *chloroform*, *camphor*, and other medicines were taken. One remarkable case recovered after severe *poly-pharmacy*. The compiler of the work, being struck by the recovery, makes this remark: "Truly the forbearance of Nature is wonderful." The statistics of this disease and its varying mortality are rather confusing and contradictory. It may be affirmed that every epidemic of Asiatic cholera has its own mortality, corresponding to the intensity of the disease; and when we read of a very low mortality, we conjecture that diarrhoea cases, pure and simple, are counted in with the cholera cases: then you may have your five or ten per cent mortality; but genuine cases of Asiatic cholera have a higher mortality anywhere and everywhere. Our mortality in 1849, in the very lowest class of the poor, was twenty-five per cent; while the municipal returns, under the same conditions, gave forty-six per cent as the mortality under allopathic treatment. The medical officer of health at the time (Dr. Duncan) was a very able and conscientious man, and, being in friendly communication with us, was aware of the difference. In the cholera of 1866, Dr. Proctor had charge of the dispensary practice. The mortality in his cases was only fifteen per cent. Either he was more fortunate in his class of cases, or more successful in his treatment, than we were: probably the great sanitary changes effected in the town between 1849 and 1866, had mitigated the severity of the latter epidemic.

DIET IN CHOLERA. — We found the less of any thing given, the better, during the first stage; cold water or iced water, and that in small quantities at a time, the best thing; as soon as the stomach could retain it, mild farinaceous food, gruel, arrowroot, etc. Alcoholic stimulants were injurious as a rule, though, when able to be taken in the stage of collapse, were administered in very small quantities.

I will draw my remarks to a close on Asiatic cholera by endeavoring to present a brief view of our present and actual knowledge of this serious disease. I think it may be affirmed with truth, —

1st, That it is of Indian origin; that it has its home there, and, indeed, is never found absent from some parts of that empire (Bengal, for instance).

2d, That it belongs to that class of disease which we call zymotic, and, like that class, is of *germ* origin, with the power of self-multiplication in the blood and secretions.

3d, That the germs which produce the disease are the products of animal decay, animal excretions, and sewage-matter. These, finding their way into the ordinary drinking-water of the people, are notoriously the cause of many outbreaks of the disease, both in India and this country. Notable instances occurred in Newcastle in 1854, in which the Tyne was so poisoned; and in London, when the Broad-street well was poisoned by a damaged cesspool communicating with it, and producing cholera in all who drank the water. When both sources were stopped, the disease began at once to die out.

4th, That the cholera germs require only a short time to incubate, — from one to three days, — differing in this particular from the germs of typhoid fever and scarlatina, and that cholera only tenants the same house for twelve or fourteen days.

5th, That it is not contagious, in the proper sense of the word, by coming into contact with the patient; but the secretions are full of infection, and, if clothes are soiled, they retain the infection for weeks, perhaps for months.

6th, That it spreads rapidly in filthy districts, and has not been known to cross either the Desert or the Indian Ocean. Australia and New Zealand being hitherto free from its visitation, the American epidemics could always be traced to emigrants from European ports.

8th, That it is not dependent on the wind for its progress, as it has been known in India to travel against it; but it spreads more rapidly if favored by a fair wind, though telluric and aquatic conditions appear more decidedly to influence its movements.

9th, That it has been known to stop short at a region where drought exists, and thus famine-stricken districts have escaped.

10th, That the disease will continue to exist in India until the people learn the most ordinary habits of decency and cleanliness, and be taught to observe them during their pilgrimages to the heathen temples; these pilgrimages being not only a prolific source of the disease, but the chief means of spreading it throughout that vast empire. The affinities of this disease are everywhere with the loathsome and the disgusting. To christianize, civilize, and humanize India, are the only effectual means of bringing about those sanitary reforms which will tend to eradicate cholera there.

11th, That sporadic cases have occurred in this country and proved fatal, without any contact with imported disease, cannot be doubted. I knew one such case in a village in Warwickshire, and others have reported similar cases in towns.

12th, Notwithstanding the severity of this disease in recent times, its violence has considerably diminished during the last sixty years. In 1817, when the Marquis of Hastings was governor-general of India, five hundred persons died in the camp in one night, ten of his own servants amongst the number, some of them dropping down dead behind his chair. I had a commercial friend in India many years ago, and he told me it was no uncommon thing to spend a merry evening with a friend, and the next morning to find on the breakfast-table a card of invitation to attend his funeral, his friend having fallen a victim to cholera.

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*THE PHYSIOLOGICAL EFFECTS AND THERAPEUTICAL  
USES OF HYDRASTIS.*<sup>1</sup>

BY ROBERTS BARTHOLOW, M.D., LL.D.

[NOTE. — Dr. Bartholow desires to acknowledge his indebtedness to Dr. A. B. Brubaker, demonstrator of physiology in the Jefferson Medical College, for valuable assistance in conducting the experiments.]

BUT little attention has heretofore been given to the physiological actions of *hydrastis*. It is true, Schatz,<sup>2</sup> Fellner, Sclavatinisky, and some others<sup>3</sup> have made some studies; but their results differ so widely from those herein detailed, that it may be questioned whether they operated with sufficiently good specimens of the drug. The alkaloid *hydrastine*, with which the following experiments were made, was sent to me by Professor J. U. Lloyd of Cincinnati, who is, I hope I may be permitted to say, unimpeachable authority. As *hydrastine* is quite insoluble, a solution of the hydrochlorate was prepared for me by Messrs. John Wyeth & Brother, which contained thirty-three per cent of the salt. The effects of the alkaloid were compared with those of the fluid extract. As the actions of *hydrastis* consist of the sum of the effects of its active constituents, it is necessary to know how far each contributes to the results. It was soon ascertained that the alkaloid *hydrastine* is the true active principle, for the very characteristic effects of this were simply repeated by sufficient doses of the fluid extract. The latter is, as might be expected, slower in action; but, in respect to the manner of action, there was between them no appreciable difference. Three grains of the hydrochlorate caused the death of a frog in

<sup>1</sup> Reprinted from the March number of *The Drugs and Medicines of North America*.

<sup>2</sup> *Centralblatt für gesammte Therapie*, Band 2, p. 82.

<sup>3</sup> *Meditz. Horz.*, No. 16, 1884, quoted from the *London Medical Record* for Nov. 15, 1884.

four minutes, whilst forty minims of the fluid extract proved fatal in twelve minutes, the mode and character of the action being the same. The results in rabbits were corresponding. In general terms, the effects of *hydrastis* are those of *hydrastine* in both classes of animals, but minute differences may hereafter be detected, on closer examination.

GENERAL EFFECTS OF HYDRASTINE HYDROCHLORATE IN COLD-BLOODED ANIMALS. — When ten minims of the thirty-three per cent solution are injected into the abdominal cavity of a frog, the following phenomena ensue: in two minutes muscular rigidity is manifest, with extension of the limbs, and inability to move; in three minutes the cutaneous reflex is so heightened, that the gentlest tap on the skin causes a tonic convulsion from above downwards; successive tonic convulsions then ensue, with fibrillary trembling between, until, at the end of four minutes, death occurs in a strong tetanus. On opening the chest, the heart is still found in action, but in a few minutes more ceases in diastole, all the cavities being full of blood; and its muscular tissue is found to be irresponsive to electrical irritation.

In a rabbit weighing about fifty ounces, forty minims of the same solution, or thirteen grains, caused death in five minutes, with the same phenomena; that is, with successive tetanic convulsions, the head drawn forcibly back, the limbs extended, and the respiration fixed, with increasing cyanosis of the ears and mouth. The heart continues in action after respiration has entirely ceased, and, on opening the chest then, it is still found in slow movement, the auricles most active, and all the cavities distended with blood. The muscular tissue of the heart does not respond to electrical or mechanical irritation.

It follows from the foregoing, that *hydrastis* belongs to the group of excito-motor agents. It heightens perception, the cutaneous excitability, and the reflex functions, and it causes death by tetanic fixation of the respiratory muscles.

DETERMINATION OF THE SEAT OF THE ACTIONS, WHETHER SPINAL OR PERIPHERAL. — A frog weighing about twelve ounces was pithed. After division of the medulla, the whole length of the spinal cord was carefully destroyed. No other injury was done, and very little blood lost. Ten minims of the *hydrastine* solution were then thrown into the peritoneal cavity. The frog remained perfectly limp and flaccid, and no spasm or convulsion of any kind occurred. The heart, on opening the chest some time after the death of the frog, was no longer in movement, the action having ceased in the diastole; and the cavities, as in other instances, were distended with blood.

The spasms and convulsions caused by *hydrastine* are therefore central or spinal, and not peripheral.

HAS HYDRASTINE ANY EFFECT ON THE PERIPHERAL NERVES AND MUSCLES?—To ascertain this, the left sciatic nerve was dissected out, isolated, and a strong ligature applied around the limb, the nerve excluded, thus cutting off the circulation from the parts below. Ten minims of the *hydrastine* solution were then thrown into the abdominal cavity. The usual effects followed, — stiffness, rigidity, and spasm of the muscles, general tonic convulsions, and intermediate fibrillary contractions. On stimulating the sciatic of the ligatured limb, contractions, not active, of the gastrocnemius, followed; but, on direct excitation of the unpoisoned muscles of the calf, they responded readily. In the other, the poisoned limb, feeble contractions of the calf-muscles ensued, on stimulation of the nerve, and similar contractions took place when these muscles themselves were directly acted on. After a time when the influence of the *hydrastine* had attained the maximum, and immediately after suspension of respiration, both nerves failed, on stimulation, to excite muscular contractions, and the poisoned muscles became entirely inexcitable.

The foregoing experiments prove that *hydrastine* exhausts the irritability of motor nerves and muscles.

ACTION OF HYDRASTINE HYDROCHLORATE ON THE HEART.—A freshly removed frog's heart, suspended in the solution, rapidly loses its electric excitability, and in a minute no longer responds to a strong current. Applied to the exposed heart *in situ*, the same effect is produced more slowly, and in five minutes an arrest of the movements takes place in diastole, the cavities being fully distended with blood. The auricles resist the action somewhat longer.

The pneumogastrics being divided, ten minims of the solution are injected into the abdominal cavity. The heart is acted on more slowly; and its excitability to stimulation, electrical and mechanical, although much feebler than the normal, still persists. On excitation of the peripheral end, the heart is rather lazily arrested. In the previous experiments, the heart undisturbed in its anatomical relations, it was found that the excitability of the vagus just before the cessation of respiration was entirely destroyed, and, at the stoppage of the heart's movements, its muscular irritability was lost.

From these experiments, we learn that *hydrastine* acts both on the inhibitory and motor apparatus, destroying their power of response to excitation; but the former function yields later, or after the latter.

To determine more precisely the nature of the action exerted on the cardiac motor and inhibiting apparatus, the vagus was first paralyzed by *atropine*, and then the usual dose of *hydrastine*

administered. The increased movement caused by *atropine* was soon lessened by *hydrastine*; and the heart, after the cessation of the respiratory movements, was ultimately arrested in the diastole, the cavities fully distended, as before described. The effect of the *atropine* was now exhibited in the preservation of the irritability of the heart-muscle. In the experiments before detailed, it was found that *hydrastine* destroyed the irritability of the heart-muscle; but, when *atropine* was administered, the response to mechanical and electrical irritation was retained.

ANTAGONISM BETWEEN HYDRASTINE AND CHLORAL. — The number of experiments has been too small to formulate positive conclusions, but enough has been learned to indicate that chloral antagonizes to a large extent the increased reflex excitability and the tonic convulsions caused by *hydrastine*. It is probable, indeed, that the antagonism will be found as extensive in range as between *chloral* and *strychnine*. Thus far I have not had the opportunity to ascertain the lethal dose of *hydrastine*. Until that is determined, the power of its physiological antagonists cannot be measured with accuracy. Further experiments are making on this point, and will be announced hereafter.

STRYCHNINE AND HYDRASTINE. — A remarkable correspondence can be traced between the actions of *strychnine* and *hydrastine*; but the power of the former seems to be the greater, whilst in extent of action the latter seems far more. Both exalt the reflex function of the cord, both induce tetanic convulsions, and both cause death by arrest of the respiratory movements in a tonic spasm. *Hydrastine* more affects the peripheral nerves and muscles, and to a much greater extent impairs the contractility of the cardiac muscle.

THE THERAPEUTICAL APPLICATIONS OF HYDRASTIS. — As the results obtained from the administration of *hydrastis* constitute the sum of the actions of its several constituents, it may be best to consider the powers of the active principles separately, before treating of the effects of the drug as a whole.

The plants containing *berberine* are, as a rule, members of the tonic and reconstituent group. *Hydrastine* being peculiar to *hydrastis*, much of the effect produced by this agent must be due to the presence of this principle. Prescribed alone, *hydrastine* has been supposed to have the effects of a tonic, antiperiodic, and to some extent alterant, — a term used to signify the power to promote the waste and excretion of morbid materials. The physiological study of *hydrastine* as made by Schatz, Fellner, Slavatsky, and others,<sup>1</sup> has not contributed to the subject of its therapeutical power, although it forms a groundwork for the

<sup>1</sup> Centralblatt für die gesammte Therapie, Band 2, p. 82; and Meditz. Obozr., No. 16, 1884; the latter quoted by London Medical Record, Nov. 15, 1884.



therapy of the future. If, however, the physiological actions as detailed in this paper be confirmed by subsequent researches, quite a new phase will be given to its therapeutical applications.

As the fluid extract contains all the constituents of *hydrastis*, it is the most concentrated form available for administration, and therefore will be the best preparation for procuring the effects of the remedy as a whole, whether given by the stomach or applied externally.

HYDRASTIS IN GASTRO-INTESTINAL DISORDERS. — As a stomachic tonic, when the condition of the stomach is that of debility, as we find it in atonic dyspepsia so called, and in convalescence from acute diseases, *hydrastis* serves a useful purpose. In common with the bitters, it stimulates appetite, and increases the secretion of the gastric glands. Disposing thus of an increased supply of aliment, the constructive metamorphosis is promoted. For this purpose, it is best to administer ten to twenty drops of the fluid extract a few minutes before meals.

Both the alkaloids of *hydrastis* exerting an inhibitory influence on fermentation, the fluid extract can be given with excellent effects in cases of catarrh of the stomach, accompanied with fermentative changes in certain foods, whether or no the *Sarcina ventriculi* be present. The result of the action will be more permanent than the above remark implies, seeing that this remedy can modify, if not remove, that alteration of the mucous membrane which is accompanied by an outpouring of pathological mucus. To effect this purpose, it were better to administer the fluid extract two or three hours after meals, and the dose should range from fifteen to thirty minims.

As a tonic and reconstituent in the classes of cases above mentioned, *quinine* is now largely used: it is quite certain that *hydrastis* can be substituted, for the most part, with advantage.

The experiments of Rutherford<sup>1</sup> have confirmed the belief, founded on empirical observations, that *hydrastis* is an hepatic stimulant, although not one of the most active. As he operated with *hydrastine* so called, which consists for the most part of *berberine*, it is probable that the results which he obtained are not equalled by those produced by the exhibition of the fluid extract. *Hydrastis* has been found useful in gastro-duodenal catarrh, associated with catarrh of the bile-ducts, — a morbid condition, in which the output of bile is lessened by the mechanical obstruction, and the intestinal digestion is impaired in consequence of the insufficient supply of bile, the fermentative changes set up by the mucus, which plays the part of a ferment, and the consequent absorption of imperfectly prepared materials. In

<sup>1</sup> The British Medical Journal, 1879, vols. i. and ii; Report of the Committee of the British Medical Association, etc.

this state of things we find the true explanation of some cases of jaundice, of most cases of "biliousness," and the initial changes of lithæmia.

The gastro-duodenal catarrh of chronic alcoholism is a condition in which the use of *hydrastis* has a decidedly beneficial effect, and the improvement in the digestion has seemed to lessen the appetite for alcoholic stimulants. This statement, made by several observers,<sup>1</sup> has been rather sarcastically commented on by the authors of the "National Dispensatory,"<sup>2</sup> who are, however, pessimistic, if not nihilistic, in their therapeutical conceptions. The new facts demonstrating the effects of *hydrastine* as a spinal stimulant are additional reasons for supposing it to be possessed of the powers claimed.

For the relief of the intestinal troubles above mentioned, *the fluid extract of hydrastis* should be given in the interval between the meals, and the dose should be larger (3ss-3i) than in the case of the corresponding stomachal troubles.

As an antipyretic and antiperiodic, the alkaloid *hydrastine* has had no adequate clinical study. Twelve years ago I made some experimental trials at the Hospital of the Good Samaritan, in Cincinnati, in seven cases of tertian intermittent. *White hydrastine* in crystals was furnished me by Professor E. S. Wayne, M.D., of Cincinnati, the well-known chemist and pharmacologist. Two of the cases were recent, uncomplicated, and but a few paroxysms had occurred. Twenty grains of *hydrastine*, administered in three doses, in anticipation of the seizure, merely modified its violence, but did not prevent it in either case. The second attempt proved successful. Three of the cases, more chronic in character, required sixty, sixty-five, and eighty grains respectively. The two remaining proved still more rebellious, and, the patients becoming uneasy, I was forced to resort to *quinine*. The supply of pure *hydrastine* was not sufficient to carry on further experiments, and, a suitable opportunity to resume the investigation not occurring, I have no further clinical experience in this direction to report.<sup>3</sup> Nevertheless, these trials, whilst not numerous, are at least significant. They indicate the possession of real antiperiodic power, inferior to *quinine*, it is true, but apparently inferior only to the great antiperiodic. Since that time, the chemist's skill has produced by synthesis various products approaching in composition closely to *quinine*,

<sup>1</sup> The Practitioner, London, vol. xvi. pp. 121 *et seq.*

<sup>2</sup> Third edition, p. 798.

<sup>3</sup> The remarkable activity of the pure *hydrastine* furnished me by Professor Lloyd, necessitates caution in its administration, until its lethal power in man can be determined. It is now evident that the *hydrastine* used by me formerly in the treatment of diseases was not pure. I must therefore caution my readers in respect to the administration of the pure alkaloid, and especially its salts, and warn them not to employ this active agent as they have heretofore been giving *berberine*, or a mixture of *hydrastine* and *berberine*.

and possessed of powers very similar, but still inferior. It may be, that, under these circumstances, *hydrastine* will never rival *quinine* or its analogues; but the powers which it is now shown to possess may require a different statement hereafter.

TOPICAL APPLICATIONS. — For local use, the best mode of applying *hydrastis* is in the form of the fluid extract, which may be employed undiluted, or diluted with *glycerine*. Its staining-power is an objection, since the color which it imparts to cotton cloth, if not permanent, is at least not readily washed out. This fact suggests the possibility of using this pigment or coloring matter as a dye-stuff.

*The fluid extract of hydrastis* is an excellent topical application in cases of catarrhal inflammation of the mucous membranes. In nasal, faucial, urethral, and vaginal catarrh, and in otorrhœa and conjunctivitis, there can be no doubt of its good effects. It may be applied freely in the undiluted state without fear of injury, if no good be accomplished by it. It has proved to be a very efficient injection in gonorrhœa, more especially after the acuter symptoms have subsided. For this purpose, it may be diluted with *glycerine* or mucilage, or both, to the required extent. Formerly, when I used to see these cases in considerable numbers, I found it a capital application in cervicitis. I had also excellent results in such cases, and in gonorrhœa, from *hydrastine* suspended in mucilage.

To express a final judgment as to its therapeutical value, my conviction is, that *hydrastis* is a useful remedy, and well deserves a trial in the various conditions in which it is recommended above.

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#### GLEANINGS AND TRANSLATIONS.

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KAIRINE. — M. Dreby of Lyons, as quoted in the "Lancet," states, as the result of a series of experiments with this drug, that it can be given in doses of from six to eight grams, especially in meningitis, acute rheumatism, and typhoid fever; that it is an efficient antipyretic, even when quinine fails; that it acts "by lowering the activity of the tissue changes;" and that ill effects from its use are rare. — *New York Medical Journal*.

EXCISION OF THE TONGUE FOR EPITHELIOMA. — Mr. Kendal Franks, before the Academy of Medicine in Ireland, read a paper on a case of excision of the entire tongue, the left tonsil, and part of the velum palati, for epithelioma. In the operation, which he performed in January last, he divided the cheek from the left

angle of the mouth to the anterior border of the masseter muscle to obtain room. The attachments of the tongue to the floor of the mouth and to the lower jaw were divided by means of a galvanic cautery loop without hemorrhage. A supra-hyoid puncture was then made into the floor of the mouth; and a galvanic cautery loop, introduced through it, was made to encircle the organ as far back as possible, so as to divide the tongue at its base. No hemorrhage followed this division. The left tonsil, anterior pillar of the fauces, and the greater portion of the left half of the palate, were removed with Paquelin's thermo-cautery. A little bleeding from a palatal twig had to be arrested. On the 19th of February a hard and diseased gland was removed from behind the angle of the jaw, and had to be dissected off the internal jugular vein for about an inch and a half. This wound was quite healed in a few days. The mouth healed rapidly, except for a small piece far back on the left side of the epiglottis, extending forward to the level of the tonsil, which progressed slowly, and is not yet cicatrized. The pain, which before operation was intense, has disappeared; and the patient, though weak, and disinclined to leave his bed, is quite comfortable. The electrical apparatus employed consists of three storage-batteries devised by Mr. Prescott of Dublin. — *Medical Press.*

CROUPOUS PNEUMONIA IN CHILDHOOD. — In a valuable paper on the above subject, published in the "Homœopathic Journal of Obstetrics" for February, Dr. Thomas Nichol of Montreal says, —

"The sick-chamber should be both large and lofty. . . . The ventilation *must* be good. Jurgensen graphically remarks, 'It is better to smash a window-pane than to put up with a stench. A draught is better than bad air. The higher the fever, the more need of air.' . . . I like the patient to wear a woollen wrapper over the night-dress, as the little ones like to have their arms out of bed, and they often need to be taken up suddenly. . . . The posture of the patient is of great importance. In order to obviate the inclination to hypostatic congestion, the child should be propped up in bed. . . . Sick children need food just as much as well ones, and, if food is not given, the subsequent weakness is greatly increased. Milk . . . should always be given as warm as 100°. . . . The thirst is usually intense, and cold water is the best and most satisfactory drink. Meigs and Pepper remark that they have seen the most violent and obstinate screaming and painful restlessness quieted at once by a copious draught of cold water. If the exhaustion is extreme, brandy in very small quantities, say ten to twenty drops in the course of the twenty-four hours, is eminently in place. I give two, three, or four drops in a little milk every three or four hours.

In very feeble nurslings, champagne is preferable. . . . Much better than cold-water applications is a large, warm, soft poultice of Indian-meal or linseed-meal, applied hot, and changed three times a day. It certainly relieves the pain, soothes the nervous system, promotes expectoration, and, according to Ruddock, is one of the best means of providing for the local loss of vitality in pneumonia. If the patient is very weak, Ruddock advises anointing the chest with olive-oil. . . . The oil may be rubbed gently into the body for four or five minutes, and the operation will be found soothing and strengthening."

A SINGULAR CASE OF POST-MORTEM RIGIDITY. — The "Revue Bibliographique" quotes the following singular case, which was originally reported in a Portuguese journal. It was given as a case of suddenly appearing rigor mortis; but Dr. Cuyet, in a brief comment, expresses the opinion that it should rather be regarded as a case of contraction due to hemorrhage from the nerve-centres, and continuing several moments after death had taken place. "A gentleman some forty years old was mounting his staircase. Suddenly, while on the third or fourth step, he stopped short, and groaned loudly. The servant, who was following, hastened to him, and found him quite dead. His feet were firmly planted upon the stair; and his hands clasped the hand-rail so firmly that considerable force had to be employed to loosen them, when the body was lifted down. The cause of death was given as pulmonary apoplexy."

BACTERIA ON COIN. — A Frankfort journal states that Dr. Reinsch has found, as the result of a long series of minute investigations, that the surfaces of 50-pfennig pieces (corresponding to our dimes), which have been long in circulation, are the home and feeding-ground of a minute kind of bacteria and vegetable fungus. An extended series of observations showed that this is the case with the small coins of all nations; the thin incrustation of organic matter deposited upon their surfaces, in the course of long circulation, rendering them very suitable for this parasitical settlement. Dr. Reinsch scraped off some of these incrustations, and with a small scalpel divided them into fragments, which were subsequently dissolved in distilled water. The employment of lenses of very high power showed the bacteria and fungi distinctly. This is a matter of no little importance from a hygienic point of view. It has now been conclusively established that bacteria form the chief agency in the propagation of epidemic disease. The revelation that they have a chosen domicile in the most widely circulating medium which probably exists in the world, presents us with a new factor in the spread of infectious disease. There is, however, a remedy. Where coins have been in circulation for a number of years, if

they are washed in a boiling, weak solution of *caustic potash*, they will be cleansed from their organic incrustation, and so freed from the unwelcome guests which they harbored. — *Popular Science News*.

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SOCIETIES.

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

MONTHLY MEETINGS.

THE February meeting of the Society was held at the college-building on East Concord Street, Tuesday evening, the 12th, President Horace Packard in the chair.

The records of the last annual meeting were read and approved.

The name of Ellen F. Getchell, M.D., of Roxbury, was proposed for membership.

The secretary then read a letter from Dr. Cushing, tendering his resignation to the Society.

It was voted to erase his name from the roll of the Society.

The president called attention to the mode in which the work had been carried out through the year, and earnestly requested the members to see that the work for each meeting was laid out ahead, so that more satisfactory results might be accomplished.

As there was no further business before the meeting, the scientific session was then opened.

Dr. Wesselhoeft gave a very interesting paper on the influence of the mind in the cause and cure of disease, and what class of reputed remedial cures are indebted to mental influence, and what not.

Dr. J. Heber Smith followed with an able argument.

Dr. Klein then related a case that had come under his observation. A girl had a number of pulmonary hemorrhages, was said to be in consumption, but was cured by one of these "faith-cure" doctors.

Dr. Krebs, to illustrate the effect of sudden emotion on the body, told of a death from joy that he witnessed in Germany: a man, when told that he had won the first prize as a marksman, dropped dead with joy.

Dr. Sanders followed by saying that he always believed in choosing the best of every thing, and on this principle had adopted the homœopathic method of practice many years ago, after first practising allopathy for five years.

Three years ago, when this "mind cure" was first agitated, he attended a number of lectures of Dr. Arns, and sent a young

man to him whom he (Dr. Sanders) considered suffering from an incurable case of tuberculosis. The young man was buried in five weeks.

Dr. Hemmenway of Somerville spoke of being much interested in the "mental cure," and related the case of a young lady who had been a confirmed invalid for years, and under the daily care of an old family physician. Upon the death of the latter, she became much interested in the mind cure; and only a few days before, he met her on the street, not only well herself, but practising the same cure on a large number of patients of her own.

The March meeting of the Society was held at the college-building, East Concord Street, Thursday evening, March 12, President Horace Packard in the chair. The records were read and approved.

The censors reported favorably on the name of Ellen F. Getchell, M.D., and she was elected to membership. The name of Rachel T. Speakman of Wellesley College was proposed for membership, and submitted to the Board of Censors for consideration.

The scientific session was opened with a very interesting and instructive paper by Dr. N. W. Emerson, entitled "Determination of Mind-Influence in Disease." Discussion followed, participated in by Drs. H. C. Clapp, F. H. Krebs, J. T. Sherman, and I. T. Talbot.

Dr. Talbot reported an interesting case of ovariectomy, with extensive adhesions and unfavorable conditions, where recovery was quite rapid. Dr. A. A. Klein reported four cases, as follows: Eye and ear clinic,—1. Separation of the retina; 2. Gonorrhœal ophthalmia; 3. Impacted ear-wax; 4. Chronic catarrh of the tympanum, following scarlet fever.

Dr. Talbot spoke at some length on the subject of regulating the practice of medicine in the State of Massachusetts, that ignorant and criminal persons may be prevented from engaging in practice.

The following resolutions were offered by him, and unanimously adopted by the Society:—

*To the Honorable the Senate and House of Representatives of Massachusetts.*

The Boston Homœopathic Medical Society respectfully represent that there is need of suitable legislation by which ignorant and criminal persons may be prevented from pursuing the practice of medicine in this State; that it is of great importance that there should be no restraint upon the freedom of medical opinion and practice, but that medical science should be free to make investigations untrammelled by any thing save a regard for the welfare of the community; that, as legislation on this subject has a direct bearing upon the rights and interests of every class and of every citizen of the State,

therefore such legislation should be enacted only after the most deliberate consideration and consultation.

The Society would respectfully recommend that the whole subject be referred to a commission, to be appointed by the Governor, by and with the advice and consent of the Council: said commission to consist of nine persons, three of whom shall be physicians, to be selected one from each of the incorporated medical societies of this State; three, lawyers; and three, laymen. It shall be the duty of this commission to carefully examine the legislation already enacted by the various States in regard to regulating the practice of medicine, and to prepare such a bill as to said commission seems suitable; and to present the same, with a report thereon, to the next Legislature of this State.

It was voted that the president and secretary prepare copies of the resolutions, and forward the same to the Senate and House of Representatives.

A. J. BAKER, *Secretary*.

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

THE quarterly meeting was held at Springfield, Feb. 18; the president, Dr. L. B. Parkhurst, presiding.

There were a good number present, notwithstanding the unfavorable weather; and the meeting proved to be a pleasant and profitable one to all.

The first paper was read by Dr. H. A. Gibbs of Westfield, who gave a clear and concise outline of the action of *sepia* and *sanguinaria* in headaches.

Dr. J. H. Carmichael of Springfield presented an instructive paper on *hydrochlorate of cocaine*, giving his experience with the drug in six operations.

W. F. Harding, M.D., of Westfield, read a paper on the use of *proto-iodide of mercury*; speaking especially of the adaptation of the drug to bronchocele, and giving the history of some cases which were entirely cured by its use in the first centesimal attenuation.

These papers were discussed at some length, and many points of practical value brought out.

Dr. A. M. Cushing of Boston was present, and contributed much to the interest of the meeting.

One new name was proposed for membership, and the Society adjourned till the third Wednesday in May; at which time the annual meeting for choice of officers will be held, and the Bureau of Gynecology and Obstetrics (Dr. J. U. Woods, chairman) will report.

G. H. WILKINS, M.D., *Secretary*.



*THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE  
OF NEW YORK.*

THE Homœopathic Medical Society of the State of New York held its thirty-fourth annual meeting in Albany, Feb. 10 and 11 last, and elected the following officers. President, G. O. Terry, M.D., Utica. Vice-presidents, A. P. Hollett, M.D., Havana; N. B. Covert, M.D., Geneva; George M. Dillow, M.D., New York. Secretary, John L. Moffat, M.D., 17 Schermerhorn Street, Brooklyn. Treasurer, Edward S. Coburn, M.D., 91 Fourth Street, Troy. Censors, northern district, Drs. W. T. Laird, D. E. Southwick, George Allen; southern district, F. E. Doughty, Henry C. Houghton, E. Hasbrouck; middle district, N. B. Covert, W. E. Milbank, E. B. Nash; western district, F. Park Lewis, A. R. Wright, J. M. Lee. Senior members, William Gulick, M.D., Watkins; R. C. Moffat, M.D., Brooklyn.

The next semi-annual meeting will be held Sept. 8 and 9, at Grove Springs, Keuka Lake, Steuben County.

JOHN L. MOFFAT, M.D., *Secretary.*

*THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.*

ON the evening of Dec. 4, 1884, an adjourned meeting of the alumni residing in Philadelphia and vicinity was held in the lower lecture-room of the old college, for the purpose of effecting the permanent organization of the Alumni Association. The proposed constitution and by-laws were read and adopted. They provide that the name of the organization shall be "The Alumni Association of the Hahnemann Medical College of Philadelphia." Its objects shall be to promote the interests and extend the influence of the *alma mater*, to advance a higher medical education, and to secure intellectual and social benefit.

Any physician on whom has been regularly conferred the degree of the Homœopathic Medical College of Pennsylvania, or the Hahnemann Medical College of Philadelphia, and honorary members of said institutions, shall be eligible to membership.

The annual meeting shall be held in Philadelphia on the night before Commencement.

An election took place for officers, with the following results. President, Dr. Augustus Korndœrfer (class of '68), Philadelphia. Vice-presidents, Drs. W. B. Trites ('69), Philadelphia; Horace F. Ivins ('79), Philadelphia; J. H. McClelland ('67), Pittsburgh. Permanent secretary, Dr. William V. Van Baun ('80), Philadelphia. Provisional secretary, Dr. Clarence Bartlett ('79), Phila-

delphia. Treasurer, Dr. William H. Bigler ('71), Philadelphia. Executive committee, Professor William Tod Helmuth, M.D. ('53), New-York City; Professor A. C. Cowperthwait, M.D. ('69), Iowa City, Io.; Dr. John C. Budlong ('63), Providence, R.I.; Dr. Charles H. Lawton ('71), Wilmington, Del.; Drs. William B. Van Lennep ('80), H. Noah Martin ('65), Isaac G. Smedley ('80), John K. Lee ('51), and Joseph C. Guernsey ('72), of Philadelphia.

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### REVIEWS AND NOTICES OF BOOKS.

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CRUISING AND BLOCKADING. A naval story of the late war. By W. H. Winslow, M.D., Ph.D. Pittsburgh, Penn.: J. R. Weldin & Co., 1885. 207 pp.

Since the laity, in the persons of Howells, Miss Phelps, and Miss Jewett, have lately taken to writing stories for and about physicians, it seems a very just return that physicians, in the persons of Drs. Hamilton, Weir-Mitchell, and Winslow, should take to writing stories for and about the laity. "Cruising and Blockading" is a graphic and entertaining narrative — or, more properly, sketch — of the life of a midshipman in the United-States Navy, following his fortunes from his matriculation at the Naval School at Annapolis to his promotion to the rank of master, and the closing years of the war. The incidents are varied and interesting, and the style fresh, manly, and direct. Through the pages one seems to catch the salt tang of the sea-wind, and the glint of sunshine on blue water. The book cannot fail to be delightful reading, not only to the growing lads for whom the author tells us it was especially intended, but for those of a "larger growth" who have not gotten over their wholesome liking for a pleasant tale well told.

Not the least interesting pages, to our mind, are those of the brief and modest preface, where, all unconsciously, the author suggests a very pleasant little picture of the physician, weary from a day's professional work and anxiety, settling himself in the paternal easy-chair by the home fireside, and "fighting the battles of his youth o'er again" to the eager and beloved audience of his "own boys."

ELEMENTARY PRINCIPLES OF ELECTRO-THERAPEUTICS. By C. M. Haynes, M.D. Chicago: McIntosh Galvanic & Faradic Battery Company, 1885. 417 pp.

This work is concise, and unusually free from technical terms, and thus can easily be read by the busy general practitioner. It

should be in the hands of every physician who uses electricity in the treatment of disease, and especially of those who use the batteries manufactured by the publishers. The work contains many practical suggestions. The publishers should receive the thanks of the medical fraternity for their excellent book. There are many works on the subject of greater pretensions, which prove, on trial, of far less practical utility. — W. H. W.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. TWENTIETH ANNUAL SESSION, 1884. Pittsburgh: Press of J. H. Barrows & Co.

This is a volume of 385 pages, very neatly gotten up, and a credit alike to the society and its printer. Besides the usual reports, addresses, and business transactions of the session of three days' duration, we have presented to us no less than forty-five papers on useful and interesting subjects. Commendable characteristics of these papers are, their brevity without loss of clearness, their originality, and their practical usefulness. We could wish for many of them a wider circulation than among the members of the society only. The book also contains the constitution and by-laws, and list of members of the society, and lists of the members of the various county and other local societies of Pennsylvania.

DISEASES OF THE URINARY AND MALE SEXUAL ORGANS. By William T. Belfield, M.D. New York: William Wood & Co. 351 pp.

This book forms the October number of "Wood's Library" for 1884. One of its characteristic features is the condemnation by the author of the too frequent practice of treating a set of symptoms — a diagnosis — rather than the individual *patient*. In the preface, for instance, we read that he "has emphasized the familiar but frequently neglected facts that cystitis, gleet, albuminuria, spermatorrhœa, are not entities calling for a routine administration of drugs, but symptoms requiring a thorough investigation of the patient." Individualizing the case has long been recognized as a necessity by homœopaths, and we are glad Dr. Belfield lays so much stress on "ultimate diagnosis." This leads to greater discrimination in treatment, though the treatment recommended is, of course, "rational." The subject dealt with is a most important one; and the book seems to us, on the whole, one of the best of the series.

THE THERAPEUTICS OF THE RESPIRATORY ORGANS. By Prosser James, M.D. New York: William Wood & Co. 316 pp.

The author of this work begins his Introduction with the

remark that "the word 'therapeutics' is often used in much too restricted a sense." In accordance with the broad significance he attaches to the word, he includes under his title, besides the drugs ordinarily used by allopathists in the treatment of diseases of the respiratory organs, whatever may relieve the suffering of his patients, or assist in their restoration to health. These aids are, food, beverages, exercise, rest, etc. Great stress is laid upon digestion and nutrition. The field is thus made large into which the reader enters; but the walk therein is pleasant, and in many ways instructive. The book forms the November number of "Wood's Library" for 1884.

MEDICAL BOTANY OF NORTH AMERICA. By Laurence Johnson, A.M., M.D. New York: William Wood & Co. 292 pp.

This the December number completes "Wood's Library," 1884. As far as the parts relating to botany are concerned, the work is undoubtedly useful. The general tone of the brief portions allotted to medical properties and uses is well calculated, however, to cast a heavy damper on one's confidence in the remedies mentioned. The principle laid down by the author, that "a judicious scepticism is wiser than blind credulity," would apparently lead one to believe in nothing, unless proven by personal experience. Prejudice, or bias of opinion, has evidently prevented the author from practising the precept, "Prove all things, hold fast that which is good;" and the judgments he renders seem at times, therefore, both ill-founded and harsh. If any testimony as to the value of a drug "comes from sources discredited in scientific medicine" (homœopathy, for instance), it is enough to awaken his "judicious scepticism," and convince him of its uselessness. Dr. Johnson's attitude in the matter reminds one of the German music-teacher who informed his pupil that to sing in a "bleasing" manner was nothing, unless the tone were "broduced legidimadely." The therapeutic value of the work is therefore limited. It is to be noted with pleasure that the illustrations, especially the colored plates, are both beautiful and accurate, that of *gelsemium sempervirens* being eminently so.

THE WORLD'S ELECTROPATHIC JOURNAL. A quarterly journal. S. E. Morrill, M.D., editor. Three Rivers, Mich.

We take pleasure in welcoming to our exchange-list this newcomer in the field of medical journalism. Despite its somewhat imposing title, it seems a modest, as well as useful and excellent, little periodical. The editor claims it to be the only publication devoted exclusively to the interests of electro-thera-

peutics. The importance of this branch of medical science is by this time thoroughly recognized; and any journal giving record of its progress, and hints as to its clinical usefulness, should be welcome to the general practitioner no less than to the specialist. The very modest price of the present publication, fifty cents per year, places it within the reach of all; and we commend it to the good will of the profession.

THE POPULAR SCIENCE MONTHLY for March has several articles of practical interest to physicians and physiologists, — among which may be mentioned the papers on “Medical Expert Testimony,” by Dr. Hamilton, and “The Painless Extinction of Life,” by Dr. B. W. Richardson, — and has, beside, a large variety of interesting reading. New York: D. Appleton & Co.

The March issue of THE NORTH-AMERICAN REVIEW has a somewhat ambiguous discussion of “The Moral Aspects of Vivisection,” by Professor Noah Davis; a very suggestive article on “Mind in Animals,” by G. J. Romanes; and a most interesting paper on “Buddhist Charity,” by Max Müller. Archdeacon Farrar has a contribution on “Future Retribution,” which serves to clear the journalistic air from certain sulphuric fumes raised by “The Certainty of Endless Punishment,” commented on in our last issue. New York: 30 Lafayette Place.

THE CENTURY for March offers, as usual, a rich and varied table of contents. Boston is honored by being made the scene of two serial novels by such famous writers as Howells and James. The present number of the very valuable series of war papers, describing the famous fight between the “Monitor” and the “Merrimac,” “moves one’s heart,” as noble Sir Philip Sidney says, “more than the sound of a trumpet.” Other papers are on “The Worship of Shakspeare,” by Frothingham; “Reminiscences of Daniel Webster,” by Allen; and several contributions of equal interest. New York: The “Century” Company.

THROUGH a much-regretted oversight, we have not hitherto extended the formal right hand of fellowship to our honored contemporary, “The Annals of Surgery,” announcement of whose forthcoming appearance was made in our January issue. The wishes for usefulness and success we then proffered the “Annals” seem likely to find early realization, now that its admirable initial numbers speak for themselves to the profession. No surgeon can afford to do without the periodical visit of this excellent counsellor, bringing him word of all that is newest and most valuable in his especial field of labor. St. Louis: J. H. Chambers & Co.

*BOOKS AND PAMPHLETS RECEIVED.*

- OUR BODIES, AND HOW WE LIVE. By Albert F. Blaisdell, M.D. Boston: Lee & Shepard, 1885.
- CREMATION, SCIENTIFICALLY AND RELIGIOUSLY CONSIDERED. By H. H. Bonnell. Philadelphia, 1885.
- THIRTY-THIRD ANNUAL REPORT OF THE DIRECTORS OF THE NEW-YORK OPHTHALMIC HOSPITAL. New York, 1884.
- ADDRESS IN MEDICINE. DELIVERED BEFORE THE MEDICAL SOCIETY OF PENNSYLVANIA. By W. H. Daly, M.D.
- THE YEAR-BOOK OF TREATMENT FOR 1884. Philadelphia: Lea Brothers & Co., 1885.
- THE POPULAR MEDICAL EXAMINER. Edited by William M. Cate, M.D. Vol. I. No. 1. New York: Medical Examiner Publishing Company.
- IN WAR TIME. By S. Weir Mitchell, M.D. Boston: Houghton, Mifflin, & Co., 1885.
- LECTURES ON DISEASES OF THE NERVOUS SYSTEM. By S. Weir Mitchell, M.D. Philadelphia: Lea Brothers & Co., 1885.
- MEDICAL RHYMES. Selected and compiled by Hugo Erichsen, M.D. St. Louis, Chicago, and Atlanta: J. H. Chambers & Co.
- MARTIN'S DRUGGISTS' DIRECTORY FOR 1885. New York and Boston: Advertiser Publishing Company.

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 PERSONAL AND NEWS ITEMS.
 

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MELLEN'S FOOD still continues to grow in public favor, and deservedly so, as it certainly is one of the best of the many foods sold for infants and invalids.

PLATT'S CHLORIDES.—In a recent conversation, Professor Alfred L. Loomis remarked that chloride of zinc had maintained its long-established reputation as a disinfectant, as was shown in Miguel's classification. Sulphurous acid and chlorine were powerful germicides, beyond question, but their every-day use was impracticable; and the bichloride of mercury, although it might be the most potent of all the agents that were chiefly talked about, was hardly to be considered safe for domestic use. But the preparation known as "Platt's Chlorides" (a solution of the chlorides of zinc, lead, calcium, and aluminium), which he had made use of freely for the past five years, both in his own house and among his patients, he considered as by far the best for all the sanitary requirements of the household.

DR. T. F. SUMNER has opened an office in Hotel Miller, 143 Court Street, Boston.

A BILL to regulate the practice of medicine in Texas has lately been defeated in the State Legislature by a vote of 20 to 4. As the bill was framed entirely by allopaths, and most evidently in the interests of allopathy, and as its passage would have almost certainly resulted in annoyance if not injury to homœopathic practitioners, the homœopathists of Texas heartily rejoice in its defeat. A notable influence in bringing about that defeat was doubtless the vigorous opposition of our wide-awake contemporary, the "Southern Homœopathic Pellet."

WE take cordial pleasure in noting, that through the munificence of a private citizen of Liverpool, Eng., Mr. Henry Tate, that city is to have a spacious and handsome homœopathic hospital, for the free use of the public.

THE BROOKLYN HOMŒOPATHIC HOSPITAL DISPENSARY STAFF (re-organized June, 1882) held its second annual meeting Jan. 12, 1885, in the hospital, 109 Cumberland Street, and elected B. E. Mead, M.D., president, and John L. Moffat, M.D., secretary. There are nine clinics and seventeen physicians and surgeons; 9,883 patients were treated in 1884, and 23,668 prescriptions dispensed.

## OBITUARIES.

MILTON FULLER, M.D., died at his residence on Warren Avenue, in this city, on the 11th of March, at the advanced age of eighty-six years, he having been born at Westmoreland, N.H., Jan. 5, 1799.

He studied medicine in this city under the late S. D. Townsend, M.D., who was connected with the Marine Hospital at Chelsea, and where he obtained great advantages in the study and practice of surgery, in which he was particularly interested.

In 1823 he settled in Scituate, Mass., where he had a large practice. Here his attention was called to the subject of homœopathy; and having fully investigated, and becoming convinced of its truth, he in 1841 espoused that cause, removing to Medford, taking the place made vacant by the removal of Dr. Samuel Gregg. Here he soon had an extensive practice. In 1855, upon the urgent solicitation of many patients, he moved to Boston, making hosts of friends wherever he was located. He became a member of the Massachusetts Homœopathic Fraternity in 1841, the American Institute of Homœopathy in 1844, and was president of the Massachusetts Homœopathic Medical Society in 1860.

Dr. Fuller was the true type of the "good physician," courteous in his bearing, refined and elevated in his conversation, ever ready to extend the helping hand to his brother practitioners; never, under any circumstances, speaking evil, or even in a slighting manner, of another physician, but ever ready to cover the faults of others with the broad mantle of charity. Although himself firmly convinced of the superiority of homœopathy over all other modes of practice, yet towards those who differed from him he had only kindly feelings; freely according to others that which he claimed for himself,—uprightness of purpose, integrity of character, and the sole desire that truth might prevail.

And now, after a well-spent life, in the hope of a glorious immortality, he has gone to receive from the everlasting Father the welcome, "Well done, good and faithful servant: enter into the joy of thy Lord. Henceforth there is laid up a crown of glory, that can never fade away." C.

*Whereas* Almighty God, in his inscrutable wisdom, has seen fit to remove from us in the beginning of his labors our esteemed friend and fellow-worker, Charles G. Brooks: therefore

*Resolved* That in his death, we, as members of the Hughes Medical Club, have lost a dear and valued friend, who has always been ready, with his cheerful spirit and lively wit, to add to the pleasures of our meetings, and with his sound wisdom and practical advice has often given us much needed counsel;

*Resolved* That we deeply sympathize with his afflicted family in the loss they have sustained, and, as a slight expression of our feeling, do request that these resolutions be placed in our records, that they be printed in the NEW-ENGLAND MEDICAL GAZETTE, and that a copy be sent by the secretary to his bereaved parents.

CHARLES L. NICHOLS,	}	<i>Committee</i>
WILLIAM P. DEFRIEZ,		<i>for the</i>
FREDERICK D. STACKPOLE,		<i>Hughes Club.</i>

DR. CHARLES HARTWELL BURR died at his residence in Portland, Me., Feb. 26, 1885, aged sixty years. Dr. Burr was born in Mercer, Me., on the 22d of June, 1824, the son of Charles Chauncey and Abigail (True) Burr, being the eldest son in a family of six children. He was of good old English stock, being descended, in the eighth generation, from Rev. Jonathan Burr, M.A., rector of Rickingshall, County Suffolk, England, and later of Dorchester, Mass., who immigrated to the New World in 1639, became the colleague of Rev. Richard Mather, who was grandfather of the famous Dr. Cotton Mather, and died in August, 1641. Dr. Burr's early life was spent at his father's home in Mercer. In 1851 he went to Philadelphia, and entered the Pennsylvania College of Dental Surgery, from which he graduated in 1853 with the degree of D. D. S. He settled in Portland, Me., where for a number of years he continued in the practice of his profession. During the winter of 1856 he began the study of medicine, and in September of the following year again went to Philadelphia, and entered the University of Pennsylvania. Here he attended lectures for one year, during which time he numbered among his instructors the well-known

Drs. Agnew and Wood. Leaving the university in 1858, he entered the Hahnemann Medical College, from which he graduated in 1859. He returned to Portland, and in November of that year married Alba, eldest daughter of the late Dr. Albus Rea of Portland, the first regular physician of that place to accept and practise the principles of homœopathy. Dr. Burr gained for himself a large and influential practise. He was a man of great strength of character, dignified presence, elegance of manner, and great sweetness of disposition. A patient once was a patient always. In 1864 he was elected to the city council, a position which he filled for two years. He was the third president of the Maine Homœopathic Medical Society (Drs. W. E. Payne of Bath, and Eliphalet Clark of Portland, being his predecessors in office), and was elected in 1869; chairman for many years of the church committee of the New Jerusalem Church; and one of the early members of the Fraternity Club, a literary association of prominent professional men. His death was due primarily to pneumonia, seriously complicated with weakness of the heart. The attack was desperate almost from the first, and, despite the skill of the attending physicians, terminated fatally, as above stated, on Thursday noon, scarcely five days from its commencement. The funeral was largely attended. — *Portland Press.*

DR. FELIX R. MCMANUS died on the 3d of March, at five A.M., in the seventy-eighth year of his age.

On the evening of March 4, a meeting of the homœopathic physicians of Baltimore was held at the residence of Dr. M. Hammond (an early pupil of Dr. McManus), for the purpose of draughting resolutions relative to the death of Dr. Felix R. McManus. Dr. J. Lloyd Martin was called to the chair, and Dr. Eldridge C. Price chosen secretary of the meeting.

The Committee on Resolutions reported as follows:—

*Whereas* God in his wisdom has removed from our midst Dr. Felix R. McManus, the oldest practitioner and pioneer of homœopathy in this State: therefore

*Resolved* That we, the homœopathic physicians of Baltimore, have heard with deep regret of the death of Dr. McManus, and desire to express our sense of the great loss sustained not only by the community in which he so long practised, and which always found in him a skilful and sympathetic physician, but also by his own *confrères*, to whom he was ever a wise and prudent counsellor;

*Resolved* That we tender to his bereaved family our heartfelt sympathy in the great loss they have sustained;

*Resolved* That a copy of these resolutions be sent by the secretary to the family, and published in the daily papers and medical journals.

THOMAS SHEARER, M.D., <i>Chairman</i> , M. BREWER, M.D., ELIAS C. PRICE, M.D.,	}	<i>Committee.</i>
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THE  
New-England Medical Gazette.

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No. 5.

MAY, 1885.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,  
Boston, Mass.

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EDITORIAL.

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*A VALUABLE STUDY OF CAFFEINE.*

IT is certainly matter for self-congratulation to homœopaths, that the experimental proving of drugs is no longer left wholly to the comparatively few and very hard worked physicians who acknowledge the homœopathic rule as their guide in the selection of their remedies. Scientists of a class which would once have looked upon such work as finical in its processes, and chimerical in its results, now cheerfully devote unlimited time and their best energies to ascertaining, by most minute and careful experimentation, the power of single drugs over the brute and human organism; with what possibly useful results to the science of medicine, their predecessors might have learned a century ago from Samuel Hahnemann. Homœopaths, a part of what was once their peculiar work being thus done for them, are free to devote themselves to such other of their labors as yet wait for their necessity to be more generally recognized.

A most valuable study of *caffeine* has lately been offered to the medical world in a small octavo volume by Dr. Leblond of Paris.<sup>1</sup> We here translate, for the benefit of our readers, parts of an interesting review of this work, which appears in the current number of the "Revue Bibliographique." We are sure that the possible usefulness of so exact a study of a drug whose provings — instance those in "Allen's Encyclopædia" — have hitherto been so meagre and imperfect, will at once be recog-

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<sup>1</sup> Étude Physiologique et Thérapeutique de la Caféine. Par Leblond. Paris: O. Doin.

nized. *Caffeine* would seem to offer sufficient promise of being a valuable addition to our materia medica to deserve fresh and careful proving, in the near future, at the hands of those to whom our materia medica seems to offer the sole therapeutical resource of a most troubled hour in the history of medicine. It is perhaps needless to add that any record of such provings would be cordially welcomed to the pages of the GAZETTE.

“In his new volume, Dr. Leblond begins by summing up the chemical history of *caffeine*, and the rather contradictory opinions of the writers who at different times have studied the physiological effects of *coffee* and *caffeine* upon the nervous system, the locomotor apparatus, the heart, and the circulation. The effects of the infusion of *coffee* are generally attributed to *caffeine*; but those are not the best qualities of teas and coffees which contain the largest proportion of the alkaloid. The proportion of *caffeine* varies greatly in the different teas and coffees sold. It is always greater in teas than in coffees.

“The author has personally conducted more than sixty experimental studies of *caffeine*,—some upon himself; some upon animals, such as the rabbit, cat, dog, frog, and tortoise. These experiments are given in detail, with illustrative cuts. Some idea of the immense patience which Dr. Leblond brought to his exacting task, one gathers from his quiet comment on one experiment: ‘This experiment lasted three hours, during which we sat entirely quiet, holding a thermometer in each hand.’

“Dr. Leblond’s chief conclusions may be summarized thus:—

“I. In physiological doses, *caffeine* is an excitant of the nervous and muscular systems. It diminishes the frequency of the pulse, while it augments the energy of the cardiac beats and the blood-pressure, by vaso-motor contraction. It lowers the peripheral temperature. It exerts no apparent influence over the formation and excretion of urine.

“II. In toxic doses, *caffeine* exaggerates the vaso-motor power of the medulla, paralyzes the sensitive peripheral nerves, and acts also on the pneumogastric nerve, whose excitability it diminishes. It rapidly lowers the blood-pressure by paralysis of the vaso-motors. The heart, in cold-blooded animals, beats gradually slower, and stops in systole: in warm-blooded animals, it quickens its beats as death approaches, and stops in diastole.

It produces a tetanizing action on the muscles, rapidly lowers the temperature, and hastens denutrition.

“In therapeutic experiments, Dr. Leblond studies the action of *caffeine* in dropsies in general, in cardiac affections, in asthma, and in typhoid fever, concluding by citing a case in which an infusion of *coffee* seemed to have brought about the reduction of a strangulated hernia. *Caffeine* should be administered in fractional doses, or by subcutaneous injections. Huchard and Lépine are in favor of large doses. The author recommends beginning with 20 centigrams, to test the patient's susceptibility, and rapidly increasing the dose, as the case demands, to 50 or 75 centigrams. 1 gram .50 is the maximum dose: more than that is apt to cause headache, vomiting, violent gastralgia, convulsions, and contractions.

“*Caffeine* should never be given in pill form: it is soluble only in seventy-five parts of gastric juice; that is to say, but slightly more soluble than in water. Such is the slowness with which a pill is dissolved in the stomach, that it may pass into the intestines and be thrown off almost intact. *Caffeine* should then be given in solution, or by subcutaneous injection. The latter method sometimes causes sharp pain, and leaves behind it indurations which may persist a month or two; but abscess has never been known to follow.

“*Caffeine* is, in general, much better borne than *digitalis*, and, if given in small doses, will not bring about such unfortunate results as sometimes follow the use of the latter remedy. According to Dr. Leblond, it regulates the heart's action, and strengthens, while slowing, its impulsive force. It also causes a more or less abundant diuresis. Not only is it a possible substitute for *digitalis*: it is absolutely called for in those cases where a fatal termination seems near and certain, for its action is much more prompt than that of *digitalis*. In heart troubles it should invariably be given when, from any cause, the condition of the patient calls for the suspension of *digitalis*.

“*Caffeine* seems to lower the temperature in pyrexias, and, more, it is very useful as a heart tonic. Dr. Huchard gives it in renal complications of typhoid fever, whenever the urinary secretion is scant, and albuminuria shows itself; again, in cardiac complications, when there is weakening of the first beat of

the heart, arhythmia, and a galloping beat ; again, in adynamic conditions, as a substitute for injections of ether. In albuminuria of cardiac origin, or otherwise, *caffeine* is often of the greatest use : in three cases of this sort, Dr. Leblond has seen, under its use, the quantity of urine increased, and that of albumen diminished. *Caffeine* is also said to act favorably on the muscular contractility of the intestines, in the reduction of strangulated hernia."

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*THE HOMŒOPATHIC MEDICAL SOCIETY OF FRANCE, ON  
DR. GREGG'S PAMPHLET.*

WE must confess to a slight shock of surprise, when, on the appearance on our editorial table of the issue for October last of the "Bulletin de la Société Médicale Homœopathique de France," we found a large proportion of its usually practical and thoughtful pages occupied by a translation, by Dr. Ch. Ozanam, of Dr. Rollin R. Gregg's somewhat eccentric pamphlet on diphtheria. That a society, prominent among whose members stand such eminently scientific and conservative thinkers as Drs. Jousset and Piedvache, Cretin and Claude, should offer to the profession in France, with the seal upon it of publication in the society's official organ, a paper so pathologically weak and clinically absurd as Dr. Gregg's treatise, seemed to us matter for equal amazement and regret. We forbore at the time to comment upon it only because of our certainty that further light would sooner or later be thrown upon a proceeding so unprecedented. We note with much pleasure the fact that the expected light shone forth, with very satisfactory results, at the meeting of the Société Homœopathique held in November last, and reported in the January issue of the "Bulletin." In the animated discussion of the matter, it then appeared that the publication of Dr. Gregg's paper was due to an eccentricity of private judgment on the part of the translator, Dr. Ozanam, in which eccentricity he was entirely unsupported by the sentiment of the society. So little, indeed, did the society approve of the stamp of its official publication being placed upon a production so worthless, that, after listening to spirited addresses on the sub-

ject from Drs. Cretin and Jousset, the society, on the motion of the former gentleman, adopted the following resolution:—

“Le Société Médicale Homœopathique de France, looking upon the teaching of Drs. Gregg and A. Lippe as not only *bizarre* in itself, but as contrary to homœopathy, regrets the publicity given in its Bulletin to such teaching and its applications.”

It is needless to say that it is the teaching of Dr. Gregg, and by no means Dr. Gregg himself, whose repudiation by our French colleagues we look upon as matter for sincere rejoicing. As we took occasion to point out in our issue for March last, the gulf between homœopaths and Hahnemannians is widening rapidly year by year; and, for every thoughtful and scientific man who frankly enrolls himself under the banners of the former as opposed to the latter faction, homœopathy has good reason to congratulate itself. That our honored *confrères*, Drs. Cretin and Jousset, stand to-day thus enrolled, no one reading their frank and manly utterances of November last can doubt. Space forbids us to quote their addresses in full, but we cannot deny ourselves the pleasure of citing to our readers a paragraph here and there.

“Let me declare, that, if this,” the doctrine of Dr. Gregg on the potency question, “be homœopathy, then I repudiate homœopathy: I am no longer a homœopathist; after any such fashion as this, I never was a homœopathist. If homœopathy must drag this iron weight with her, I will not help to drag it: I will break any chain that binds me to it. I have already dug an impassable ditch between homœopathy and Hahnemannianism: I will dig a ditch yet more impassable between these so-called homœopathists and myself. . . . I am not now discussing ultra-infinitesimal dilutions, I have already done them justice; but I here deny them any medicinal action whatsoever. Nay, more: I look upon them as mischief-working agents of infinite power. They crush under a mountain of ridicule the homœopathy whose name they usurp. They draw down upon their partisans, from conscientious, enlightened, and tolerant minds, evidences of justifiable repulsion, of just scorn, and of humiliating pity. For myself, no plea of fraternal unity shall induce me to deservedly share this repulsion and scorn, still less this

pity. The authors of such papers compromise homœopathy, outraging alike common sense and pathology, and covering our therapeutic system with ridicule." — *Dr. Cretin.*

"This paper . . . seems to have been published only to compromise our standing. At a moment when we are putting forth our best strength to commend homœopathy to public favor, through our journals, through the work of this society, and through the work of our hospital, this article must needs appear, compromising us, and putting weapons against us into the hands of our enemies. In my opinion, the society should repudiate all affinity with teachings such as these." — *Dr. Fousset.*

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#### *A HOPEFUL BEGINNING.*

A PLEASANT fact is always more satisfactory than a pleasant anticipation, whatever sentimentalists may say to the contrary. However gladly and hopefully we may have looked forward to the placing of our materia medica, by the promised revision, on an infinitely more sound and reliable basis than it has hitherto occupied, we must still confess that the recent appearance upon our table, of a certain modest, gray-covered brochure,<sup>1</sup> has given us for the first time a full and "realizing sense" of the immense importance and significance of the work so long discussed. "A take is better than two you-shall-haves," to quote once more the oft-cited Portuguese phrase-book; and no promissory note of worthy work, even though signed with such sterling names as those of the committee on revision, could be half so satisfying as this tangible demonstration that the work is in active progress.

We hope to give in a future issue some further notice, from a reviewer's point of view, of this first instalment of the revised materia medica. For the moment, we must content ourselves with saying, that in point of conciseness, directness, and wise discrimination between what is important and what is not, the reality comes close upon our anticipation.

It may be worth our while to ask ourselves yet again, What does it mean, that, in answer to an earnest demand from the

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<sup>1</sup> A Cyclopædia of Drug Pathogenesis. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part I. Abies - Agaricus. London: J. D. Adlard, 1885.

practitioners of homœopathy, this revision of the homœopathic materia medica is now in progress? It means, among other things, that the majority of the friends of homœopathy recognize, quite as frankly as do its enemies, that the system, being of human discovery, partakes of human fallibility; and that time is much better spent in intelligent effort to improve it, than in loud exultation in and laudation of it. It means that the desire is daily strengthening to place homœopathy on so firm a basis of science and reason that it shall command respect, and silence ridicule, in the domain of plain and tested fact. It means that there is a sufficient number of men, among our wisest and most honored, willing to give to this work time which else might be coined into money, and willing, for the sake of its accomplishment, to face carping criticism, virulent condemnation, and even — as has already happened in more than one instance — direct and vulgar personal attack. It means that we are to have a more dependable guide than ever before, in the selection of our remedies; consulting which, one need not so greatly fear to be led astray by the chronicle of worthless “sensations” of imaginative “provers.” This last consideration should of itself suffice to induce every honest practitioner of homœopathy to become the possessor of the present instalment of the revision, and of its successors as they appear.

To follow the indications chronicled in these books, will be to faithfully test the power of homœopathy, and to realize one’s deep and lasting obligation to those who, with labor immeasurable, have separated for us the wheat from the chaff.

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### COMMUNICATIONS.

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*COCAINE.*

BY HENRY C. ANGELL, M.D., BOSTON.

I HAVE used the muriate of cocaine since my return to Boston, about the middle of January, in the following cases, all of which were in private practice:—

- 2 Iridectomies, preliminary to extraction.
- 1 Iridectomy for chronic glaucoma. •
- 3 Extractions of cataract.

- 4 Slittings of the canaliculi, and probing.
- 3 Extractions of foreign bodies embedded in the cornea.
- 8 Paracenteses of the cornea.
- 2 Removals of meibomian cysts of the upper lid.

In my first iridectomy, a four-per-cent solution was used, and there was no pain except in withdrawing and snipping off the iris.

In the second iridectomy I allowed a longer interval (nearly twenty minutes) to elapse from the time of the first instillation, before operating. The instillations were repeated three times, at intervals of five minutes, and the solution was a four-per-cent one. In this operation there was no pain whatever.

In the operation for the chronic glaucoma, a solution of the same strength was instilled exactly in the same way as in the last case, except that I dropped the solution in above, and allowed it to run down over, the eyeball, as recommended by Dr. Koller of Vienna. The patient was nervous, and almost hysterical, but, so far as I could judge, suffered no pain. On being asked after the operation if it had been painful, she said, "Yes, dreadfully painful;" and, being requested to locate the pain, she put her hand over her heart, and said it was there.

There is no doubt that the cocaine penetrates the cornea, and reaches the anterior chamber, as eyes have been cocainized by the application of the aqueous humor of a cocainized eye to another eye. It has been a question, however, whether the solution were not too much diluted by mixing with the aqueous, to sensibly affect the iris. The result in these two cases would seem to prove that it is not impossible to so use the cocaine without instilling it directly into the anterior chamber, that the subsequent steps in an iridectomy may be as painless as the fixation of the eye and the incision of the cornea.

In the first extraction of cataract, as well as in the second and third also, there was a slight pain just at the finish of the flap. This may have been due to a prick of the skin with the point of the knife at the inner canthus, as noticed by Dr. Knapp; but I attributed it in the last case to the pricking of the raised conjunctiva at the caruncle or plica semilunaris, this part of the conjunctiva, perhaps, not having come sufficiently in contact with the cocaine to be rendered insensible.

The first operation for cataract was in all respects regular. In the second, the vitreous presented instead of the lens, and the exit of the latter was assisted by a David spoon. The third operation for cataract was regular in all respects. A preliminary iridectomy had been done in each case, in one of them more than eighteen months ago. Each operation bids fair to be successful, as no suppuration has occurred in either; but it is not yet time to measure the state of the vision.



In the slitting of the canaliculi there was very little pain ; and of the probing, in two cases, the same may be said. In the others it is difficult to say how much effect was produced by the cocaine.

In the three extractions of foreign bodies (one of stone, and the others of metal) from the cornea, I was obliged to fix the eye, and use a sharp gauge, such as is used for tattooing ; but there was absolutely no pain whatever. For these operations a two-per-cent solution was used.

The eight paracenteses of the cornea for the evacuation of the aqueous humor caused no pain at all. A two-per-cent solution was used.

In the removal of the meibomian cysts the success of the cocainization was not so complete. The first was removed by an incision through the skin outside the upper lid, over which the cocaine, in a four-per-cent solution, had been rubbed repeatedly. I cannot say that the pain was at all lessened by it. The second, extracted from the inside of the upper lid, under the influence of the cocaine solution of the same strength, was somewhat less painful than usual. In the first of these two operations it is quite likely that it would have been better to inject the cocaine under the skin ; but I did not like to take the risk.

From this limited experience of mine, I am inclined to believe, that, for all operations on the cornea or ocular conjunctiva, a two-per-cent solution is just as efficacious as a stronger one. There appears, however, to be little or no danger in the stronger solutions ; and one naturally prefers, in an important operation on the eye, to use too much rather than too little.

In ear affections, notably in ear-ache, I have found it prompt and reliable in the few cases for which I have used it. A man, quite deaf for many years from inflammation of the middle ear, came to me for relief from pain in the right ear that had troubled him at night for six weeks. He could not lie at all on his right side, as it increased the pain. I gave him a two-per-cent solution of cocaine in an equal part of glycerine and water, and he dropped this into the ear at night, on retiring, for eight nights. The pain ceased from the first night, and did not recur for three weeks, and was then less severe. The cocaine was then used for two nights, and the pain had not returned after ten days, when I last saw him.

Physicians in general practice should bear in mind that cocaine has a wide range of usefulness in their field. It is perhaps as useful in gynecology and in genito-urinary surgery as in eye operations. It is also destined to be of great use in therapeutics. Spasmodic affections, reflex or otherwise, such as

nervous asthma, blepharospasm, vaginismus, etc., are promptly relieved by it. It is indicated as a substitute for opium, and anodynes generally, in many painful inflammations, and is likely to be widely used as a hæmostatic. It lessens the secretions of all mucous membranes, and contracts vascular and erectile tissues like those of the nose and penis.

Its cost is not, after all, so great a bar to its use as might be supposed. A little of it goes very far. Thus a dram of the two-per-cent solution costs, at the present time, about one dollar only, and is a sufficient quantity to be made serviceable in a good many cases.

16 BEACON STREET, March 21, 1885.

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*A LECTURE ON HOMŒOPATHY BEFORE THE MEMBERS  
OF THE BOYLSTON MEDICAL SOCIETY, MARCH 13, 1885.*

BY C. WESSELHOEFT, M.D.

PREFACE.

EARLY in March the writer received a very polite invitation, from Drs. H. I. Bowditch and V. Y. Bowditch, "to answer some questions concerning homœopathy" to the members of the Boylston Medical Society, consisting of the advanced students of Harvard Medical School. The proposal was gladly accepted; and it was arranged that each member of the class should write down a certain number of questions, from which the secretary of the society then made a selection, consisting of fourteen questions, the answers to which form the subject of the following paper. After listening to it, there followed a discussion of the subject by Dr. D. Hunt; and this was followed by questions concerning homœopathy, on the part of the members. These questions and remarks were all to the point, intelligent and courteous, as I hope the unpremeditated answers were likewise.

As a matter of course, this paper is published with the hope, on the part of the author, that his treatment of the subject in so short a space may meet the approval of homœopaths, whose views, he trusts, were represented as fairly as the brevity of the allotted time and space would allow.

MR. CHAIRMAN, AND MEMBERS OF THE BOYLSTON MEDICAL SOCIETY, — When accepting your generous invitation to answer some questions concerning homœopathy, I did so with no ordinary sense of gratification. This I hope you will share with me when you call to mind that this meeting is an historical event.

It may not lie within my ability to do full justice to the questions you have asked, although they are plain and fair, and carry with them the assurance of an honest desire for information concerning a subject of doubt to you.

Your list contains no less than fourteen questions. However much abbreviated, the answers will tax your time and patience : mine are at your disposal.

1. *Please give a brief statement of the essential doctrines of homœopathy, showing wherein it differs from the regular school.*

In order to arrive at an understanding of the doctrines of homœopathy, in order to prepare our minds for a calm reception of statements of principles and methods with which we are either entirely unfamiliar, or regarding which we had been sceptical, it is well to remember the times and conditions, not only in reference to medicine, but history in general.

The origin of homœopathy, as first announced by Samuel Hahnemann, falls in the last years of the last century, — about 1796. You will remember that this was soon after the end of the famous rebellion which made this country free : it was the actual time of the French revolution. Great political changes of a progressive kind extended their influence over Germany. Such times throw the masses into a state of ferment, and engender thought in more capable minds, in each according to its predilections. Philosophers, statesmen, poets, arise ; and in peaceful sciences, like medicine, new ideas crowd upon old ones.

As in politics, so in medicine, a revolutionary spirit was rife. This was a hundred years ago. If I sketch it briefly, in somewhat flagrant colors, I beg you will not consider it as an aggression against improved medical practice of our time. You know that diseases were treated then very differently from present usages. When I mention the words “bleeding,” “purgings,” “blistering,” and “mercury,” I have named certain measures which may have been used moderately by some, but to excess by the majority, and advocated by leading minds. The idea that congestion — though this idea bears in it the germ of a pathological truth — was the source of all disease, because autopsies showed the blood to have collected and often clotted in various parts of the body, led to the universal tendency, habit, and dogma that the blood *must* be got rid of, at all hazards (BROUSSAIS, RASORI). The cold, livid, half-dead cholera patient, as well as the pneumonic patient, with hot and turgid skin and bounding pulse, was bled. That is, the blood of the latter flowed freely enough ; that of the sufferer from cholera did not : and physicians were sure that they could cure cholera if they could only

make the blood run from the vein during life, because after death they found it collected in one spot.

Purging was not done as now, nor with the precautions of to-day: it was made a substitute for bleeding (v. STÖRCK). Even the best minds could not divest themselves of the idea that disease was caused by some undefined noxious substance (*materia peccans*) which could be got rid of only by material evacuations, such as purging and bleeding, generally preceded by emesis if possible. Do not confound the temperate use of these means of to-day with the usages of a century ago, which, like the excessive employment of mercurials, and an unbridled, lawless habit of compounding multifarious drugs, have now been superseded by better practices.

The contrast between now and then is great. Those methods were old, firmly rooted in the minds of physicians and the laity, who rather dreaded than loved them. A change of practice had been foreshadowed in the history of medicine: it had to come. If one had not inaugurated it, another would have done so. Though it does not follow that the change which began to appear must have been to what is called homœopathy, nevertheless *that change which was to come would have assuredly been characterized by various features which are peculiar to homœopathy.*

Now, as this system of practice *was* the form in which a change in the practice of medicine *did* come, we will not trouble our heads about what might have or should have been; but we will look at what we have got before us, for "it will not down."

As you do not desire a digest of the history of medicine, as time is too short, you will also kindly content yourselves with a very concise statement of the "essential doctrines" of homœopathy. Their simple recital will, as your question requires, give you evidence that they are the counterpart of the doctrines and medical usages of the last century, and still widely different from, if not antagonistic to, the allœopathic practice of to-day.

As your questions do not imply a critical analysis of the schools, or methods of practice in question, you will be contented with a statement of doctrines, in order that you may construct comparisons and draw your own conclusions.

When you are told, for example, that homœopathy seeks after positive knowledge of disease, in place of theoretical knowledge of pathological processes, you will be perplexed by the implied inference that traditional medicine possessed no positive knowledge of disease. The direct omission of the proof of the assertion will not be misinterpreted or misunderstood if I succeed in answering fairly the question as relating to homœopathy.

Homœopathy, then, demands actual, positive knowledge of

disease. What does that mean? It means, that, in regard to disease, we should make clinical use of only such facts, characteristics, or symptoms, as *we can, with our aided or unaided senses, grasp and accept as facts without doubt or cavil*; whether such disease be a mere pustule on the skin, or a case of epilepsy, or another complicated lesion of brain. When we look at the subject closely, there are as many knotty problems to be solved in the instance of the pustule as there are in that of the more serious disease. The pathology of either will teem with theoretical points as to the cause and the relation of histological elements involved. Homœopathy simply asks, What do *we perceive and know*? We perceive and know, for instance, that the pustule is red; that it itches or that it smarts; that it contains a clear fluid or pus in its apex. We do not know why one pimple itches, or why another smarts. In the case of the nervous lesion, we know, for example, that it is characterized by convulsions, paralysis of sensation, or perhaps of motion. We may surmise, but certainly far oftener we do not know, the cause that is the essential pathological state or process at the root of those symptoms, sufficiently well to utilize it for clinical purposes.

That which yields to us curative indications must be of a much more positive kind.

We consider only the purpose for which these positive data are to be collected. This purpose is to build upon them as a foundation those therapeutical measures which shall lead to a safe and radical cure of the case. Now, if this foundation is not one of solid, unquestionable facts in every part, every flaw will be an impediment, or, worse than that, a source of danger.

Hence, if you know the cause of your pustule, — that is, why it is one, and not a bulla, or a mere nodule, — if you know why it is painful, why it torments by itching, or why it causes burning pain, — then you may proceed on positive information. If, on the other hand, you do not know these things, or have the slightest doubt concerning them, then your curative measures, directed at an unknown cause, must do harm.

Therefore you will not find it unreasonable to allow yourselves to be guided by undoubted facts concerning which there can be no question.

If errors are possible with regard to diseases of no danger, how much greater must these errors be in a serious lesion like epilepsy! Or do you know how and why bromide of potassium cures some cases of that kind? All conjectures concerning such curative results are trivial theories: the empirical fact that bromide cures some epileptics is all you have.

We hold, therefore, that in our curative measures we are bound to be governed by that alone which we can know or discover

positively ; and for this purpose, guided by this maxim, we proceed to collect and note carefully just such data or facts, from which we exclude rigidly all we are not sure of. To cultivate the faculty of gauging our knowledge, is a part of our business as homœopathists. This is the most difficult of all methods of self-discipline ; and errors are still possible, even in the most rigid exclusion.

We cultivate pathology as a branch of science, in common with all physicians ; and there is no evidence that homœopathists as a class, or as individuals, are not as good diagnosticians as other physicians. The only distinction is, that homœopathists are trained at the outset to separate pathological facts from theories, and to keep the two apart, each for a different purpose.

The same principles apply to the methods by which homœopathists study drugs as curative agents. By them, drugs are not looked upon as substances which produce health and well-being : on the contrary, the homœopathist is taught to regard a drug as something hurtful in its nature ; and, moreover, that each drug will have a hurtful (pathogenetic) effect peculiar to itself, and essentially different from every other drug. So these drugs are to be regarded as medicines only when used in certain skilful ways, under the guidance of some rule under which alone they can and do evince a healing effect : their pathogenic power, under skilful use, becomes a curative power.

By nature they are crude substances, each of which, if brought in contact with, or introduced into, the human body, produces a disturbing, hurtful effect. This effect varies according to the activity of the drug, from a slight indisposition, like that from a moderate dose of chamomile, to instantaneous death, like that from prussic acid, in drop doses, applied to the tongue of a rabbit.

We recognize that each drug generally possesses some predominant effect : one drug may chiefly produce purging ; the principal effect of another may be emesis ; that of a third, to produce sleep. We recognize that a number of other drugs are remarkable chiefly from their power to affect the general health with less pronounced local effects (alteratives and tonics) ; but we also recognize the fact, that besides these prominent local or general effects, according to which drugs are classified, such drugs are capable of producing a great variety of other effects, which are generally entirely ignored in your text-books on *materia medica*. For instance : a drug produces catharsis, but also loss of appetite, a yellow-coated tongue, and much thirst for cold water. Another cathartic produces nausea, a red tongue, but thirst for cold drink is not especially noticeable among its clearly marked effects upon the human organism. Now, these

symptoms, or distinguishing features, have a value in the estimation of a homœopathist. He proposes to utilize them. But, having once observed that the range of the action of a drug is generally not limited to one organ or region, he proposes to see just how far its effect will extend, and what it will do if fairly and thoroughly tested.

In this process of testing or "proving" drugs for their effects, it is his purpose to know only what they positively and actually will do; and he proposes to exclude as rigidly as possible every thing of a theoretical or a doubtful kind. For instance: one drug may produce sopor; another may produce spasms; both may be explained by their paralyzing effect upon the same nerve-centres. But what is the essential nature of paralysis or soporific somnolence, is a matter of theory; still more so the difference between somnolence and spasm, both of which are brought about by the same drug (belladonna), or each effect by two different and antagonistic drugs.

Here the homœopathist adheres to and utilizes the fact that drugs produce either sopor, or spasms, or paralysis, leaving hypothetical or theoretical discrepancies carefully out of his therapeutic measures.

Testing drugs, then, for their true and unequivocal effects, is what is known in homœopathy as PROVING. In collecting facts, voluntary and accidental cases of poisoning are used. These roughly block out the effects of the drug. The finer details are then filled in by voluntary provings with safe doses.

If errors and extravagances have crept in to render effects uncertain, it is not the fault of the principle involved, but of the methods employed. Too large doses, for instance, yield only coarse effects: doses which are too small will produce none.

Now, having attained to a positive knowledge of disease manifestations and of drug effects, the question arises, What use can be made of these two branches of knowledge? As yet, I have regarded the knowledge of disease as wholly isolated from, and as bearing no practical relation to, our knowledge of drug effects obtained by experiment. The element which is capable of converting a drug into a medicine awaits our consideration.

This element, we think, is found in a simple formula (the rule or law of cure), which says that medicines cure diseased conditions whose symptoms, or *actually perceptible* manifestations, are similar to — that is, closely resemble — those which medicines produce when tried upon the normal healthy organism.

How this formula was found and adopted would be an interesting topic, but too long. It must suffice to assert that it has been observed by analogy throughout the historical course of medicine. It was found by many empirically, but definitely pointed out by

Hahnemann. I would gladly enumerate sources from which knowledge of this formula is derived, but brevity obliges me to point out to you that this formula of similars is generally *recognized in every actual cure clearly resulting from a single drug, wherever reported.*

If you will take the trouble to acquaint yourselves with the effects of such drugs as belladonna or its alkaloid atropia, nuxvomica or its alkaloid strychnia, with arsenic, copper, and any drug you please; and if you will then compare the manifestations of the cases cured, with the manifestations or symptoms capable of being produced by the reported curative agent, — you will often be astonished by the similitude existing between them; and you will understand what is meant by similar.

In a broad and general way, I will assert here, that the disorders in the cure of which most heroic well-known medicines are used by the alloëopathic school, are unequivocally of the kind which these heroic drugs are able to produce by themselves. Comparisons are easily made in any text-book, such as that of Bartholow.

The answer to your first question, though long, would be very incomplete did I not add two other axioms of the homœopathic school.

One is, that as each drug has been tested *singly*, and unmixed with any thing else which could modify its effect, *so each drug should be administered singly as a remedy in disease.* The uncertainty of mixed drugs, and the safety of the patient, render this precaution necessary.

Lastly, each drug, when used as a medicine under the formula of similars, should be given in doses just large enough to have the desired effect. On this there is no difference among homœopathic physicians; and I doubt if you will object to the way in which it is formulated here. But you have heard of dilutions and potencies, high and low; and you are puzzled and in doubt, if not entirely estranged, by much that is implied under the much-abused word “infinitesimal,” more particularly that you are aware that homœopaths differ among themselves when they endeavor to make clear their position with regard to the dose.

As a matter of fact, some hold that very high reduction or rarification of medicinal substances is necessary and practicable. They do not admit that there exists any limit to the divisibility of medicinal or other matter, and claim that their clinical results uphold them in this. Others, and evidently a very large majority, have always inclined to a more material view and practice in the use of drugs; most of them employing them in quantities far below any extreme, but still in quantities far short of the alloëopathic dosage. They admit that science points clearly to a limit of divisibility, and hold that efficacy, or at least perceptible



effect, ceases even before the limit of divisibility is reached ; but they also admit that the practical, actually *curative* limit is not to be determined by the clinical test alone, as the extremists do.

For our purposes this evening, it would appear commendable to fall back on the proposition, as first stated, that homœopathy requires only as much medicine as will do the work required, or as much as will insure the utmost safety in the art of prescribing drugs, in preference to the traditional maxim of augmenting doses to the verge of what the patient can endure.

Such are the chief doctrines of homœopathy, stated as fully as time and space will permit. Such statements are not exhaustive, but, excepting imperfections of diction, they are truthful. We may safely call them doctrines, but not dogmas. To elevate them to such a position would deprive them of the qualities of practical rules. *Homœopathy is nothing if not practical.*

If time and experience should show that homœopathy, in its simplest form as described, should not be a method or system of such universal scope as to preclude other methods or systems, still you may safely regard it as a method among other methods of treating the sick by medicines. Varying methods of testing and prescribing drugs as medicines should not be confounded with unvarying principles. These may be correct and acceptable in the abstract, while their methods of application in real practice may teem with obstacles and difficulties, leading to questions and disputes interminable ; but divested of extremes, and holding to the purpose of retaining the knowable and excluding the unknown or doubtful factors, we aim to be reasonable, and, above all, practical.

2. *How is the homœopathy of to-day related to that taught by Hahnemann? If any change, what is the reason for it?*

The above, though brief and incomplete, is intended as a sketch of homœopathy of Hahnemann, stated in such a way that I hope it represents the groundwork of the opinion of all practitioners of that school. The doctrines are the same to-day as they were at Hahnemann's time ; that is, the formula of similars, the proving of drugs, the use of single simple remedies in small doses. Such, indeed, was Hahnemann's homœopathy in its simplest and most practical form. In this form it would probably have encountered very little opposition ; but certain changes and additions propounded and enforced by Hahnemann himself heightened the opposition to his system, and also called forth a division in the school itself. Briefly stated, this was due to a gradually increasing tendency to extremes in the diminution of the dose, and to the introduction of the so-called "psora theory."

These tendencies and complications of a simple and practical method may be said to have taken shape and to have developed from 1810 to 1828, since which time two parties became distinctly discernible,—the one clinging with zealotism to the words of the master; the other following a more or less conservative course (more especially with regard to dosage), rejecting extremes, and modifying or disregarding altogether the “psora theory.” This was introduced by Hahnemann as an explanation of the incurability of certain inveterate hereditary types of disease, for the cure of which he introduced a distinct class of medicines known as “anti-psorics,” published in 1828 and subsequently.

While objections are strong which are directed against the theory of one class of chronic diseases supposed to originate from suppressed itch, these objections are less valid when applied to chronic disorders following contagious gonorrhœa; and they vanish when applied to the chronic forms of syphilis. Nor was the proposition to adopt certain classes of remedies to these classes of disease entirely to be rejected. So much for historical events and doctrines. Although they led to differences of opinion among homœopathists, they did not lead to an actual rupture. To-day there is still a number of physicians who hold literally to the above-named doctrines; but the greater number have abandoned them, and maintain and adhere to the simple practical rules I have named.

3. *What statistics are there to show that homœopathy is the most successful method of treating disease in general, or any particular disease?*

Though these statistics are not as comprehensive as they should be, they are too voluminous to give you more than a brief sketch of them, omitting all details. Dr. von Grauvogl, a military physician of high rank in the Bavarian army, in his textbook of homœopathy, quotes the following statistical data from Dr. Rosenberg’s “Progress of Medical Science,” etc. (Leipzig, 1843, published by Shumann), giving for brevity’s sake only the final figures, which I must abbreviate still more.

Trials with homœopathic treatment were made at Tulezyn in Podolia, by Dr. Herrmann, at command of the Emperor of Russia, in 1829. These lasted a hundred days. There were received 165 patients: cured, 141; died, 6; remaining, 18. Mortality, 3.64%.

Trials of homœopathic treatment were made under the same order in the infantry hospital at St. Petersburg. 18 $\frac{2}{3}$ % were treated; in all, 409 patients. Of these, there were cured, 370; improved, 7; uncured, 4; died, 16; remained, 12. Mortality, 3.91%.

In the cholera hospital, under homœopathic direction, at Munich, the tabulated report shows that from Dec. 13, 1836, to the end of November, 1837, 242 patients were received: cured, 223; improved, 13; died, 6. Mortality, 2.48%.

The tabulated report of the homœopathic infirmary at Günz shows that from 1833 to 1841 there were 738 patients: cured, 666; improved, 10; not cured, 5; died, 29; brought in moribund, 17; remaining, 11. Mortality, 3.92%.

The tabulated report of the homœopathic infirmary at Gyöngyös, from 1838 to 1841, shows 271 patients: cured, 219; improved, 14; uncured, 7; died, 11; brought in moribund, 15; remaining, 5. Mortality, 4.06%.

The report of the homœopathic hospital at Vienna, from 1832 to 1841, enumerates 5,161 patients: cured, 4,710; uncured, 89; died, 267; brought in moribund, 34; remaining, 61. Mortality, 5.02%.

At the homœopathic infirmary at Leipzig, from 1833 to 1841, there were 4,665 patients: cured, 3,984; improved, 297; uncured, 127; died, 157; brought in moribund, 31; remaining, 69. Mortality, 3.57%.

The average mortality of these hospitals would accordingly be 4.22%.

The tabulated reports of various non-homœopathic hospitals should here follow by way of comparison.

At the Marine Hospital at St. Petersburg, in 1837, there were received 2,261 patients: died, 773; remaining, 322. Mortality, 23.03%.

At the Allerheiligen Hospital at Breslau, in 1833, there were 2,443 patients: cured, 1,701; died, 409; improved, 105; uncured, 60; remaining, 168. Mortality, 16.74%.

At the Charité at Berlin, during eight years, the highest death-rate was 13.99%: the lowest in 1839, when 10,616 patients were treated, was 9.91%.

Then follows the death-rate at the St. Jacob's Hospital at Leipzig, 10.33%.

In Allgemeine Krankenhaus at Vienna, in 1838, the death-rate was 12.73%.

This yields an average of 12.01% under alloëopathic treatment.

An interesting statistical account is to be found in DIETL, *Der Aderlass in der Lungenentzündung* ("Venesection in Pneumonia"), published in 1849, from which it appears that a mortality of 20% and 30% can be reduced to 7% and 9% by omitting antiphlogistics and tartar emetic.

The reasons which induced Dietl to make this trial of treating pneumonia strictly on the expectant plan, were the results

obtained by Drs. Fleischmann, Eidherr, Wurmbe, and Casper, in Gumpendorff and Leopoldstadt homœopathic hospitals. In the homœopathic section of the Leopoldstadt hospital,<sup>1</sup> 92 cases of pneumonia were received during the years 1850–52. The average annual mortality among the cases treated in the hospital during nine successive years, as given in manuscript by Dr. Eidherr, was 7.2%.

Another report, extending over the years 1859–66, gives a mortality of 5.85% and of 9.57% under homœopathic treatment, and of 12.5% in the allœopathic section of the Leopoldstadt hospital. Those who will examine the figures in the original reports will observe a difference in favor of homœopathic treatment over expectant treatment.

This very imperfect sketch is simply intended to show that statistical material is not wanting, nor is it exhausted by these notes. It has increased greatly in the last twenty years, through the increase of homœopathic hospitals and dispensaries in all countries.

The last comparative statistics were those of the yellow-fever commission appointed by the American Institute of Homœopathy in 1879.<sup>2</sup> From this report, arranged chiefly by the chairman of the commission, Dr. William H. Holcombe of New Orleans, whose conscientiousness and reliability are beyond question, it appears that at various localities the mortality of accurately reported cases under homœopathic treatment amounted to from 4% to 8%, in one instance (Chattanooga) to 36.4%; while the mortality under non-homœopathic treatment, from the most reliable sources obtainable, ranged from about 10% to 45% (Chattanooga). The author concludes his report as follows: "Notwithstanding the possible fallacies of the numerical method, and the possible errors of medical reports, and although some allœopathic physicians may have made exceptionally excellent reports, and some homœopathic physicians exceptionally poor records, still, surveying the matter on a large scale, in different places and at different times, the work of many physicians and the treatment of thousands of cases, we are compelled to believe that the homœopathic method is uniformly more successful than the method of the old school."

4. *In what countries, and in what parts of them, is homœopathy most practised?*

There is no doubt that the United States of America can claim a larger number of homœopathic practitioners than any other

<sup>1</sup> On the Present State of Therapeutics, etc. By James Rogers, M.D. London: Churchill, 1870.

<sup>2</sup> Special Report of the Homœopathic Yellow-Fever Commission, ordered by the American Institute of Homœopathy for Presentation to Congress, 1879. New Orleans, La.

country. We have here, according to the report in "The Transactions of the American Institute of Homœopathy for 1884," no less than 23 general homœopathic hospitals, 31 special hospitals, and 49 free dispensaries, 15 colleges and 4 special schools, no less than 19 journals and 102 societies, with no less than 6,000 practitioners of homœopathy.

The practice in other countries is represented by a smaller number of physicians in proportion to the patronage seeking them. Thus in Germany, exclusive of Austria and Switzerland, there were, in 1876, about 264 homœopathic practitioners, with 14 hospitals and public dispensaries.

In Austria there are about 177 homœopathists, with 8 hospitals containing 738 beds (this does not include a very large number of homœopathists of Hungary, and a number of hospitals and a college at Budapest).

In France there are now about 350 homœopathic physicians, 3 homœopathic hospitals, and 8 dispensaries, 5 of which are in Paris.

In England there are upward of 400 homœopathic physicians, and 8 hospitals and dispensaries, besides a number of general and local societies.

These numbers are not so insignificant as they would seem, because they do not include the homœopathic practice as represented by physicians, societies, and hospitals in other European countries (such as Spain, Italy, Russia, Denmark, Holland, and Belgium), whose quota, if summed up, would exhibit, if not a formidable, still a very respectable, array of men and institutions. To those who are at all interested in the history and statistics of homœopathy, I would earnestly recommend for perusal volume II. of "The Transactions of the American Institute of Homœopathy of 1876," "The Transactions of the International Homœopathic Convention held in London in 1881," and "The Rise of, and Opposition to, Homœopathy," by Dr. Wilhelm Ameke (Berlin: Otto Jauke, 1884). Even the least impartial of readers must admit that the difficulties with which homœopathy had to contend were equal to any experienced by struggling sects in the entire history of the world. If these persecutions and oppressions were less severe than the Spanish Inquisition, it was not for want of good will on the part of the opponents. There was not an existing power of law, nor power of despotic government, that was not brought to bear on the new system of medicine. If laws were wanting, they were easily made.

It is easy to speak of great medical schools endowed centuries ago, whose wealth now amounts to countless millions; it is easy to mention hundreds of enormous hospitals endowed by, and supported from, the coffers of rich States, — and then to point to

the struggling little schools and hospitals dependent exclusively on private charities. Give them liberty as we have it here, and they will grow and do good, as is and will be proved by the wise legislation of many of our States. Things move more slowly there than here. It is possible there to keep down a new school, but it is as impossible there as it is here to obliterate it. Perhaps, after all, it is not safe to judge of a method of medical or any other practice, either by the number of its professional or lay adherents, but rather by its principles and their results in practice.

Let us pass to the next question.

5. *What doctrines of the regular school are most objected to by homœopathists?*

The statement that homœopathy, if not practical, is nothing, may have justly surprised you, as it may imply that allœopathy is not practical. Allow me as briefly as possible to illustrate our position, which is to heal the sick entirely, quickly, and agreeably, by means of medicines; that is to say, homœopathy, with its formula of similars, refers exclusively to the use of medicinal substances in disease. We aim to get at the working-powers of medicines in the most practical manner, and believe, that compared with our principles, reduced to methods of getting at the practical forces of actually healing by means of medicine, the allœopathic school is less practical.

We hold that the methods employed within the allœopathic school, of obtaining knowledge of drugs, are not practical; because the methods of obtaining such knowledge, though often leading to intricate though plausible results, these results involve an hypothesis which requires a theory for its support. Take, for instance, familiar examples of atropia, morphia, strychnia, eserine. If these substances are to be used for the actual purpose of healing by virtue of *the reasons* of their physiological effects, very few curative, or even palliative results could be recorded. You would have to know the precise difference between, e.g., a stimulating, an inhibitory, a paralyzing effect, in order to apply these effects to a given case. Such differences are not definable.

Then consider also, that, even if it were within human ability to differentiate these hypotheses and theories regarding drugs with exactitude, it would be impossible to know, in any case of disease, which of those physiological effects are to be employed. If an hypothesis with a plausible theory of the action of a given *drug* is difficult to establish, it is vastly more so with regard to a *disease*. Homœopathists know that physicians, when called to the bedside of patients, have no time to ponder on such hy-

potheses and their theories: they must act quickly, and at the same time safely, in the work of curing. Theorizing would not be safe; neither would it lead to curative results to reduce hypotheses and theories to dogmatic rules and routine. There is no choice for the conscientious allœopathic physician but to apply strictly theoretical knowledge, and none for the less learned but to resort to thoughtless routine in the application of hypotheses reduced to dogmatic rules, or, at best, empirical rules regardless of any hypothesis and theory.

Homœopaths object to this as a dangerous waste of time at the bedside, or as unsafe routine and empiricism.

Homœopaths ask a shorter and safer way, and strive to avoid delay. But they acknowledge, at the same time, that the "regular school" is really practical only whenever it is *truly empirical*. Whenever experience, accidentally or methodically obtained, points the way to an actual cure, *there* we meet on more common ground, for there hypothesis and theory become matters of less than secondary importance. Belladonna dilates the pupil, eserine contracts it; morphia produces freedom from pain, and causes sleep; quinia breaks up paroxysms of intermittent fever; and so on. But here there is no application of these drugs according to hypothetical or theoretical reasons, but according to plain, well-known properties of drugs regardless of their reasons.

We think traditional methods of studying disease and drug effects *unavailable* for *present* needs. We desire some time to know the reason of a drug effect and of a disease effect; but the exigencies of hourly needs will not allow it. We strive to find a shorter road; that is, to take into account only what we can perceive clearly. *In daily practice we think it unpractical to make these positively observed and easily observable facts subordinate to theoretical, or even hypothetical data.*

Next to the methods of your school of investigating drug and disease effects, the homœopathist finds it advisable to *avoid polypharmacy* in all its forms. While a reasonable combination of compatible synergistic drugs may be desirable and practical, the homœopathist is aware, that, in the greatest number of instances of common "regular" practice, very little attention is paid to the kinds of substances combined or mixed; and he thinks, moreover, that drugs are not sufficiently well known by *either* school to warrant a combination of several, or to anticipate a favorable result from such combination. The homœopathist would regard such polypharmacy, not so much as an indication of precise knowledge, but rather as one of uncertainty. Regarding it simply as a practical question, the homœopathist would fear to lose time by compounds of drugs concerning each

of which much is conjectured and comparatively little known, while he tries to gain time by one simple remedy whose positive effects are well known.

The homœopathist, furthermore, objects to *excess of dosage*, as which he regards that of the "regular" school. He clings to the idea that it is less practical, because less safe and less certain, to give in a certain case as much as the system will endure, than to give much less than that, or, as he calls it, just sufficient to effect a cure; for he dreads any medicinal complications of the case. He is aware, that, while a liberal exhibition of drugs, such as opium and quinia compounded with various others, may take entire possession of the functions of the patient's organism, the drug effects often predominate over the disease symptoms to such a degree that it is impossible to distinguish one from the other: he is unable to know whether to attribute the coated tongue, bad breath, mental torpor, uncertain pulse and temperature, to the disease, or to the drug substances taken in such cases.

He considers the giving of medicines in doses up to toleration practically unadvisable, because of the delay, if not danger. He reasons thus: We may not always prescribe correctly; indeed, we may often err: hence we must possess some means of correcting errors which the best physician cannot help committing. It is more difficult to correct errors resulting from polypharmacy and large doses, than to commit them: hence he will employ single remedies which he can control more easily.

The homœopathist, furthermore, thinks it a disadvantage to push the dose to the verge of tolerance, because this method precedes the use of the most potent drugs, like arsenic, phosphorus, strychnia, atropia, and a host of others, which, by a simple mode of reduction, can be rendered more curative, and safer, in the hands of even a nurse, than as usually prescribed by non-homœopathists.

*6. Does the homœopath ever feel justified in using remedies after the method of the regular school?*

The homœopathist holds, or should hold, to the idea that his calling as a physician demands of him to be ready and able to employ those means of which he knows with reasonable certainty that they will serve his purpose best; that is, to restore his patient's health.

Whenever the "regular school" is truly empirical, and thus gives us good sound practical facts in the form of results which we cannot ignore, we are bound to use such results for the benefit of our patients. We are practical men: we reject nothing that is truly useful, and are free to admit that such practical



facts may here and there fill up considerable gaps in the therapeutic use of our own *materia medica*.

As a matter of right, a homœopath should reserve unto himself the use of remedies according to other methods; for he always sees with satisfaction, and encourages, the employment of homœopathic remedies on the part of "regular" physicians.

Those homœopaths who would raise the cry of traitor or heretic in such a case, render the conversion of the obdurate regular school impossible. But the occasional use of allœopathic medicines has been met by the "regular school" with the argument that homœopaths — other than strictly homœopathic remedies — are guilty of inconsistency and wrong-doing. Such objections belong in the same category with those of the dogmatic minority of homœopaths. It is here that extremes meet, and display their absurdities.

To say that a homœopath should not use allœopathic means of treatment, or that an allopath should on no account use a homœopathic remedy, is as absurd as to say that a blacksmith must on no account use a watchmaker's file or drill, or to say that a carpenter must never, on pain of the everlasting displeasure of the fraternity of carpenters, use a carver's graver. The real position of homœopathists is, that they should conscientiously endeavor to make allœopathic therapeutics superfluous by demonstrating the superiority of their own.

7. Explain "*similia similibus curantur.*" The election of the remedies is by the law of similars; the curative action, by the law of opposites.

As the above question rather assumes that an explanation will be given in accordance with the theory assumed, I will endeavor to answer it in that sense. It would not be difficult, but too long for our purposes to-night, to compile a list of analogues, the action of similars, from the therapeutic uses of medicines, as recommended in every non-homœopathic text-book of *materia medica*, which, like Bartholow's, deals with simple drug effects.

It is readily to be understood that the visible appreciable symptoms of a disease may resemble, or be similar to, the symptoms or signs produced by a drug, as far as language can express them; but it is yet a matter not fully understood, what the true similitude covers. The answer to this would be largely theoretical: therefore we prefer to adhere to simple methods, as represented by the example; e.g., that belladonna dilates the pupil, causes vertigo, and confusion of mind, hence we give it as a medicine in cases presenting these symptoms; but we do not stop to decide the question then and there, why or how it cures.

It may and it may not be that the decision of the question of what constitutes similarity or opposites would enable us to proceed in our curative efforts with greater ease and certainty. It is certainly desirable to institute the most exhaustive experimental researches in regard to the matter. As long as such researches are incomplete, or entirely wanting in both schools, conjecture cannot help us much.

Still, it is not unreasonable to ask for some suggestions on the point: these are already contained in the question. Practically, therefore, we make use of our formula in order to find a medicine for a given group of symptoms of a disease. -If we succeed in establishing a greater or less degree of actual resemblance in a pathological and therapeutical sense, we often thus discover the remedy we need.

Similitude, then, furnishes us with the remedy. Its curative action, however, is not explained or made clear thereby; nor is that of immediate importance, as long as we have gained our end. It is, however, very plausible, if not probable, to say that the simple medicine acted in the direction of the ever-present tendency in the organism to return to the normal state. This tendency to re-establish its equilibrium of cell-life (*vis medicatrix*), being not always able to accomplish the return to the normal state unaided, may be assumed to have been aided or re-enforced in its efforts. But, after all, as there was something abnormal to be recovered from, or to be overcome or counteracted, in this sense the curative action may be said to have been antagonistic, although the outward similitude of medicinal to disease effects had led to the finding of the medicine.

It is very certain, however, that where a cure is the actual result of a single drug, this cannot be assumed to have resulted from a variety of principles of action, but that there is probably only one curative principle underlying cures resulting at least from single remedies, by whatever school administered.

8. *Does the homœopathist only use such drugs as have been proven to produce in the healthy man the symptoms of the disease to be treated? How is he assured that the drug will produce the symptoms?*

This very fair question, like previous ones, should be answered categorically.

The homœopathist, when strictly applying a remedy to a group of symptoms, always applies only those which result from provings. These provings are as correct as the results of any other form of experimental research; like all such, they have various values: hence, in our repertories and symptom-lists, you will usually find certain ones which are especially emphasized. as

having been frequently verified clinically; you will find others which have not been sufficiently verified, and marked accordingly; and, lastly, you will find in practical handbooks a variety of symptoms which were not derived from proving, but which occurred in the course of actually cured cases. Some of these are of much practical value. Homœopathists would not reject them on that account: hence they are retained in all practical guides, but they are excluded from books on "pure materia medica." This does not mean that all which is therein contained is absolutely free from error, but simply that its purpose and intention is to record only the result of provings.

This answers the second part of your question, regarding the assurance that the drug will produce symptoms, or all the symptoms, to which it is applied. If we treat a group of symptoms which have not appeared in provings, but have a remedy which is known to have cured them, we readily make use of it, falling back on the time-honored empirical method which we enjoy in common with all practical men.

Most homœopathists assume, however, that, if a remedy cures a group of symptoms which as yet have not been developed by proving, it will, if more thoroughly tested, exhibit them. Till then, of course, we cannot be assured that it *will*. I should add, that in our provings we cannot produce typical diseases: persons cannot be expected to subject themselves to such a degree of danger. Still, there are very numerous instances in which such cases have resulted from medicines, although they were not voluntary tests, but mostly accidental or intentional cases of poisoning. Homœopathists avail themselves of such sources without exception; for they serve to verify and to complete provings which have to be made with milder and safer quantities.

(*To be concluded.*)

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### *SOME EVERY-DAY TOPICS.*

BY B. H. CHENEY, M.D., NEW HAVEN.

[*Extract from the President's Annual Address before the Connecticut State Homœopathic Medical Society, May 13, 1884.*]

IN the field of medicine, as well as in that of theology, politics, and society, certain subjects come to the surface, and make up the talk of the day. It is to a brief notice of some of these topics that I ask your attention at this time.

A great deal is said of the *liberal views*, which are thought to be a special mark of the age. They are less evident in the medical world than elsewhere; still, events occur from day to

day which show that drift. This has already led some to hope that the day is not far off when separate schools of medicine will cease to exist.

Thus there are some in our own school who think that homœopathy, as a distinct system, has fulfilled its mission, and who propose to drop the name as no longer necessary. This brings up the question as to the truth of the doctrine implied in the term "homœopathy." Is it only a mode of practice useful at certain times and in a general way, or has it the constant force of a law of nature? This is certainly a very important question; for, if there is a law of cure, a practitioner of medicine is guilty of great neglect who does not follow it as his guide. But it is a question which books cannot answer, nor much study solve: it can be determined only at the bedside. The clinical test is the final court of appeals by which every doctrine of medical practice must be judged.

But "systems" of medicine have too often been founded upon some theory as to the *nature of disease*, — always an attractive subject for the physician. To this was necessarily added another theory, or rather hypothesis, as to the action of drugs. In therapeutics, this results, as Jousset has well said, in "treating a pathological hypothesis by a pharmaceutical one." This is the method of deduction, whereas the only sure course with natural phenomena is that of induction.

This latter method, that of rigid attention to facts to the exclusion of theory, is now followed in every department of medicine. The result is, that more progress has been made in the last fifty years than in centuries before. Medical philosophers are beginning to appreciate the words of Goethe: —

"Gray, dear friend, is all theory,  
But ever green the tree of life."

Speculations regarding the nature of disease are now considered worthless, unless they rest upon the sound basis of facts observed in nature.

The *action of drugs* is another seductive topic. With reference to this, one of the best medical thinkers of the day says, "I attach very little importance to explanations of the therapeutic action of medicines. In therapeutics I see only two things, — the administration of the medicine, and the result of that administration. The intermediate phenomena escape our observation, and perhaps will always continue to do so."<sup>1</sup>

We may give a medicine with every confidence as to its effect: more than this, as homœopathists we may say that we

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<sup>1</sup> Trousseau, art. "Pneumonia."

feel that confidence because it is given in accordance with a definite rule, or law, if you please, in therapeutics. This is the *why* of its action, but the *how* still eludes us. This is true of the ordinary crude effects of drugs: how much more true of those finer shades of difference which are characterized as modalities! Hence the importance in practice of determining, as far as possible, cause and effect, and not without reason to ascribe results to previous medication.

The demand for accuracy in science, and the criticism to which every thing is now subjected, have led to a careful examination of our remedies and their preparations. The microscope is brought to bear upon our triturations, and upon the sugar of milk, which is their vehicle, with surprising results. Pharmacists vie with each other in regard to the purity and genuineness of their medicines,—a matter of great moment; for of what avail is the utmost care on the part of the physician in making his prescription, if he cannot be sure of the remedy he gives, or if its vehicle be so adulterated as to nullify its effect?

This leads to the question, “How far does medication modify or shorten any given case?” or to the *natural history of disease*. Many experiments have been made in this direction, and it is a field in which much more work might profitably be done. But individual circumstances of temperament, surroundings, etc., must necessarily modify any conclusions. Thus far no definite result has been attained, except in the exanthemata, typhoid fever, and pneumonia. In pneumonia, Dr. Bourgeois for twenty-five years gave no medicine, and his statistics show an average duration of nine to eleven days. In rheumatism, without treatment, on the other hand, Dr. Flint found a variation of twelve to fifty-six days. This shows the impossibility of fixing any definite data, and is another proof of the fact, so often repeated, that diseases are not distinct entities, but varying pathological conditions.

In *etiology* an immense amount of patient work has been done in the past few years, and important discoveries are thought to have been made. The chief talk in this department is about “germs,”—the existence of micro-organisms in disease. “Microphyte,” “bacteria,” and “bacillus” have already become such familiar names that we feel as if we had been acquainted with their owners all our lives. No doubt we have been, only, like Molière’s character who had always talked prose, we did not know it.

Microphytes, or saprophytes, are found wherever fermentation takes place: hence they occur in such articles of food as cheese, vinegar, the yeast-plant, etc. They abound in putrefaction, and by their agency dead organic matter is disposed of.

Without them, the face of nature would be unendurable. In disease the bacteria are found in that class which, by its analogy with the fermentative process, is called zymotic.

Now, the important question for us as practical physicians is, whether these little organisms are the causes or the products of the conditions in which they are found. The difficulties attending the solution of this problem are still very great. We are told that bacilli are found in the normal secretions in a state of health, exactly like those in disease. It is conceded, too, that the malignant bacillus of anthrax cannot be distinguished from the harmless bacillus of a hay infusion. Again: Bastian, an expert observer, announces that the micro-organisms supposed to be the cause of small-pox in sheep, "are now admitted to have no existence; certain appearances produced in the tissues by preservative media having been mistaken for organisms which have been elaborately described and figured." Microscopy is not yet infallible, as surgeons often find out when they wish to determine the nature of a morbid growth.

There are, however, some affections in which the agency of microphytes as a cause seems to be proved. Germs attending a certain disease have been propagated apart from the body, and their progeny have produced the specific disease when introduced into a healthy organism by inoculation. The bacillus tuberculosis is about the latest discovered of these specific micro-organisms; and it is said to have been found in affections already supposed to be of a tubercular nature, such as cold abscesses, strumous synovitis, lymphatic affections, etc.

These discussions still have much of the speculative about them; but practical results come from the increased attention now paid to sewerage, the malarial poison, and other causes of disease, with which the general public are already more or less familiar, and which are talked of everywhere. All these subjects are of the greatest importance to *preventive medicine*,—a noble field of labor, which is rapidly assuming the proportions of a science, and which must demand much of the practical physician's attention in the future. Indeed, in view of the strides lately made, it seems not utopian to look forward to a time when the prescribing of drugs will be but a small part of the daily work of the medical man. The existence of boards of health, both state and municipal, and the establishment of a national public health association, show the importance already attached to the subject by the profession and by the public.

While so much has been accomplished in hygiene, it is disappointing to see that all the patient investigations and brilliant discoveries in pathology have done very little for the treatment of disease. That this is the case, is sadly confessed by the leading

writers of the old school. Trousseau closes his masterly work upon clinical medicine by saying, "When medicine, as it now exists, compares what it knows with what it does, it perceives that pathological anatomy does not always necessarily lead to rational therapeutics, and that the knowledge of lesions does not always enable us to cure them. Here the deception begins. Too much being hoped for, disappointment comes too quickly. The descent from disappointment to scepticism is very rapid." In conclusion, he urges his hearers to resist such tendencies, but can point them to nothing more definite in therapeutics.

I have purposely avoided any panegyric upon homœopathy. It is, however, well for us to bear in mind that whatever success it has had is due to the fact that its appeal has always been to clinical observation, not to theory. Upon this sound basis of induction must rest its claim to continued recognition.

While, then, we should be ready to welcome every thing conducive to the welfare of humanity, let us not be so dazzled by brilliant discoveries as to rush into speculative hypothesis in the treatment of disease.

The sum of all this is, that, if the history of medicine teaches any thing, it is this: that theory is nothing, facts are every thing. The world is old, yet ever new; and amid all the cares and trials of his daily life, the physician will find constant help in the thought that he may, if he will, be "the minister and interpreter of nature."

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#### CASES FROM DISPENSARY SERVICE.

BY A. A. KLEIN, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

CASE I. — Mr. H., thirty-seven years old, well nourished, presented himself at the dispensary with the following condition: left eye, white calcareous cataract, which he received when six months old, through the carelessness of a servant. The fundus of this eye can be lighted up at the periphery of the cataract, and, when the iris is under the influence of atropine, he can see fairly with this eye, so that he can make his way on the street.

Right eye looks normal from the outside; pupil sluggish. Vision: can only see when looking on the floor; objects appear wavy; something seems to move in the eye; lens transparent; only upper part of fundus could be slightly illuminated; no vessels nor disk can be seen, but a flag-like movement in the fundus of the eye; every thing looks obscured. History: In the latter part of July, 1883, he went in an omnibus down town. Jumping off the omnibus, he met an old gentleman, who asked him about a certain street. He (Mr. H.) pointed in the direc-

tion of the street, at the same moment looking towards an electric light. When he turned his eyes away, he could not see any thing whatever. He somehow managed to get home, and went to bed. The next day his sight was apparently all right again. Six months later, on the twenty-sixth day of December, one Sunday morning, he went out to get a newspaper. Returning home, his sight had gone, as before. Thinking it would come back of itself, as on the first occasion, he did not consult a physician; but eight months later he decided to try if something could not be done for him, and accordingly came to the dispensary. Diagnosis: separation of the retina; which diagnosis was afterwards confirmed by Dr. Angell. Prognosis: doubtful. The accident may have been caused by jumping from the omnibus, or possibly by sudden exposure to the electric light. Probably at the time of the first attack, in the summer of 1883, the retina separated only so very slightly that no effusion followed, and sight was restored on the healing of the wound. He being a myope, however, and thus predisposed to this trouble, the retina was never thereafter very firmly attached to the choroid in the place where the first separation took place; and in the second instance, some slight exertion, possibly blacking his shoes, may have caused the imperfectly attached part to give way, effusion and complete separation almost immediately following.

Had the patient at once consulted an oculist, he might have had a chance of relief from one of the three principal operations for separation of the retina: viz., (1) that of Graefe, who introduces a double-edged needle through the sclerotic, about four lines from the edge of the cornea, and in the most prominent meridian of detachment; he passes the needle about six lines into the vitreous, and then, turning the apex with a simple lever movement toward the fundus, presses one edge against the retina, at the same time withdrawing the needle; (2) that of Bowman, who introduces two needles at a short distance from each other, through the sclerotic, directing the points toward each other so as to pierce the retina at the same spot; he then separates the needles, tearing the retina apart; (3), and thus far the most successful, that of Mooren, who introduces the canaliculus of a small syringe under the sclerotic, taking great care not to wound the retina, and withdraws the exudation by suction. Some authors consider all surgical interferences of no avail; for instance, Williams, who says, "All operative interference is not only of no avail, but hastens the destructive process." He also considers remedies of little or no value. A reclining position, a compressive bandage, and good advice to the patient not to over-exert himself, is all that can be done. In spite of this



general condemnation of all operative measures, the fair results obtained by Graefe, Bowman, and especially by Mooren, ought to encourage us to try this means of relief, even if the patient's sight can only be restored for a few years. Mooren had several cases of spontaneous cure after the separation had lasted for some time, showing that nature itself may bring about the absorption of the fluid. Dr. Angell advised waiting in this case, especially in regard to the operation for removal of the calcareous cataract in the left eye, and doubted whether the right eye would ever improve. So, with this gloomy prospect for my patient, I gave him *arsenicum*, which I later combined with *iodine*, and gave him *atropine* to drop into his eyes. After being under treatment about four months, the wavy motion in his eye has disappeared; the fundus begins to clear up; the optic disk, which formerly could not be seen, can now be outlined; and he can distinguish large objects. While this improvement may be only temporary, the question yet occurs to me, What is causing this improvement? Is it nature, or my treatment, or both acting in unison?

CASE 2. — The patient, a man thirty-eight years of age, had an attack of gonorrhœa about two years before applying at the dispensary for treatment. At the time of the attack, and previous to it, he had no trouble whatever with his eyes. About six months later, however, his right eye became very sore. Before coming to our dispensary, he had doubtless been treated at most of the places where treatment can be obtained free of charge; it being the practice of such patients to change about from one institution to another, slandering each in turn for unsuccessful treatment. This man had doubtless received treatment from some of the best oculists in the city. His right eye was swollen; eyelids œdematous; palpebral and ocular conjunctiva red, like a piece of raw beef. The whole cornea had a whitish opacity from ulceration. The conjunctiva overlapped the cornea. Vision: could only outline large objects. On account of the serious destructive process going on, on the cornea, I gave him *arsenicum*. I determined to try local applications of *nitric acid*, having seen this treatment recommended in works on ophthalmic surgery, and having seen excellent results from like applications in cases of venereal disease treated at our surgical clinics. I dipped a stick of soft wood in strong *nitric acid*, held it in the air until the acid had evaporated, and then applied it to the conjunctiva, both palpebral and ocular. This treatment was continued for six weeks. After a few applications of the acid, the conjunctiva began to clear, and the œdema disappeared. At the end of two months, when the patient ceased to present himself at the dispensary, there remained only a central opacity of the cornea.

CASE 3. — A lady sixty years of age presented herself at the dispensary, with the following symptoms: hemorrhoids, itching excessively, but not bleeding; constipation; feeling of tightness around the waist; sensitiveness to pressure in the epigastrium; sensation as of a stone in the stomach; bitter taste in mouth; loss of appetite; dizziness. Diagnosis: indigestion. Treatment: *nux vomica*, local applications of *hamamelis*. A week later somewhat improved: treatment continued. Two weeks later, still improved, but complained of hardness of hearing. Inspection revealed two plugs of hardened wax. Ordered *glycerine* ℥ j, *biborate of soda* grs. v., two drops in each ear every night. At her next visit I succeeded in removing from each ear a plug of wax about half an inch long and exceedingly hard. The membranes looked depressed. I inflated the ears, and continued the administration of *nux vomica*. One week later she came to report herself as entirely cured. Even the hemorrhoids had ceased to trouble her.

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#### GLEANINGS AND TRANSLATIONS.

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THE CLINICAL THERMOMETER. — The report for the year 1883-84, presented by the Board of Managers of the Observatory to the president and fellows of Yale College, with a circular, issued by the Thermometric Bureau of this institution, descriptive of the certificate-provided thermometers and the conditions upon which they are issued, is before us.

This report shows that the good work begun by the bureau four years ago has done much to reform one of the most important of clinical procedures. Six thousand three hundred and twenty-six physicians' thermometers were tested and corrected during the year.

The number is large, but by no means what it should be; since it is true that every physician who is worthy of the name, carries a thermometer, and equally true that seven in ten of the instruments in common use are in error plus, Fahrenheit's standard, by from one to two degrees.

The doctor who makes use of an uncertified thermometer, becomes, under modern therapeutic usage, a menace to the sick; since, trusting the indications of a lying instrument, he may give, in typhoid fever for instance, powerful antipyretic drugs, or employ the cold bath, to the serious detriment, or even death, of his patient.

This is a grave matter, with or without a pun upon the word, and a subject which should give the physician no slight concern, if he be disposed to follow the teachings of our highest clinical

authorities in the treatment of fever, is alive to the well-being of his patients, and has been guilty of carrying an uncertified instrument.

For instance: no clinical fact is better established than that the prolonged high-temperature range in the graver forms of typhoid fever saps the patient's vital force, and ends the case often by death in the second or third week, or leads to his taking-off, by serious complications, at a later stage of the disease.

At the same time, no therapeutic fact is more easy of demonstration than that *quinine*, *salicylic acid*, or the bath is competent to bring a dangerously high temperature down to a point of safety in a short time, curb the disease, head off complications, and guide the patient to a safe convalescence when the fever shall have run its course.

In the carrying-out of these measures, however, the physician must exercise the most critical care and consummate skill; and, since the readings of the thermometer are his chief and only infallible guide, it is a matter of the first importance that these shall be trustworthy beyond peradventure. A typhoid fever whose maximum temperature-range is from  $104.5^{\circ}$  to  $106^{\circ}$  F. is a serious affair, and, mounting at least once in the twenty-four hours into hyperpyrexia, must be curbed by powerful antipyretic drugs, or cold applications to the skin. On the other hand, a typhoid with a temperature-range of  $102^{\circ}$  to  $103.5^{\circ}$  is safely manageable through simple expectant means; and if the patient, under these circumstances, be submitted to the bath, or made to take heroic doses of antipyretic drugs, he is so treated at his peril, since he may be depressed beyond the point of safe reaction, the disease being made more susceptible of grave complications.

In view of these considerations, it is easy to see how a thermometer with an error plus of two degrees (and this is not uncommon) may be positively pernicious in the hands of even the most skilful physician.

When Yale College established its thermometric bureau, it was confidently expected that manufacturers would avail themselves of the fine facilities offered them for securing accuracy in their instruments, and that all clinical thermometers put upon the market would soon be correct in their readings, or have the error, when such existed, noted in each instance for the physician's convenience. It is true that not a few of our first-class manufacturers have secured this desideratum; but, nevertheless, wildcat thermometers abound on every hand, and, being held at temptingly low figures, find a ready sale.

The remedy is easy. By sending his thermometer and fifty cents to Yale College, New Haven, any physician may secure

a certificate accurately stating its errors, unless the instrument be so much at fault as to be unworthy of the certificate; in which case it will be returned condemned, and should be at once destroyed.

The majority of dealers have on sale certified instruments, which it were best that the doctor who needs a new thermometer should buy; but those who have old instruments to which they are attached need not discard them, since, in the majority of instances, their deflections from the truth may be measured, and placed on record, that their readings may be estimated at their proper worth in practice.

We trust that the next annual report of the Thermometric Bureau will show that the profession in America is fully awake to the importance of this work; for the day has truly come when no conscientious physician can carry a thermometer whose accuracy is doubtful, or limit of error unknown. — *Louisville Medical News.*

EVERY MAN HIS OWN LIFE-PRESERVER.<sup>1</sup> — M. Sylvester, the doctor so well known by his studies of the treatment of those who have been drowned, has recently made some experiments, very original, in the insufflation of air in the subcutaneous cellular tissue. By this means he has succeeded in rendering animals capable of floating in water without effort, and he thinks the procedure may be made of service to man. In 1883 he introduced into the subcutaneous cellular tissue of a cadaver a quantity of air sufficient not only to prevent it from sinking, but also sufficient to support a weight of about twenty kilograms (fifty pounds). It is only necessary to make a small incision at the wrist, and to introduce under the skin the point of a tube, which is to be connected with a syringe.

Since then, M. Sylvester has been seeking some more simple and practicable means of accomplishing this on the living.

The following is the original procedure which he has adopted: a small puncture is made in the mucous membrane of the mouth, opposite the first inferior molar tooth, with a penknife. It is necessary to introduce the knife sufficiently deep to perforate the superficial aponeurosis without wounding the skin. The instrument is then withdrawn, and, closing the mouth and holding the nostrils closed, violent efforts at expiration are made. The air in the mouth, being strongly compressed, penetrates by the small wound into the subcutaneous connective tissue, and extends over the neck and breast down to the nipples. The time necessary for the procedure is not more than three minutes. To prevent the escape of the air, pressure may be made with the finger on the skin corresponding to the puncture, or the jaws

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<sup>1</sup> Translated from *La Semaine Médicale* by R. Maupin Ferguson, M.D.

may be kept distended with air. The operation causes only an insignificant degree of pain, and gives rise to no disagreeable accidents. The quantity of air thus forced into the subcutaneous connective tissue is sufficient to support thirteen pounds (five kilograms) in water. The human body is thus rendered incapable of sinking. M. Sylvester believes that this procedure, so strange in appearance, is capable of rendering much service in cases of shipwreck. To allow the air to escape, pressure is removed from the small opening, and a few efforts are made at suction. — *Louisville Medical News*.

INTRA-VEINUS INJECTION OF PHENIC ACID.—“La Cronica Medica de Lima” reports the following cure by means so heroic, as, despite their success in this instance, scarcely to commend themselves to the conservative physician.

“A patient presented himself in an extremely low, feverish condition, with six malignant pustules. He said these were caused by the eating of tainted meat some three weeks before, five of his neighbors who had eaten the meat at the same meal having since died. The first day of the patient’s stay in the hospital the pustules were incised, and cauterized with *nitric acid*. But the next morning the patient was seriously worse: the fever ran high, and the swelling was so considerable as to cause dyspnoea and dysphagia. One gram of *phenic acid* was then put into two hundred drops of distilled water, and fifty drops injected into three different veins. A change for the better was very perceptible at the end of a few hours. Two other injections were made the same day, and two more the day following. On the third day apyrexia was marked, and the swelling much reduced. The improvement was rapid; and, in the course of a week, a superficial abscess of the neck was the sole remaining result of what seemed a most critical case of blood-poisoning.” — *Revue Bibliographique*.

A NEW, SUCCESSFUL, AND PALATABLE MEDICINE FOR THE TREATMENT OF TAPE-WORM.—Under the above title, Dr. Howard Pinkney, writing from Sharon Springs, describes his experience with the *oil of the pine-needle*, made from the *Pinus punilio*. A hall-boy of the hotel had suffered for five years from tape-worm. He had been treated for four years in New York, but never had succeeded in getting rid of over four feet of links at a time. Dr. Pinkney, not being able to get any male fern, pelletierine, or pumpkin-seeds, therefore tried the following experiment: “The patient fasted from breakfast, and at 9 P.M. he was given one teaspoonful of *oil of the pine-needle* in half a glass of milk. The following morning, as there was no perceptible action of the medicine, the dose was doubled. This, the

boy said, had a most agreeable taste. One hour later he took a dose of *castor-oil*; and, in the course of two hours after this, he passed an entire *Tænia solium*, measuring fifteen feet six inches in length, and one half-inch at its broadest part, gradually tapering down to almost a thread. To be positive that none remained behind, he was given two teaspoonfuls more; but no sign of any worm, or part thereof, passed. This oil," writes Dr. Pinkney, "contains no *turpentine*, is fragrant in its odor, and, when mixed with milk, very agreeable to the taste. It produces no strangury, tenesmus, or other unpleasant or distressing symptoms. The patient can generally pursue his ordinary avocation." Our correspondent would be pleased to know if any of our readers have ever read or known of its use in similar cases. — *Medical Record*.

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#### SOCIETIES.

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##### *INTERNATIONAL HOMŒOPATHIC CONGRESS OF 1886.*<sup>1</sup>

THE International Homœopathic Congress, in its second quinquennial session, held in London in 1881, chose Brussels as the place of its meeting in 1886. At this session Dr. Hughes was chosen permanent secretary, and keeper of the archives of the institute.

In its session held on the 1st of July, 1884, the Central Association of Belgian Homœopathists, as the result of a correspondence between Dr. Hughes and Dr. Martiny, delegate to the London congress of 1881, named a committee to be intrusted with the preparation for the approaching session of the homœopathic congress.

This committee would now take occasion to remind homœopathic physicians everywhere of the rapid approach of the date of our quinquennial assembly, and would urge upon them the beginning, at least, of some paper for that congress on any scientific subject having relation to homœopathy. It is most desirable that every country should offer to our congress a report, supplementary to that of 1881, of what progress homœopathy has made in the country reporting, since our last assembly.

In the sincere hope that every homœopathic physician will look upon this our appeal as addressed to himself personally, and with assurance of our fraternal regard to our co-laborers everywhere,

DR. MARTINY,	}	<i>Committee.</i>
DR. SENTIN,		
DR. CRIQUELION,		
DR. SCHEPENS,		

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<sup>1</sup> We offer, as requested, the above translation of a circular lately received from the Committee of Arrangements for the International Homœopathic Congress of 1886. — ED.

*REPORT OF THE ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

THE forty-fifth annual meeting of the Massachusetts Homœopathic Medical Society was held in Association Hall, in the building of the Young Men's Christian Association, Boylston Street, Wednesday, April 8, 1885.

The meeting was called to order at 10.45 A.M., by the president, J. Heber Smith, M.D., Boston. The records of the semi-annual and special meetings, and also the meetings of the executive committee, were read and approved.

The following candidates were then elected to membership: Amelia W. Stockwell, M.D., Boston; C. Maria Nordstrom, M.D., Malden; Walter B. Whiting, M.D. Malden; Newcomb L. Damon, M.D., Cohasset.

The treasurer, H. C. Clapp, M.D., Boston, reported the receipts in excess of the expenditures, for the year, \$137.81, and that there was a balance on hand, April 8, 1885, of \$1,510.25.

The recording secretary reported for the Committee on Publication, stating that the volume for 1884 was presented as the committee's report, and requesting members to return at once, for rebinding, the issues of 1880, 1881, 1882, and 1883.

The president, J. Heber Smith, M.D., Boston, next delivered the annual address. Dr. E. P. Scales, Newton, moved that the president's address be referred to a committee of three. This having been adopted, the president appointed as the committee, Drs. E. P. Scales, I. T. Talbot, and H. E. Spalding.

Upon motion, 2 P.M. was appointed as the time for the election of officers.

Dr. E. U. Jones, chairman of the Committee on Climatology, gave some interesting details of his investigations of ozone, and asked that the committee be continued until the October meeting, when a more complete report is promised.

It was then moved that the report of the committee be carried over until the October meeting, and that twenty-five dollars be appropriated from the treasury to aid Dr. Jones in his research. (Seconded and adopted.)

The Committee on Clinical Medicine presented as their report the following list of papers, some of which were read by title only:—

SCHEMA: DIPHTHERIA. — "History in New England," by B. F. Church, M.D., Winchester; "Histology," by C. Wesselhoft, M.D., Boston; "Hygiene," by E. U. Jones, M.D., Taunton; "Treatment," by W. H. Lougee, M.D., Lawrence; "A Paper on Diphtheria," by D. G. Woodvine, M.D., Boston; "Therapeutics of Diphtheria," by H. M. Hunter, M.D., Lowell; "Clinical

Cases of Diphtheria and Pernicious Anæmia," by Mary B. Harris, M.D., Andover.

MISCELLANEOUS PAPERS. — "Apoplexia," by Jane K. Culver, M.D., Boston; "Spread of Malarial Fever in Massachusetts," by H. E. Spalding, M.D., Hingham; "Differential Diagnosis of Neurasthenia," by O. J. Travers, M.D., North Brookfield; "Treatment of Neurasthenia," by George M. Ockford, M.D., Revere; "Massage in Neurasthenia," by J. M. Barton, M.D., Worcester; "Angina Pectoris," by J. M. Teele, M.D., Milton; "Successful Treatment of Organic Stricture of Descending Colon," by E. L. Mellus, M.D., Worcester; "A Case of Psoriasis" (with photographs), by George D. Bliss, M.D., Dorchester.

For the Committee on Materia Medica, Dr. Conrad Wesselhoeft offered a very carefully prepared "Proving of Curare," made by himself, Dr. J. P. Sutherland, and others; also "A Proving of Thallium Sulphate," by Lampson Allen, M.D., Southbridge.

At 2 P.M., the hour previously appointed for the election of officers, the meeting proceeded to ballot. The president appointed as a committee to collect and count the ballots, Drs. H. P. Hemmenway, J. T. Harris, and James Hedenberg.

The chairman of the Committee on Electro-therapeutics presented the following paper: Case 1, "Ovarian Neuralgia, cured by the Faradic Current;" Case 2, "Facial Neuralgia, cured by the Galvanic Current," — by A. J. Baker, M.D., Boston.

Dr. Charles Sturtevant, chairman of the Committee on Diseases of Children, offered for his committee, in the absence of the author, the following paper: "A Case of Pott's Disease," by J. J. Shaw, M.D., Plymouth.

The following papers were contributed by the Committee on Obstetrics: —

"A Case of Eclampsia, preceded by Intense Epigastric Pain," by J. L. Coffin, M.D., West Medford; "The Treatment of Puerperal Convulsions," by S. B. Dickerman, M.D., Abington; "The Third Stage of Labor," by Sarah E. Sherman, M.D., Salem; "The Treatment of Abortion at the Fourth or Fifth Month, with retained Placenta," by G. R. Southwick, M.D., Boston.

The Committee on the President's Address recommended that the subject of the address be referred to the Committee on Legislation. This was made as a motion, and adopted.

It was also moved and carried, that Dr. C. H. Walker, Chelsea, be continued as the necrologist for the ensuing year.

Dr. H. L. Chase, Cambridgeport, offered in writing the fol-



lowing amendment to the by-laws: that there be inserted in Art. XVII., after the words "shall sign the by-laws before becoming a member," the words "Ten negative votes shall reject a candidate." (Seconded.)

A committee to consider the amendment was appointed, consisting of Drs. H. L. Chase, F. N. Palmer, and I. T. Talbot.

The meeting then adjourned at 3 P.M., to dine at Hotel Brunswick. At 3.30 P.M. the company sat down to dinner, previous to the enjoyment of which Dr. H. P. Hemmenway announced the following list of officers for the ensuing year:—

President, C. L. Nichols, M.D., Worcester. Vice-presidents, F. H. Krebs, M.D., Boston; F. B. Percy, M.D., Brookline. Corresponding secretary, J. Wilkinson Clapp, M.D., Boston. Recording secretary, N. W. Emerson, M.D., Dorchester. Treasurer, H. C. Clapp, M.D., Boston. Librarian, A. J. Baker, M.D., Boston. Censors, J. Heber Smith, M.D., Boston; A. J. French, M.D., Lawrence; H. E. Spalding, M.D., Hingham; B. F. Church, M.D., Winchester; Walter Wesselhoeft, M.D., Cambridge.

After enjoying a most excellent dinner, the president, J. Heber Smith, M.D., introduced as the toast-master of the occasion the president-elect, C. L. Nichols, M.D.

Several appropriate toasts were fittingly responded to, and the company dispersed, apparently well pleased with the day.

N. W. EMERSON, M.D., *Recording Secretary.*

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#### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

OUR national association holds its forty-second anniversary, thirty-eighth session, at St. Louis, on June 2, 3, 4, and 5. The session will undoubtedly be one of unusual importance, the bureaus being well and ably filled; and the reports will embrace many important subjects. It is proposed to allow more time than usual to the discussion of papers, and the attendance of many of our leading Western men will undoubtedly add to the importance of the discussions.

Arrangements have been made with many of the railroads to secure fares at reduced rates. From Boston to St. Louis and return, tickets will be issued for thirty dollars. It is important to ascertain at once the number that intend to go, in order to make the most satisfactory arrangements. If a sufficient number is obtained, a special Pullman and dining car will leave the Fitchburg Depot on Saturday, May 31, which will reach St. Louis at 8.40 on Monday morning. This will leave the day for

rest, or seeing something of St. Louis, before the preliminary meeting on Monday evening. Let New England turn out its usual large delegation.

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REVIEWS AND NOTICES OF BOOKS.

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THE SCIENCE AND ART OF SURGERY. By John Eric Erichsen, F.R.S., LL.D., F.R.C.S. Eighth edition. Revised and edited by Marcus Beck, M.S., and M. B. London, F.R.C.S. Vols. I. and II. Philadelphia: H. C. Lea's Son & Co., 1884.

More than thirty years have passed since this work was first given to the profession. The favor with which it has been received by the profession has steadily increased, until now it justly ranks not only as *a* standard, but almost as *the* standard, work on the subject. An idea of its wide appreciation may be obtained from the fact that arrangements were made for the appearance, simultaneously with the English edition, of a new American reprint, and of new translations of it into Italian and Spanish. In revising and editing this the eighth edition, the author found it necessary to seek assistance, and thus we find coupled with his own name that of Mr. Marcus Beck, surgeon to University College Hospital, and professor of clinical surgery in University College, London.

In general scope and character, the present edition closely resembles the last, there being in each seventy-five chapters. The sequence in the arrangement and discussion of subjects is nearly the same. The changes made are such as scientific progress and clinical experience during the last seven years would necessitate. The chapter on ophthalmic surgery has been omitted, its place in the number of chapters being occupied by one on surgical operations on the kidney. The first volume, with five chapters less than Vol. I. of the last edition, has over one hundred and seventy-five pages more than its predecessor; while Vol. II. has been increased by more than two hundred pages. A short but valuable appendix on "*corrosive sublimate* as an antiseptic" is found at the conclusion of the book.

It is impossible here to refer to all the additions to, and changes made in, the text: enough to say, that in regard to pathology, new operations, and new methods of operating, the work is in every way satisfactory and up to date, and still deserves to hold its enviable position as a standard authority and a practical counsellor, without which a surgeon's library is certainly incomplete.

The author could hardly fail to take pleasure in the form in

which Lea Brothers have presented his fine work to the profession in America. The volumes are as ornamental to a surgeon's shelves as their contents are necessary to his mental equipment.

CONSUMPTION: ITS NATURE, CAUSES, PREVENTION, AND CURE.

By J. M. W. Kitchen, M.D. New York: G. P. Putnam's Sons, 1885. 223 pp.

The author of this little book believes that consumption, "that ghastly monumental epitaph in record of the ignorance, slothfulness, and unfortunate surroundings and conditions incident to the lives of the great majority of the human race," is largely a preventable, and under certain favorable conditions a curable, disease. This belief is his inspiration in the attempt, taking form in the excellent little work before us, to instruct the laity in such wise on this very important subject, that they may labor intelligently to do away with consumption from among the "ills that flesh is heir to," and that permanently. Dr. Kitchen deals with climate, food, dress, locality and soils, heredity, habits, surroundings, etc., and in their bearings on consumption. His strong recommendation that marriage should be legally forbidden those of scrofulous or tuberculous tendencies will doubtless be looked upon by conservative thinkers as tending somewhat too strongly to the "heroic" in preventive medicine. The style is clear, and unusually free from technicalities. The book, doubtless, will do excellent work among the more thoughtful of the laity, and to that end should be commended by physicians to their patients as interesting and helpful reading. The publishers' work has, as usual, been admirably done.

IN WAR TIME. By S. Weir Mitchell, M.D. Boston: Houghton, Mifflin, & Co., 1885. 423 pp.

The dealer in facts who ventures into the realm of art, too often appears to others, if not to himself, in the attitude of Nick Bottom at the court of Titania; and critical hints are not wanting, that, before presenting himself in surroundings so incongruous to his nature, he must, consciously or unconsciously, have assumed, like the immortal weaver of Athens, the head of an ass. The men are indeed rare, in any generation, who are able to show themselves masters of both fact and fiction; artists, and men of affairs. That, in the present generation, Dr. Mitchell was such an exceptional and enviable man, was evident to the reading public from the time, five years ago, of the publication of his charming and original little volume, "Hepzibah Guinness." The critic is tempted to say thoughtlessly that literature lost a great novelist when medicine gained, in Dr. Mitchell, an eminent physician; but perhaps the truer saying would be, that,

through the exacting demands made upon Dr. Mitchell's time by his chosen profession, literature loses great novels: the novelist exists, and his greatness is plainly recognizable in the quality, if not the quantity, of his work.

"In War Time," like parts of George Eliot's "Middlemarch," is a study of the slow degeneration and final pathetic failure of a man who begins life a talented and brilliant physician. "The machine was perfect, but the driving-power was inadequate," the author says of his hero, Ezra Wendell. The study is a masterly one, evidencing itself on every page the work of a man deeply and sympathetically familiar with those mysteries of humanity which lie beyond the reach of microscope and scalpel. We follow with keen and painful interest the downward course of the bright and facile nature, from trivial unpunctualities, and small, self-indulgent extravagances, to conscious dishonesty, and that last fatal, criminal carelessness which involves other lives with his own in irremediable ruin. It is the highest praise to Dr. Mitchell's literary art to say, that entirely as we regret the leaving of Ezra Wendell "broken in health and spirit," banished, hopeless, we hold the author no more responsible for his misery than we hold the stern historian Life responsible for the sorrowful chronicles at the end of which she shows us written, "*Mene, Mene, Tekel, Upharsin.*"

The subordinate characters of the book live and move for us hardly less really than its central figure. Especially is this true of Edward Morton, than whom no more vivid picture of the torture of a strong and living soul, imprisoned in a weak and dying body, has been vouchsafed to literature — if we, perhaps, except Henry James's best creation, Ralph Touchett, in "The Portrait of a Lady."

"In War Time" should be read by every physician with a taste for good literature; for only a physician can fully appreciate the exquisite accuracy of the portrayal of all that goes to make up a physician's life, mental and material. Restful reading it is not, but helpful reading it is; and as such we commend it to all in whom love of comfort is subordinate to love of growth. We lay it aside with the certainty that the man capable of writing it must have attained, in no small degree, to his own ideal of the true physician, — one who is "all of a man, and the best part of a woman."

MEDICAL RHYMES. Selected and compiled by Hugo Erichsen, M.D. St. Louis, Chicago, and Atlanta: J. H. Chambers & Co., 1884. 220 pp.

In one of his clever *vers de société*, Austin Dobson, referring to the literature usually found on the table of a doctor's recep-

tion-room, wherewith the unlucky patient is expected to beguile the nervous quarter of an hour while waiting professional audience, says, —

“No one would call ‘The Lancet’ gay:  
 Few could avoid confessing  
 That ‘Jones on Muscular Decay’  
 Is, as a rule, depressing,” —

a quotation which physicians in general would do well to accept as a hint that strictly medical literature is hardly as appropriate to the table of the reception-room as to the shelves of the more immediate abode of Æsculapius, beyond the closed doors of the consulting-room. If the average physician should ask what literature would be more appropriate, and combine amusement with professional suggestiveness, we would gladly recommend, in reply, the excellent and original little book whose title heads this review. It was certainly a “happy thought” of Dr. Erichsen to bring together these bright and entertaining rhymes, by and about doctors, into a single accessible and very readable volume. We are sure that the book, once purchased, will often find its way from the table of the reception-room to the desk of the consulting-room, from thence to do excellent missionary work in filling a chance moment of leisure for the overworked physician with wholesome mirth or pleasant fancy. The rhymes are admirably well selected, old favorites sharing the pages with less familiar verses. Notable among the latter is the ballad of the “Larynx-Tree,” which we have never before chanced upon, and which is worthy of Thackeray in the madly nonsensical mood which gave birth to “Little Billee.” We regret to note among the former the omission of Holmes’s noble “Anatomist’s Hymn,” without which no collection of medical rhymes can be looked upon as quite complete.

The book should certainly be well known to every medical student, many of its jingles being admirably adapted for hilarious chanting in hours which should be given over to the improving society of Gray or Dalton. And it is, as we have said above, a pleasant companion for the nervous quarter of an hour of the expectant patient, and the weary leisure moment of the overworked physician.

WE learn with satisfaction, from “official” announcement, that the publication of the INDEX MEDICUS is not, as was rumored, to be permanently discontinued. The journal, under the able editorship of Drs. John S. Billings and Robert Fletcher, will soon resume its honored place in medical literature. It is to be published by George S. Davis of Detroit, Mich. On account of the delay required to perfect arrangements, the first

number of the journal for the current year will comprise the literature of January, February, and March; after which it will appear monthly, as usual. We congratulate the INDEX on its new departure, and wish it all possible success.

THE POPULAR SCIENCE MONTHLY for April appeals to the interest of the medical profession with a timely paper on the "Propagation of Cholera," by Dr. von Pettenkofer, and an illustrated article on "The Nervous System and Consciousness," by Dr. W. R. Benedict. There are many other essays of more general interest; and the number is, as usual, wholly readable and instructive. New York: D. Appleton & Co.

THE CENTURY for April is unusually rich in charming poetry. Helen Jackson has a spring song which is worthy to be heard with the song of the robins. Mr. Henry W. Grady attempts an answer to Mr. Cable's fine paper on "The Freedman's Case in Equity," and in so doing illustrates unconsciously, but none the less forcibly, Mr. Cable's statements concerning the hereditary arrogance and unreasonableness, and the unextinguishable bitterness, of the average Southerner's attitude toward the emancipated negro. The serial stories are continued. There is an amusing character-sketch by Richard Johnston; the war-papers tell of the capture of New Orleans from the point of view of both victor and vanquished; and there is the usual variety of essays, etc. New York: The Century Company.

THE April issue of THE NORTH-AMERICAN REVIEW has an interesting account of the Elmira Reformatory, in its paper on "Prison Management," by Charles Dudley Warner; has a discussion of "Free Thought in America," by Robert Buchanan, who gently warns and rebukes our misguided country from those serene heights of conscious perfection only scaled by the English *littérateur*; and has many other suggestive contributions. The new department of "Comments" promises to add much to the interest of the magazine. New York: 30 Lafayette Place.

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#### BOOKS AND PAMPHLETS RECEIVED.

THE DISEASES OF THE EAR, AND THEIR HOMŒOPATHIC TREATMENT. By C. F. Sterling, M.D., O. et A. Chir. New York: A. L. Chatterton Publishing Company, 1885.

A TREATISE ON ANTISEPTIC MEDICATION. By N. F. Cooke, M.D., LL.D. Chicago: Gross & Dellbridge, 1885.

DISEASES OF THE NARES, LARYNX, AND TRACHEA IN CHILDHOOD. By Thomas Nichol, M.D., LL.D., S.C.L. New York: A. L. Chatterton Publishing Company, 1885.

- PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, 1884.  
Vol. vii. Boston: Press of Rand, Avery, & Co.
- CONTROLLING SEX IN GENERATION. By S. H. Terry. New York: Fowler & Wells Company, 1885.
- MOTHERS IN COUNCIL. New York: Harper & Brothers, 1884.
- DOES TOBACCO PRODUCE AMBLYOPIA? By W. F. Coleman, M.D., M.R.C.S.  
Reprint, 1885.
- PROCEEDINGS OF THE STATE BOARD OF HEALTH OF KENTUCKY, 1885.
- AN OPEN LETTER FROM DR. EDW. W. JENKS TO DR. N. S. DAVIS, 1885.
- CHOLERA EPIDEMICA. By Benjamin Ehrmann, M.D.
- CATALEPSY IN A CHILD THREE YEARS OLD. By A. Jacob, M.D. Reprint.
- DR. SEGUIN'S METRIC PRESCRIPTION-BOOK. New York: G. P. Putnam's Sons,  
1885.
- NEURALGIA AND THE DISEASES THAT RESEMBLE IT. By F. L. Anstie, M.D.  
New York and London: G. P. Putnam's Sons.
- REPORT OF THE COMMITTEE ON REGISTRATION AND STATISTICS MASSACHUSETTS  
HOMŒOPATHIC MEDICAL SOCIETY, 1885.

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### MISCELLANY.

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A SERIOUS DIFFICULTY. — The psycho-pathology of an application for increase of pension is given in the "Medical Record." It is too good an example of what can be done by our psychological experts, to permit it to go by unnoticed. It is as follows: A pension-surgeon at Washington sends us the copy of a very ingenious medical certificate which was sent to his office a few days ago, with an application for an increase of pension.

"Affiants discover upon the right instep of the applicant a soft and movable cicatrix, as if the integuments had been ploughed up by a bullet. We find no deformity or displacement of the tarsal or metatarsal bones, and no erythema or hyperæsthesia of the surface of the wounded region.

"Affiants also discover that the applicant's disability is greatly increased at times by the re-action of the above-described cicatrix on the higher nervous centres. We believe that a sensory impression, conveyed from the cicatrix through the second pair of cranial nerves, is intensified in the cerebrum by certain processes of intellection, one of which is known as expectant attention. The impression so intensified and modified is then reflected to the region where the trauma was sustained, and the applicant's sufferings are increased many fold. Under such circumstances, and at the same time when these reflex nervous phenomena are manifested, we believe that the applicant's disability is extreme, and that an increase is urgently indicated as a therapeutic measure. —, M.D., —, M.D." — *Weekly Medical Review*.

DELICATELY SATIRICAL. — The published report of an English benevolent society says, "Notwithstanding the large amount paid for medicine and medical attendance, very few deaths occurred during the year." — *Ex*.

INFALLIBILITY MADE EASY. — The Tupis of Brazil, when their chief despaired of a man's recovery to health, killed and ate the invalid, — a rough-and-ready method of proving that their respected chief and medicine-man could not be mistaken in his diagnosis of the case. — A. ST. JOHNSTON, *Popular Science Monthly*.

SEA-SICKNESS AND THE "CONSCIOUS EGO." — New cures for sea-sickness "turn up" with each returning summer; and the "Lancet" gives one from Dr. Reynolds, surgeon of the Inman steamship "City of Chicago," which is more metaphysical than practical. He comes to the sage conclusion that "the altered sensory impressions of those at sea affect the medulla directly, independently of any structural

change in the semicircular canals, and that sea-sickness is prevented by their action being mollified or nullified by the educated conscious *ego*;” which corrective power of the conscious *ego* may be acquired or strengthened by experience. He condemns the use of bromides, as he has seen “lamentable results” follow their administration in doses recommended by some American physicians.

If this gets into the daily papers, some of our “shoddy” tourists will perhaps astonish city druggists by calling on them for a supply of “conscious *ego*” before starting for Europe. The reader will remember the story of the English shoemaker who put up over the door of his shop the motto, “*Mens conscia recti*,” whereupon a rival near by, not to be outdone, stuck up over *his* door, “Men’s and women’s *conscia recti*.” — *Popular Science News*.

TO CLEAN CATHETERS. — The “Southern Clinic” quotes the following brief and practical suggestion: —

“A correspondent suggests the following method of cleaning catheters: take a cork of a more conical form than those commonly used, with a hole made through it longitudinally; pass the catheter through the hole, and fix the cork into the tap of an ordinary water-pipe (hot-water one preferable), and turn on the water. By so doing, the force of the water is greatly increased, and the catheter properly cleansed.” — *London Lancet*.

THE ESSENTIALS FOR THE SAFE ADMINISTRATION OF ETHER. — Dr. David W. Cheever, in an article on the administration of *ether* in the “Boston Medical and Surgical Journal,” gives in conclusion the following essentials for its safe use: an empty stomach; a loose neck; a free abdomen, no corsets or skirt-bands; removal of artificial teeth; an easy, semi-recumbent position; a sponge wrapped in towels for the *ether*; a gag, and forceps for the tongue.

When stertor occurs, the patient should be tipped forward, the cheek opened with two fingers, the tongue drawn out, the fauces swabbed. To insure safety, the surgeon should hear every respiration of the patient.

Anæsthesia from *sulphuric ether* is of two forms: —

1. Primary anæsthesia, which is a moment of confusion coming on after a very few inspirations. At this moment a felon can be opened without pain, and the patient wake at once.

2. Comatose anæsthesia, for prolonged operations. *Ether* may be given almost indefinitely. To relieve the hopeless agony of tetanus, I have had it administered for twenty-four hours.

If you would avoid asphyxia, nausea, and headache, and be safe, use only the best and the purest *anhydrous sulphuric ether*. — *Maryland Medical Journal*.

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## PERSONAL AND NEWS ITEMS.

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THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY will hold its annual meeting at Montpelier, Vt., the last Wednesday and Thursday in May (the twenty-seventh and twenty-eighth days). Dr. Charles A. Gale is the secretary.

S. H. COLBURN, M.D., has removed from Worcester to North Brookfield, Mass.

A. E. TUCK, M.D., has removed from Berne to Cobleskill, N.Y.

R. BOOCOCK, M.D., has removed from Coxsackie to Flatbush, Kings County, N.Y.

DR. E. I. HALL, formerly of Minneapolis, has removed to Hinsdale, N.H. Dr. Hall met with a serious loss in the death of his wife, who died on the 16th of December last, of encephalitis.

THE firm of Duncan Brothers of Chicago has dissolved partnership. Mr. David Duncan will continue the business in the firm name of Duncan Brothers.

“EDWARD E. BRIRY, A.M., M.D., Class of '84, Boston University School of Medicine, at the recent municipal election at Bath, Me., was chosen city physician and health-officer for the current year, defeating several old-school physicians who were candidates for that position.”



THE  
New-England Medical Gazette.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,  
Boston, Mass.

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EDITORIAL.

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*A NOTEWORTHY JUDGMENT OF THE "MIND-CURE."*

EVENTS in life, like the newspaper records of them, often need to be put into capital letters before people in general will either see their significance, or profit by the moral they convey. Thus in a rural community, Michael, the farm-laborer, might come to grief because of some ill-mended road or rickety bridge, without exciting other comment than that upon Michael's stupidity, and the possible alcoholic causes thereof; while let but the local magnate meet with similar mischance, and it becomes evident to the entire community that nothing but the most criminal carelessness could have left the road or bridge in such a dangerous condition, and affairs must be remedied straightway. So in medical matters. The sorrowful fallibility of the medical science of to-day was borne in upon the public mind in the dark days of President Garfield's illness and death as perhaps never before. Since Gen. Grant's illness,—as the clever "doctor," who "talks" so delightfully of late in the pages of the "Medical Era," has pointed out,—the average man has not only learned to pronounce "epithelioma" without stuttering, but has learned that the word means a possible and very serious consequence of the abuse of tobacco. Should, by any strange chance, the General recover,—and for such recovery surely all sympathizers with heroic courage and patience must devoutly pray,—it would go incalculably far to impress the public mind

with the wholesome certainty that Nature sometimes mocks the wisest diagnostician, and herself brings about the cure he had pronounced impossible. The case of a great personage will impress upon society in general a truth which might be demonstrated with equal clearness, but quite unavailingly, in the cases of a score of lesser folk. The testimony of a great personage as to the efficacy or non-efficacy of any system of treatment adopted by him or her, though perhaps no more scientifically valuable than that of some humbler experimenter, is of very great importance from the immense popular influence it is sure to exercise.

This being the case, it was with very hearty satisfaction that we read, in a letter lately published in the "Woman's Journal," the judgment of Miss Louisa M. Alcott upon the "mind-cure;" the fact of her resorting to which, has been so widely chronicled, and so openly rejoiced in, by believers in that much-discussed system of "non-medicinal therapeutics." We take pleasure in presenting to our readers Miss Alcott's testimony in full, feeling sure that they will be of our mind as to its value, first, because of its certain popular influence; secondly, because it is the opinion of an exceptionally competent witness, observant, thoughtful, and capable of intelligent self-analysis; lastly, because Miss Alcott approached the subject, not in the coldly critical temper of an investigator in the interests of science, but with an earnest willingness to receive and profit by all its helpful possibilities, thus adding double force to the frankly worded conviction of its worthlessness and dangers.

EDITORS "WOMAN'S JOURNAL," — As many invalids have written to ask my opinion of the mind-cure, and as various false reports are going about, I will briefly give my own experience, leaving others to profit by it or to try the experiment, as they choose.

Writer's cramp and an overworked brain were the ills I hoped to mitigate by the new cure, of which marvellous accounts were given me. With a very earnest desire to make a fair trial, I took about thirty treatments, finding it a very agreeable and interesting experience up to a certain point. No effect was felt except sleepiness for the first few times; then mesmeric sensations occasionally came, sunshine in the head, a sense of walking on the air, and slight trances, when it was impossible to stir for a few moments.

Much cheerful conversation, the society of an agreeable person, and the hope that "springs eternal in the human breast," made these earlier weeks very pleasant. But when no bodily pain was alleviated, and instinct warned that something was wrong, I began to question and doubt a theory which claimed to cure cancers, yet could not help a headache. I made myself as passive as a reasonable being can, hoping, that, since lunatics and children were helped, I also could be, if I gave up trying to see, believe, or understand. But when thirty treatments left the arm no better, and the head much worse, I dared lose no more time, and returned to the homœopathy and massage from which I had been lured by the hope of finding a short and easy way to undo in a month the overwork of twenty years.

This is my experience ; and many others who have made the experiment tell the same story, while half the fabulous cases reported to me prove to be failures, like my own, when investigated.

My opinion of the matter is, that, being founded on a fact which no one denies, namely, the power of mind over body, there is truth in it, and help, if it is not overdone, and more claimed for it than is due. Every physician has cases where the mind rules the body, and works wonders, with science to lend a hand ; but to ignore such help, and rely only on the blind, groping self-delusion, or temporary excitement, which the mind-cure brings to most, is a mistake.

Mesmerism, unconsciously used, perhaps, does much : curiosity, the love of the miraculous, the hope of health, and, more than all, the yearning of weary spirits for divine support, lend this new craze its charm, and attract the crowd of sufferers who fill the rooms and pockets of the persons who profess the healing gift.

If it be all they claim, may it prosper, and grow clearer, higher, and stronger ; for we need all the help we can get to meet the new diseases that afflict us. If it be a delusion, as some of us believe, let those who practise it beware how they coin money out of the suffering of fellow-creatures, and blindly lessen faith in God and man by promising what they cannot perform.

L. M. ALCOTT.

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#### *A SATISFACTORY RECORD.*

WHILE records of the success of homœopathy in any field of pathology, or position of trust, must always be pleasant reading for homœopaths, the record of the successful management, both from a business and a medical point of view, of the State Homœopathic Asylum for the Insane at Middletown, N.Y., is

especially welcome and interesting reading to the homœopaths of New England, who have lately rejoiced over the commitment to their care, by the Legislature of Massachusetts, of the management of a similar though smaller institution.

The report for the present year, of Dr. Selden H. Talcott, the superintendent of the Middletown asylum, is both encouraging and suggestive; and we would cordially commend it to the thoughtful perusal of those having the affairs of the Massachusetts asylum in charge. In the hands of those, also, who are laboring to secure just representation of our system of medicine in the Boston City Hospital, this report should prove a powerful argumentative plea, testifying as it does to the ability of homœopathic physicians to make a wise and economical disposition of public funds committed to their charge for public uses, no less than to cope therapeutically with serious disease with such success as must commend itself to every impartial student of medical treatment.

We receive with pleasure the assurance that the year just closed has been the most successful in the history of the institution. The detailed record of that success need not here be reproduced, since the report is easily obtainable on application to Dr. Talcott. We merely pause to note that the percentage of deaths, on the whole number of patients treated, was but 4.9, while that of recoveries on those discharged was 48.22, — statistics which may well challenge comparison with those of any similar institution, be its system of treatment what it may.

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*THE NORTH-AMERICAN JOURNAL OF HOMŒOPATHY.*

WE find ourselves called upon once more to bid farewell to an old and honored friend. In the May issue of "The North-American Journal of Homœopathy" we find the announcement that the "Journal," in its present form, ceases from the world of medical journalism with the issue in question. Its place will be immediately taken by what, in all cordiality, we shall feel ourselves tempted to greet as "The North-American Journal of Homœopathy" — jun.; namely, a periodical bearing the old familiar name, but issued monthly instead of quarterly, under

the management of an editorial board, and bearing the name of a different publishing-house.

As one advances in years and experience, it is impossible but that a pause, however brief, of somewhat sorrowful meditation, should intrude itself between the cry of "*Le roi est mort!*" and its joyful fellow-phrase, "*Vive le roi!*" We cannot part with our old friend, no matter with what confidence of worthy work and kindly good fellowship we may look to his successor, without a pang. We may feel an echo of truth in Dr. Lilienthal's words, in his very touching valedictory, that "the time of slow quarterlies has passed." Much has passed that, like the quarterlies, came to us from the solid, thoughtful, leisurely, good, grandfatherly time. It may be that "by steam we run our race," in medical journalism as in so much else; with monthlies in the place of quarterlies, crisp abstracts instead of elaborate essays. But there was an elegance in old-time stateliness that we miss in modern utilitarianism, a dignity in the old-time quarterlies that the brisk modern monthlies never attain; and we cannot let them go without a sigh. It is with deep and grateful remembrance of earnest and useful work well done, that we bid farewell to the "Journal" in its present form. In common, we feel sure, with his co-laborers everywhere, we extend to the editor, DR. SAMUEL LILIENTHAL, our heartiest assurance of regret at losing him from our editorial fellowship, and our cordial wishes that for many and many a year to come, he may say, as his valedictory has just said to us, "I do not feel very severely the weight of years, and I am still able to do a good day's work."

We extend a sincerely fraternal hand of greeting to "The North-American Journal of Homœopathy" of the future; but it may, perhaps, be forgiven us, if the hand-clasp is yet warmer, yet more lingering, with which we bid farewell to "The North-American Journal of Homœopathy" of the past.

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*AN EDITORIAL EXPLANATION.*

IT is with sincere regret that we feel ourselves called upon to offer to our readers the following explanation of a fact, comments upon which, from various sources, have of late been neither few nor gentle.

In the February number of the GAZETTE there appeared an article on "Nervous Exhaustion Consequent upon Concussion of the Spine," nominally from the pen of Dr. J. H. Carmichael of Springfield, Mass. The paper was read before the Worcester-County Homœopathic Medical Society, and by its secretary was afterward forwarded, as is the generous custom of the society, to the GAZETTE for publication. The paper laid every claim to originality, in the entire absence of reference to any authority, and of the quotation-marks which would accredit phrases or paragraphs to some other than its author. As an original paper, it was accepted in good faith by the society; as an original paper, — after such cursory examination as served to give assurance that its matter and general literary style were such as to make it acceptable to our readers, — it was accepted; and after a few trifling editorial changes of phrase, in the interests of clearness and conciseness, it was published in the GAZETTE.

Very soon after its publication it was discovered that the entire paper, with the exception of the concluding paragraphs and a few insignificant alterations of phrase or word here and there, is a transcript, *verbatim*, from the work "On Concussion of the Spine," by Erichsen.<sup>1</sup> To demonstrate the incredible exactness of the reproduction, we here give a few specimen paragraphs, with references:—

["New-England Medical Gazette," February, 1885.]

[p. 66.]

NERVOUS EXHAUSTION DEPENDENT UPON CONCUSSION OF THE SPINE.

BY J. H. CARMICHAEL, M.D., SPRINGFIELD, MASS.  
[Read before the Worcester-County Homœopathic Medical Society.]

In spinal concussion there would appear to be two distinct, and indeed widely opposed, conditions induced; viz., spinal anæmia and spinal inflammation. It is of great importance to bear in mind that these two conditions—entirely dis-

CONCUSSION OF THE SPINE.

BY JOHN ERIC ERICHSEN, F.R.S.

[pp. 158, 159.]

In spinal concussion there would indeed appear to be two distinct and indeed widely opposed conditions induced, viz., spinal anæmia and spinal inflammation. It is of a great importance to bear in mind that these two conditions—entirely distinct, and indeed opposed, as they are pathologically—may yet give rise to many symptoms that have much in common. There is, however, this wide difference between them, that "anæmia of the cord" is rather a functional disease,

<sup>1</sup> On Concussion of the Spine, Nervous Shock, and other Obscure Injuries of the Nervous System, in their Clinical and Medico-Legal Aspects. By John Eric Erichsen, F.R.S.

tinct, and indeed opposed, as they are pathologically — may yet give rise to many symptoms that have much in common. There is, however, this wide difference between them, — that anæmia of the [p. 67] cord is rather a functional disease (a clinical expression, possibly, more than a well-proved pathological fact), while, on the other hand, the intra-spinal inflammations, whether they affect the membranes of the cord, the cord itself, or both, are well-recognized and easily determinable pathological states, the conditions connected with which are positive organic lesions that lie at the bottom of the functional disturbance. There is, then, this essential difference between the two affections, — that, whereas the signs of functional disturbance may be much the same in both, in one they are underlaid by organic disease and structural change, in the other by no appreciable pathological condition. We shall have to do with spinal anæmia only to-day. It is a condition that is most apt to occur in the young, more especially in women under the age of thirty-five.

*I have, however, seen*<sup>1</sup> unequivocal instances of this condition in men, and in individuals of both sexes advanced in life. The symptoms of spinal anæmia are as follows: There is always, and as the most prominent symptom, considerable pain in the spine. The pain in the spinal column is greatly increased by pressure, whether superficial or deep; by flexion, rotation, or downward pressure on the spine. It is augmented by pressing deeply on either side of the spine, and by the application of a hot sponge. The pain is not much, if at all, complained of when the body is at rest, or when the back is not pressed upon. It is more of the nature of tenderness on pressure, than of actual permanent pain. This tenderness may be limited to one spot in the spine, and, if so, is usually seated in the cervico-dorsal region. It may occupy several points, or

— a clinical expression, possibly, more than a well-proved pathological fact, — whilst, on the other hand, the intra-spinal inflammations, whether they affect the membranes of the cord, the cord itself, or both, are well-recognized and easily determinable pathological states, the conditions connected with which are positive organic lesions that lie at the bottom of the functional disturbance. There is, then, this essential difference between the two affections, — that, whereas the sign of functional disturbance may be much the same in both, in one it is underlaid by gigantic disease and structural change, in the other by no appreciable pathological condition. It is a condition that is . . . [pp. 170–174] most apt to occur in the young, more especially in women under the age of thirty-five. *I have, however, seen*<sup>1</sup> many unequivocal instances of this condition in men, and in individuals of both sexes several years older than this.

The symptoms of spinal anæmia are as follows: There is always, and as the most prominent symptom, considerable pain in the spine. The pain in the spinal column is greatly increased by pressure, whether superficial or deep; by flexion, rotation, or downward pressure on the spine. It is augmented by pressing deeply into the intervertebral spaces on either side of the spine, and by the application of a hot sponge. The pain is not much, if at all, complained of when the body is at rest, or when the back is not pressed upon. It is more of the nature of tenderness on pressure, than of actual permanent pain. This tenderness may be limited to one spot in the spine, and, if so, is usually seated in the cervico-dorsal region. It may occupy several points, or it may extend over the whole vertebral column. It is always associated, when traumatic (and *I am only speaking now*<sup>1</sup> of spinal anæmia, the result of injury), with cutaneous hyperæsthesia, often of a very

<sup>1</sup> Italics are ours. — ED.

it may extend over the whole vertebral column. It is always associated, when traumatic (and *I am only speaking* [p. 68] *now*<sup>1</sup> of spinal anæmia, the result of injury), with cutaneous hyperæsthesia, often of a very intense character, diffused more or less extensively over the back, usually as far as the lateral median lines. In fact, it corresponds exactly to the distribution of the superficial branches of the posterior primary divisions of the dorso-spinal nerves. This hyperæsthesia is often so intense that the mere approach of the finger will occasion involuntary shrinking on the part of the patient; so that it would almost appear as if the dress, rather than the skin, were the seat of the exalted sensibility. But, intense as it may be, when the attention of the patient is fixed on the approach of the surgeon's finger, yet, if the patient's mind is occupied by having his thoughts directed to other matters, the hand may be placed on the back, and carried down the spine, without the slightest sign of suffering. It is much the same with movements of the body. If the surgeon flexes or rotates the spine in order to test the existence of pain, the patient will cry out and complain loudly of the torture; but, if his attention is otherwise engaged, he will rise off the couch, stoop, dress, and undress, without the slightest sign of suffering. This, which often arouses suspicion as to the reality of the trouble, must not be taken as an evidence of malingering. That he does suffer pain when his attention is directed to the part that is touched or moved, there can be no doubt. That this pain is not permanent, or that it disappears when his attention is actively engaged elsewhere, and is as much dependent upon the patient's mental condition as upon the state of the spinal cord, is equally certain. In the more intense cases of anæmia of the spinal cord there is paralysis, more or less complete, of sensation, and, often quite com-

plete, of motion in the lower extremities. Below a certain level in the dorso-lumbar region, in the greater part, intense character, diffused more or less extensively over the posterior part of the back, usually as far as the lateral median lines. In fact, it corresponds exactly to the distribution of the superficial branches of the posterior primary divisions of the dorso-spinal nerves. This hyperæsthesia is often so intense that the mere approach of the finger will occasion involuntary shrinking on the part of the patient, that it would almost appear as if the dress, rather than the skin, were the seat of the exalted sensibility. But, intense as it may be, when the patient's attention is fixed on the approach of the surgeon's finger, yet, if his mind is occupied by having his thoughts directed to other matters, the hand may be placed on the back, and carried down the spine, without the slightest sign of suffering. It is much the same with movements of the body. If the surgeon flexes or rotates the spine in order to test the existence of pain, the patient will cry out and complain loudly of the torture inflicted upon him; but, if his attention is otherwise engaged, he will rise off the couch on which he is lying, stoop, dress, and undress himself without the slightest sign of suffering. This, which often throws suspicion on the *bona fides* of the patient, must not, for reasons that will be given in the Lecture on Diagnosis, be taken as an evidence of malingering. That he does suffer pain when his attention is directed to the part that is touched or moved, there can be no doubt: that this pain is not permanent, or that it disappears when his attention is actively engaged elsewhere, and is as much dependent upon the patient's mental condition as upon the state of the spinal cord, is equally certain.

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plete, of motion in the lower extremities. Below a certain level in the dorso-lumbar region, in the greater part, if not the whole, the nervous system appears to be completely exhausted, and its action almost entirely suspended. It is equally incapable of receiving and transmitting impressions. The legs and feet are cold; there is no reflex sensibility or movement in them; they are not susceptible to the electric stimulus, either as regards muscular irritability or cutaneous sensibility. They are, of course, utterly unable to support the patient. The knees bend under him if an attempt is made to place him on his feet, and the legs fall heavily and lifelessly on the bed when raised from it. But, notwithstanding all this local nervous exhaustion, it will be found that the sphincters are not paralyzed; and the general health, though enfeebled, may be fairly good. The intelligence is usually perfect, though the brain and the eyes easily become fatigued, and the patient is thus equally incapable of sustained intellectual effort or of continuous reading. The condition, in fact, is one of exhaustion of the spinal system below a [p. 69] certain level, usually corresponding to a line drawn round the body from the tenth dorsal vertebra. The condition of the inferior divisions of the cord, and of the nerves of the lower extremities, in spinal anæmia, very closely resemble the perversion and suspension of functions met with in certain of the sensory nerves in the exhaustion of cerebral anæmia. The impairment of vision, amounting at last to complete amaurosis; the tinnitus aurium, going on to deafness of one or both ears, after prolonged lactation and profuse hemorrhages, — are of this kind; purely functional conditions, dependent on the affected nerve, being incapable alike of the reception and the transmission of sensory impressions. *As I have already*<sup>1</sup> remarked, this condition, which we call “anæmia of the cord,” is scarcely a patho-

if not the whole, the nervous system appears to be completely exhausted, and its action almost entirely suspended. It is equally incapable of receiving and transmitting impressions. The legs and feet are cold; there is no reflex sensibility or movement in them; they are not susceptible to the electric stimulus, either as regards muscular irritability or cutaneous sensibility. They are, of course, utterly unable to support the patient. The knees bend under him in a flaccid manner if an attempt is made to place him on his feet, and the legs fall heavily and lifelessly on the bed when raised from it. But, notwithstanding all this local nervous exhaustion, it will be found that the sphincters are not paralyzed; and the general health, though enfeebled, may be fairly good. The intelligence is usually perfect, though the brain and the eyes easily become fatigued, and the patient is thus equally incapable of sustained intellectual effort or of continuous reading. The condition, in fact, is one of exhaustion of the spinal system below a certain level, usually corresponding to a line drawn round the body from the tenth dorsal vertebra. The condition of the inferior divisions of the cord, and of the nerves of the lower extremities, in spinal anæmia, very closely resemble the perversion and suspension of functions met with in certain of the sensory nerves in the exhaustion of cerebral anæmia. The impairment of vision, amounting at last to complete amaurosis; the tinnitus aurium, going on to deafness of one or both ears, after prolonged lactation and profuse hemorrhages, — are of this kind. Purely functional conditions, dependent on the affected nerve, being incapable alike of the reception and the transmission of sensory impressions.

*As I have already*<sup>1</sup> remarked, this condition, which we call anæmia of the cord, is scarcely a pathological one. It is never fatal, and hence no opportunity has

<sup>1</sup> Italics are ours. — ED.

logical one. It is never fatal, and hence no opportunity has been afforded to pathologists of examining the condition of the parts after death. It is rather by clinical inference, than by positive pathological observation, that such a state can be termed one of anæmia; and in this uncertainty as to its true pathology, it may, perhaps, scarcely be desirable to attempt to give an explanation of the method by which such a condition of the cord is brought about. Whether it is by a concussion or vibratory jar in consequence of which its molecular condition is so disturbed that its functions become for a time perverted or suspended, or whether, as may not improbably be the case, the primary lesion has been inflicted upon the sympathetic system of nerves, in consequence of which the vascular supply to the cord may have become interfered with, the result of the disturbance of the vaso-motor action of the sympathetic, is uncertain. That the sympathetic is disturbed in many of these cases, would appear to be probable from the fact that this so-called spinal anæmia is frequently associated with derangement of function of the abdominal or thoracic organs, as shown by palpitations, vomitings, etc.

*We will now proceed*<sup>1</sup> to the consideration of a condition of the nervous system that occasionally occurs as a result of spinal concussion, which appears in its clinical history, in its symptoms, and probably in its pathology, closely allied to anæmia of the cord, and which, for want of a better name, we call "hysteria," — that word which serves as a cloak to ignorance, and which simply means a group of symptoms, all subjective, and each one separately common to many morbid states. But, before proceeding to speak of hysteria as a result of concussion of the spine, let me say a few words about the different varieties of nervous

been afforded to pathologists of examining the condition of the parts after death. It is rather by clinical inference, than by positive pathological observation, that such a state can be termed one of anæmia; and in this uncertainty as to its true pathology, it may, perhaps, scarcely be desirable to attempt to give an explanation of the method by which such a condition of the cord is brought about. Whether it is by a concussion or vibratory jar in consequence of which its molecular condition is so disturbed that its functions become for a time perverted or suspended, or whether, as may not improbably be the case, the primary lesion has been inflicted upon the sympathetic system of nerves, in consequence of which the vascular supply to the cord may have become interfered with, and the symptoms that have just been described have directly resulted from diminution of arterial blood transmitted to it, as the result of the disturbance of the vaso-motor action of the sympathetic, is uncertain. That the sympathetic is disturbed in many of these cases, would appear to be probable from the fact that this so-called spinal anæmia is frequently associated with derangement of function of the abdominal or thoracic organs, as shown by palpitations, vomitings, etc.

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It is important to observe that a serious accident may give rise to two distinct forms of nervous shock, . . .

different varieties of nervous shock, leading up to complete unconsciousness, that may result from these accidents.

It is important to observe that a serious accident may give rise to two distinct forms of nervous shock, . . .

Immediately on the discovery being made, Dr. Carmichael was requested to furnish, if possible, an explanation. We print his reply in full, without further comment than the remarks that an offence defended is twice committed, and that no severity of editor or reader could equal the ironical humor of such a defence offered in the hope of its being "satisfactory:" —

APRIL 17, 1885.

DEAR EDITOR, — Yours at hand. In reply, I would say that the subject before the Worcester-County Medical Society at its last November meeting was "Nervous Exhaustion," and my part of the subject was cases arising from injuries. I had several cases under my care at the time; and the *idea* of nervous exhaustion being dependent upon a shock to the spinal cord was wholly original with me. A friend of mine suggested that William Wood & Co. had published an article from the pen of Erichsen, entitled "Concussion of the Spine." This I obtained and read, and made such extracts as suited the cases under my care. I did not claim originality at the time of presenting the paper; yet, as far as the paper went, it was original with me. Had Erichsen not have written on the subject, I should have done so; for, before procuring his article, I had already written up the subject: but, after procuring and reading his production, he so much better expressed the ideas in my mind, that I put some of the paper in his language.

I am exceedingly sorry that it has given you any annoyance, and trust this explanation will be satisfactory.

Yours most truly,

J. H. CARMICHAEL.

## COMMUNICATIONS.

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*A LECTURE ON HOMŒOPATHY BEFORE THE MEMBERS  
OF THE BOYLSTON MEDICAL SOCIETY, MARCH 13, 1885.*

BY C. WESSELHOEFT, M.D.

(Concluded.)

*9. I am requested to select two common diseases, and show how their treatment is governed on homœopathic principles; such as diphtheria, syphilis, and acute diffuse peritonitis.*

To illustrate the homœopathic treatment of a case of peritonitis, called diffuse when it extends over a large portion of the serous membrane, we will assume that there was no doubt concerning the diagnosis; that our patient is confined to his bed, evincing all the signs of severe illness and anguish from abdominal pains of more or less extensive peritoneal inflammation. We are to exert our knowledge and skill not only to relieve temporary suffering, but to arrest the pathological process by homœopathic medicines.

You will hardly perceive the difference between this method and the traditional one of your school, unless, perchance, you have carefully watched the treatment at your clinics.

In proceeding to therapeutic measures, the homœopathist remembers that he, or rather medicine in general, possesses no specific for diffuse peritonitis. He calls to mind that this presents itself in a considerable variety of forms and phases, determined by its remote or its immediate cause, and again varied by the stages at which it may have arrived. He remembers that its remote cause may be an hereditary one of tuberculous or even syphilitic origin; that its proximate cause may be cold, exposure, or traumatic; and that this disease is rare in persons of sound constitution, and hence that the case before him is serious in its nature.

While arriving at his diagnosis, he saves time by a double mental process; for he at once retains in his memory the useful indications in the form of positively known data: tubercular parentage, alcoholism; case caused by exposure to wet, violent exertion, violent accident, etc. The moment these are stated, there runs in the homœopathist's mind a parallel remembrance of remedial agents, perhaps six or eight in number. Of these he is easily reminded by his knowledge of the similitude of the indications of the present case to the pathogenetic effects of certain drugs. He holds these all in reserve for the present, and until he shall have familiarized himself with the details of the present state of the case. There must be nothing of haphazard

or routine in the prescription, unless it is the routine of rapid thought and prompt decision. Thus he completes his record (aptly called by Germans *krankheitsbild*, or "picture of the case"). This, if carefully and correctly viewed, is different in each case, and the doctor must be prepared with different remedial agencies.

Let us suppose that the visible tangible signs of an incipient case are, rigors over back and arms on least exposure by uncovering; they appeared suddenly in the evening; the cheeks are hot and red, and then great general heat and thirst; there is an intense burning pain in the umbilical region, or any other point, wherever the inflammation started, with painfully sensitive abdomen.

To the homœopathist such a set of symptoms would indicate *aconitum napellus*, one drop of the tincture, if you please, to each tablespoonful of water, administered each hour or two; but most would prefer the third decimal dilution given in the same form.

To say that a case of peritonitis always presents itself in this way, would be a grave error. Supposing, then, we are called at another stage of the case: we are likely to meet with another set of visible manifestations. The tenderness on being touched is much more marked, even the contact of the coverlid is intolerable; the pains otherwise are rather cramplike and paroxysmal, or piercing, increased by slight motion, causing profuse perspiration. Under such circumstances, the homœopathic remedy would be minute but dilute and repeated doses of *bryonia alba*, more particularly since ample clinical experience points to the almost unrivalled efficacy of this medicine in serous inflammations.

Let the case be one of traumatic origin, where the pains are not burning, like those of the first instance, nor pricking or piercing, like those of the second, but characterized by persistent soreness, or bruised and crushed sensation: then *arnica montana* would be at once administered by us.

Belladonna, rhus toxicodendron, arsenicum, each have their special indications; and given an airy apartment, cool, cleanly applications to the abdomen, cool water *ad libitum*, and our patient will recover speedily in all cases where destructive pathological changes have not taken place; and those who have observed and compared the results of this treatment with those in which alcohol was substituted for water, turpentine for cool, cleanly compresses, where anodyne doses of opium or morphia were used to annul the pain, will be most favorably impressed by the simple, practical method of the homœopathist.

The treatment of diphtheria, though offering fewer chances of success on account of the terrible mortality resulting from its

invasion, is nevertheless determined by the simple rule governing the selection of remedies. Having before us a case of this kind, we, as homœopathists, call to mind that we have no remedies for diagnostic names, but that we should search for a remedy adapted to the peculiarities of the prominent symptoms immediately present. Supposing these to be, great redness of the fauces, with difficult deglutition; the redness most marked in the lower part of the pharynx, which is highly vascular; we notice a white opalescent membrane, like the superficial mucous patches of syphilis, on the pillars of the soft palate and on the tonsils, together with swelling of the parotids and submaxillary glands. In this case our choice would be, most probably, *mercurius cyanatus*, known to us not only on account of its very close resemblance in effect to those symptoms, but also on account of considerable actual success following its use.

The medicine may best be given in solution of one of its potencies, every half-hour, or at intervals of several hours. You will find a very exhaustive report of the treatment of this disease, translated from the German, in the very last number of the "British Journal of Homœopathy." Now, this does not end the variety of phenomena which the throat alone may present, each of which may call for another remedy.

Suppose the affection had taken the dreaded form known as diphtheritic croup, with wheezing or sawing respiration; dry, hacking cough, with such distress that the patient, perhaps a child, grasps its throat with its hand; the cough causes much soreness of the larynx, and the voice is hoarse or nearly gone. In such a case *iodine* or *spongia* would serve the homœopathist.

Here are only two broad distinctions, which in practice are often varied by differences of a less striking kind, but which the homœopathist regards as important.

To try your patience further, an allusion to another remedy in another disease seems almost unavoidable. This is mercury as used in syphilis in its varied forms. None can read or observe the effects of mercurialization without wondering why a medicine capable of producing effects so much like those of syphilis should be used by all physicians so universally in the treatment of that disease, and without recognizing a strongly marked *resemblance* in its effects to the characteristics of syphilis.

Among these effects there are the well-known mercurial sores, circular or oval, or with ragged, undermined edges, with its tendency to spread. At other times mercury produces ulcers, with whitish-gray bases, bleeding easily, and exuding thin matter.

The erythema caused by mercury, and the severe ulcerations following the coppery-red inflammations of the palate and pharynx, so carefully described and collated from all sources in our

symptom-lists, bear out the assertion of the *relation of mercury to syphilis by its similitude*.

Mercury does not produce syphilis, but its effects resemble it. We use it therefore, and, I may add, with much success.

The doses in which these remedies are given, and their proper repetition, afford material for discussion among homœopathists. Some insist upon what are called "high" attenuations, also called "potencies:" others prefer a form of preparation in which medicinal substance is demonstrably present. All agree, however, that a medicine, in order to be effective, should be so prepared that a small quantity, even an exceedingly minute fraction of a drop or grain, is made to *occupy a large space, thus serving the purpose better than a substantial or larger dose*.

The other portions of this question may be, at least in part, comprised in the answers to the next question.

#### 10. *In what way is morphia used?*

Morphia and opium are used by homœopathists precisely as any other medicinal substance is used; that is, they apply its effects as known to them by provings, and cases of poisoning, to groups of symptoms resembling the symptoms of opium. Sleeplessness may thus be relieved by it, as well as soporific sleep; certain forms of epileptic convulsions, as well as conditions of torpor, especially those of the intestinal nerve-plexuses resulting in habitual or temporary constipation.

Notable instances of this kind are not wanting. The symptomatic conditions determining the use of opium can easily be "read up" in any handbook.

This is a direct answer to the question; but as it may imply the question, "Do homœopathists ever use opium according to other principles and for other purposes?" it is but fair to say that they do exceptionally.

A physician, although recognizing the principles and rules of homœopathy, may find it right and proper, though rarely, to prescribe a larger dose of morphia for the sake of allaying pain, producing sleep. But, while he has a perfectly indisputable right to do so as a physician, he *should not* and *will not* avow that he is then acting homœopathically; precisely as a physician, using as his chief guide alloëopathic principles, should not and will not avow that he is acting entirely alloëopathically when he allays certain forms of intestinal catarrh by small doses of rhubarb, castor-oil, or chamomile, or constipation by nux vomica (see RINGER'S *Text-Book*).

This virtually disposes of the next question propounded to me:—

11. *Are not many powerful drugs used in as large doses as by the followers of other schools?*

As a rule, homœopathists employ much smaller doses than the traditional ones of allœopathy. The very energetic substances, like phosphorus, arsenic, atropia, morphia, strychnia, etc., are used most commonly, and by a majority, in what is called the first, second, third, etc., attenuation. Some homœopathists use these substances in doses of the common pharmacopœia. Although homœopathy teaches the use of minute doses, it does not so much insist on the minute dose, *as the highly diluted or expanded dose*, because it has found to its satisfaction how to make a very little medicine go a great way.

There are some homœopathists and some allœopathists who have done much to confuse young men's minds by assuming an attitude as if the distinction between the schools rested exclusively on the dose. This is a great error. The doses used by physicians never did, and cannot, alone serve as an index of the principles underlying their method of using medicines. These can better be determined by the effects intended or actually obtained by any dose. For example: a quarter of a grain of morphia may release a patient from soporific sleep; this would be homœopathic action. The twenty-thousandth part of a grain of strychnia may cause the leg of a frog to jerk; this is a simple toxic effect of a very minute dose. This instance illustrates my meaning, — that the dose does not determine the "pathy," and that one may be a homœopathist who uses comparatively large doses, while another may be an allœopathist, or "regular" physician, if you please, although he uses comparatively very minute doses.

As your questions are arranged, this leads me to the next, which asks, —

12. *How is it possible to get any other than a mental effect from the administration of a ten-thousandth of a grain of a drug? Is there any analogy in chemistry or physiology?*

It is certainly possible to get something besides a mental effect from a ten-thousandth of a grain of a drug, especially if you require chemical and physiological analogies. You may not be told *how* it is possible, but simply *that* it is; nor may you always get only mental effects, as you seem to anticipate.

The simple fact that transcendently minute portions of matter may have and do have very plainly perceptible effects, is demonstrable by numerous instances.

The ten-thousandth part of a grain of strychnia is very plainly perceptible to the taste. The thirty-thousandth is, according to Taylor (*Med. Jurispr.*).



We do not positively know on what the contagiousness of variola depends. We all believe that infectiousness is a condition without which the disease is not propagated; and persons contract the disease without coming in contact. They may be far apart. Whatever brings it about must be at least as minute as the tubercle bacillus, or its germ-spore. These are as minute, by actual measurement, as the minutest particles to which, e.g., a metal can be reduced by any mechanical means. A grain of gold, e.g., is reducible to about forty-six thousand million particles. Each of these can be seen, and measured to be a two-thousandth of a millimetre in diameter: hence a germ-spore of this size will weigh no more, but probably *less*, than a forty-six-thousand-millionth of a grain. You only asked for a ten-thousandth part of a grain.

It is not intended to assert that a single particle of gold could have an effect like an organic germ-spore of the same size. But many such particles may have such an effect by judicious repetition. A drop of water falling on a granite rock produces no perceptible effect. Many millions of single drops excavate the rock. Hence the effect of one drop is a calculable fractional part of what has been effected by vast numbers of drops.

The mephitis putorius on shore can be plainly perceived by the smell several miles out at sea, and produce a sensation of nausea. The odor of orange-blossoms can be perceived a long distance out at sea. The one-thousandth part of a grain of strychnia, as Dr. Arnold of Heidelberg has shown, may produce tetanus in frogs. The same observer has noticed it repeatedly from one-millionth of a grain (*Hygieia*, vol. x. p. 56, quoted by Hirschel). Spallanzani fertilized a frog's egg with  $\frac{1}{2984687500}$  part of a grain of the seminal fluid of frogs.

A better and more familiar example of the effect of extremely attenuated poison is afforded in this region by the common occurrence of erysipelatous inflammation by the mere exposure to the smoke of dry ivy roots and branches (*rhus vernix* and *radicans*).

For further familiar illustrations, allow me to refer you to a collection of data contained in Hirschel's "Text-book of Homœopathy."

Your question as to mental effects resulting from the testing of too minute doses deserves no evasive answer. There are numerous instances offered by chemistry and physiology in which, as I have stated, other than mere mental effects are produced by even less than a ten-thousandth part of a grain of any substance. But homœopaths, far from denying the possibility of recording mere mental or emotional effects while testing drugs, are using their best endeavors to prevent this source of

error, by accurate and guarded methods of experiment, and by devising new and more reliable means of experimentation.

If you will call to mind that our experimental tests are not carried on with animals, but much oftener with the human subject, you will readily comprehend that testing of drugs is no mere pastime, but connected with some apprehension of danger, if not danger itself.

Having had considerable personal experience in drug testing or proving, I am in a position to assert that there is not one among my hearers who would consume a little bottle of innocent-looking pellets, and then avow that the sensations which follow were only imaginary, although they might be. We are perfectly aware of this possibility, and therefore know how to avoid it.

It is not in the nature of the system of homœopathy to give rise to errors, but these arise simply from faults which are common to us all. The methods of experimentation among homœopaths are no more liable to result in error than those of chemistry or physiology.

Far from taking too little of a substance to be tested, the courage and perseverance of our provers challenge our admiration. Let those of you who do not shrink from crucial tests try one-fiftieth or one-hundredth grain doses of nitroglycerine, or one-third grain doses of Merck's curare, repeated at short intervals, and they will soon learn how we go to work to distinguish mere mental from real effects.

I have nothing to say in defence of those who persistently ignore the limits of the presence of medicinal matter, and who give rise to endless disputes by their tendency to mysticism.

To obtain detailed information on this subject, I trust that your sense of loyalty to the school of your choice will not deter you from reading the transactions of our state and national societies, as well as our periodical literature. This, to say the least, will afford you as many valuable suggestions as the never neglected, careful perusal and close study of the literature of your school yields us.

### 13. *A few books which clearly set forth the subject.*

Homœopathy is a system of practice which admits of being stated and defined in all its essential features in a comparatively short treatise. We need another; and its publication only depends on some one who will furnish it.

As you are aware, this system or method of practice, in the course of its yet uncompleted development, has given rise to various sects or parties: hence one explanatory text-book would not suffice to represent the whole historical case. The following are commendable:—

HAHNEMANN, *The Organon of the Art of Healing* (New York and Philadelphia: Boericke & Tafel); also RAU, *Organon* (Leipzig: Ludwig Shumann, 1838); Dr. A. GRAUVOGL, *Text-Book of Homœopathy* (Nuremberg: Friedr. Korn, 1866); Dr. B. HIRSCHL, *Text-Book of Homœopathy, or a Guide to its Study and Practice* (Leipzig: Edw. Haynel, 1854); Dr. DUDGEON, R.E., *Lectures, and Theory and Practice of Homœopathy* (Manchester: H. Turner; London: Aylott & Co.; 1854); Dr. RICHARD HUGHES, *The Knowledge of the Physician* (Otis Clapp & Son, 1884).

We have now arrived at the last, but not the least, of the questions of your secretary's list.

14. *Upon what grounds would you advise a young graduate to practise in accordance with homœopathic principles?*

Do not expect of me a sensational recital, embellished by rhetorical extravagances. As I have striven, in what I have said, to make simple and explicit statements, my reasons for the grounds for the practice of homœopathy shall be equally simple, and as concise as I am able to state them. Indeed, the reasons I can offer you will be but a repetition of the principal arguments embodied in previous statements.

Excluding surgery and all surgical specialties, let it be remembered that homœopathy applies exclusively to the internal use of medicines.

It cannot fail to commend itself to your judgment, that the *absolute safety of the patient under the use of drugs as medicines* should be a condition without which we are liable to fall into grave errors. Now, if homœopathy includes such a safeguard among its foremost postulates, this should raise it above other modes of practice, which, while they do not disregard, do not lay as much stress upon it as homœopathy, which actually elevates and develops this postulate with a system of practical rules. These rules are not difficult to comprehend, and are so easy in their actual application, that they render the entire practice of homœopathy safe even in the hands of beginners.

The safety and welfare of the sick are assured by a system which intends and strictly aims to arrive at, not only positive, but practically applicable and reliable, data concerning the action and effects of drugs. In principle this is certainly acceptable. That, even in our most careful provings, errors creep in, perhaps many, is not due to the intent and purpose of the principle involved, but to the degree of human ability which renders the most scientific experimental tests of the laboratory imperfect.

Hence homœopathy seeks for and provides precautions for rendering unavoidable errors harmless in practice, as you will see.

I have endeavored to explain to you how homœopathy seeks also for positive data regarding disease, by accepting for bedside practice only what we can clearly and unmistakably perceive; for instance, a cough occurring chiefly before midnight, with glairy, viscid expectoration, and burning pain in the trachea. Homœopathy regards these data, but does not attempt to prescribe for the *conjectural* reasons for the glairy expectoration and the hour of aggravation. It seeks for a remedy which in its proved effects resembles those of the disease, and readily finds it. The choice between many competing remedies is not easy; but here skill and experience come into play.

You will say, "But now, if your symptoms of disease are doubtful, uncertain, and vague, and your provings also, what guards you against errors, in common with our method of prescribing?"

I answer that your question is fair. Errors in prescribing are unavoidable in any school; and this you will justly regard as a point of extreme importance and significance. Whoever claims to be able to prescribe the right medicine, simple or compound, at first or second sight, with precision, in a case of disease, is in error. We must be conscious of this always, without knowing how often we err. But the means of controlling error are afforded by homœopathic practice: they are found in the use of *simple remedies, in small but expanded doses*.

As for the rule of similars itself, I must define and express it as epigrammatically as I can. Much of its explanation lies in the definition of a medicine. The shortest definition you or I can make of it is, that a medicine is a substance which, if consumed by a well person, will make that well person sick. Now, if medicines ever cure diseases, they must do so by that same pathogenic force which each medicine possesses. Medicines cause morbid conditions; medicines cure morbid conditions. This is homœopathy in a nutshell.

Instead of compounding several drugs in one recipe, homœopathy prefers one at a time, because it takes into consideration the uncertainties of knowledge concerning one, and the multiplication of errors by compounding several drugs. Thus it avoids the unsafe increase of uncertain factors by reducing uncertainty to its smallest measure.

It does not cease here in applying rules of precaution; for homœopathy does not only plead for single remedies, but lays great stress on the use of the least amount of medicine that will cure. It considers it unsafe, and hence unpractical, to push the

dose to the extreme of toleration, getting, then, mostly pathogenic, but no curative effects.

When a homœopath sees medicinal effects, like sopor following opium, salivation after mercury, despondency and erythema after bromides, he considers that the disease he is treating has been augmented, and he prefers not to run such risks. The original case is enough for him : he does not desire to complicate it for the sake of a temporary advantage.

Hence, besides employing simple single medicines, he reduces their volume by the easiest method possible. That every one can learn this method of pharmacy in a little while, far from being a weakness, is a great advantage of the system.

You will not raise any very serious objection to these principles dictated by a spirit no less humanitarian than it is practical ; that is, facility of application.

It would encroach too much on your patience if I should describe in detail the methods and results of dilution, trituration, attenuation, and so-called "potentization." Let it suffice for our present purpose, that homœopaths are unanimous in advising smaller doses than any other school, and that they agree, also, that reasonable dilution or expansion more than counterbalances loss of medicinal substance.

But, you will say, do your results plead for the efficacy of your system of simples, and attenuated doses applied under the formula of similars ? In answer to this question, I point to such statistical evidence as we possess ; not to the bold figures mentioned before, but to a closer study of their details.

Even if you should put the most cautious construction upon those statistics and hospital reports, and if you should conclude that the much lower percentage of mortality under homœopathic treatment, as compared with that of the older school, were due only to expectancy, and to the absence of medicine in homœopathic preparations, you still find yourselves confronted with the fact that *very few deaths occurred under homœopathic treatment, as compared with the results of allœopathic medication.*

Now, whether homœopathic preparations contain medicine or not, it must be urged, that, even if homœopathy has nothing in its favor beside a very low mortality list, this would serve you as a sufficient argument in its favor.

We cannot cure all, but we dare injure none.

I must stop somewhere, and hope that I may at least have offered you some points worthy of your impartial consideration. Let me thank you most sincerely for the kind and close attention with which you have honored my remarks, which, I am sure, you have received in the friendly spirit in which they are offered.

## INFANTILE CONVULSIONS.

BY G. H. WILKINS, M.D., PALMER.

[Read before the Homœopathic Medical Society of Western Massachusetts.]

I SUPPOSE we are all more or less familiar with cases of convulsions as they occur in children; and surely there are no circumstances under which the mother, and especially the young mother, looks to the physician with more solicitude than when her darling babe lies convulsed.

After the spasm is relieved, or if it should have ceased before we reach the patient, as will often be the case, our next duty is to ascertain, if possible, the cause of the trouble, and remove it, lest there be a recurrence of the convulsions more severe than the first; and we can usually assign some adequate cause, some irritation of the digestive or the nervous system, exanthematous fevers, or some cause which manifests itself in other ways than by the spasms. If we attribute the trouble to "worms," every good grandmother in the town will say, "There's a doctor who knows his business."

But cases will come to our hands that are difficult to account for, and difficult to control. Hoping to draw out from the members of the society some hints that may be helpful to other members, I present for your consideration one of these, to me, troublesome cases of infantile convulsions.

Ruth F., born Nov. 24, 1883. Nursed three weeks, and was then fed on cow's milk, one part to two of water, with a little milk-sugar added. She thrived very nicely upon this till Jan. 1, 1884, when the mother noticed a little trouble with the breathing. "Wind seemed to rise from the stomach, and stop in the throat, obstructing the breathing," were the mother's words. She was also rather fretful; and the mother, having a few remedies in the house, gave her chamomilla. In the evening there was a slight twitching of the muscles about the head. This was no better the next morning; and I was called to see her about ten o'clock A. M., Jan. 2.

I found the temperature normal; very slight, dry bronchial rales, and some sour vomiting. There were occasional convulsive movements of the left arm and leg, and twitching of the eyelids was quite constant. Prescribed *nux*<sup>3x</sup>, and advised lime-water to be given with the milk.

6 P. M. — Found the convulsions more marked, confined mostly to left side, and occurring every thirty or forty minutes; head turned to the right; eyes open, staring, and rolled upward and to the right. Continued the lime water, and substituted *cicuta*<sup>3x</sup> for the *nux*.

JAN. 3, 9 A.M. — There has been no vomiting during the past twelve hours. The appetite is as good as ever, and the breathing is perfectly normal. But the convulsions remain of the same character, and recur with increased frequency. Prescribed *belladonna*<sup>3x</sup>.

1 P.M. — No change. Treatment continued.

6 P.M. — No change. Prescribed *belladonna* and *ignatia*, to be given alternately.

JAN. 4, 8 A.M. — No new symptoms. Child seems well, perfectly well, during the interval between the fits; but these are still very frequent, hardly fifteen minutes intervening between them. Prescribed *gelsemium*<sup>1x</sup>.

1 A.M. — No change. Treatment continued.

5 P.M. — Convulsions more severe. Head drawn backward, and eyes rolled upward; whole body convulsed.

At this time the mother said to me, "Doctor, I have just thought of something that I wish to tell you. Ever since baby has been sick, she has reminded me of *something* that I have seen before; but I could not till to-day think what it was. I was stopping at a watering-place in New York last summer when about 'six months along;' and, while we were seated at dinner one day, a young man opposite me had an epileptic fit, and had to be carried from the room. It made such an impression on me, that I was obliged to leave the room; but I soon got calmed down, and thought little more about it till now. But when baby goes into one of those fits, she looks just as that young man did. Do you think it can be possible that my baby is marked?"

It seemed very probable that such might be the case; and yet there was so much uncertainty about it, that no decided opinion was expressed. Prescribed *gelsemium*<sup>0</sup>, drop doses.

JAN. 5, 8 A.M. — Child no better, but rather worse. Convulsions five to twenty minutes apart, and there is more prostration following them. Prescribed *cuprum*<sup>6x</sup>.

4 P.M. — Dr. J. U. Woods of Holyoke called in consultation. We find no physical signs of any local trouble to account for the fits. Dr. Woods thinks the trouble lies at the base of the brain, and that *belladonna* (10,000,000th of Swan) will cure it if any thing will. It is given accordingly, a dose every hour.

JAN. 6, 8 A.M. — Patient not quite so well. Appetite failing. Fits about the same character, very frequent and severe. Child appears stupid during the interval, whereas she has before seemed bright. Treatment continued.

6 P.M. — No change. Prescribed *gelsemium*<sup>0</sup>, with injection of *potassium bromide*, one grain to one dram of water, every hour.

JAN. 7, 8 A.M. — Child worse, part of the time having as many as ten fits during an hour. Prescribed *gelsemium* and *potassium bromide*, two grains every hour.

6 P.M. — No improvement in the character nor frequency of the fits; but the child is quite stupid all the time. Prescribed *agaricus*<sup>3x</sup> and *cina*<sup>3x</sup> in alternation.

JAN. 8, 8 A.M. — About the same. Thinking the milk might have an influence, although she had been doing very nicely upon it, and the stomach seemed not to be disturbed at all, and other babies were taking the same cow's milk, yet, to leave nothing undone, a change in the milk was ordered, and milk from another cow was procured. Remedies continued.

5 P.M. — Milk has been vomited within an hour every time it has been given, the curds being large and hard. Convulsions about the same. Prescribed *cicuta*<sup>3x</sup>, and continued the milk, adding lime-water.

JAN. 9, 9 A.M. — Fits have not been so frequent nor severe; but the milk is vomited soon after being taken into the stomach. Substituted mixed milk used by the family for the "one cow's milk," and continued *cicuta*.

7 P.M. — This evening a letter was received from one of our "authorities" on nervous diseases, in answer to inquiries of mine, saying, "The fits are undoubtedly due to the pre-natal influence; and it will be a blessing to the parents when the poor little thing is laid in its grave. Give *cicuta* and *ænanthe crocata*." As she was having *cicuta* at the time, it was thought best to continue it, especially as the convulsions were less frequent, and the vomiting had nearly ceased.

JAN. 10, 9 A.M. — Condition much improved. Fits not as severe, and not oftener than every hour.

6 P.M. — Still improving. Stupor has entirely disappeared. *Cicuta* continued.

JAN. 11. — Improvement continued. Last fit of the season about 2 P.M.

JAN. 12. — Child is to all appearances as well as ever, except being somewhat weak, as would naturally be expected. The number of fits she had during the ten days was, as nearly as we could estimate, between nine hundred and a thousand; and yet she has apparently suffered no serious consequences.

Some of the questions that arose in my mind in regard to the case were these:—

Had the child epilepsy? Did the pre-natal occurrence have any influence, and, if so, will the spasms recur? Was the trouble caused by the milk? Was the trouble cured by *cicuta*, and, if so, why not at the outset?

Later developments in the child's history throw some light upon the trouble she suffered at this time.

One illness followed another during the spring and summer. Sniffles, measles, capillary bronchitis, and summer diarrhœa,—



each claimed its due share of attention. The teeth developed very slowly.

During the early part of August she began to seem very weak. She could not sit up alone, as she had done; didn't like to ride in her carriage, but wanted to be held in the arms most of the time.

The back seemed to be the weak part; and examination revealed a distinct angular curvature of the spine, in the region of the lower dorsal vertebræ. The prominence of the spinous processes disappeared when the child was raised by the arms, or when traction was made in any way upon the spinal column. There was no tenderness of the spine at any point.

From the accompanying symptoms, and the age of the patient, the trouble was considered to be rachitic rather than carious.

Pressure was removed as much as possible by keeping the child in the horizontal position, and a powder of *calcium phosphate*<sup>3x</sup> was given every night.

Improvement began very promptly, and in a short time the general health was better than it had ever been before. The strength increased rapidly; and the curvature, though not removed, has decreased rather than increased. After about two months, the child began to sit up again, and later learned to walk, which she now does very nicely, and with no apparent ill effect upon the spine.

More than a year has elapsed since the events took place which suggested the topic of this paper; and, as there has been no sign of return, parents and physician alike are sincerely hoping that the experience this little one passed through may be her last with infantile convulsions.

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#### COURAGE AS A PROPHYLACTIC.

THERE is a word to be said about *fear* as an element of danger, should cholera appear among us again, as there are some grounds for thinking it may during the approaching summer. Unreasonable apprehension of possible calamity greatly increases the amount of danger and suffering to the sick, and of care and trouble to the well and more rationally disposed. It depresses the vitality, and thus indirectly increases the power of the disease. It deprives people of their ordinary judgment, and sometimes of common sense. The case of the individual in Bangor, when cholera visited that city in 1846, is in point. The man was so panic-stricken that he rushed out of town, leaving his family to follow. We do not know if they followed, or not; but the man was taken sick in a few days, and died — not of

cholera, it was believed, but of fright. No doubt, he would have continued well, if, as the expression is, he had "behaved himself;" that is, if he had been more rational and less selfish.

What ought we to do should cholera come upon us this summer? We do not mean what should *physicians* do: they well know what is expected of them as good soldiers at the post of danger, defending, soothing, and advising the people; teaching this very doctrine of reasonable behavior, giving up their own ease and comfort, and even their personal safety, for the general good. But the community, the people, should live simply, cleanly, with a full nutritious diet, and plenty of fresh air, avoiding alike exhaustion and repletion, keeping clean consciences, and trying in all ways to be as helpful and unselfish as is possible to human beings in times which suggest to mean minds only flight and self-preservation. No thoughtful man will recommend laxity and dissipation, but instead a rational trust in the Divine Providence, and a close observance of the laws of order.

In 1832, when a terrible epidemic of cholera visited Paris, the government published an ordinance directing the people to "amuse themselves," putting aside care and anxiety. Certain classes took to the idea amazingly, giving themselves up to the wildest revelry. The "Constitutionnel" of that date states that more balls and banquets were given then, in mid-Lent, than at any time during the carnival. In one quarter, it is said, an elaborate burlesque was paraded, in which *cholera* itself was personated and publicly defied. This is not what we mean by casting aside fear and anxiety. It is a more irrational behavior than that of the timid ones spoken of above. The revellers, doubtless, drank themselves out of the world in a week or two, if cholera didn't lend a hand to shorten the work.

What the people should be counselled to remember is, that health and comfort and safety come only from a rational observance of the laws which are constantly operating upon us in both ordinary and extraordinary times, and which can never be disregarded with impunity. Should cholera come, let us also reflect, that, "as men of timid imagination and cowardly minds often die from mere dread of dying, so a thousand facts prove that vigor of character and moral energy often struggle successfully against disease, and triumph over the most desperate symptoms."

F. N. P.

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#### A FEW CLINICAL CASES.

BY PROSPER BENDER, M.D., BOSTON, MASS.

To show the great importance of looking to the etiological factor, or original cause, of disease, however remote, I will relate the following cases, which will suffice for the present:—

A young man of thirty-five wrote me from Canada that for some months he had been suffering from rheumatism of the left arm and hand, with loss of power. He had tried liniments of all kinds, and medicines too, without avail. Electro-magnetism alone had afforded him relief, so that he had regained partial use of that limb. Now, however, his food gave him much pain, one hour after meals, and occasioned considerable stomachal distention. The bowels were constipated; stools large, and difficult to evacuate. This he "could put up with," he said; but every seventh day he was suddenly taken with paroxysms of the greatest distress in the region of the stomach, when he felt he must die, if the pain continued. Vomiting of bile and mucus would follow, with mitigation of the symptoms; but he was left weak and faint for days afterwards. Just as he picked up some strength another attack would occur, throwing him back as much as ever. He had consulted several local physicians, to no purpose. I sent him some *nux vomica*<sup>3</sup>, and asked for fuller details of his case, especially as to any known cause of the disease. He replied that he attributed his whole trouble to being out in a drenching rain one night, since which time he had been more or less ill. In addition, he mentioned, that, during the gastralgic attacks, he was compelled to "double himself up," to roll about the bed from the intensity of pain, and that positive relief was obtained only upon the stomach rejecting its contents. I forwarded him some powders of *rhuis*<sup>3</sup>, with directions to use them if the first medicine failed to benefit or cure him. In a fortnight I received word that he was well, and that he had been cured by the last medicine. I know that he enjoys good health at present.

The second case is still more striking. A lady, aged sixty, was severely injured in a railway accident four years ago, and was for some time confined to bed by a disorder showing symptoms of concussion of the spine, judging from her own account. Although for the last two years able to go about, the least movement, even the lifting of her hand to the mouth, excited pain between the shoulder-blades and neck; but the spine was free from tenderness. On awaking in the morning, she would experience stiffness in the knees and legs, which used to pass off mostly during the day. There was also a cold spot between the scapulæ, with frequent chills running up and down the back, and an occasional feeling as if cold water were trickling down it. She also reported, that, the moment she lay down, a dry cough, with tickling of the throat, set in. It would last for some hours, when, exhausted, she would fall asleep. She could not lie on the left side, from throbbing of the ear and neck. She complained much of being constantly chilly, and needing warm wraps. The only relief obtained, when suffering from any pain

or ache, was by covering the affected part with something warm. The damp weather always affected her unpleasantly. Severe headaches, in vertex and occiput, frequently occurred, occasionally relieved by hot applications. The memory had become impaired of late ; and in conversation the patient was often provoked at noticing she used the wrong word, and the wrong names for objects. Fatigue or excitement almost invariably brought on diarrhœa ; and she was always worse out of doors, and better in the warm room. I prescribed *hypericum*<sup>6</sup>, with the very best results. Six weeks afterwards she informed me the medicine had rejuvenated her, that she felt "as good as new." She could now go out and enjoy a short walk, and even proceed to church, which she had not done since her accident. When I last heard from her, recently, she was still doing well, and taking occasional doses of *hypericum*, with benefit each time. I was much tempted at first to prescribe *silicea*, but the factor in the case led me to give the St. John's wort.

Only a few weeks ago I was enabled to materially relieve a case of hæmoptysis, through applying the same principle in therapeutics. I was called to a young Englishman with the following history : About a year ago he ruptured a blood-vessel when attempting to lift a heavy weight, since which time he hardly passed a day without some bleeding from the lungs. If he underwent any fatigue or excitement, it considerably increased. He had consulted Sir Andrew Clark and Sir William Gull, who located the rupture in the right lung, and had prescribed, at different times, arnica, ergot, hamamelis, and gallic acid. The latter only would check the bleeding, but it had to be taken in large doses. At the time I saw the patient, he was bringing up, every few minutes, a mouthful of dark, clotted blood, and complained of a bruised pain in the lower portion of the right lung. Over that spot the stethoscope revealed the presence of bubbling sounds in the bronchial tubes. I prescribed one dose of *arnica*<sup>200</sup> and blank tablets. The next day he informed me, that, soon after the first dose of his medicine, the flow of blood ceased, and that he had almost lost the aching pain in the lung, which he had had ever since the accident. He left the city on the morrow, with the promise that he would write me before leaving America. I gave him half a dozen of powders of *arnica*<sup>200</sup>, to be taken if required.

I have made several other remarkable cures in the same way ; i.e., by ascertaining the cause of the disease, and thus striking at its roots as well as main stem. I hope that in the above cases I have contributed a few incidents of professional experience worthy of being added to the noble volume of medical facts and knowledge, which may truly be regarded as our duty to the profession as well as to the public.

*SPECIAL THERAPIA.*

BY E. FORNIAS, M.D., PHILADELPHIA.

*[Reprinted from the Transactions of the Homœopathic Medical Society of Pennsylvania.]*

It occurred to me a couple of years ago that it would be advantageous to construct a therapia, divided into sections, and also into as many books, that practitioners might readily refer these to any particular region, without loss of time in reviewing and comparing scattered symptoms.

Our materia medica, arranged in systematic anatomical order, does not answer the purpose conveniently, as we often have to lose precious time in searching for the special symptoms desired.

Of course, a therapia, as I propose, should not only contain the local symptoms of a region, but embrace, under the head of concomitants, any and all possible general or constitutional phenomena known to occur in any given malady.

And again: the work could be divided also into two great parts, one comprising local, the other general, affections.

In this way we could refer to the particular subject desired, as we do to-day when we consult Norton on the eye, Bell on diarrhœa, Allen on intermittent, Minton on uterine therapeutics, etc.

Anybody in possession of these works, and making a daily use of them, cannot deny their advantages for the easy selection of drugs. These books, which could remain as a part of the general work, it seems to me, should undergo, at the hands of their authors, convenient alterations and profitable additions, so as to agree with the general plan.

Each section should also contain a repertory to enhance our facilities.

It may be objected, perhaps, that such a work would be another encyclopædia, demanding a great deal of labor and time; but this objection cannot be well sustained, because part of the work is already done, and, as said above, requires only some slight alterations to be brought into shape. And for the part to be done, specialists could undertake to form the section or particular branch with which they are best acquainted, giving us their experience in the manner already described.

To reach this end, the only thing required would be perseverance and systematic work, not neglecting our materia medica too much, as is done in some of our special books, but bringing this into prominence, as Norton, Allen, Bell, and Minton do.

To this effect, I present to your consideration the study of a drug, which, with twenty others, I have prepared in the last two years. I selected the ear, nose, and throat as the special field

of my labor, and I have framed my work after the manner of the above-mentioned authorities. I only hope that the additions I have made may deserve your approval.

At any rate, the field is open to suggestion; and, in discussing the subject, I beg you to propose any addition or abstraction you may deem useful, as in so doing you will undoubtedly furnish valuable hints to those engaged in systematic work of the kind.

#### ALUMINA.

**AURAL SYMPTOMS.** *Hearing; Dysecoia.* — One's own voice appears altered to the right ear; dulness of hearing.

*Abnormal Sounds.* — *Humming in the ears*, or vibrations as from the tolling of bells when rising from bed; hissing in the ears; whistling; crepitation; snapping, as if from electric sparks, especially when chewing or swallowing; partial occlusion of the Eustachian tube.

*Sensations.* — Sensation as if something lay before the ear; on blowing the nose it is felt, on swallowing it is removed (HERING); itching in the ears, increased by rubbing.

*Pains.* — *Stitches in the ears*, especially in the evening or at night; lacerating, boring, or pulsation in the ears (*Fahr.*).

*External Parts.* — Heat and redness of one ear only (left), (*carbo vegetabilis*, right), frequently in the evening (*ignatia*, one side only).

*Discharges.* — Discharge of pus from the right ear.

**NASOPHARYNGEAL SYMPTOMS.** *Smell.* — Exceedingly acute, weak, or wanting; sour smell in the nose (imaginary).

*Nose.* — Pains, sensations, etc. Violent pain at the root of nose and frontal sinuses; corrosion and dry scabs in the nose; painful sensation, tumefaction, and *redness of the nose*; ulceration of the Schneiderian membrane, with violent pain at the root of nose and higher up; ulceration of the nostrils, which are *sore and scurfy*; septum narium swollen, red, and painful to touch; *stoppage of nose*; *point of nose cracked*; frequent sneezing without catarrh, with hiccough; *furunculus naris*; sour smell in the nose.

*Discharges.* — May be fluent from left nostril while the right is obstructed, and followed by dryness and complete stoppage of both nostrils; or of *thick yellow mucus* (*kali bichromicum*, *mercurius*, *lachesis*), with ulcerated and scurfy nostrils; or of pieces of dry, hard, yellow-green mucus, with swollen, red, sore nose, or ulcerated septum; or of copious, yellow, sour-smelling mucus, with sore nostrils (HERING); or of bloody mucus or pure blood.

*Fauces and Pharynx.* — Pains, sensations, exudations, etc.

The parts are red and inflamed (belladonna, mercurius); *constrictive* or lancinating pains in the throat, especially *during deglutition; difficult deglutition, as if from narrowness of the parts*; the food swallowed is felt until it enters the stomach (bryonia, phosphorus); spasmodic constriction of the throat, which interferes with swallowing; feels the food the whole length of the œsophagus (verified); *she* was obliged to have the food liquid or semi-solid (H. L. CHASE, *Transactions of the American Institute*); *constrictive pressure and tightness in the œsophagus*; from pharynx down to stomach, as if food could not pass (lycopodium) (HERING); in the throat or in the middle of the chest, when swallowing food or drink, as if the œsophagus were compressed (*Fahr.*); pain in throat, with swelling of the gums and velum palati, attended by painful rawness of the whole oral mucosa, and inability to swallow liquids (*Fahr.*); *great dryness of the throat*, especially on waking; voice husky; hawking, and sensation of lump in the throat (HERING); *great dryness of throat and mouth*, as if parched, with violent thirst, or with rawness; feeling of a splinter in the throat (hepar, nitric acid); *great dryness*, which induces frequent clearing of the throat in the evening (HAHNEMANN); burning and soreness of the throat; *roughness and scraping in the throat, with continued hawking*; copious accumulation of a thick, viscid mucus in the throat, difficult to expectorate; *frequent hawking, and difficult raising of phlegm*; sensation of tightly adhering phlegm, which cannot be raised by cough or hawking (rumex, *Chron. K.*, 11); thick mucus drops from posterior nares, highly annoying (hydrastis); sensation of swelling in the sides of the throat (HERING); chronic inflammation of the fauces; tedious swelling of the tonsils; ulcers in fauces, spongy, secreting a yellowish-brown, badly smelling pus, with boring pains from fauces to right temple and head (HERING).

ACCOMPANIMENTS. — *With dulness of hearing*, atony of the bowels; *with post-nasal catarrh*, snapping in the ears, as if from partial occlusion of the Eustachian tubes; *with coryza*, lachrymation and sneezing; *with ulceration of nose*, pains at the root of the nose, and frontal sinuses; *with catarrh of the fauces and pharynx*, dryness, roughness, and scraping; husky, hoarse voice; aphonia; thirst; hawking, and dry, hacking cough. *Respiratory symptoms*: tickling and irritation in the larynx, inducing cough, especially in the morning, on first walking; the cough may be dry and hacking, with frequent sneezing; or hard, dry, at night, with tearing pain and involuntary loss of urine (causticum); or short, causing pain in the right temple and top of head, sometimes with difficult breathing; or attended by pressive pain in the throat, as if a lump was there, which makes the swallowing

painful; occasionally yielding a piece of mucus mixed with blood; caused by an elongated uvula, by much talking or singing; appearing soon after walking in the morning; every morning a long attack of dry cough, ending in difficult raising of a little piece of mucus; all irritating things, as salt, wine, vinegar, pepper, etc., immediately start the cough; when the adjacent parts become involved, the chest feels oppressed and constricted, especially on sitting bent, which disappears on raising the body straight, and on walking; breathing arrested by copious, thick, tenacious, saltish mucus; *sudden hoarseness*, with aphonia, especially towards morning; voice has a nasal twang.

GENERAL CONCOMITANTS. — *Constipation from inactivity of the bowels, even soft stools are difficult to void* (carbo vegetabilis); headache, principally frontal, relieved by lying quiet in bed; *rotatory vertigo*, often so severe as to cause falling, sometimes with nausea, or tension in the nape of neck, worse on stooping; *tongue dry*, or coated with a slimy fur; *loss of appetite*, aversion to meat; *abnormal cravings* for starch (although potatoes aggravate), chalk, earth (verified), charcoal, rags (verified), paper, cloves, acids, and other unnatural and indigestible substances; faintness of the stomach, relieved by satisfying these depraved cravings; *relaxation of the abdominal walls*, they seem to hang down heavily, like a load; *sour, bitter eructations*; *heartburn*; *tension of the skin of the face*, as if white of egg had dried on it (baryta caustica, as from cobweb); *dryness and harshness of the cutaneous surfaces, with absence of perspiration*; sensation of constriction in the internal organs; acidity of the *prima via* in children; congestion of blood in the eye and nose, with pressure in the forehead, and epistaxis; contraction and constriction in the region of the stomach, often extending up the œsophagus to the throat, sometimes with oppressed breathing; lassitude, sleepiness, and inclination to lie.

AGGRAVATION. — *On alternate days* (general condition); indoors, while sitting in a warm room; in the morning on awaking; evenings and night; from taking cold food, potatoes; at full and new moon (silicea); from tobacco-smoke.

AMELIORATION. — From taking any thing hot, either solid or liquid; from moderate exercise in the open air; takes cold easily, yet feels better in the open air; sometimes feels moderately well at night, but cannot lie on the right side on account of cough.

ADAPTEDNESS. — To thin, dry, withered subjects, especially old; to scrofulous children, peevish and whining (chamomilla), with heat in the ear-lobes, or who are fed on artificial food, and suffer from rectal inertia and depraved cravings; to hypochondriacal subjects with intolerable *ennui*; mild, easily of-



fended, tearful (*pulsatilla*, *ignatia*); anxious or obstinate (*nux vomica*); unable to think, tormented with suicidal thoughts (*aurum*), and other evil apprehensions. Alumina is suitable to catarrhal affections of a chronic character, occurring principally in the aged, of spare habit, who suffer from lack of animal heat and inactive bowels; or dry, old sore throats, with tormenting tearing cough, which have lasted for many years; or nasal and nasopharyngeal, attended with ulceration and purulent secretions; or where the solidified post-nasal mucus has blocked up the Eustachian tubes, with snapping in the ears on chewing or swallowing, especially in individuals afflicted with tetter or scrofula.

THERAPEUTIC APPLICATIONS.—Alumina seems to depress the excretory function of the mucous follicles. To do so, this drug must necessarily have the power to condense the tissues and constrict their blood-vessels, which appears to be proved by its leading characteristic features: *dryness, with more or less irritation*; contraction and constriction of the tissues.

We know that alum, when locally applied, produces such effects, and, moreover, that it coagulates the albumen, and gives the parts a protective coating,—a fact which has led old-school physicians to use it to check ulcerative, suppurative, and other pathological processes. But to coagulate the albumen of the pus, for instance, and give the ulcer an impermeable layer, which may protect it from injurious influences, do not seem to me to be the means to reach the enemy at his headquarters: it may arrest the vanguard, as it were, but the nucleus of his forces will remain untouched. To accomplish these purposes, as a cleaning to correct foulness, or perhaps to destroy the virulence of the pus, which may invade adjacent and subjacent tissues, it may share honors with tannic, boracic, and carbolic acids, and other agents of the kind; but we have to admit that their action is a limited one, and that only the internal remedy can successfully root out the evil.

No amount of argument in favor of topical measures could induce me to believe that a case of chronic suppurative otitis, for instance, developed in a psoric constitution, could be checked by these means, without any evil consequences following.

The following admitted facts will add weight to my conclusion.

Catarrhal affections in sound constitutions, as a rule, rapidly resolve themselves, and are seldom followed by ulceration: so we must not deceive ourselves by giving to remedies curative virtues which probably they do not possess. On the other hand, when, in constitutions originally unsound or contaminated, these cases subside into a chronic state, a common consequence is erosion or ulceration,—the former, when a rapid cell-proliferation

has caused the loss of epithelium ; the latter, when the process extends into the deeper layer of the membranes, causing a greater loss of substance. But ulceration is most common in scrofulous, tuberculous, and syphilitic subjects ; and although it is often slow, and confined from the start to special parts, the intervening membrane being apparently healthy, still the fact remains that the soil has a great deal to do with its extension and duration. Such is the case with the mucous follicles in clergyman's sore throat, which first become prominent, red or pale, swollen points, and finally ulcerate. This variety of sore throat, to which alumina is homœopathic, has been attributed to herpetism (psora) by Chomel and other French writers, who have been criticised by other allopaths for attaching importance to a diathesis which they have failed to trace. Chomel claims, and I think with much reason, that local applications, such as nitrate of silver and other caustics, will surely aggravate this disease.

It is very significant indeed, to see our opponents discarding local measures as injurious agents in certain cases of ulceration dependent upon constitutional diathesis.

Again : chronicity is the natural feature of aural and nasopharyngeal troubles ; and therefore very vigorous measures cannot be opposed with success to them, which are, nevertheless, amenable to a persevering homœopathic treatment.

How can we accept these facts, and yet believe that a gargle of alum for a sore throat, or a charge of boracic acid for a running ear, can in any shape or form remove the lurking systemic miasm which is the exciting, if not the fundamental, cause of the trouble ?

Alumina is one of our neglected remedies, but a close study of its pathogenesis will reveal at once its usefulness for chronic catarrhal affections of the faucial and nasopharyngeal spaces. I have had occasion to verify this in four cases of pharyngitis which I treated, with remarkable success, in the last three years.

Three of these cases exhibited great dryness, roughness, and scraping ; and the posterior pharyngeal wall, on inspection, appeared smooth, glazed, and red, and so tense that it looked as if the mucous membrane were stretched over the subjacent tissues. Beneath it, small injected vessels could be seen here and there. In all of them there was more or less desire to clear up the throat, to hem, and occasionally to cough for a long time, in order to get rid of tightly adhering mucus : in fact, hawking was a prominent symptom. One of them, a lady teacher, had acquired the habit of constant hemming, which made the case an obstinate one, as it proved to be a constant source of irritation. The exudation was never so increased as to be noticeable in any of these cases ; but what little there was, required much

effort to be expelled, and gave great annoyance. The voice was altered to the extreme of losing its purity; and its use, in the case of the teacher, was highly fatiguing. This lady, and also another patient, a cigar-maker, who was an immoderate smoker, suffered from repeated attacks of hoarseness, especially in the morning on waking, and from sluggishness of the bowels. With the cigar-maker the smoking was also a source of irritation, and not until he quitted it did a persisting dry cough disappear. In the other case, an old man (photographer) was very susceptible to atmospheric changes, and every exposure increased his trouble and altered his voice remarkably. He had frequent spells of a hard, harassing cough, especially in the evening, which, after long efforts, yielded small pieces of phlegm, and caused often escape of urine. During sleep the dryness was such that almost every night he was awakened by it, and had to get out of bed to moisten the throat with water, in order to get some relief.

The fourth case, a tippler, was not a successful cure, as I was unable to convince the man of the harm he was doing to himself by continuing to drink. Only for three weeks did he abstain from liquor, and during that time alumina showed its curative value in a very marked manner. But Satan conquered him at last, and all my efforts were lost. When I first saw him, the posterior wall of the pharynx presented a livid appearance, with a somewhat thickened surface. The dryness was greatly relieved after taking warm food, but in the morning he was compelled to swallow saliva to moisten the parts. This act caused snapping in the ears, and he felt then as if a fish-bone were lodged in the throat. There was also a great deal of roughness and scraping during the day, which was occasionally increased by acid eructations. Sometimes a long attack of dry cough yielded finally a little tenacious mucus. In the evening, and especially after drinking rum, there was a marked hawking to clear his throat of a viscid salty mucus. His voice was always husky, and the bowels constipated. He complained, besides, of rotatory vertigo and headache, which were relieved by lying in bed.

As my object is to typify this drug by means of these illustrations taken from my note-book, I will complete them with the following remarks:—

In the cases of the school-teacher and photographer, the soft palate and tonsils were in a nearly normal condition. In those of the smoker and tippler, the tonsils were somewhat enlarged and sore, causing some pain on swallowing. Only in the case of the smoker there was some enlargement of the follicles, but these were not so numerous as in follicular pharyngitis. There was hypertrophy only in the case of the tippler. In none did I

find abrasions, ulcerations, or granulations. The cases of the teacher and photographer I put down as *pharyngitis sicca*, where I think alumina has no equal. The case of the tippler presented the most gastric symptoms; and only the case of the smoker partook of the follicular type.

All these cases were tedious, and demanded a persevering treatment. The most important cure was that of the cigar-maker, whose trouble had lasted for eight years; but I must confess that it was greatly aided by his quitting the use of tobacco.

If we should take these cases as a guide, *alumina* would be indicated in *chronic* pharyngeal affections, where dryness and ineffectual hawking and coughing are prominent symptoms, as well as when there is little or no ulceration and thickening.

The chronic disposition to eructations, for which Hahnemann so highly recommended it, would suggest this drug in *gastric pharyngitis*, especially when the food, for want of gastric juice, undergoes fermentation, and the sour risings or gases coming in contact with the pharyngeal mucosa keep up or increase the irritation.

LITERATURE. *Otorrhœa*.—It is homœopathic to chronic and obstinate otorrhœa, arising from a scrofulous affection of the mucous membrane of the ears.—J. C. P., HULL'S *Fahr*.

*Otitis*.—Auricula reddened, with sensation of heat, tension, stitches, and pain in it, and in the meatus; discharge of pus; sensation of crackling in it; roaring in the ears.—HEINIGKE.

*Ozœna Catarrhalis*.—Soreness and scabs in the nose, with discharge of thick yellow mucus.—LIPPE.

*Nasal Catarrh*.—Chronic nasal catarrh, with scurfy, sore nostrils, and discharge of thick yellow mucus; discharge of dry, hard, yellow-green mucus from nose; nose swollen, red, and sore to touch, worse in the evening.—HERING.

*Nasal Catarrh*.—Great accumulation of mucus in the evening, and in the morning on waking, with frequent hawking, and difficult discharge of dry, yellowish-green mucus, with weak or entire loss of smell.—LILIENTHAL.

*Nasal Catarrh*.—Nose dry; scurfy, sore nostrils, with discharge of thick yellow mucus, or of dry, hard, yellow-green plugs; the parts, especially septum narium, may be swollen, red, and sore to touch, worse evenings; point of nose cracked; weak or entire loss of smell.—FARRINGTON'S *Lectures*.

*Nasal Catarrh*.—Alumina is adapted to old catarrhs, where the nasal mucous membranes, and those lining the passages to the ear, are broken down by ulceration, especially persons afflicted with tetter or scrofula; to dry catarrh, scurfy, sore nostrils, or where there are plugs of mucus blocking the Eus-

tachian tubes, with snapping in the ears on chewing or swallowing, and dulness of hearing, associated with atony of the bowels. — BRIGHAM.

*Nasal Catarrh.* — M. B., printer; aged twenty; chronic catarrh for five years. Trouble came on gradually, the discharge being offensive, thick, yellowish mucus, or greenish scales; root of nose sore, and painful to the touch, and sometimes severe frontal headache, with darting pains over the eyes; rush of blood to the head, and vertigo; obstinate constipation, even soft stools being passed with difficulty. Alumina effected a cure in six months. — MORSE.

*Post-Nasal Catarrh.* — Alumina is useful in chronic catarrh of dry, thin subjects, and old people with great inactivity of the rectum; the great accumulation of mucus takes place in the evening, and in the morning on waking; a thick, tenacious mucus comes from the posterior nares in the evening, and in the morning on waking, with frequent hawking and difficult raising; discharge from the nose of pieces of dry, hard, yellow-green mucus; the sense of smell is weak, or wanting altogether. — HEMPEL and ARNDT.

*Post-Nasal Catarrh.* — A girl twelve years old had a discharge of a thick, yellow, fetid liquid from the posterior nares, especially in the morning; by snuffing up warm water, she frequently succeeded in removing large, solid, yellowish-green pieces of dried matter; the nose is stuffed up; there is nose-bleed, loss of smell, pain at the root of the nose, and frontal sinus; sickly and pale color of the countenance; hard, dry stool; emaciation; salt rheum on the hands. *Alumina*<sup>30 and 15</sup>, continued for several months in repeated doses, cured the case. — KNORRE, in *Allg. Hom. Zeitg.*, v. 21.

*Chronic Nasopharyngeal Catarrh.* — Scrofulosis, coupled with nasal and aural discharge; ulceration of the Schneiderian membrane, with discharge of a thick yellowish mucus, or expulsion of yellowish-green scabs; stoppage of the nose; snapping in the ears when chewing or swallowing, caused by partial occlusion of the Eustachian tube; septum narium swollen, red, and painful to touch; redness of nose, tip cracked; after blowing nose, glittering before eyes; pain in the root of the nose; chronic inflammation of the fauces, with accumulation of tenacious mucus in the throat; obstinate constipation; better in the open air, although liable to take cold from the slightest exposure. — LILIENTHAL.

*Dry Sore Throat.* — Mouth dry, though saliva increased; throat dry, parched, and raw; very dry on waking, with husky, weak voice; the dryness induces frequent clearing of the throat in the evening; pressure, as of a plug in throat; feeling of a

splinter on swallowing; feels the food all the way down the œsophagus; difficulty of swallowing from dryness of the throat. — FARRINGTON'S *Lectures*.

*Sore Throat*. — Chronic catarrh of the fauces, characterized by continual hawking and the sensation of a lump in the throat. — KAFKA.

*Chronic Pharyngitis*. — It is homœopathic to a very common and troublesome chronic affection of the pharynx, in which the organ looks as if it had been dried, glazed, or varnished, with or without considerable redness, and always with great dryness and stiffness of the throat, and more or less hoarseness. — J. C. P., in HULL'S *Fahr*.

*Clergyman's Sore Throat*. — Livid redness of the throat; sensation of laxness of the throat; a sensation of pressure, as from a lump, with soreness; the voice sounds rough; dryness and stitches in the throat, as if something pointed was sticking in it; roughness and scraping are present; throat symptoms are aggravated in the evening and at night, better in the forenoon; warm drinking and eating relieves; at the beginning, great dryness of the throat, followed by the profuse accumulation of thick, tough mucus, especially in the evening, and in the morning when waking. — HOFRICHTER.

*Clergyman's Sore Throat*. — Livid redness and sensation of relaxation of throat; feeling as from a lump, with soreness; dryness and stitches in throat when talking, as if something pointed was sticking in it; swallowing causes crepitations in ears; spasmodic constriction, salivation, and impossibility to swallow or to open the mouth; worse evenings and at night, better by hot drinks or eating. — LILIENTHAL.

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#### GLEANINGS AND TRANSLATIONS.

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VOMITING OF PREGNANCY CURED BY THE ETHER SPRAY. — The "Revue Bibliographique" quotes from the "Gaceta Médica Catalana" the following case: —

"A primipara of lymphatic temperament and weak constitution had been troubled with vomiting from the fifth week of pregnancy. At the beginning of the fifth month, the vomitings increased in violence and frequency, until they at last became almost continuous, and were accompanied by great faintness, ringing in the ears, coldness of the skin, clammy perspiration, and apparent prostration of the entire vital forces. The patient seemed to be sinking rapidly. Recourse was had in vain to anti-spasmodics, opiates, chloral, iced and effervescent drinks, iodine

externally and internally, blisters, hypodermic injections of ether, etc. In a consultation of physicians, recommendation was made to try the effect of spraying, the epigastrium with ether. The effect was instantaneous: the vomitings ceased immediately; the patient drew several deep breaths, and sat up in bed, exclaiming that she was cured. The vomitings returned but twice during the remainder of her pregnancy, in both instances yielding promptly to the ether spray."

THE BEES AND APOLLO: A MEDICO-PHARMACEUTICAL FABLE. — Once upon a time the busy bees were gathering honey from a flowery field on famed Hymettus. Suddenly one bee was heard to buzz much more loudly than the rest of his companions, who, upon listening, heard that he had found a new process for extracting a superior honey of remarkable medical properties. He had also, at the same time, invented a very ingenious way by which he could with comparative ease make his buzz sound four times as loud as that of the ordinary bee. By means of these inventions, he soon disposed of large quantities of honey at a high price. But one day, Apollo, who was experienced in the matter of honey and its medical properties, came that way, seeking some good sample for the use of his friend Diana, who was a little ill. He looked at the new preparation, which was put up in soft capsules and called "honeyine," and at another kind which was put up in chocolate tablets and called "honeyidea." He also listened to the new buzz. "I think," he said finally, "that the buzz is much more wonderful and effective than the honey: I will take it to Diana, who is fond of buzzing."

Some days later, Æsop, on hearing this story, remarked that the moral which he would add was, that the art of advertising a new medicinal preparation is of more importance than the art of making it. — *Boston Medical and Surgical Journal*.

INTESTINAL OBSTRUCTION. — The "Revue Bibliographique," in a recent issue, quotes from the "Siglo Médico" an odd case of intestinal obstruction from cherry-stones, reported by Dr. Estéras of Madrid. We append a somewhat hasty translation: —

"The patient was a woman twenty-five years old, of excellent general health, a nullipara, but at this time probably about two months *enceinte*. She stated, that, for some time previous to calling upon me, she had suffered from entire loss of appetite, accompanied by a marked craving for acids, in indulgence of which she had lived for days at a time almost entirely upon cherries, many of which were unripe, and were by their greater acidity pleasant to her. Some five or six days ago she had been seized with violent pains in the rectum and anus, which pains were well-nigh intolerable from their severity and persistence. I

found, on investigation, pain on pressure in the right iliac fossa, marked rectal tenesmus, and inability, in the efforts at defecation, to evacuate more than a few drops of watery matter, colored, and excessively fetid; which evacuation afforded the patient no relief. There was also great vesical excitability, a white furred tongue, a light and rapid pulse, and a normal temperature. Purgatives and injections having been tried unsuccessfully, I proposed to satisfy myself by an examination of the actual state of affairs; when, on my next visit, the patient informed me, that, pressing her finger into the anus in one of her spasms of pain, she had felt what seemed to be a cherry-stone. The case seemed now entirely clear. On attempting to remove the impacted stones with a pair of forceps, I found them so numerous, and so firmly massed together, as to distend the rectum beyond the possibility of contraction, which explained the inefficacy of the purgatives employed. More than three hundred cherry-stones were removed at this visit, after which another purgative was administered, which, though it did not cause the expulsion of any stones, served to force them down within reach of the forceps. To be brief, this treatment was pursued for four days, at the end of which time about eight hundred stones had been removed; and the purgative then administered brought away the remainder of the stones, together with a large mass of fecal matter, chiefly liquid and intensely fetid. The patient complained for some time afterward of a sensation of weight in the rectum, and pain on defecation; but made a good recovery."

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#### SOCIETIES.

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##### *HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

THE eighth annual meeting, held at Cooley's Hotel, Springfield, May 20, was one of the best in the history of the Society. The president, L. B. Parkhurst, M.D., presided. The records of last meeting were read, and, with the report of the treasurer for past year, were accepted.

The censors reported favorably upon the application of A. M. Cushing, M.D., and by vote of the Society he was admitted to membership.

Two new names were proposed for membership, and referred to the Board of Censors.

The following officers were elected for the ensuing year. President, N. W. Rand, M.D., Monson. Vice-presidents, O. W. Roberts, M.D., Ware; E. L. Mellus, M.D., Worcester. Secre-



tary and treasurer, G. H. Wilkins, M.D., Palmer. Censors, W. F. Harding, M.D., Westfield; G. F. Forbes, M.D., West Brookfield; J. K. Warren, M.D., Worcester. Delegate to American Institute of Homœopathy, J. K. Warren, M.D., Worcester.

The Bureau of Obstetrics and Gynecology (J. U. Woods, M.D., chairman) presented the following papers, which were well written, well received, and well discussed:—

“A Correct Diagnosis Essential to Successfully treat Gynecological Cases,” J. H. Carmichael, Springfield; “Prenatal Influences,” E. L. Mellus, Worcester; “The Obstetric Bag,” J. P. Rand, Monson; “Clinical Cases,” L. B. Parkhurst, Northampton.

The Society is in a prosperous condition, and the meetings largely attended.

G. H. WILKINS, *Secretary.*

*WORCESTER-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

THE regular quarterly meeting held Feb. 11, 1885, at the rooms of the Society, No. 13 Mechanic Street, Worcester, was called to order by President Dr. C. L. Nichols at 10.50 A.M.

After the reading and approval of the records, matters of incidental business were taken up, among which was an amendment to the by-laws, establishing a committee of publication, proposed by Dr. Whittier, and laid over for action at the next meeting.

Dr. Mellus exhibited boroglyceride, recommending it for ophthalmia neonatorum.

The annual address by the president followed, — a *résumé* of the progress of homœopathy during the past year.

The meeting was then given in charge of the Committee of Materia Medica and Clinical Medicine (Dr. Mellus, chairman), who first reported a case of stricture of the rectum successfully treated by magnesium phosphate, after Schüssler.

Dr. Allen read his record of an original proving of thallium sulphate.

A case of ovarian tumor, found by autopsy to be cystic, was reported by Dr. Rand: it called out a long and interesting discussion.

Dr. Brick reported a case of gunshot wound of abdomen followed by recovery. He attributed his success largely to the fact that the patient took no solid nourishment for a week.

Cases yet under treatment were reported for advice by Drs. Allen and Goodwin. Adjourned at 4.50.

OTIS GOODWIN, M.D.

*Recording Secretary.*

THE NEXT MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

THE fifth annual session of the International Hahnemannian Association is called to convene at the court-house, Syracuse, N.Y., on Tuesday, June 23, 1885, at 10 A.M., to continue three days.

The purposes of this Association are clearly defined in its declaration of principles, inculcating a firm reliance upon the law of similars, the single remedy, and the minimum dose, supplemented by the following incontestible facts. There is no possible way of knowing the primary action of drugs excepting by actual tests upon the human system; and there is equally no possible way of knowing their curative powers, in whatever potencies, excepting by like actual tests upon those who are sick. These are the *fundamental principles* of all true therapeutics, and the *only* source from which knowledge is to be had to guide us properly in our ministrations to the sick.

For these reasons the above-named association makes it an especial feature of its work, to stimulate and obtain carefully arranged provings of drugs, and to secure and fully and fairly consider all carefully reported cases from clinical experience. Therefore one and all, whether members or not, who believe this the safest and surest road to that accuracy of knowledge which we all seek, are cordially invited to attend our next meeting, and help along in the good work. A great variety of carefully observed and concisely reported clinical cases is especially desired.

BY ORDER OF THE PRESIDENT.

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REVIEWS AND NOTICES OF BOOKS.

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DISEASES OF THE NARES, LARYNX, AND TRACHEA IN CHILDHOOD. By Thomas Nichol, M.D., LL.D., S.C.L. New York: A. L. Chatterton Publishing Company, 1885.

Nothing in a physician's practice, perhaps, more severely tests his ability than the treatment of diseases occurring in children. Not only does the diagnosis require for its making the greatest skill and patience, but, during the entire treatment of the case, there is required no little tact to satisfy and control the anxiety of the mother, nurse, and relatives of the little patient. Experience is the one desideratum; but the gaining of personal experience is a matter of time. To young practitioners especially, are good works on diseases of children of very great value, — works presenting sound principles and the results of wide experience, — for, during the first years of practice, the experience

of others must be called upon to supply the lack of one's own. We feel justified in claiming that the profession in general, and young practitioners in particular, are uncommonly indebted to Dr. Nichol for giving to the medical public, in the volume before us, so valuable a summary of his clinical experience, and the results of his literary researches. The subjects treated are not numerous, but, from their importance, they demand the most careful study. The different chapters may be described as comprehensive essays on the nasal and laryngeal diseases of childhood; marked attention being paid to the pathology of each morbid state, though not at all to the neglect of the all-important matter of treatment, which is indeed handled with unusual and most satisfactory fulness. The free and familiar references to medical authorities give evidence of extensive and fruitful reading, while the purely original portions of the work show commendable powers of individual thought and judgment. The chapter on "Spasm of the Glottis" is entirely the best treatment of the subject we have ever been fortunate enough to see. The author is strongly opposed to the too common practice of the alternation of remedies, claiming, that, "since adhering unswervingly to the single remedy," he has had "vastly better results," and has also "gradually attained to such an insight into therapeutics as" he "never could while wandering in the quagmire of alternation."

The one drawback to our sincere pleasure in reading the book was the unusually large number of typographical errors which seriously mar its pages. Compositor and proof-reader seem to have treated foreign names, as they occur, in the diffidently experimental manner common to the average actor when attempting the pronunciation of any thing "un-English." Thus Killiet and Barthez figure as "Rilhet and Barther" on p. 68, and "Rilhet and Bartlez" on p. 71; and Bouchut appears as "Bouchert" on p. 73; "diphtheric" stands for "diphtheritic" on p. 117; and "prodomata" for "prodromata" on p. 118. Many other examples might be given were the task not a distasteful one. It is not a matter of small moment that an otherwise so excellent book should be marred with such blemishes.

We trust that the profession will so substantially testify its appreciation of the present book as to encourage Dr. Nichol to the speedy publication of his promised work on the diseases of the bronchi and lungs.

MOTHERS IN COUNCIL. New York: Harper Brothers, 1884.  
194 pp.

It was formerly the custom in thrifty New-England families to make the parental garments, skilfully altered and abbreviated,

serve as apparel for each of the children, from eldest to youngest, in turn,—an economy of direful result from any æsthetic stand-point. With scarcely less direful result from a moral stand-point, what may be called the mental garments of their ancestors—their traditions of morals and manners—were, as a matter of course, fitted upon the unlucky children of an earlier time. That a child had an individuality which must be taken into account in considering the very serious problem of his wise up-bringing, was a fact very little taken into account by our worthy “forbears;” but that it is well realized to-day, is amply attested by the pleasant and suggestive little book which is the subject of this review. How to discover and develop a child’s individuality, forms a large part of the discussions of these “mothers,” records of whose informal “councils” are here set down. The fact of such councils having been holden, with helpful results to all concerned, is perhaps the best lesson the little book has to convey; and to learn that lesson, and follow the example therein set forth, could not fail to be of infinite service to conscientious and perplexed mothers of other communities than that of Abingdon. We are sure the reading of this little book will serve the purpose aimed at by the “mother’s meetings” it chronicles,—“not so much to formulate rules of action as to stimulate thought.”

TENANTS OF AN OLD FARM. By Henry C. McCook, D.D.  
New York: Fords, Howard, & Hulbert, 1885. 456 pp.

This charming book, which the author in his preface cleverly characterizes as a “scientific pastoral,” is a series of studies of the “tricks and manners,” as Jenny Wren would say, of certain insects, notably the ant and spider. Dr. McCook is evidently an accurate and affectionate observer of nature, and skilful, as well, in putting his observations into pleasant and readable form. The narrative style adopted will insure the very interesting and instructive facts conveyed, reaching a much larger circle of readers than if they had been offered in essay form; and the very clever and droll illustrations by Mr. Beard are sure to do as good service for natural history as the never-to-be-forgotten drawings in the “Comic History of England” have so long done for another branch of learning. “Tenants of an Old Farm” is as wholesome and delightful reading as could be chosen for the instruction of childish students, or the recreation of maturer ones.

THE NORTH-AMERICAN REVIEW for May has an animated discussion of “Has Christianity benefited Woman?” by Elizabeth Cady Stanton and Bishop Spalding, in which, despite all accepted theories on the subject, it is the woman who argues logically, and the man who appeals emotionally. Robert Bu-

chanan has a poem on Schopenhauer, which, in heaviness and gloom, is entirely worthy of its subject. There are also interesting papers from the pens of able writers on a variety of subjects. New York: 30 Lafayette Place.

THE POPULAR SCIENCE MONTHLY, in its May issue, gives a somewhat enthusiastic summary of "Our Recent Debts to Vivisection," by Dr. William W. Keen; an article on "Can Man be modified by Selection?" by Professor W. K. Brooks, which deals chiefly with the lately raised question of the increase of deaf-mutes among us through the co-education, and consequent constant association and subsequent marriage, of men and women thus afflicted. Among other papers of especial interest to the medical profession are to be noted, "The Prevention of Cholera," by Dr. Max von Pettenkofer; and "Pasteur's Researches in Germ-Life," by Professor John Tyndall. New York: D. Appleton & Co.

THE CENTURY for May must be regarded as an exceedingly "warlike" number, no less than six contributions on topics relating to the "late unpleasantness," exclusive of Adam Badeau's timely and delightful paper on "Gen. Grant," appearing in its pages. "H. H." has a pathetic little allegory, whose moral will, perhaps, appeal more closely to its womanly than to its manly readers. There are several notably good poetical contributions; and the number, generally, conforms to the high standard of its predecessors. New York: The "Century" Company.

VICK'S FLORAL GUIDE. By James Vick. Rochester, N.Y. 121 pp.

With the approach of spring, something of the old Adam — the original gardener, not the original sinner — stirs in every man, as Warner has so delightfully set forth in "My Summer in a Garden." We are reminded of the near coming of seed-time by the annual appearance of Mr. Vick's very prettily gotten-up "Floral Guide." We certainly can fancy no more healthful or amusing occupation for the nervous invalid than the bringing to perfection of some of the fruits and flowers so temptingly set forth in this little book. Mr. Vick is so well known as a seedsman, that his catalogue, like good wine, "needs no bush." His name upon a seed-packet is excellent guaranty that its contents will send up green evidence of coming fruit, and not — to paraphrase Holmes — take the downward route to China, to gladden the gardens of the mandarins.

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*BOOKS AND PAMPHLETS RECEIVED.*

AMERICAN MEDICINAL PLANTS. No. II. By Charles F. Millsbaugh, M.D. New York and Philadelphia: Boericke & Tafel, 1885.

- A SCIENTIFIC AND PRACTICAL TREATISE ON DISEASES OF THE DIGESTIVE ORGANS. By Ciro De Suzzara-Verdi, M.D. Philadelphia: F. E. Boericke, 1885.
- INSOMNIA AND OTHER DISORDERS OF SLEEP. By Henry M. Lyman, M.D. Chicago: W. T. Keener, 1885.
- HUMAN OSTEOLOGY. By Luther Holden, assisted by James Shuter, F.R.C.S. M.A., M.B. New York: William Wood & Co., 1885.
- KIRKE'S HANDBOOK OF PHYSIOLOGY. Vols. I. and II. By W. M. BAKER, F.R.C.S., and V. D. Harris, M.D. New York: William Wood & Co., 1885.
- THE WASTING DISEASES OF INFANTS AND CHILDREN. By Eustace Smith, M.D. New York: William Wood & Co., 1885.
- THE OLEATES. By J. V. Shoemaker, M.D., A.M. Philadelphia: F. A. Davis, 1885.
- THE DIAPHRAGM AND ITS FUNCTIONS. By J. M. W. Kitchen, M.D. Albany, N.Y.: Edgar S. Verner, 1885.
- THE EFFECTS OF THE ABUSE OF ALCOHOL ON THE CIRCULATORY AND RESPIRATORY ORGANS. By J. W. Dowling, M.D. Reprint. Pittsburgh, 1884.

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### MISCELLANY.

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RICE AS A STYPTIC. — Powdered rice as a styptic remedy has a great effect on fresh wounds, much superior to oxide of zinc. By mixing from four to eleven per cent of it with lint, and using the lint thus treated as a compress, it is very effectual, and more valuable than subnitrate of bismuth, salicylic acid, or carbolic acid. — *Dublin Journal Medical Science.*

“MIXED” ANÆSTHESIA. — The practice of preceding the inhalation of chloroform or ether by a subcutaneous injection of morphine or of atropine is advocated by Columbel (*Lyon méd.*), who states that the narcosis is more rapidly induced and more complete, that the unpleasant after-effects are avoided, and that the atropine diminishes the irritability of the cardiac ganglia, thus lessening the danger of paralysis of the heart. — *New-York Medical Journal.*

A NEW ANTIPYRETIC. — A new antipyretic has recently been discovered which it would be well to prescribe, particularly as the name is so simple, and easy to recollect. It is a “tetrahydroparachiranisol.” We do not give the dose at present: we allow a month to recover from the moral shock naturally to be expected from the contemplation of such a name, and a year to become familiar with its pronunciation, after which our readers may possibly hear from us again. — *Monthly Homœopathic Review.*

THE TEACHINGS OF THE PARIS CHOLERA EPIDEMIC. — The “Louisville Medical News” quotes the following: “Dr. Dujardin-Beaumetz recently communicated to the French Academy of Medicine some interesting data concerning the recent epidemic of Asiatic cholera in Paris (*Deutsche Medizinische Zeitung*). The first case appeared during the 3d, the last on the 15th, of November. Nov. 5, when the general condition of the city was one of remarkably good health, there were already reported in Paris, at several places simultaneously, some ten or fifteen cases. The epidemic rapidly increased up to the 10th. Comparing the mortality of this epidemic (viz., 4.05 deaths for each 10,000 inhabitants) with that of former epidemics, the following result is obtained: 1832, of 10,000 inhabitants, 234.16 died; 1849, 185.31 died; 1854, 78 died; 1873, 4.6 died; 1884, 4.05 died. This proves the gradual but certain decrease in the severity of the epidemic. In Toulon, last year, 669 persons died of cholera; viz., 12.6 of each 1,000 inhabitants. But considering the great number of individuals that left the city, or suffered from the disease somewhere else, the mortality rate has, in fact, been a much higher one. The same may be said of Marseilles, where 49.4 died of each 10,000. Certain it is that

weak and sickly persons, as also especially 'topers,' contributed by far the greatest majority of deaths. An attempt to connect the march and spread of the disease with the distribution of the water had to be given up. Two aqueducts run parallel in the streets of Paris, one carrying the water from the Ourcq, the other from the Vanne. To determine the mooted question, it would have been necessary to inquire in every house from which line the water consumed had been procured; and even then the result would not have been deciding, as both lines so intimately anastomose with each other that it is an impossibility in most houses to say from which line the water had been obtained. But the information has been gained, nevertheless, that the districts provided with water from the Ourcq suffered most severely, or, rather, that in the sections most affected this water was the one by far most used. Of special salutary effect seem to have been the police measures for the transport and the disinfection of the sick and their residences." — *Medical Press and Circular*.

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### PERSONAL AND NEWS ITEMS.

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HARRIET A. LORING, M.D., has removed to No. 208 Fifth Avenue, New-York City.

LUCY S. CARR, M.D., has removed from Boston to No. 24 Rosseter Street, Brockton, Mass. The doctor has been connected with the children's clinic at the College Dispensary for the past six years, and purposes to make the treatment of children's diseases a specialty.

L. HOUGHTON KIMBALL, M.D., has removed from Bath, Me., and entered into copartnership with Dr. Joseph P. Paine at Boston Highlands.

JAMES H. PAYNE, M.D., has removed from 1472 Washington Street to 342 Commonwealth Avenue, between Hereford Street and West Chester Park.

DR. GEORGE B. DURRIE removed, May 1, to No. 37 West 45th Street, New-York City.

GEORGIA L. DAVY, M.D., of Lowell, has removed her office and residence from No. 415 Gorham Street to No. 2 Bancroft's Block, on Appleton Street.

DR. LELIA G. BEDELL has removed her office and residence to No. 181 Dearborn Avenue, between Huron and Superior Streets, Chicago.

O. J. TRAVERS, M.D., has removed from North Brookfield, Mass., to 480 Broadway, Saratoga Springs, N.Y.

DR. S. H. COLBURN succeeds to his practice at North Brookfield, Mass.

MRS. W. H. H. MURRAY, M.D., has removed her New Haven office to No. 189 Church Street, formerly occupied by Dr. Cheney.

DR. B. H. CHENEY has removed to Elm Street.

DR. A. PROCTOR SHERWIN, jun., has located at Suffield, Conn.

DR. ALONZO L. TALMADGE is located at No. 8 Park Street, New Haven, Conn.

DR. C. F. SMITH has settled at Thomaston, Conn.

DR. FREDERICK H. SAGE has located at Middletown, Conn.

DR. CLARISSA A. BREWER and DR. WILLIAM SELICK have located at Hartford, Conn.

CLARA A. CONGDON, M.D., graduate of Hahnemann Medical College, Chicago, has taken residence at No. 75 West Rutland Square, Boston. Dr. Congdon has made special study of electro-therapeutics, and offers every facility for the administration of electricity as a therapeutic agent.

OCULAR SURGERY. — Dr. Landolt of Paris will commence this summer a course of practical lectures on operations on the eye. Should there be a sufficient number of American medical men who may wish to attend regularly, the professor will have

much pleasure in forming a separate class for them, at which the lectures will be delivered in English.

For further particulars please address Dr. Landolt, 4 rue Volney, Paris, France, or Dr. John H. Payne, 415 Columbus Avenue, Boston, Mass.

MARY R. MYERS, M.D., who was graduated from the Boston University School of Medicine in the Class of 1884, and who sailed for Bormv, Africa, on the 22d of January last, as physician of the African Missionary Expedition, is reported to have arrived out in safety.

During the passage she was married to one of the clergymen of the expedition, the Rev. C. L. Davenport, late of Ohio. The wedding aboardship was made the occasion of unusual festivities.

SPECIAL NOTICE TO MEMBERS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.—The Publication Committee request that members shall send to the secretary, care of Otis Clapp & Son, Boston, such volumes of the "Publications" for the years 1880, 1881, 1882, and 1883, as they may have, that the same may be re-bound in cloth. These four, when bound in one volume, will constitute Vol. VI. of the "Publications." A complete index has been prepared for the same. The Committee have a surplus of 1882 and 1883, which can be supplied to such as need these parts to complete the volume.

PLATT'S CHLORIDES.—In a recent conversation, Professor Alfred L. Loomis remarked that chloride of zinc had maintained its long-established reputation as a disinfectant, as was shown in Miguel's classification. Sulphurous acid and chlorine were powerful germicides, beyond question, but their every-day use was impracticable; and the bichloride of mercury, although it might be the most potent of all the agents that were chiefly talked about, was hardly to be considered safe for domestic use. But the preparation known as "Platt's Chlorides" (a solution of the chlorides of zinc, lead, calcium, and aluminium), which he had made use of freely for the past five years, both in his own house and among his patients, he considered as by far the best for all the sanitary requirements of the household.—*New-York Medical Journal*, Feb. 28, 1883.

MELLIN'S FOOD, which has won the commendation of physicians and mothers for years past, has achieved a new honor by securing the first prize, a gold medal at the New Orleans Exposition, for its superiority as a food for infants and invalids.

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## OBITUARY.

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DR. MILO G. HOUGHTON died at his residence, 544 Columbus Avenue, Boston, on the morning of May 22, aged nearly fifty-four years.

He was born in Lyndon, Vt.; studied medicine with his brother, who was then located in their native town; was graduated from the Hahnemann Medical College of Philadelphia, Penn., in March, 1856; succeeded to his brother's practice; spent the larger part of the next twenty years in that town and St. Johnsbury, Vt., where he became truly the "beloved physician" to a large class of patrons.

In April, 1876, he located on Washington Street, Boston, soon gaining an enviable reputation in his profession, and the esteem and affection of all with whom he came in contact.

He was a man of rare uprightness of character, honorable in all his dealings, — a Christian whose daily life proclaimed his profession.

One who had long known him writes, "A good man has gone to his rest, — one of the noblest I ever knew. A busy, useful life, full of kindest impulses and benevolent acts, is now ended — and ended well."

He had just changed his residence to Columbus Avenue.

The first night spent in his new home, he was attacked with pericarditis, followed in just one week by paralysis of the brain, which terminated his life.

He leaves a widow, three sons, and a daughter, who have the heartfelt sympathy of all who knew him.



THE  
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Boston, Mass.

EDITORIAL.

AMERICAN INSTITUTE OF HOMŒOPATHY. — SESSION AT  
ST. LOUIS.

ANOTHER annual session of the Institute has been held. One hundred and fifty or more of the seven thousand homœopathic physicians of the United States have journeyed each from one mile to one thousand, and have spent four days in careful consideration of subjects pertaining to the medical profession. The local papers have "written up" the "convention," have lauded to the skies its importance, and given fulsome praise to many of its members, and in some cases, with journalistic enterprise, have secured the "tintypes" of prominent members, and given their "pictures" to the world. Then, too, there has been the usual, perhaps more than usual, amount of "politics" in the distribution of offices, — the wire-pulling and log-rolling, — the "you vote for me this year, and I'll vote for you next." There have also been the accustomed hearty shake of the hand, and the cordial greeting of those bound together by a common interest. Without doubt the grumbler has been present, too, with his "miserable accommodations," "noisy hotel," "hot weather," "no place for a meeting" complaints. After all, what does it amount to? What is the use of these meetings? Do they pay? Let us consider some of the real or ostensible objects, together with the work accomplished by the Institute. This may be classified under four heads: 1. Missionary; 2. Social; 3. Professional; 4. Organizing.

1. *Its Missionary Work.* — Not a year passes but from one to a half-dozen invitations come, begging the Institute to meet in some out-of-the-way place, because, by so doing, it will carry the great weight of its influence into a homœopathically benighted region, will impress the laity with its numerical greatness, and will instruct them in its fundamental principles. It will also unite the profession in a combined work for the advancement of homœopathy. Now, we believe that no greater fallacy could be offered to the Institute. It is, of course, flattering to that august body, to be told that its presence in an annual session would be a great power, both to encourage the friends, and awe the enemies, of homœopathy in a particular section. We grant, that if the whole seven thousand of our physicians were to assemble in any place, however benighted, and each one of the seven thousand were to devote himself for four days to medical missionary work among the inhabitants, an impression of some kind would be made; but with only one or two hundred present, and they quietly attending to the legitimate business of the Institute, no perceptible benefit arises, especially if it can be contrasted with a meeting of an allopathic association “one thousand strong,” feasted and entertained by prominent citizens.

Some years ago, as a means for popular instruction, it was deemed well to give, each year, an address on homœopathy, to which the public was invited. The results were seldom satisfactory; but disastrous effects culminated in Philadelphia fourteen years ago, when one of the largest and most intelligent audiences that could be brought together in the Academy of Music to hear an address on homœopathy, was treated to a dissertation on the doctrine of evolution in a manner distasteful to them in the highest degree. One good was accomplished, however: the Institute voted unanimously to hereafter omit “popular” addresses, and directed the president to annually present a synopsis of the progress of homœopathy, together with considerations of some subject directly pertaining thereto. The missionary object of the Institute has been, and always will be, an absolute failure; and its influence as an association can best be exerted by holding its meetings where the largest number and best quality of its members will be in attendance. In this view, we look upon the selection of Saratoga for the meeting

next year as a wise choice. In regard to the claim that the meeting of the Institute unites the physicians to harmonious work, we might ask the physicians of any place in which it has ever met — and we would not be afraid to appeal to the noble band of our professional brethren in St. Louis, who did so much to give success to the meeting — as to whether it has locally done them any good, or if they are a stronger or more harmonious body than before.

2. *Its Social Work.* — As a rule, doctors see very little of each other. The duties of their profession tend to isolation, and to keep each physician confined within the narrow circle of his own practice. For this reason, such meetings are of great value by bringing together those holding a common interest. Acquaintances are here made which ripen into lifelong friendships; and for many obvious reasons the social part of these meetings is of great value, and should be cultivated to a much greater extent than at present. This is best done when the meetings are held at some large hotel or watering-place where all are under one roof. The spacious parlors, halls, and corridors of the Lindell House were busy with little friendly circles, wanting somewhat in completeness by the fact that many members had strayed to the Southern Hotel, and could not be reached on sudden occasions. The meeting next year at Saratoga will undoubtedly be still more complete in its social aspect, and it is well worth while for the members to do what they can to make it so.

3. *Its Professional Work.* — With each succeeding year, there is an increased responsibility felt by the members of the different bureaus and committees to faithfully perform the duties assigned to them. Especially was this the case at St. Louis: and though at so great a distance it would have been easy for many members to make absence an excuse for silence, yet we believe this was seldom the case; and every bureau and committee presented a report. The wide scope thus covered, and in many cases most ably; the many papers studiously and carefully prepared; the animated and valuable discussions, which are not only heard, but carefully reported through the journals and publications of the country, — give to these Institute sessions a value and an importance which is felt throughout the entire profession. If any physician has made a discovery, advancement, or valuable

observation pertaining to medicine, there is no more favorable place to properly publish it to the world than in the meetings of this Institute.

The character of the reports and papers this year was very good ; but, more than ever before, there seemed to be a determination and a spirit of progress in this direction.

4. *Its Organizing Work.* — When we consider that in the Institute are represented some three hundred homœopathic institutions of the United States, including national, state, county, and local societies, clubs, hospitals, dispensaries, colleges, journals, and other organizations, we may realize something of the value of securing an annual report from these, and the moral effect in keeping each of these associations in communication with this central body. The power of such organization, when used legitimately, is of great importance to every homœopathic physician, and in fact to every physician, of whatever school, who desires progress. It harmonizes and binds together the profession for its most important work. It gives to the many the benefit of the labors of the gifted few. It encourages the gifted few to greater and more generous exertion. It enables the many to do what the few could not accomplish. This organizing force, kept within its proper limits, is one of the greatest values of the Institute.

The place elected for the next session is Saratoga, — a location central, easy of access, delightful, and with abundant accommodations for such a gathering. Already negotiations are being made for favorable terms in hotels, railroads, etc. ; and we predict for 1886 the largest and best session of the American Institute of Homœopathy ever held. \*

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#### *CONTROLLING SEX IN GENERATION.*

THE problem of how to control sex in generation is one whose solution has, more eagerly perhaps than that of any other, been demanded of physiologists by society at large. It is a problem of practical interest to every nation and to every class of society, — alike to the European sovereign, beholding in his lack of male offspring the extinction of his name, power, and lineage ; to the overburdened New-England farmer, to whom,

roughly speaking, the advent of a male child means increase of working capital, and that of a female child increase of expense; to the unhappy Chinese mother, with, throughout her pregnancy, the vision before her of her coming baby being torn from her breast, to answer with its life the unpardonable crime of not having been born a boy. It is a problem, moreover, which still waits a satisfactory solution, though more than one theoretical one has from time to time been offered, to be tested, refused scientific credence, and survive only in the dust-heap of popular superstition. Reliable statistical data in confirmation of any theory on the subject are exceedingly hard to obtain, partly because the fatally ignorant and irregular sexual life of the average marriage makes their determination impossible, partly because of the very natural shrinking of the average wife from giving science the benefit of such data when they are in her possession.

Some of the theories advanced have been ingenious enough to merit a passing notice. Perhaps the most generally known of these is that which claims that conception taking place immediately before the menstrual flow is to be expected will result in male offspring (the ovum at that time being fully matured, and capable of arriving at virile development), while conception taking place when the ovum is less ripened (soon after the menstrual flow, for instance) will result in weaker, i.e., female offspring. Belief in this theory is reasonably well established in the popular mind, perhaps by a *post hoc ergo propter hoc* course of reasoning, since it is curiously justified sometimes by coincidence. We have in mind at this moment a family where the wife had borne ten or twelve children, and claimed to have controlled the sex of the child in every instance by obedience to this "rule." It is certainly a fact, that, in each of her pregnancies, she confidently alluded to the "son," or "daughter," who was expected at a given date; and in every instance her confidence was justified by the event. In the paucity, however, of our present knowledge of ovulation, menstruation, and their mutual relations, any such theory as the above can only be received with so many "grains of salt" as render it utterly unpalatable to science.

Another theory asserts that the conception of male children

takes place when the father is in less robust health than the mother, and that of female children when the reverse is the case; nature striving to sustain, by reproduction, the weaker type. Still another and very ingenious theory claims that the spermatozoa from the right testicle produce male offspring; those from the left, female offspring. The ova from either ovary produce males and females indiscriminately. The spermatozoa from the right testicle seek and have affinity only with the ova of the right ovary. To secure the conception of male offspring, therefore, the mother should lie upon her right side for several hours after the completion of intercourse; to secure female offspring, upon her left side; and the operation of the law of gravitation will bring about the desired result. It has been both asserted and denied by tolerably reliable authorities, that experiments upon animals go far toward substantiating this hypothesis. Statistical evidence on the subject would certainly be of interest.

Perhaps the most exact, painstaking, and original study ever made of this matter has just been given to the public in a little book by Samuel Hough Terry.<sup>1</sup>

The work in question is the result of many years of study, research, and experimentation upon animals; and the author states his conclusions like a man who knows whereof he speaks. His thesis, curtly stated, is, that when a male child is desired, the time of intercourse must be chosen when the wife's sexual desire is materially in excess of that of the husband; when a female child is desired, the reverse. He claims that observation and experiment will in every case demonstrate the truth of his theory.

The book, being primarily intended for the laity, is untechnical in style, clear, and direct, and as reticent in phrase as is consistent with a very comprehensible statement of the views the author desires to emphasize. It cannot fail to be of interest to physicians, who are so often reminded of the necessity of being familiar with the latest theories of sex-control, by the questions put to them concerning their practical application. While Mr. Terry is discussing the most favorable conditions for

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<sup>1</sup> *Controlling Sex in Generation.* By Samuel Hough Terry. New York: Fowler & Wells Company, 1885. 147 pp.

the production of male offspring, — of whose superior desirability he seems to have a truly Chinese conviction, — physician and layman can listen to him with interest and respect ; but when he tacitly advises the selection of a wife with express reference to that purpose, — recommending, among other things, that she be “ in height five feet to five feet six inches ; . . . she should measure, over a single light under-garment, at least thirty-six inches bust-measure under the arms, twenty-six waist-measure, and thirty-eight inches around the hips,” — the high-minded gentleman, whether professional or lay, must have a repugnant sense that he is assisting at a discussion of stock-breeding, rather than of the most sensitively sacred affairs of human life.

As a contribution to the literature of a much-vexed question, the book is interesting and valuable. As an indication of the spirit of the age, subtly iconoclastic under its boast of utilitarianism, it is profoundly suggestive.

Is a man socially justified, under any circumstances, in begetting a child whose physical condition will, from all probability, fall below every worthy standard ? Is a man spiritually justified, under any circumstances, in degrading marriage to the level of a breeding-yard for his ambitions of race ? These are large questions, by no means to be answered in the overcrowded limits of an editorial column. The principles, right understanding of which must determine their answers, lie deep.

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#### *THE LATEST WORD ON DISINFECTANT.*

THE Sanitary Council of the Mississippi valley, in its meeting held at New Orleans, March 10 and 11, 1885, adopted the following resolution :—

*Resolved,* That the secretary request from the chairman of the Committee on Disinfectants, appointed at the last meeting of the American Public Health Association, a plain, practical paper on disinfection and disinfectants, for popular use and distribution, to be furnished to the chairman of the special committee of this council on general sanitation.

In compliance with this request, there has lately been issued, under the supervision of the chairman of the committee referred

to, Dr. George M. Sternberg of the United-States army, a brief and admirably "plain and practical" paper on disinfection and disinfectants, of which a copy has lately reached us. In view of the cholera epidemic with which the approach of summer may not improbably threaten us, the latest scientific conclusions and suggestions on disinfection are naturally of very great interest to physicians, and to the community at large, which looks to physicians for counsel on this very important subject. For the benefit, therefore, of such of our readers as may not chance to see Dr. Sternberg's pamphlet, we offer a few quotations from its pages:—

"Any chemical agent which destroys or masks bad odors, or which arrests putrefactive decomposition, is spoken of as a disinfectant; and, in the absence of any infectious disease, it is common to speak of disinfecting a foul cesspool, or bad-smelling stable or privy-vault.

"This popular use of the term has led to much misapprehension; and the agents which have been found to destroy bad odors (*deodorizers*), or to arrest putrefactive decomposition (*antiseptics*), have been confidently recommended and extensively used for the destruction of disease germs in the excreta of patients with cholera, typhoid fever, etc.

"The injurious consequences which are likely to result from such misapprehension and misuse of the word 'disinfectant' will be appreciated when it is known that —

"Recent researches have demonstrated that many of the agents which have been found useful as deodorizers or as antiseptics are entirely without value for the destruction of disease germs.

"This is true, for example, as regards the sulphate of iron, or copperas, a salt which has been extensively used with the idea that it is a valuable disinfectant. As a matter of fact, sulphate of iron in saturated solution does not destroy the vitality of disease germs, or the infecting power of material containing them. This salt is, nevertheless, a very valuable antiseptic; and its low price makes it one of the most available agents for the arrest of putrefactive decomposition in privy-vaults, etc.

"Antiseptic agents also exercise a restraining influence upon the development of disease germs, and their use during epidemics is to be recommended when masses of organic material in the vicinity of human habitations cannot be completely destroyed or removed or disinfected.

"A large number of the proprietary 'disinfectants' so called, which



are in the market, are simply deodorizers or antiseptics of greater or less value, and are entirely untrustworthy for disinfecting purposes.

“*Disinfection of Excreta, etc.* — The infectious character of the dejections of patients suffering from cholera and from typhoid fever is well established; and this is true of mild cases and of the earliest stages of these diseases, as well as of severe and fatal cases. It is probable that epidemic dysentery, tuberculosis, and perhaps diphtheria, yellow fever, scarlet fever, and typhus fever, may also be transmitted by means of the alvine discharges of the sick: it is therefore of the first importance that these should be disinfected. In cholera, diphtheria, yellow fever, and scarlet fever, all vomited material should also be looked upon as infectious; and in tuberculosis, diphtheria, scarlet fever, and infectious pneumonia, the sputa of the sick should be disinfected, or destroyed by fire. It seems advisable, also, to treat the urine of patients sick with an infectious disease with a disinfecting solution.

“*Chloride of lime*, or bleaching-powder, is perhaps entitled to the first place for disinfecting excreta, on account of the rapidity of its action. The following standard solution is recommended: —

“Dissolve chloride of lime of the best quality in soft water, in the proportion of four ounces to the gallon.

“Use one pint of this solution for the disinfection of each discharge in cholera, typhoid fever, etc. Mix well, and leave in vessel for at least ten minutes before throwing into privy-vault or water-closet. The same directions apply for the disinfection of vomited matters. Infected sputum should be discharged directly into a cup half full of the solution.

“*Disinfection of the Person.* — The surface of the body of a sick person, or of his attendants, when soiled with infectious discharges, should be at once cleansed with a suitable disinfecting agent.

“In diseases like small-pox and scarlet fever, in which the infectious agent is given off from the entire surface of the body, occasional ablutions with Labarraque’s Solution, diluted with twenty parts of water, will be suitable.

“In all infectious diseases the surface of the body of the dead should be thoroughly washed with a disinfecting solution, and then enveloped in a sheet saturated with the same.

“*Disinfection of Clothing.* — Boiling for half an hour will destroy the vitality of all known disease germs; and there is no better way of disinfecting clothing or bedding which can be washed, than to put it through the ordinary operations of the laundry. No delay should occur, however, between the time of removing soiled clothing from the person or

bed of the sick and its immersion in boiling water or in a disinfecting solution ; and no article should be permitted to leave the infected room until so treated.

“To keep a privy-vault disinfected during the progress of an epidemic, sprinkle chloride of lime freely over the surface of its contents daily.

“*Disinfection of Ingesta.*—It is well established that cholera and typhoid fever are very frequently, and perhaps usually, transmitted through the medium of infected water or articles of food, and especially milk. Fortunately we have a simple means at hand for disinfecting such infected fluids. This consists in the application of heat. *The boiling temperature maintained for half an hour kills all known disease germs.* So far as the germs of cholera, yellow fever, and diphtheria are concerned, there is good reason to believe that a temperature considerably below the boiling-point of water will destroy them ; but, in order to keep on the safe side, it is best not to trust any thing short of the boiling-point (212° F.) when the object in view is to disinfect food or drink which is open to the suspicion of containing the germs of any infectious disease.

“During the prevalence of an epidemic of cholera, it is well to boil all water for drinking-purposes. After boiling, the water may be filtered, if necessary to remove sediment, and then cooled with *pure* ice if desired.”

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## COMMUNICATIONS.

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### LACHESIS IN THE GANGRENE OF TYPHOID FEVER.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

ON the morning of Thursday, March 13, 1884, I was called to see Amanda, daughter of J. H. D., residing in the town of St. Cunegonde, near Montreal. I was told that she had been exposed to cold and wet during the 14th of January ; and on the following day she was attacked with what the excellent French-Canadian practitioner who attended called *fièvre cerebrale*, unquestionably enteric fever. After an illness of nearly four weeks, when she had partially recovered, it was observed that both knees began to swell, and soon after both feet became hot and swollen. The swelling of the right limb soon subsided : but the left, from the knee downward, swelled to a very large size ; and the swelling was at first hot and red, and afterwards cold and blue.

I found the patient, a beautiful and intelligent French-Canadian girl, in a state of extreme emaciation. The trunk and upper limbs were very thin, but the lower limbs were merely bones enveloped in loose, flapping skin; and the strength, as might be expected, was at the lowest ebb. The left knee was very large, very cold, and of a dark-purple hue. The left foot was even colder than the knee, having precisely the feel of a corpse; and the dark purple bordered on black, till finally the toes were quite black. The same ominous hue spread up the limb almost to the knee. The knee was closely flexed, so that the heel touched the nates; and the rigidity was so great that I could not straighten the limb. I could not detect any pulsation in the left femoral artery. The patient, in her delirium, had clawed both knee and foot; and the wounds showed very little vitality, and no inclination to heal. The tongue was coated dark brown. Thirst was present, but no desire for food. The temperature was  $101.5^{\circ}$ , and the pulse was 149. I did not take a favorable view of the case, which was clearly gangrene resulting from thrombosis of the femoral artery; but I prescribed *lachesis*, thirteenth centesimal trituration, a small powder in six teaspoonfuls of water, a teaspoonful every hour. I directed the diseased limb to be wrapped up in warm flannel till carded wool could be procured.

Next day, March 14, the patient was just a little better in all respects: the tongue began to clean round the edges; sleep was a little better, but still marked by delirium; the temperature was  $100.7^{\circ}$ , and the pulse 128; the purple tint of the affected limb was just a little less dark, and the coldness not quite so marked; the knee was not quite so rigid. To continue *lachesis*, as before, and to wrap the limb in carded wool.

On March 15 I found that the amendment still continued: the eyes were brighter, the heat of the body was diminished ( $100.2^{\circ}$ ), while the pulse was 118; the left knee and foot were distinctly warmer, and the purple tint showed a little redness; the limb could be straightened just a little more than on the previous day. Continue *lachesis*, as before; also the carded wool.

On March 16 I found that the patient had passed a restless night, possibly as the result of having slept a good deal during the previous afternoon; but the general state was favorable, and the left knee and foot were now *a bright crimson*, and quite warm. The dark-purple tint still lingers on the ball of the great toe, on the toes, and especially under the nails; and the skin of these parts still feels dead. *Lachesis*, as before.

On March 17 the patient was better in all respects. The sores on the knee looked quite red, and granulations are springing

up; the crimson tint of both knee and foot is lighter, and the toes are not so dark. The left limb can now be made very nearly straight. The patient is restless and uneasy from her long confinement, but turns herself in bed with a good deal of ease. *Lachesis*, as before.

On March 18 I found that the patient had been restless all Monday afternoon, but during the night the sleep was sound and refreshing. For the first time she expressed a desire for food, and ate breakfast with a certain relish. She was asleep when I entered: and I found the pulse 100, firm, and full; temperature, 100.2°, with a marked improvement in the state of the tongue. The left knee was quite normal in temperature, smaller in size, but still painful. The limb, from the knee to the ankle, was of a light-rose color, and normal in temperature. The foot was improved in temperature, but was still below the normal standard; and the little toe and its two companions were still bluer than natural. All the cuts were healing, and the limb is almost straight. The patient's strength is better, and her temper is quite cross. Continue *lachesis*, as before.

March 19, on entering the patient's room, I found that she had passed a very bad night, and was now very low. On further inquiry, I found that she had partaken heartily of roast turkey at dinner on the previous day, and was almost immediately taken worse. She lay half unconscious, with half-closed eyes and bluish face; the entire body motionless, except the right arm, which was almost incessantly moved in all directions. The abdomen was greatly swollen, and during the night she had passed bloody stools. The pulse was 140, weak, and fluttering. The affected limb, curiously enough, was fully better than on the preceding day.

Next morning I found the patient unconscious, blind, deaf; cold sweats on the hands and arms, while the trunk was very hot. The affected limb was unchanged. The patient died that evening.

The patient died, so that it is impossible to say what the result would have been if that unfortunate dietetic transgression had not taken place. And yet the rapid improvement under *lachesis* — an improvement which continued to the very last — gives hope that the gangrene of typhoid fever, hitherto looked upon as a fatal sign, may be controlled.

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PRO AND CON.

BY W. W. GLEASON, M.D., PROVINCETOWN, MASS.

IN recent numbers of the GAZETTE are several articles upon the potency question. Even the editor joins in the wordy war,

and throws hot shot into the ranks of the high potentists. We have often been stirred up by this potency question, and shall be, I suppose, again and again; but in my mind each side is, in part, both right and wrong. In my opinion, tinctures and low potencies do cure, and do fail to cure. High and medium potencies do cure, and do fail to cure. The law of *similia* is one to be relied upon, and we have had valuable clinical tests with all potencies.

In spite of the seeming contradictions implied in the above statements, I am satisfied to use homœopathic medicines in my practice, as far as the guiding law holds good, and the medicines work well. What! you say, does the law of *similia ever* fail, or do the medicines work poorly? Yes, the law at times seemingly does fail. How far this is attributable to poor quality of medicine is yet an open question: that the medicines work unsatisfactorily in many instances, every honest physician must admit.

The editor of the GAZETTE will pardon me if I suggest that his classification of the differing factions as "Hahnemannians" and "homœopathists" is not a correct or appropriate one. I admit that the terms "high dilutionist" and "low dilutionist" are no better; but, as the extremes to which the so-called "high dilutionists" go are not the teachings of Hahnemann, they cannot be properly classed as "Hahnemannians." The proper terms, in my estimation, to apply to the differing factions, would be "high potentists" and "low potentists," as the gist of all argument used by either in support of their peculiar claims hinges wholly on the question of potency, or power; and by potency we mean here, that which, under proper conditions, will the most certainly overcome disease: They are all homœopathists, whether high or low potentists: therefore to give the appellation "homœopathist" exclusively to "low potentists" is manifestly wrong. All homœopathists are, however, not "Hahnemannians." A Hahnemannian must not only conform in his choice of remedy with the law *similia*, but he must administer the remedy in a dose powerful enough to produce a slight aggravation of the symptoms, and allow the single dose to act till it has ceased to show beneficent effects, before a second dose is given; and such remedy must be prepared *by hand*. This is Hahnemann's homœopathy, and, as Dr. William P. Wesselhoef has aptly phrased it, "the only true homœopathy."

Hahnemann had seen no necessity to use a higher potency than the decillionth. We acknowledge him to have been learned, intellectual, keenly perceptive, accurate of judgment, peculiarly fitted to be a physician, and very successful in practice; and the bulk of the evidence is on the side of the fact that those who have approached him to any extent in success, all

other considerations being equal, are those who have conformed the nearest to his methods in all respects. Why, then, as a school, do we countenance these extremes of high potency in general practice for common use?

Hahnemann was no dreamer; and, though I am no hero-worshipper, I respect all the positions taken by one who was in all respects gifted, accurate, and careful. He would not have used machine-made medicines, nor did he intend ever to teach such use. He asserts that the preparation of all medicines should be by hand. I know that plausible arguments can be theoretically brought to bear in support of the preparation of remedies by machine power; but, in the face of that fact, I assert that *experience* teaches conclusively that the best results are obtained from the use of hand-made medicines, and experience at the bedside is the best teacher in this respect, all theory to the contrary. The plea that the supply of hand-made medicines is not adequate to meet the demand, or that the cost of production by hand is more than by machine, and would raise the market-price, should not be allowed to influence this matter, which often involves questions of life and death.

Machinery cannot, in any department of manufacture, produce the superior quality that hand-manufacture can. We tolerate it, and its productions we allow to supersede others, because we cannot help it; but, in the manufacture of medicines, we need it only for the manufacture of extreme high potencies, whose efficacy is still a question.

I ask any physician, of any school, if he can, in fifty per cent of his cases which recover, be perfectly satisfied that the medicine given has produced recovery? How difficult it is, in dangerous cases, to be conscientiously satisfied that the remedy chosen is the one which, without question, is the identical remedy best adapted to the case! Have we so perfected our materia medica, and become so conversant with its symptomatology, that even the shining lights in our ranks are beyond the possibility, and — yes, the probability, of sometimes mistaking the need of one remedy for the need of another? Do we not often coddle our conceit, thinking that our chosen remedies have cured, when, in fact, that mysterious agent the *vis medicatrix naturæ* has caused the resurrection? and yet we must admit, in all possibly curative cases, that some remedy exists somewhere, that might have been a powerful ally in the case.

We all continue to live, because we each possess a store of this vital principle, or force, which is continually flowing into our systems by absorption of the varied vital magnetic life-principles animating the invisible and visible mineral, vegetable, and animal forms about us, which vital principles are identical with the

same in man; and I think the curative power of medicine is resident in this vital force magnetic which permeates and surrounds every atom of their structure; and the efficacy of any remedy, for the cure of any case of disease or group of symptoms, is to be looked for in the fitness of its vital principle to stimulate in its own peculiar manner the similar vital principle in man. I am here, again, differing from the editor of the GAZETTE; but I cannot help it, and he will hardly care. I am a "homœopathist," and a "faithful homœopathist still;" and I *do* consider the dose of this vital principle, or, as he terms it, "the disembodied spirit of the drug," to be of *great* importance.

Healthy vegetable growth is ever in proportion to the proper conditions for growth in its surroundings, and not in proportion to the amount of nourishment furnished it. In like manner man's healthy growth is in proportion to the magnetic stimulus he receives from his surroundings, and the quality of his nourishment rather than its quantity; and as the vital principle of the lower orders in nature, contributing to his growth, are healthy or unhealthy in quality, and in proportion as his system is properly, or under, or over stimulated by these sources of life, is he healthy or unhealthy.

This brings us again to the consideration of the proper preparation of remedies. How essential it is that the crude articles from which our remedies are prepared should be of the first quality, and should be most carefully handled throughout the complicated process of manufacture, protected from all extraneous influences, and in every way prepared in the most careful and approved manner known!

After these considerations, and intimately connected with them as concerns the remedial curative power of medicines, comes their proper proving. Then follows that much-mooted question of the potency to be used, and in connection with it the dose to be given, which, if we think of it as the dose of the potency, and not the quantitative dose of the drug, *does* have a strong bearing in the case. Hahnemann gradually, by careful experiment, reached the decillionth, and saw no reason to go any farther in common practice. That many remedial agents now in use might with advantage be carried above this limit, and that others before reaching it arrive at their limit of potentization, I do not doubt. At present we are struggling amid a chaos of symptoms and inert remedies: the rage is for new remedies ere the old standards are understood. It is a foolish thing for extremists to say that potentization cannot be over-reached. There is a point, of course, when the dilution of any substance reaches its ultimate limit as concerns the material division of its atoms; then commences the liberation of the vital force from those atoms, which

by further dilution, *must*, after a while, reach another point, beyond which it is not susceptible of further liberation; then true potentization ceases, and mere dispersion of particles only is possible: further dilution must produce but an unstable or variable mixture.

The editor of the GAZETTE asserts that Hahnemann "diluted into improbability." The question naturally suggests itself, Has the editor thoroughly investigated by actual repeated experiment the positions taken by Hahnemann along his line of investigation regarding dilution up to the decillionth potency, or is he simply advancing an opinion upon theoretical grounds of reasoning? *If* the "high potentists" are "willing to abide by every statement, theory, and chance suggestion of Hahnemann;" *if* they consider him or any other man "infallible," and the dicta of any as above being "subjected to any form of trial more modern or exact than individual judgment or the clinical test," and that "with them it is Hahnemann, right or wrong, always right," — *if*, I say, this *is* the position of the "high potentists" (I had not thought it to be such), misnamed Hahnemannians, — I leave them to defend themselves, profoundly pitying them for such a lack of original principle. But I must deplore the seeming reflection cast upon Hahnemann's perspicacity, ere his positions have been proved false or defective.

The editor of the GAZETTE says he is a "homœopathist," according as he has classed the two parties, and that "the homœopathist claims for this guiding law of his (*similia*) a basis of scientific probability." Can we not claim more than a *probability*? I assert that not only can we claim for it a probability, but we have already demonstrated it to be a scientific *fact*. There have been efforts made of late years to narrow down the probability of the remedial power in medicine to the limit of the twelfth potency, or to the limit of the demonstrable power of the microscope, but I cannot admit that the position has been proved tenable; and I humbly predict in the near future, possibilities and probabilities, which, under improved conditions of observation and demonstration, will be established as *facts*, controverting conclusively such a position.

Serious responsibilities rest upon homœopathy as a school, which, in view of the recent ridiculous attempts at monopoly by the old school, are now, more than ever before, calling upon its members, collectively and individually, for strict adherence to their principles and duty in every respect. As we are able to stand firmly on our feet, and need no compromises from our patriarchal friend, so our duty now, at this crisis, is to push our lines in one solid harmonious column, firmly on in the path of progress, standing unflinchingly to our basic principles, willingly



throwing aside all petty bickerings of opinion, and to stand by the result of all *accurate* scientific investigation of any of its tenets.

[EDITORIAL NOTE. — We publish Dr. Gleason's paper with much pleasure; not, as goes without saying, because we sympathize with many of the views of the faction for which he speaks, but because his paper seems to us such a concise, intelligible, and temperate presentation of those views, as it is rarely our fortune to meet. A thoughtful perusal of the theories therein set forth can hardly fail to convince the unbiassed reader of a fact on which we have long insisted; namely, that the theories of so-called "high potentists" belong to the realm of metaphysics and psychology rather than to that of scientific medicine: and to combat them with the weapons of material, demonstrable fact, is to train a Krupp gun upon a "disembodied spirit." With no fundamental premise in common, argument is useless. Our only plea, past and present, is that the so-called "high potentists" should take to themselves some distinctive name suggestive of the peculiar views in supporting which they separate themselves from the mass of scientific physicians.]

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*BLOCK ISLAND AS A RESORT FOR INVALIDS.*

BY C. H. HADLEY, M.D.

EVERY physician has among his patients those to whom a change of climate during the summer months is a therapeutic measure of inestimable value, and often of absolute necessity; and the question, "Where shall those patients be sent?" becomes an important one. Believing there is a place off our coast, within easy access, that is, *par excellence*, a natural sanitarium, especially for nervous invalids and those recovering from exhausting diseases, and feeling that the rare advantages that Block Island affords are even yet but imperfectly understood by physicians, I desire to offer a few suggestions from intimate knowledge gained by several years' practice upon the island. Its position is unique, and seems by nature intended as an asylum, a harbor of refuge for those battling with disease.

As Whittier beautifully describes it, —

"Circled by waters that never freeze,  
Beaten by billows, and swept by breeze,  
Lieth the island of Manisees,

"Set at the mouth of the Sound to hold  
The coast-lights upon its turrets old,  
Yellow with moss and sea-fog mould.

“ When the hills are sweet with the brier rose,  
And hid in the warm, soft dells, unclose  
Flowers the mainland rarely knows,

“ Then is that lovely island fair,  
And the pale health-seeker findeth there  
The wine of life in its pleasant air.”

Block Island, or Manisees (its Indian name), is set far out at sea, a beautiful gem of emerald green, so far from the mainland that it is free from every contaminating influence, with no swamps or marshes to breed disease; and every breeze that sweeps over its hills and through its valleys is pure and sweet, fresh from the ocean, and filled with life-giving vigor; while the views from its cliffs and hills are grand. With one sweep of the eye you may look into four States, — New York, Connecticut, Rhode Island, and Massachusetts. You can follow the whole coast-line from Fisher's Island, the Connecticut shore, Watch Hill, Point Judith, Newport, and the far-off shore of Massachusetts, and Buzzard's Bay; while at night can be seen Montauk Light on the west, and Gay-Head Light (Martha's Vineyard) on the east; while the billows that break at your feet may have rolled unbroken across the broad Atlantic. Situated twenty-five miles south of Newport, it gets the full benefit of that oceanic current that sweeps in from the open sea, and has given Newport a deserved popularity as a summer home for invalids. No other place on the coast is so favorably situated as Block Island. It is noted for the longevity of its people, and the health of those making this their home for the whole year must be the best criterion of its healthfulness.

There is a remarkable freedom from epidemics. The resident population numbers about thirteen hundred, with many times that during the summer.

The rate of mortality is astonishingly low. During the ten years from 1873 to 1883 the average death-rate was less than eight-tenths of one per cent. The ratio of births to deaths is about 2 to 1. During the four years I have spent on this charming island, there has been no epidemic of measles, but one or two sporadic cases during the time, only three or four cases of scarlet fever, but one case of pneumonia, no case of diphtheria, no case of membranous croup, an average of two cases of typhoid fever each year. Malaria is wholly unknown; cholera-morbus, unusual; cholera-infantum, very rare; dysentery, not often met with, not more than two or three cases annually under the care of the physician.

Acute inflammatory rheumatism, which might naturally be expected to be common, is quite rare. The climate is of remarkable

purity; and invalids, particularly convalescents from exhausting diseases, and children recovering from cholera-infantum, gain strength with marvellous rapidity. In regard to consumptives, my experience has been, as a rule, that a short sojourn during the hot summer months is very beneficial in a large majority of cases. The debilitating night-sweats seem benefited, the cough less harassing, the appetite improves, and the patient takes a new lease of life. As is well known, the sea air, free from the influence of the land, often puts to rest neuralgias, and effects a final cure; and it is to that large class of persons suffering from neurasthenia, or nerve-tire, that Block Island is, *par excellence*, a place of rest. The climate is superb, and a fair description seems like gross exaggeration.

During the years 1882 and 1883, according to the records of the United-States Meteorological Station, the highest point reached by the thermometer was —

	1882.	1883.
June . . . . .	81°	78°
July. . . . .	86°	82°
August. . . . .	82°	81°

With an average maximum temperature in 1882, of 76° for July, and 75° for August; and in 1883, of 75° for July, and 72° for August. During 1882, there were only seven days in July, and three in August, and in 1883 only one day in July, and two in August, when the thermometer rose above 80°. The heat is never oppressive, and the nights are always cool; and the mosquito, that pest of summer-resorts in general, is hardly seen or heard here, and the tired sleeper is rarely disturbed by his nocturnal chant.

I might go on, and give many instances of the effects of a stay here upon invalids that would seem too marvellous for belief, and then the half would not be told; but I will not weary your patience.

### *SANGUINARIA AND SEPIA IN HEMICRANIA.*

BY H. A. GIBBS, M.D., WESTFIELD, MASS.

[*Read before the Western Massachusetts Homœopathic Medical Society.*]

POSSIBLY my experience may differ from that of many of you; but, in certain forms of sick-headache, there are no two remedies in our materia medica to which I turn more frequently, or com-

pare more closely, than these ; and, I might add, there are no two that have yielded me better results when carefully chosen. It is to an accurate and comprehensible comparison of these remedies in this condition that I wish to devote this paper ; to draw, if possible, from a mass of somewhat confusing symptoms, a few mental pictures which can readily be utilized in every-day practice. I shall simply give the result of a careful study of these remedies, with their practical applications as they have occurred to me, laying no claim to originality.

Both sanguinaria and sepia are particularly applicable to chronic periodical sick-headaches. These are generally confined to women, and in this sex almost always associated with, or caused by, some form of uterine irritation ; and careful inquiry in this direction will help us greatly in the selection of our remedy.

Sanguinaria is put down as especially useful in climateric disorders, but here I think sepia takes the precedence. The sanguinaria patient is generally regular as to time, but the flow is apt to be scanty. Sepia presents a much more perfect picture of the climateric : menses sometimes early, sometimes late ; sometimes scanty, but more often profuse, amounting to a menorrhagia, and lasting several days.

The sanguinaria headache is generally preceded by a feeling of anxiety and dread the day before the flow commences, so that the patient can predict it quite accurately : it reaches its height the first day of the flow, and leaves behind for some time a heavy and confused feeling in the head. The headache itself seldom lasts longer than one day, passing away with a night's sleep. The sepia headache generally lasts for several hours, — either from morning till noon, or noon till evening, — but it is apt to continue for several days in this way.

The pathological conditions of the genital organs indicative of sepia are extensive and varied. Among the more important are inflammation of the labia, eruption and itching of the vagina, metritis, prolapsus of uterus and vagina, neuralgia of the vagina, and, finally, scirrhus cancer of the uterus. Like sanguinaria, it presents inflammation, induration, and ulceration of the os uteri, with this difference, however : in sepia these conditions are secondary to some of these other forms of uterine disease ; in sanguinaria the induration and ulceration are more often primary and uncomplicated. The leucorrhœa of sepia is profuse, varies in all degrees of consistency, from watery to thick, is dark and bloody, fetid and putrid. The sanguinaria leucorrhœa is less profuse, but more acrid and corrosive. Itching of the vagina and pudenda with the leucorrhœa calls for sepia.

There is one point which can be determined quite readily, and which has always served me well in the selection : the sepia

leucorrhœa is more profuse *before* the catamenia, the sanguinaria leucorrhœa *after* the cessation of the flow.

While enumerating the symptoms characteristic of these remedies, but which do not belong to the headache proper, I would call attention to one which is, in my mind, one of the strongest demands for sanguinaria; that is, a dry, parched feeling throughout the whole gastro-intestinal mucous membrane, from mouth to anus. The action of sanguinaria in producing irritation and inflammation of the mucous membrane of the lungs, which is doubly distressing because at the same time the mucous secretion is scanty, is well known. The symptom to which I have referred seems to indicate a similar action on the gastro-intestinal mucous membrane. It is a parched, burnt sensation. I have found it quite prominent in a number of cases, the patients themselves calling attention to it. In sepia this is wholly lacking; and the reverse seems to be true,—that, without a great degree of inflammation, the mucous secretions are greatly increased.

There is another symptom, however, which is as strongly pathognomonic of sepia as the preceding is of sanguinaria. I refer to the intense itching of the surfaces of the body covered with hair, and the falling-out of the hair on the head and genitals. This is often noticed in chronic cases, and, when following pregnancy, is especially indicative of sepia. The hair, as it comes in again, is of an unhealthy growth, appears in patches of a grayish color, and soon falls out again.

I have referred at such length to these concomitant symptoms because I believe we must depend upon them to a great extent for the accurate selection of our remedy. It is almost an utter impossibility to find out, during an acute attack of hemicrania, from what particular point the pain starts, where it goes, or its exact character. The majority of patients at such times, or indeed at any time, are not capable of differentiating between a stitching, stabbing, shooting, or lancinating pain. Indeed, I sometimes think such fine distinctions exist only in the fertile imaginations of our materia-medica makers. As an example of the ridiculous lengths to which these distinctions are carried, let me give a list of words which I found in a well-known repertory descriptive of a sepia headache: pressing, shooting, throbbing, drawing, rending, tearing, stinging, boring, bubbling, bursting, gurgling, jerking, pulsating. Now, if there are any other words left in our language to describe the headache of any other remedy, I should really like to know what they are. It would indeed be difficult to find a pain that could not be fitted from that list.

These illustrations, with the confusion that exists among differ-

ent authors, show that we cannot depend altogether upon strictly subjective symptoms, and that our writers do not emphasize sufficiently the differences between remedies. They are too apt to show their similarities, and thus make them all seem much alike. Perhaps I have gone to the other extreme; for, as I look over my *résumé* of these remedies, I wonder how any one could ever mistake or misapply the one for the other. I realize, however, that it is one thing to differentiate between remedies when spread out in *materia-medica* array, and quite another thing to recognize their distinctive symptoms at the bedside.

This is a long digression, and we will come back to the headache proper. I would place considerable stress upon the mental symptoms of these patients during an attack. Angry irritability will express about as accurately as language can the mental condition of a *sanguinaria* patient. I call to mind now one very estimable lady whom I have seen hurl one pillow across the room, and the other at a patient and long-suffering husband. Indifference and moroseness will more closely characterize the *sepia* patient, and is in perfect keeping with the general make-up. The *sanguinaria* headache has been called a "sun-headache;" that is, one which commences in the morning, gathers intensity as the sun goes up to meridian, decreases as it goes down, and disappears with a night's sleep. The *sepia* headache generally lasts several hours, — either from morning till noon, or from noon to evening, — but is apt to continue several days in this way.

I would call attention here to one symptom which may be put down as a keynote to the *sanguinaria* headache. The urinary secretion, both before and during the attack, is scanty: as the headache passes away, there is a profuse flow of colorless urine. This symptom is lacking in *sepia*. It is present, however, in *gelsemium*, and must be carefully differentiated from it; while *veratrum album* has exactly the opposite, — profuse, watery urine before the headache, scanty and high-colored during and after the attack. The strictly subjective symptoms of these two remedies differ more in degree than in character. Those of *sanguinaria* are the more violent. This is true of the vertigo and nausea. That of *sanguinaria* is of the real, unmistakable kind. That of *sepia* is more of a heavy, confused, and uncertain feeling. There is this characteristic difference between them: the nausea, and often the headache, of *sanguinaria*, is relieved by eating; this is wanting in *sepia*. The other head-pains of both are relieved by sleep, by hard pressure, and by quiet; greatly aggravated by motion.

The pains of *sanguinaria* begin in the occiput and upper cervical vertebræ, and radiate upward on the right side, settling over the right eye. They are often accompanied by stiffness of the

neck, always by sensitiveness of the vertebra prominens, and distension of the veins of the face. The pains of sepia are less violent, more boring or pressive in character, with now and then a great throb, causing the patient to cry out, and grasp the head in the hands. The pains are more commonly confined to the left side.

After what I have said of subjective symptoms, I shall not venture much farther in this direction. I may have omitted symptoms which may strike some of you as pathognomonic of one of these remedies. If so, I trust you will feel free to mention them. I shall be pleased to incorporate them among these mental pictures. In closing, I will say that I have used these remedies in the third, sixth, thirtieth, and two-hundredth potencies. I now use the two-hundredth altogether in chronic cases, and even in the acute attack I prefer it.

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*SOME POINTS IN THE DIAGNOSIS AND TREATMENT OF  
THE LARGER INTESTINAL WORMS.<sup>1</sup>*

BY E. BLAKE, M.D.

[*Read Jan. 8, 1885.*]

ON the 30th of September, 1880, a wretchedly delicate scrofulous child was brought to my consulting-rooms. The chief symptoms for which advice was sought were merely sleeplessness, frontal headache, facial impetigo, aural abscess (right), enlarged cervical glands, meteorism, sore navel, irritable bladder vulvitis, intestinal catarrh.

This little girl, living in Essex, was two years and eight months old. Parents healthy. The child was very well, apparently, till thirteen months ago; then commenced an illness lasting seven weeks, characterized by sleeplessness and violent shrieking. On two occasions, during a whole week, she refused all food. Though during this time the mouth was hot and dry, the attack seems scarcely explicable by that beautifully simple and ever-ready hypothesis, "teething."

It might be thought that we had here to do with a mild form of meningitis; but this view is scarcely confirmed by the subsequent history, as you will presently hear. She was not constipated during the attack which has been described.

The child slowly recovered; and six months after this the family moved to Essex, and there the symptoms were slightly modified. Then frequency of urine, with sore vulva, were first

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<sup>1</sup> Reprinted from the *Annals of the British Homœopathic Society and of the London Homœopathic Hospital.*

observed; but the existence of these later signs did not appear to depend on climate alone, for, after a protracted visit to the extreme west of England, no improvement in the urinary and other symptoms was witnessed. These, however, slightly diminished on her return to Essex.

Since June she has complained of headache, putting her left hand frequently to the centre of her forehead. There was also a slight muco-purulent discharge from the right ear. The superficial cervical glands were large and indurated: the inferior liver-line was a little too low.

There was, in addition to the foregoing symptoms, a recurrent discharge of pus from the neighborhood of the navel. Curiously enough, it had been observed, that, when this was present, the head grew better; and, *vice versa*, if the headache happened to be "to the fore," the child enjoyed a temporary immunity from the umbilical suppuration.

I ordered *pulsatilla*, third decimal dilution, to be given when the earache was present. If in one hour it failed to relieve, *chamomilla*, third decimal dilution, was to be tried, and hot poultices were to be used to the ear.

For the frontal headache, *bryonia*, third centesimal dilution, was to be given, and hot sponges applied to the head, to the pit of the stomach, and to the feet. I may here say that the *bryonia* treatment always gave temporary relief after about the fourth dose. The preceding remedies were to be given during the respective attacks only.

As a curative course, *mercurius solubilis*<sup>30</sup> was directed to be given before every meal for two months. In addition, *belladonna*<sup>30</sup> was occasionally given at bedtime. Hot lower-trunk pack, on alternate evenings, to be worn during the whole night.

I did not see the case again, but heard occasionally by letter that the symptoms abated, and the general health improved, under *mercurius solubilis*<sup>30</sup>, *belladonna*<sup>30</sup>, *hepar*<sup>6</sup>, *nux*<sup>12</sup>, *dulcamara*<sup>3x</sup>.

The last-named remedy was prescribed on the 27th of November, 1880. At this time certain symptoms had arisen to induce me to suspect the drainage of the house. I directed that all wastes should be disconnected from the sewer system, and that all overflows should be made to terminate in the open air.

A very marked improvement in the general health now took place, as will be shown by the following extract from a letter written by the mother on the 17th of December: "I am very thankful to be able to tell you my little girl is very much better; and though she still looks rather hollow about the eyes, and is somewhat pale, yet she seems full of fun and good spirits."

She had taken, after *dulcamara*<sup>3x</sup>, *mercurius corrosivus*<sup>12</sup> for



three days for an ulcerated throat, then *silica*<sup>12</sup> and *sulphur*<sup>12</sup> on alternate weeks: these she continued for one month. Twice a week hot abdominal compresses had been applied at bedtime, as ordered, enclosing the whole lower trunk.

The sigmoid flexure had been thoroughly washed out with warm salt and water, with a view to thread-worms. The result was always and entirely negative. I now directed the trunk-packs and the enemata to be suspended.

On Jan. 6, 1881, the patient having taken *silica*<sup>12</sup> on alternate weeks with *sulphur*<sup>12</sup> for one month, I received the following communication: "E—— is looking very well, quite rosy, and happy; but, after discontinuing the *silica*, the navel became inflamed and sore again. In other respects she is nicely,—eats and sleeps well, and the abdominal swelling is much decreased."

Continue *sulphur*<sup>12</sup>.

From the 9th of February, *pulsatilla*<sup>3x</sup> was given for seven days, on account of fitful vomiting, with recurrent catarrhal deafness. The state of the ears improved under this remedy; but, with the digestive symptoms, the only change was that the vomiting was replaced by nearly incessant nausea.

After a week of *sulphur*<sup>12</sup>, she returned to *pulsatilla*<sup>3x</sup> for seven days, then had *sulphur* again; and on the 15th of March the report ran thus: "Deafness better, but is sleepless; constant nausea, colic, meteorism, pricking and burning at navel; on account of the latter symptoms, she will suddenly jump up from the table in the middle of an apparently enjoyed meal, and will leave it unfinished; she is greatly worried with calls to void urine; the bowels usually act twice a day; the stools are hard, and are dark in color."

We may now pause to observe, that under the combined influences of time, of homœopathic and hydropathic treatment, and of altered sanitary surroundings, all the symptoms had disappeared with the exception of two. These lingering morbid conditions were (1) umbilical suppuration, (2) frequent micturition.

The patient had by this time taken carefully selected remedies during six months. Her general health had certainly improved, but I considered that ere this she ought to have been cured and dismissed.

I could only suppose that some latent cause of illness existed which I had lacked the penetration to divine. The subject seemed to have been thoroughly "threshed out." I had given the most minute directions as to diet, dress, bathing, exercise, and general method of life. I had had the drainage thoroughly remodelled, and I knew that the parents were intelligent and judicious in the management of their child. The strumous

diathesis and climate remained as convenient explanations of absence of complete success. The fact is, though, that I do not believe in the existence of a true scrofulous diathesis; and, secondly, I consider that refined therapeutics ought to triumph over the question of climate. I might, indeed, have condescended to confide to the anxious mother, with an oracular shake of the head, that this discharge was a species of "safety-valve;" that its palpable presence doubtless preserved her child from some grave and mysterious lesion. Any nonsense of that sort would have served; but in that case the special point of this paper would have been lost: for the turning-point of this case was, that in spite of the fact that during all these months the umbilical depression had been kept clean, *scrupulously clean*—in spite of the fact, it had been coaxed to heal by applying, first, *calendula* compresses, then *carbolic* wash, and afterwards the powder known as *pasma*.<sup>1</sup>

COMPOSITION OF PASMA	{	Silica . . . . .	30
		Magnesium oxyd. . . . .	12
		Aluminium oxyd. . . . .	6
		Ferrum oxyd. . . . .	2
		Amylum olyræ . . . . .	50

And in spite, too, of my having all the time administered internally remedies selected carefully with the view of including this troublesome symptom, yet it was not until this little patient had voided a *Lumbricus* that the soreness of the navel disappeared to return no more; for ere this I had, by a process of pure exclusion, come to think that there must be a round-worm inhabiting this unhappy child's intestine.

So, on the 16th of March, I directed that three grains of *san-tonine*, first decimal dilution, be administered every morning, fasting for six consecutive days; no solid food to be given on any day till the bowels had acted.

On the 24th I received the following news:—

"Yesterday we finished the six powders sent last week. The first two days I was obliged to give an injection at 11 A.M.; but the third day the bowels acted by themselves, and with the motion there was brought away a round-worm, full nine inches in length. We have given the remainder of the powders; but we have seen nothing more of any consequence, a little mucus at times, but in no large quantity.

"I am sure that you will rejoice at the success of the treatment. E—— is very much better than when I last wrote, but still at times complains of the 'pricking pain,' as she calls it, in the bowels."

This pain improved under *colocynth*<sup>12</sup>, and her mother reported

<sup>1</sup> Curtis & Co., pharmaceutical chemists, 48 Baker Street, London, W.

on the 4th of May to this effect: "We think her wonderfully better. She eats and sleeps well, and looks quite rosy, — very different from what she was last October, when I brought her to you. We feel that we cannot be sufficiently thankful to you for your treatment." The only remaining symptom, enuresis most marked at night, disappeared under *equisetum* in the first centesimal dilution.

For a few weeks this child had *chininum sulphuricum*<sup>12</sup> and *ferrum muriaticum*<sup>3</sup>. The latter remedy had to be suspended on account of its inducing constipation.

It is interesting to note that the dilated pupil said to be suggestive of the larger intestinal parasites, was not only not marked in this case, but, on the contrary, the pupils were persistently contracted; the latter, as far as theory goes, certainly a more probable condition than dilatation.

Is it, then, impossible to recognize the existence of *Lumbrici* during life? Are there no symptoms which we may call classic, and that we may regard as really pathognomonic? That the presence of the larger parasites is frequently overlooked by us, is shown by the very fruitful field that has been left to be cultivated by so-called "irregular practitioners:" for no country fair is complete without its Cagliostro, who windily vaunts a certain and infallible specific, "warranted," in his own words, "to cure" "tape-worm, round-worm, and every other kind of worm."

Our knowledge of what is possibly at once the most remarkable and the most humiliating example of this, we owe to the courage and self-effacement of that distinguished physician, the late Dr. Graves of Dublin. At p. 26 of vol. ii. of his "Clinical Lectures," is the following most amusing as well as most instructive case. It is recorded, as you will hear, in his characteristically graphic and animated way. So strikingly suggestive is it, that I make no apology for quoting it at length.

Speaking of some of the more obscure causes of "cough," Dr. Graves says, "The first cause of cough to which I shall direct your attention is one of not infrequent occurrence, and where a mistake in diagnosis may lead to a practice useless to the patient, and discreditable to the practitioner. The best mode of illustrating this is by giving a brief detail of a case which I attended with Dr. Shekleton. A young lady was attacked with symptoms of violent and alarming bronchitis. The fits of coughing went on for hours with extraordinary intensity. The cough was dry, extremely loud, hollow, and was repeated every five or six seconds, night and day, when she was asleep as well as when she was awake. Its violence was such that it threatened, to use a vulgar but expressive phrase, 'to tear her chest in pieces.' All her friends wondered how her frame could with-

stand so constant and so terrible an agitation. Yet she fell not away proportionally in flesh, had no fever, and her chest exhibited nothing beyond the *râles* usually attendant on dry bronchitis. She was bled, leeches, blistered, and got the tartar emetic mixture, but without experiencing the least relief. We next tried antispasmodics, varying and combining them in every way our ingenuity could suggest: still no change. We next had recourse to every species of narcotic, exhibiting in turn the different preparations of *conium*, *hyoscyamus*, *opium*, and *prussic acid*, but without the slightest benefit. Foiled in all our attempts, we gave up the case in despair, and discontinued our visits. Meeting Dr. Shekleton some time afterwards, I inquired anxiously after our patient, and was surprised to hear that she was quite recovered and in the enjoyment of excellent health. *She had been cured all at once by an old woman.* This veteran practitioner, a servant in the family, suggested the exhibition of a large dose of oil of turpentine, with castor-oil, for the purpose of relieving a sudden attack of colic. Two or three hours afterwards the young lady passed a large mass of tape-worm; and from that moment every symptom of pulmonary irritation disappeared."

These cases afford an illustration that the pernicious habit of perpetual purgation sometimes scores a brilliant, though a scarcely merited, success. Had I begun my treatment of the little girl in the blind, blundering fashion of old orthodox physic, and administered a brisk purgative, I might have saved my patient six months of intestinal irritation. I am quite aware that you may reply, "Oh! but that is just one instance as against thousands of people, who, with intussusception, hernia, incipient enteric fever, and a host of other diseases where purgation is fraught with so much peril, have been silently and swiftly hurried through those dread portals, which once passed, patients make no complaint, and ask no awkward questions."

It appears to me that the moral of such cases is, "Don't be too bigoted; and, above all, remember the fortunate rule that the direst diseases of women and children have a highly hopeful habit of being reflex, even when they most closely simulate organic lesions."

Let me once more ask, in conclusion, Is there no certain canon as to the detection of intestinal parasites? Have we no absolute rules for suspecting the larger worms? If men of the rare diagnostic skill and keen perception of Graves fail here, what is to be hoped by the rank and file of the profession?

Finally, with the kind consent of our president, I will ask that the discussion be not confined to the treatment of the larger worms, but that it may turn on intestinal parasites generally.

If any member has any novel suggestions to make as to the

complete extirpation of the most difficult and obstinate of all these organisms, — viz., the tiny thread-worm, — I, for one, shall be most grateful to him.

#### DISCUSSION ON DR. BLAKE'S PAPER.

In the discussion which followed, —

Dr. Dudgeon mentioned some interesting cases of helminthiasis, in one of which a *Tænia solium* and a *Bothriaccephalus latus* were passed almost simultaneously. The treatment of *Ascarides* was indeed very difficult. He had never succeeded in bad cases till he learned that the hands were the bearers of the fresh ova from the anus to the mouth. By keeping these away, he had actually cured some severe cases.

Mr. Noble had had good results from *teucrium*<sup>ix</sup>, *ter die*, and hot salted injections after the action of the bowels. He mentioned a case in which there was a sense as of a worm coming up into the mouth. *Santonine*, grains iij, every other morning, brought away three round-worms *per anum*. In tape-worm he gave sixty minims of liquid extract of male fern in sirup only, without mucilage.

Dr. Clarke had seen male fern, and all other remedies, tried vainly in a case of *Tænia*. He spoke of the colic occasionally caused when there are colonies of *Ascarides*, and agreed about *teucrium* as an effective medicine.

Drs. Tuckey and Goldsbrough having made a few observations, —

Dr. Roth said, that knowing the ova to be deposited in the folds of the rectum, and to take twenty-eight days for their development, if you persistently work at them with oil or salt, you must ultimately extirpate them. In his younger days, *felix mas*, preceded by fasting, and followed by a purgative, was considered specific for *Tænia*. He had seen grave nervous symptoms produced by worms.

Dr. Hughes mentioned cases showing the part played by the circumstances of the individual, as well as by the presence of ova, in favoring the development of worms; while, in other instances, they continued to appear in spite of every precaution. He found medicinal treatment sometimes most effective, sometimes quite the reverse.

Dr. Dyce Brown (in the chair), referring to the way in which the ova develop in some children, and not in others, argued that there must be in the former some unhealthy soil, and thought that investigation would usually discover the wrong. He regarded general constitutional treatment as of the utmost importance, as found by the older homœopathists. In his hands, *sulphur*, *calcarca*, *lycopodium*, as indicated, had proved very effective.

The same thing occurred in ringworm. Some cases can easily be cured by local applications: others go on for months, and homœopathic medication only can at last remove them. He called attention to the fact that the provings of *cina* and *santonine* contain all the symptoms of helminthiasis; and these medicines, in various dilutions, often cure. He had frequently had very good results from them. He had also seen all symptoms of tapeworm disappear under the influence of five drops of the tincture of *felix mas* daily.

Dr. Edward Blake, in reply, said that many of his remarks had been anticipated by the president. Dr. Blake found it extremely difficult to cure thread-worm in old people: in point of fact, the chance of cure appeared to be in inverse ratio to the age of the patient. Dr. Blake considered it possible that the ova of the *Oxyuris* were nearly always present in the human *primæ viæ*, conveyed more probably by water than by food. To the illustrious pathologist Hahnemann is due the tremendous credit of first clearly pointing out that there was requisite, besides the fertile ovum, a peculiar physical condition on the part of the vermiferous subject. Just as the *Aphis*, or green fly, is never seen on a sturdy rose-tree, and as the vegetable-like parasite of ringworm has never yet been detected on the head of a healthy adult, so these little thread-worms demand a certain amount of depression in general vitality before they can establish a thriving colony. This affords an explanation of Dr. Hughes's interesting case of a lady who only suffered whilst her health-barometer was depressed by exposure to sewer products. It supplies, too, an easy solution of the problem why greater success should often attend the constitutional treatment of parasites than the local treatment by parasitocides. These organisms give little inconvenience as long as they are themselves comfortable, and undisturbed by the maternal instinct which leads them to the verge of the anus to deposit their ova. Fruit and vegetable infusions (as tea) seem to hurry them down to the rectum, thus revealing their presence by anal pruritus. On this account certain fruits and salads have been erroneously credited with the power of producing these little worms: in reality they only disturb them. Dr. Blake knew a case of a middle-aged professional man horribly tormented with *Ascarides*. He enjoyed a long immunity, after taking a course of *pulvis fulminans* in third decimal trituration, prescribed by that ingenious physician Dr. Robert Cooper (*pulvis fulminans* is ordinary gunpowder). Dr. Blake found that *santonine* acted as a parasiticide better in full doses of the lower triturations than in small doses of the pure crude drug.

The meeting adjourned at 9.50 P.M.

SOME GENERALLY OVERLOOKED PRECAUTIONS  
AGAINST CHOLERA.<sup>1</sup>

WHILE the medical profession are expecting the advent of cholera in this country this year, and are preparing for it by informing the popular mind concerning its nature and the necessity of sanitary action, etc., in resisting its inroads, yet we have seen no evidences of a disposition on their part to act the part of alarmists. Yet there is always a large proportion of every community, however well-informed, which, by reason of inherent timidity, will become restive, and, under pressure, "panicky." Already the expected epidemic enters largely into the summer plans of many families, and a very large number are already (and to an unprecedented degree) locating themselves in the country in advance of the usual time at which the annual city hegira commences.

And yet, eagerly as many (of both those who go to the country to avoid the cholera, and those who expect to be obliged to face it in town) seek every item of information as to diet, hygiene, and personal care of themselves and their surroundings, there is a source of danger, which, for the most part, is sadly overlooked; viz., the want of physiological and *mental rest*.

In the January number of "The Alienist and Neurologist," the editor presents this phase of the subject in a most masterly manner; and we feel that we are serving the best interests of our own friends, both professional and lay, by presenting portions of it to their consideration.

Dr. Hughes's article is entitled "The Hygiene of the Nervous System and Mind" (the Italics are our own).

"Though by sight of science we have probably found the cholera bacillus (the bacillus of cholera Asiatica and of cholera nostras, perhaps), we cannot yet, entirely by power of science, keep this potent living infinitesimal from evil; yet we can resist and circumvent its power, not alone by clean streets and dwelling-places, sunlight into the dark places, and disinfection and pure air where dirt and filth abound, but by clean and strong bodies, and by *well-sustained, well-rested, invigorated, and tranquillized nervous systems*, built up to the power of resistance to the very maximum of physiological strength—not stimulated spasmodically by sudden fright after the pestilence has come, but trained up in advance by adequate but temperate nourishment; by ample rest of brain for the fullest possible recuperation, each night, of the day's wasted power; by making cities profoundly quiet, in time of the pestilence, *by interdicting the*

*needless noises, both day and night, which keep the cells of the brain and nervous system agitated and restless when they might be restful and in condition of repair for more work; and by a trained abeyance of the passions, — the abandonment of exhaustive vices which undermine the nervous system, and fit it to succumb to light assaults of disease.*

*“To this end, in anticipation of an invasion of cholera here next year, the prudent will finish up, before the epidemic comes, present business enterprises which promise unusual mental strain, worry, or other tax on their powers, and permit a little of that reserve nerve-force to accumulate, which hitherto, like an improvident man with his bank account, they have been in the habit of expending as fast as it has accrued. Cholera is not in strictest sense a filth disease, at least in this country; though filth, by contaminating the atmosphere, and thus impoverishing the blood, and impairing the nervous system, furnishes favorable conditions for its taking hold on the organism. On the contrary, putrefaction bacteria, as Koch asserts, destroy the comma bacilli, or arrest their multiplication. Alcoholic stimulation, at least to dissipation so called, must be abandoned, the physiological tone of the vaso-motor system maintained, and the perfect stability of the higher cerebral centres — the psycho-motor and psychical — must be permitted to become re-established up to the point of their highest resisting-power. Habitual alcoholization is a paralyzant of the vaso-motor nervous system as well as of the cortex of the brain, beyond all doubt, notwithstanding it acts as a temporary excitant, and momentarily stimulates latent power into increased activity. The frequent habitual use of stimulants, like alcohol, exalts the heart’s activity, exhausts the tonicity of the brain by causing it to expend its latent reserve power daily, and leaves its vessels dilated and its substance oppressed: the cerebro-spinal fluid is crowded out of the perivascular spaces, and the brain is prepared then for apoplexia and coma. Tobacco, too, is a vaso-motor paralyzant and motor depressant, and weakener of vital power, in those in whom tolerance has not been well established, and had better be used with moderation, or abstained from.*

*“To the end of proper prophylaxis in regard to the nervous system, the hours of rest and labor should be regulated by municipal authority, that overtaxed human beings, especially among the poor, should not be made ready subjects for attack, and almost certain victims to the fatality of cholera. Night work should be discountenanced, so far as practicable; and prolonged work-hours without adequate rest following, should, when practicable, be prohibited.*

*“The schools should be looked after: tasks should be lightened,*



and invigorating relaxation lengthened, both for teacher and pupil, and more daylight and pure air let into the schoolroom; fewer hours of study should be required; overcrowded rooms should not be tolerated, and basement lunch or recitation-rooms abandoned.

“Those who hold people to service should see that they do not engage in dissipating and exhausting pleasures during hours which should be devoted to sleep, and should enjoin staying at home and resting, instead of wasting their nervous powers by frolicking till midnight, and then retiring, to be awakened unrefreshed for the morning’s work. . . . Saloons should be closed at an early night season, if not during the day, in times of epidemic; and men, before they get dead drunk in them, should be taken home and put to bed by the police.

“All causes, public or private, of depression of the nervous system, should, in times of this epidemic, be avoided, — *long and exhaustive funeral services*, especially in crowded and illy ventilated rooms; tiresome and ostentatious funeral processions; cars and rooms vitiated by tobacco-smoke and depressing human exhalations.

“Men may deny that nature’s God commanded the sabbath day for rest; but physicians know that imperious nature demands it, if longevity of human life would be reached. The law of Moses, commanding a respite from customary labor one day in seven, was founded in physiological wisdom: nature and nature’s God inspired it. And for this reason physicians should demand that the sounds of busy industry should cease one day in seven; that the ceaseless bustle and din of business, which so tries the nervous system during the week, shall cease, each seventh day, for one of recuperative rest to brain and mind; that all needless noises which harshly grate upon the ear, and rob tired nature of needed repose, should be suppressed, in order that enough of sleep and rest — ‘sore labor’s bath,’ ‘tired nature’s second course’ — may come to the people of the heart of the city to ‘knit up the week’s ravelled sleeve of care.’ *There is too much unnecessary noise, even on ordinary business days, and too much noise allowed in the night-time, and altogether too much on Sunday, for the highest health of the people of our great American cities.*

“The wealthy suburban resident does not suffer so much from this cause of nerve-disturbance as the working-man and subordinate business-man who lives down-town; but the needless wear and tear of brain and nerve from unnecessary and preventable city noises, if prevented, would add very materially to the healthful endurance of the people in time of cholera and at all times, prolonging life, and averting insanity and premature failures of the nervous system in other directions. *To be well*

*repaired, man, like any other machine, must rest; and rest of brain and nerve is disturbed through the channels and centres of audition and sight, as well as through those of motion, etc.*

“The prayer of conservative physiology is for rest, for the salvation of the resisting-power of the nervous system to devastating pestilence; and the power of resisting and sustaining disease in general is obtained by adequate rest of the organism, which is a condition of its repair and power.

“The cause of much of the premature decrepitude and nerve-degeneracy and breakdown of our day is in the many inventions man has devised whereby he robs himself of timely rest. The morning newspaper, often read through before breakfast; the telephone in his house, to call him at any and all times aside from his repose; the electric light, to keep his brain unduly stimulated through the retinæ; the railroad and the sleeping-coach, which may keep him constantly on the rail (if he chooses to so travel) for continuous weeks, without rest from the noisy and exhaustive cerebro-spinal concussions of this mode of travel; hasty meals, and telegrams, and business, and nightmare sleep, all commingled, — wither and wreck lives innumerable, which, under wiser management, might end differently; and the needless noises of the city, — the bells and steam-whistles, howling hucksters, noisy street-cars, yelling hoodlums, — that make night hideous with soul-jarring sounds, hasten the premature endings of useful lives. And when, superadded to all this unphysiological strain, we have the assault of a pestilence that poisons like cholera, how much exemption can such overwrought organisms expect? How much of resisting immunity can such overstrained and exhaustive nerve-force oppose to the invading foe?

“If the epidemic comes, as it almost surely will next summer or fall, *there should be a common understanding among physicians to demand as much rest as practicable for the people; and, by comity among themselves, they should lighten each other's labors, and no one should work continuously night and day.*

“It is not long after an epidemic comes, before the long-watching nurses, and the tired, overtaxed doctors, become its victims.

“The lesson a pestilence teaches, is not only cleanliness, but temperance, and restful resisting vigor for the nervous system, and the conservation of its powers, maintaining the functions of the body in the presence of a blood-destroying and vitality-depressing enemy. With the human organization, in a long contest with disease, the blood is the life; but if the nervous system have secured to itself, by ample rest and frugality and economy of expenditure, and by freedom from overstrain and vicious indulgence have established the habit of claiming

and securing to recuperative use, its own elements from the blood, it will be long in yielding, and longer still in perishing, under the assaults of disease.

“The inferior animals, too, whose nervous systems are unshattered by the vices and overstrain of civilization, are more exempt than man from cholera.

*“Many a man well endowed, and unweakened in his nervous centres, goes about unharmed, with the same amount of malaria in his blood, probably, which causes another, less strongly fortified, to succumb to a fatal form of congestion.*

“All other things being equal, the tranquil-minded and restful, and daily and adequately recuperated, nervous systems of a community afford the best and longest immunity in time of pestilence: the unrested and unrestful, the weary and the heavy-laden, the vice-broken, and the unsteadily endowed nervous systems furnish the most numerous and earliest victims.”

H. R. S.

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## SOCIETIES.

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### *THE AMERICAN INSTITUTE OF HOMŒOPATHY.*

THE thirty-eighth session (forty-first anniversary) of this the oldest national medical association of the United States was opened Tuesday, June 2, in St. Louis, Mo. The Institute held its annual meeting in this city once before,—in 1868. The meeting this year gave satisfactory evidence of the growth of the Institute, its increased vigor, and its possibilities for usefulness. Though St. Louis is far aside from the geographical centre of membership, and though the meeting was held at (to many) a more inconvenient season,—three weeks earlier than last year,—yet a large number, about one hundred and seventy-five members, were in attendance. New England, we regret to note, was not as fully represented as usual in point of numbers. Among the “early and faithful,” however, were Dr. I. T. Talbot and Dr. L. A. Phillips of Boston, Dr. Leeds of Chelsea, Dr. D. B. Whittier and H. K. Bennett of Fitchburg, Dr. D. Foss of Newburyport, Dr. H. B. Clarke of New Bedford, Dr. D. A. Babcock of Fall River, Drs. W. von Gottschalck and George B. Peck of Providence, and Dr. H. H. Darling of Keene, N.H.

The four-days' session was held at the Lindell Hotel; and though a disastrous fire had made sad havoc with this extensive structure, still no pains were spared on the part of the proprietors and the Committee of Arrangements (composed of local physicians, who had charge of the reception and entertainment

of visitors) to make the meeting one long to be remembered for its comforts and pleasures.

All the officers having arrived, and arrangements being completed, the Institute was called to order by the president, Dr. T. F. Allen of New-York City, at 10 A.M., on Tuesday, June 2. Dr. G. S. Walker, being introduced by the Chair, gave a pleasant address of welcome on behalf of the local physicians. In the course of his address, he referred to the organization of the Institute at New-York City in 1844, and enumerated the different places of meeting since that time. His words of generous and hospitable welcome were a fitting prelude to the enjoyment of the hospitality prompting his address. President Allen responded on behalf of the Institute. In the president's address, which followed, Dr. Allen dwelt on the tendency, now so evident in the dominant school of medicine, to place less confidence in the theoretical methods in therapeutics based upon the revelations of pathology, and to pay more regard to the mitigation of symptoms. He considered it advisable for homœopathists to test the efficacy of attenuations by definite and exact experiments, and thus to prove or disprove beyond a peradventure their comparative value. He advised his colleagues to continue giving a special attention to concomitant symptoms, and to hold to the minimum dose. A committee on the president's address was appointed, consisting of Dr. Clarke of Massachusetts, Dr. Sherman of Wisconsin, and Dr. Butler of New Jersey.

The report of the treasurer, Dr. E. M. Kellogg of New-York City, was a very pleasant one, showing the financial condition of the Institute to be most satisfactory. To be free of debt, and boast a neat surplus in the treasury, is certainly an encouraging state of things, and one which tends to assure for the meetings a cheerfulness which is never compatible with impecuniosity.

The Committee on Necrology reported the deaths of twenty-one members since the last meeting.

Following the reports and appointments of several committees, the Bureau of Organization, Registration, and Statistics reported that at the present time homœopathy can claim in the United States, 29 State societies, 4 inter-State, 102 local, 21 clubs, 6 miscellaneous societies, 25 general hospitals (two of which have been established within the year), 30 special hospitals, 50 dispensaries, 13 colleges, 2 special schools, and 16 journals. The delegates representing various societies and institutions were then called upon for reports. Much interest was shown in the report of Dr. Fisher of Texas, relating to the condition of homœopathy in the South, the formation of the Southern Homœopathic Medical Association, the need of homœopathic practitioners in the Southern States, etc. Reports from

other States — Pennsylvania, Ohio, Michigan, Rhode Island, Massachusetts, and Missouri — showed the various societies and institutions of these States to be in a satisfactorily prosperous condition. St. Louis has a new children's hospital; Michigan is assured of the management of the insane-asylum now being built; Philadelphia has a new college-building; and Rhode Island is perseveringly increasing its hospital fund.

**AFTERNOON SESSION.** — The Bureau of Clinical Medicine presented scholarly papers on "Blood Changes," by Dr. A. S. Couch of Fredonia, N.Y.; on "Progressive Pernicious Anæmia," by Dr. H. H. Dickinson of Des Moines, Io.; on "Blood Changes from Diseases of the Heart and Lungs," by Dr. J. W. Dowling of New-York City; and on "Leucocythæmia and Hodgkin's Disease," by Dr. J. S. Mitchell.

The Bureau of Medical Education next demanded attention. The interest taken in this subject gave evidence of the importance attached to it by the Institute. The duties of preceptors occupied much of the discussion, and their great power for good or evil was dwelt upon at length. The movement to raise still higher the standard of education received hearty support and encouragement. The homœopathists of the United States are evidently not behindhand in appreciating the necessity of a wide and liberal education, and the importance of proper theoretical and practical training.

The Homœopathic Intercollegiate Association held its meeting, Dr. Talbot of Boston in the chair. Representatives from all but two of the homœopathic medical colleges were present.

The principal work accomplished at the meeting was the recommendation of the creation of a distinct chair of toxicology and hygiene in the various homœopathic schools, and a general elevation of the requirements for admission and graduation by the colleges. Important suggestions toward the accomplishment of this end will appear in the printed transactions of the Institute.

**THE EVENING SESSION** was opened by the Bureau of Obstetrics, the subject under consideration being the unwelcome but not infrequent condition, "Dystocia." There were presented numerous papers, in which the various phases, the medicinal and instrumental treatment, of dystocia were intelligently and creditably handled. The subject and papers excited much discussion, and more time could have profitably been occupied had it been at the disposal of the bureau.

WEDNESDAY, JUNE 3.

**MORNING SESSION.** — Vice-President Cowperthwaite in the chair. The Bureau of Obstetrics was re-opened on motion of

Dr. Peck of Providence, R.I., the question for discussion being "Craniotomy *vs.* Cæsarean Section." Dr. Lungren of Toledo, the chief speaker, recommended the latter as being more favorable by twenty per cent for the mother, and by ninety-five per cent for the child.

The Bureau of Microscopy and Histology offered several papers of a highly scientific character. The importance and influence of this bureau are becoming more pronounced every year.

The Bureau of Ophthalmology, Otology, and Laryngology presented papers by Drs. Houghton of New-York City, Woodvine and Bellows of Boston, Wanstall of Baltimore, and Campbell of St. Louis. These so-called "specialties," though not exciting so much general discussion as some other subjects, are recognized as important fields of labor, in which many successes await homœopathists.

THE AFTERNOON SESSION was opened by the report of the Bureau of Sanitary Science, Dr. Grosvenor of Chicago acting as chairman. He read a synopsis of a paper by Dr. Beckwith, on "Hygiene of Decline of Man," containing statistics that will prove of great interest to the profession. Dr. Beebe of Sydney, O., read a paper on "Hygiene of the Superstitious Ages," emphasizing the sharp contrast between superstition and science. Dr. Beebe did not confine himself wholly to historical research, cleverly alluding to the fact that the "black arts" of medicine were not yet wholly obsolete, as abundant evidences to the contrary are found in the advertisements of faith cures, etc., and the large establishments erected for, and devoted to, these cures, finding an ample patronage from the great proportion of the ignorant and superstitious among our large populations.

A practical and valuable paper was next read by Dr. L. C. Grosvenor, on "The Hygiene of Infancy." As was to be expected, the discussion was animated, a variety of opinions being expressed, not all being in accordance with the views advanced in the paper, but insuring by this fact the greater fruitfulness of the discussion.

THE EVENING SESSION was occupied by the Bureau of Gynecology, abstracts of papers being read by the chairman of the bureau, Dr. Phil Porter, on "Ovarian Neuralgia," "Oophoritis," "Ovarian Dysmenorrhœa," "Ovarian Displacements," "Ovarian Therapeutics," "Ovarian Cysts," "Ovariectomy," etc. The papers, especially Dr. Porter's on "Ovariectomy," were discussed by Drs. Eaton, Van Kleif, Ludlam, and Porter, conservative and heroic methods of treatment being alike enthusiastically advocated. In the way of statistics, Dr. Ludlam stated that in fifteen years he had performed abdominal section on 206 living subjects, finding tumors in 192 cases. Of these he had lost 26 cases, 12 of them being cases of cancer.

The termination of this session was made memorable by the reception of a telegram from Dr. McClelland of Pittsburgh, Penn., to the effect that the State Legislature had just appropriated sixty-five thousand dollars for the homœopathic hospital of Pittsburgh.

THURSDAY, JUNE 4.

THE MORNING SESSION was called to order by President Allen. Dr. F. H. Orme of Atlanta, Ga., presented a satisfactory report from the Committee on Medical Literature; new members were elected; and the members of bureaus, and the special subjects for the year's work, were announced. From the discussion of matters purely scientific, the attention of the Institute was then called to the important subject of medical ethics, Dr. Dudley of Philadelphia reporting for the special committee on medical legislation. The report dwelt particularly on the so-called "interpretation" of the "consultation clause" in the American Medical Association's code of ethics. The many and glaring inconsistencies, and the misleading statements and implications, contained in this "interpretation," were pointed out. The resolutions contained in this report were unanimously adopted, and the position of the Institute in this matter was thus definitely placed on record. Dr. Dudley offered the following resolutions, which were also adopted, and which will be of much interest at this time to the homœopathists of Massachusetts:—

*Whereas* the American Medical Association, and various State allopathic medical societies, have made numerous attempts to obtain legal control of the profession of medicine by securing the enactment of laws creating State licensing boards, composed in whole or in large majority of members of the allopathic school of physicians; and

*Whereas* the American Medical Association has recently adopted a resolution urging that steps be taken to secure such legislation in all the States of the Union, whereby allopathic physicians will secure practical control of the licensing power: therefore

*Resolved*, That it is the sense of the American Institute of Homœopathy that all legislation which proposes to place the licensing of homœopathic physicians, either wholly or partially, under the control of those known to be inimical to the practice of homœopathy, should be vigorously opposed in all the States;

*Resolved*, That the friends of homœopathy in each State, and the friends of equal rights in the several State Legislatures, are respectfully urged to use all honorable means to prevent invidious discrimination in the licensing of medical practitioners.

The papers on insanity, and their discussion, dealt with the physical rather than with the merely mental side of the subject. They should be carefully read when the Transactions appear.

The report of the Committee on Drug-Proving gave evidence of faithful effort, though exhibiting no brilliantly satisfactory

result. The difficulties connected with extensive systematic and scientific drug-proving in so large an association can doubtless be fully appreciated only by those on whom devolves its immediate responsibility. The importance of this bureau cannot be overestimated. It is to be hoped that more definitely gratifying results will follow its coming year's work. The committee was authorized to adopt such rules and means as should be found necessary to the progress of its work.

The election of officers for the ensuing year resulted as follows:—

President, O. S. Runnells, M.D., of Indiana; vice-president, A. I. Sawyer, M.D., of Michigan; general secretary, J. C. Burgher, M.D., of Pennsylvania; provisional secretary, T. M. Strong, M.D., of Ward's Island, New York; treasurer, E. M. Kellogg, M.D., of New York (elected for the twentieth time without contest); censors, Drs. R. B. Rush, D. S. Smith, F. H. Orme, A. R. Wright, and H. B. Clarke.

A testimonial of five hundred dollars to the efficient treasurer, who has served so faithfully and long without recompense, was voted amid applause.

Saratoga, N.Y., was chosen on the first ballot, and by a large majority, as the place of the next meeting.

**AFTERNOON SESSION.**—The Bureau of *Materia Medica* and *Provings* reported. Valuable papers were read by title or in abstract by Drs. H. C. Allen, S. Lilienthal, and A. C. Cowperthwaite. Communications and reports relating to the "Cyclopædia of Drug Pathogenesis" occupied the time at the disposal of this bureau. The first volume of the work, as is known to readers of the *GAZETTE*, appeared several months ago; the second volume is well under way; and it is expected to finish the third volume during the present year. Dr. I. T. Talbot offered a resolution that the Institute pay for four hundred copies of the remaining numbers of the first volume, for distribution among its members upon payment of cost price to the treasurer. This was unanimously adopted after some debate.

The Bureau of Surgery then reported. In the unavoidable absence of the chairman of the bureau, Dr. W. T. Helmuth, Dr. G. A. Hall of Chicago acted as chairman. He read the circular issued by the bureau, in which a new method was proposed; viz., that a single paper should be read, giving a synopsis of the various forms of disease under consideration, and that the remainder of the time should be spent in discussion, with practical suggestions by members. In accordance with this plan, a paper was read by Dr. I. T. Talbot on "Surgical Diseases of the Testes." An interesting and valuable discussion followed, in which Drs. Hall, Franklin, James, Terry, Obetz, Walton, and



others participated; and the hour of adjournment arrived with many anxious to continue the discussion. The plan seemed very satisfactory in its results.

EVENING SESSION. — A delightful change from the reading of papers, discussions, and the routine of business, was made to the social festivities of the annual banquet. It is needless to say that the attendance was large, and the enjoyment cordial and sincere. Inspiring music, and the usual number of toasts, made the evening pass most entertainingly.

FRIDAY, JUNE 5.

The Institute was called to order by President Allen. After the transaction of incidental business, the Bureau of Pædology presented several interesting papers on the subject, "Convulsions of Children." The discussion was participated in by a large number of members, many original ideas being advanced.

The Bureau of Psychological Medicine presented practical papers on "Exercise and its Relation to Mental Health."

Services were then held in commemoration of the members who have died during the year. The list comprised twenty-one names, many of them of more than national reputation. Appropriate eulogies were pronounced.

After these impressive and touching ceremonies, the customary votes of thanks were extended to the officers of the Institute, the local committee, the railroads, and the press, particularly the St. Louis "Globe Democrat."

After disposing of unfinished business of minor importance, the thirty-eighth session of the American Institute of Homœopathy was adjourned.

Notwithstanding the great interest of this session, there was a general feeling that the next, to be held at Saratoga, must be made even more important. The various bureaus were all thoroughly organized, subjects selected, and work begun for the next before this session closed. We shall hope soon to present to our readers a full list of all the bureaus, with the subjects selected for consideration.

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*THE AMERICAN PÆDOLOGICAL SOCIETY.*

THIS Society held its sixth annual meeting at St. Louis on Monday, June 1, at 3 P.M., the day preceding the opening of the session of the American Institute of Homœopathy. The president, Dr. L. C. Grosvenor of Chicago, occupied the chair. About thirty physicians were present.

There being no records of the last or of preceding meetings at hand, the reading thereof was necessarily omitted; but meas-

ures were taken to complete all the past records of the Society, and to have them fully prepared for the future.

A. Wanstall, M.D., of Baltimore, read a carefully prepared paper on ophthalmia purulenta neonatorum. This paper was based on the extensive experience of its author, and contained much practical information.

L. C. Grosvenor, M.D., took for his presidential address the subject "Infant Hygiene and Sanitation." The main portion of the address was devoted to improved dresses for children, to which he has given much attention and study.

He exhibited a complete suit for infants, in which are discarded altogether the bandage, the short shirt, the pinning-blanket, and the skirt with the band; and instead he presented to the Society a beautiful, convenient, and physiological suit, every garment of which was cut *à la princess*, and hung from the shoulders, the little one being dressed with one pin instead of fifteen. The effort was well received, and elicited a lively discussion.

Anna M. Warren, M.D., of Emporia, Kan., read a paper on the care of premature babies.

#### EVENING SESSION.

At 8 o'clock the Society assembled, and the parlor was well filled.

Papers were read on ante-natal influences, and on sleep and its health-giving influence in childhood. These, with the papers presented in the afternoon, were discussed in an intelligent and profitable manner.

The following were elected officers for the ensuing year: President, David Foss, M.D., Newburyport, Mass. Vice-president, Anna M. Warren, M.D., Emporia, Kan. Secretary and treasurer, Alice B. McKibben, M.D., St. Louis, Mo. Censors, L. C. Grosvenor, M.D., Chicago, Ill.; L. Pratt, M.D., Wheaton, Ill.; E. H. King, M.D., Clinton, Io.; L. A. Phillips, M.D., Boston; Mrs. Tyler Wilcox, M.D., St. Louis, Mo.

#### WEDNESDAY'S SESSION.

The Society met at 4 P.M.

H. M. Hobart, M.D., of Chicago, read a report on scarlet fever in the Half-Orphan Asylum of Chicago. It contained valuable information and statistics of the successful treatment of this disease. The use of belladonna had proved useful both as prophylactic and curative. As to disinfectants, he said they employed carbolic acid and the burning of sulphur, with every thing properly arranged about the hospital, hard-wood floors, etc.; but he did not think it possible to pursue this same plan with

the same success in private practice, as they would not find the surroundings so arranged as to lend assistance.

Dr. Hedges, a member of the staff of the same institution, spoke of the prophylactic treatment, employing sulpho-carbolate of soda, and belladonna, the result being conclusively in favor of the latter.

Dr. Peck spoke of his experience in the treatment of scarlet fever, and said the deaths of the few patients whom he had lost were directly traceable to gross mismanagement, not necessarily intentional, but careless. He said that in no disease did children require such close attention as in scarlet fever; at least, until after the eruption had disappeared.

Dr. Williams of Chicago spoke of his treatment of the disease, advocating frequent bathing, properly conducted, in preference to inunctions of oil. He also gave his experience in preventing the spread of the disease, frequently stopping it with a single case in families of from six to ten children.

Dr. Phillips of Boston thought, with Drs. Hobart and Hedges, that belladonna was a prophylactic in certain cases, though not universally so. He thought sulpho-carbolate of soda had been found wanting, but spoke of it very confidently in cases of diphtheria. He asked whether, in the cases of scarlet fever discussed, a brain affection had ever appeared, instancing the only fatal case of the fever he had ever had or seen, and in which brain affection appeared.

Dr. Hobart answered in the affirmative, and said brain complications were the most prominent signs in malignant cases, mild delirium being frequent.

Dr. Enos of Jerseyville, Ill., cited an instance in which he had successfully used sulpho-carbolate of soda as a prophylactic, stopping the spread of the disease. He had also satisfactorily used belladonna, but was evidently strongly attached to sulpho-carbolate.

Dr. Owen of Cincinnati doubted whether there is any virtue in any of the prophylactics. Dr. Owen is one of the most venerable-looking physicians in attendance at the institute; and he spoke on this subject at length, and with the earnestness of one who has studied, and profited by experience.

Dr. Grosvenor made a few remarks, and was followed by Dr. Whittier of Massachusetts, who said he had very little faith in all this talk of contagion; that one person caught the disease from this person, or that rag, or something else. He thought the contagion was atmospheric or epidemic. He said belladonna was a good remedial agent if the poison was in the blood, preventing more than a modified form of scarlet fever. He said he had made his tests at the risk of his reputation, and did not speak from brief experience.

The Society then took a recess until 7 P.M.

At the evening session the only business transacted was to arrange for the next annual meeting of the Society, to be held at the same place as that of the American Homœopathic Institute, the first session to be held on Wednesday of the week chosen, at 8 A.M.

The interest shown in the meetings of this Society indicates that the importance of the subject treated cannot be confined to the limits of a bureau; and the fact that already ten papers on important subjects have been promised determines a specially interesting meeting next year at Saratoga.

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*THE WORCESTER-COUNTY HOMŒOPATHIC SOCIETY.*

THE regular quarterly meeting of the county homœopathic Society was held May 13, at the rooms of the Society, 13 Mechanic Street, Worcester; Dr. C. L. Nichols, president, in the chair. The Bureau of Ophthalmology, Otology, and Surgery had charge of the meeting, and reported through their chairman, Dr. J. K. Warren, a list of interesting papers for presentation and subsequent discussion. The following papers were read in the order given: "Otitis Media," by Dr. Wilkins; "Four Cases of Fracture of the Surgical Neck of Humerus," by Dr. Forbes; "Necrosis," by Dr. Allen; "Acute Synovitis," by Dr. Warren; "Chronic Synovitis of Knee-Joint," by Dr. Slocumb; "Legal Responsibility in Surgical and other Cases," by Dr. Goodwin. The attendance of the county physicians was large, and the papers received thorough discussion. The paper of Dr. Goodwin received special attention. The injustice of the laws as affecting the surgeon's accountability received a thorough ventilation. Dinner was had at the Bay State House.

G. A. SLOCOMB, M.D.,

*Corresponding Secretary.*

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REVIEWS AND NOTICES OF BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part I. Abies-Agaricus. London: J. E. Adlard, 1885.

As was observed in the May issue of the GAZETTE, we have at last before us, in tangible form, convincing evidence that the long-anticipated revision of the homœopathic materia medica is

in active progress. The evidence appears in the form of a full-sized octavo volume, in paper, of a hundred and ninety-two pages; containing the pathogeneses of twenty-three drugs, including that of sixteen acids, and of abies, aconitum, aconitinum, æsculus glabra, æsculus hippocastanum, æthusa, and agaricus, the pathogenesis of the last-named drug not being quite completed in the present volume.

On the inner side of the titlepage are to be found the "instructions" under which the "Cyclopædia" is being compiled. All readers of the homœopathic medical journals of a year ago are conversant with the plan jointly adopted by the British Homœopathic Society and the American Institute of Homœopathy, and with the discussions which preceded its formation and adoption. But lest the details of the plan should have, in part at least, escaped the memory of our readers, it may be well to reproduce them here.

"1. Give the scientific name and synonymes of each article, and its natural order.

"2. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.

"3. Give, in describing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.

"4. Give the results of experiments on the lower animals, where of value; generally in abstract.

"5. Trace all versions and copies to their originals, and verify, correct, or reproduce therefrom.

"6. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.

"7. Include in the narratives, as a rule, no symptoms reported as occurring from a drug administered to the sick.

"8. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influences of the article under consideration.

"9. Include symptoms reported as coming from attenuations above the twelfth decimal, only when in accord with symptoms from attenuations below."

Bearing these instructions in mind, it will be seen that criticism of the present volume can concern itself justly, only with the manner in which a work has been accomplished within certain stringent limitations, and not at all with the wisdom of the limitations themselves. We cannot, however, resist giving expression to a pleased conviction that the much-carped-at "plan

of revision" has, tested in action, satisfactorily demonstrated its wisdom and practicability. Working, then, within the strict boundaries set them, the editors have, in our opinion, used admirable judgment to excellent result. We have given us, in narrative form, the simple effects of each drug under consideration (when administered to a previously healthy person) in the order of their occurrence. We find no clinical verifications and observations, no suppositions, no statements made on the mere authority of a single author; none, in short, of the complex mystifications through which the student of our materia medica has ordinarily to grope his way. If there are faults in the records of the drug-effects here presented, they are faults incident to drug-proving itself. Fortunately, too, there is no disarticulating of the provings: each is given by itself, and may be judged on its own merits. If one doubts ample justice being done any given proving, such abundant references are given that one may satisfy one's self by reference to, and comparison with, the original manuscripts and publications, — a most valuable feature of the work, and worthy of all imitation. In the few cases in which time has permitted us to make such comparison, we have found every reason to be satisfied with the editors' justice and discrimination.

"Does the first volume of the 'revision' fulfil what was expected of it?" is the question which we may feel sure is being universally put, just now, by physicians and critics to themselves and to each other. The answer will vary according to the "expectations" of the questioner. If he expected a condensed and reliable record of the pathogeneses of the drugs treated, — careful study of which will give him such knowledge from a homœopathic stand-point, of the clinical power of these drugs, as no subsequent experience will probably teach him to question or modify, — this expectation will be solidly gratified. If he expected a new and glib "repertory," or schema, reference to which would save him careful study of any kind, — a sort of "homœopathic practice made easy," in short, — he will be signally disappointed. The "Cyclopædia" is eminently a work for the student, the thinker, and the seeker after facts. Such a one will rejoice to verify by its use the "symptomatology," reference to which press of professional work will always make more or less necessary. It claims to supplant, and need supplant, no useful work now in existence, not even "Allen," in spite of the alarmed and resentful protestations of the worshippers of that vast pathogenetic *potpourri*. It furnishes, instead, a most valuable and accurate test by which to gauge the reliability of all similar works.

We would suggest, that, as the use of abbreviations is constant, a table of the abbreviations used might be of service to the many readers who resent being required to do for themselves any thing which the makers of books can do for them.

We have every confidence, that, when the societies under whose auspices the work is issued shall have decided upon the method of subscription, homœopathic physicians will testify to their appreciation of the unselfish labors of the editors, and the immense value of the work, by making the "Cyclopædia" as pronounced a success pecuniarily as its first instalment goes far to convince us it will certainly be in every other respect.

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*BOOKS AND PAMPHLETS RECEIVED.*

- URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS. HINTS ON DIAGNOSIS AND TREATMENT. By Lionel S. Beale, M.D. Philadelphia: P. Blakiston, Son, & Co., 1885.
- HAY FEVER. By Charles Sajons, M.D. Philadelphia: F. A. Davis, 1885.
- THE JUKES. Fourth edition. By R. L. Dugdale. New York and London: G. P. Putnam's Sons.
- THE STORY OF MY LIFE. By J. Marion Sims, M.D., LL.D. Edited by his son H. Marion Sims, M.D. New York: D. Appleton & Co., 1885.
- THE DECLINE OF MANHOOD. Third edition. By A. E. Small, A.M., M.D. Chicago: Duncan Brothers, 1885.
- ON THE IMPRESSIONS AND INFLUENCES AFFECTING CHILD LIFE AND HEALTH. By T. C. Duncan, M.D. Chicago: Duncan Brothers.
- BODILY POSTURE IN GYNECOLOGY. By S. J. Donaldson, M.D. Reprint. New York: William Wood & Co.
- MEDICAL LEGISLATION. THE ANNUAL ADDRESS DELIVERED BEFORE THE ASSOCIATION OF AMERICAN MEDICAL EDITORS. By Henry O. Marcy, A.M., M.D., of Boston, Mass. Reprint.
- THIRTY-FIRST REPORT UPON THE BIRTHS, MARRIAGES, AND DEATHS IN THE STATE OF RHODE ISLAND FOR THE YEAR ENDING DEC. 31, 1883, AND FOR VARIOUS PERIODS FROM 1852 TO 1883 INCLUSIVE. Prepared by Charles H. Fisher, M.D., State registrar, etc.
- A SYSTEM OF PRACTICAL MEDICINE BY AMERICAN AUTHORS. Edited by William Pepper, M.D., LL.D., assisted by Louis Starr, M.D. Vol. ii. Philadelphia: Lea Brothers & Co., 1885.

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PERSONAL AND NEWS ITEMS.

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DR. JAMES JOHN GARTH WILKINSON of London has now in press a new work, entitled "The Greater Origins and Issues of Life and Death." It will be ready in July.

FREDERICK W. HALSEY, M.D., has succeeded to the practice of the late Dr. M. G. Houghton; office, 544 Columbus Avenue, Boston.

DR. J. C. GALLISON of Franklin, Mass., sailed for Europe on the 10th of June.

DR. EDWIN A. CLARKE, formerly house physician at the College Dispensary, will take his practice during Dr. Gallison's absence.

W. W. TUFTS, M.D., has removed from Tyngsborough to Arlington, Mass.

GEORGE H. PAYNE, M.D., has removed his office and residence from 758 to 509 Tremont Street.

J. W. WHIDDEN, M.D., has removed from Saco to Portland, Me., where he has taken the office of the late Dr. C. H. Burr.

THE value of *Platt's Chlorides* cannot be overestimated. It has the advantage of being odorless, efficient, and harmless, — three prime characteristics in a disinfectant. Having used it during the past six years in all manner of cases, and under the most trying circumstances, it is a great pleasure to the editor of the "Homœopathist" to testify to its matchless worth. — *American Homœopath.*

THE State of New York has granted a charter authorizing the college of the New-York Ophthalmic Hospital to confer the degree of *Oculi et Auris Chirurgus* upon those who pass the examination, also to confer *Certificates in Laryngology*. See notice in our advertising columns.

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## OBITUARIES.

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NEW YORK, JUNE 1, 1885.

AT a special memorial meeting of the Homœopathic Medical Society of the county of New York, held May 27, 1885, the following resolutions were read and adopted: —

*Whereas* it pleased Almighty God to lay aside from the active practice of his loved profession our esteemed associate, Benjamin F. Joslin, M.D., and lately to remove him from this life: therefore

*Resolved*, That we bow to this Providence, believing that he has found in the world beyond, as certainly as in this, that service for others constitutes one chief source of felicity;

*Resolved*, That we recognize in the service of Dr. Joslin, as an active member of this society, as its presiding officer, as the superintending physician of the Five-Points House of Industry, as a wise counsellor in the emergencies of general practice, an earnest, enthusiastic, devoted physician, — one who added lustre to the honored name he inherited, — a Christian gentleman, whose example we may emulate;

*Resolved*, That a copy of these resolutions be sent to the family of our late colleague as an expression of our deep sympathy, and that copies be furnished our medical journals for publication.

A. B. NORTON, M.D., *Secretary*.

NEW YORK, JUNE 1, 1885.

AT a special memorial meeting of the Homœopathic Medical Society of the county of New York, held May 27, 1885, the following resolutions were read and adopted: —

*Whereas*, in the recent death of John Butler, A.M., M.D., L.R.C.P., the New-York County Homœopathic Medical Society has occasion to mourn the loss of an esteemed member; and

*Whereas* it is befitting that this body should take suitable action to attest the feeling aroused among his professional associates by this untimely and most untoward event: therefore be it

*Resolved*, That, in our intercourse with Dr. Butler, we knew him as an earnest and laborious physician, whose bright and carefully trained intelligence had enabled him to attain to high rank in general medicine, and to pre-eminence in the special branch of electro-therapeutics;

*Resolved*, That our acquaintance with him rapidly ripened into friendship, because by reason of his many attractive social qualifications, and by reason of his high moral principles, he impressed himself upon us as a man in whom affection and sincerity were conspicuous characteristics;

*Resolved*, That in thus expressing its feeling, this society desires to extend its sympathy to the family and friends of our lamented colleague;

*Resolved*, That an authenticated copy of these resolutions be transmitted to Mrs. Butler, and that their publication be requested in our medical journals.

A. B. NORTON, M.D., *Secretary*.



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EDITORIAL.

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*PULMONARY SURGERY.*

THE etiology of pulmonary diseases is a subject which, thanks to the researches of Koch and his co-laborers, has lately been much under discussion in the medical profession. The treatment of pulmonary disease is, however, of so much more vital moment, that, in comparison with it, the subject of its etiology sinks into mere matter of scientific curiosity. The years, as we find their medical history chronicled in professional journals and "year-books" of treatment, seem to bring discouragingly few contributions toward the reply to the discouraging question, "How are we to successfully treat those forms of serious pulmonary disease at present not under the control of medicine?" Therapeutics is, for the most part, significantly mute when confronted by such inquiry, oftenest answering, when answering at all, by some tentative suggestion of palliatives; and it becomes more and more evident that a satisfactory answer to the question must be sought, if anywhere, in the sterner domain of surgery.

At first sight it would seem that pulmonary surgery is attended with so many difficulties and dangers as to render resort to it impracticable and unjustifiable except in a few rare and extreme instances; but when we remember (as Dr. William Keen in a recent article in the "Popular Science Monthly" reminds us) that as recently as 1862 ovariologists were denounced from professorial chairs as murderers, and then turn to the late magnificent

records made in abdominal surgery by Wells, Keith, Tait, and Martin of Berlin, — the last named losing, in a hundred and thirty cases, but one patient from blood-poisoning, — we feel that we have good ground for hope, even from the data in our possession, that pulmonary surgery may have a like brilliant and successful future.

No physicians can more earnestly entertain this hope than those of New England, whose patients, as Holmes remarks with grim humor, the climate offers an annual choice of an introduction into the other world per typhoid fever or per consumption. New-England physicians, therefore, should feel especial interest in a paper<sup>1</sup> recently contributed to a French medical magazine by Dr. Eugène Martel, in which this able author skilfully summarizes the history of pulmonary surgery from the time of Hippocrates to the present day, and gives the opinions and experience of eminent operators in this branch of practice. Dr. Martel is strongly convinced, in view of the wide prevalence of pulmonary disease, and the great number of cases which are pronounced and abandoned as incurable, that it is the duty of every surgeon to familiarize himself with all possibilities of surgery of the lungs, and unhesitatingly to avail himself of them in cases which, not amenable to other treatment, threaten a fatal termination. In support of his conviction, he cites cases which have, when apparently desperate, been relieved, and even entirely cured, by surgical interference; proving its at least possible usefulness, and thus emphasizing the duty of its thorough understanding and wider employment. Some of these cases are most interesting; notably one quoted from De Bligny, in which he relates how a French nobleman in an advanced stage of phthisical disease was, by the exigency of his duty, called into battle, and there received a sabre-wound, which, by strange coincidence, laid open the pulmonary cavity, which was the chief seat of disease. Under careful surgical after-treatment, complete recovery followed. Another case is quoted from Dr. Kroenlein. After extirpation of a sarcoma from the thoracic wall, and the resection of the sixth rib, the operating surgeon saw that the lung presented, on its lower

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<sup>1</sup> Contribution à l'Étude du Traitement Chirurgical des Cavernes Pulmonaires. Par Dr. Eugène Martel, Revue Bibliographique, Février, 1885.

border, a little growth the size of a nut. He drew the lung to the level of the thoracic wound, and removed the sarcomatous growth, cutting into the healthy tissue. The wound in the lung was united by several catgut sutures. The pleural cavity was washed out with a solution of salicylic acid. The wound was drained and closed. At the end of a month the wound had cicatrized, and the lung had returned to its normal condition.

Dr. Martel suggests that pulmonary surgery in the last century was abandoned, only because the absence of such instruments of precision as the stethoscope and pleximeter made the determination of the exact seat of the disease too much like perilous guess-work. The possibilities of exact diagnosis to-day vastly increase the possibilities of successful operation.

According to Koch, as quoted by Dr. Martel, surgical interference is justifiable —

1. In gangrene of the lung, proceeding from bronchiectases, accompanied by large quantities of putrid liquids. If, on operation, only a single large cavity is found, it will suffice to leave open communication by means of a small fistula through the pulmonary parenchyma, permit free drainage, and submit it to irrigation for several days. If the cavity is very superficial, a simple incision, and the introduction of a large double trocar for purposes of irrigation, will usually serve to effect a cure. But if there are found a great number of small bronchiectases communicating with one another, it is advisable to convert these many-sinused cavities into one or more large cavities.

2. In acute gangrene of the lung, such as is apt to follow wounds from fire-arms, in which the putrefying tissue is not expelled, but surrounded by hepatized and œdematous pulmonary tissue, in addition to the formation of a fistula, the gangrenous portion of the lung should be thoroughly cauterized.

3. If foreign bodies in the bronchi are not thrown off by natural means, but give rise to broncho-blennorrhœa, and to the breaking-down of the neighboring pulmonary parenchyma, a simple incision, in these cases also, will often suffice.

4. In that form of fetid and putrid bronchitis in which the existence of bronchiectases cannot be determined with certainty.

5. In definitely localized tuberculosis of the lungs.

Drs. Fenger and Hollister warn against the removal of the drainage-tube until the cavity is so far closed as to reject the liquid injected, citing a case from their own experience, in which the too early withdrawal was followed by prompt closure of the external wound, and bronchitis resulting from resorption of the matters contained in the cavity.

Rubber canulas are considered safest for purposes of drainage. A solution of phenic acid is recommended as a disinfectant.

It may be that in pulmonary surgery we have the reply of science to the hitherto hopeless question of how to cope successfully with certain pulmonary diseases. American surgeons have helped the world to the solution of many difficult problems: in the one under consideration they have scope for the exercise of their deepest intelligence, their wisest skill.

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#### *BODILY POSTURE AS PREVENTION AND CURE.*

THE simplest and most fundamental laws of hygiene are perhaps those oftenest ignored, and whose ignoring works most wide-spread and almost irreparable mischief. Prominent among such laws are those that govern the posture of the human body in the ordinary attitudes of life,—sitting, standing, walking, reposing,—and decree that according as such posture is assumed or no, in obedience to certain fixed anatomical and physiological laws, shall be determined not only beauty of form, and grace of carriage, but actual physical health. A physician whose attention has once been called to this very important subject has only to look intelligently around him, noting for a single day the postures of those with whom he comes in contact,—the invalid reclining upon her sofa, the school-girl celebrating her vacation with a novel in a cushioned arm-chair, or the fashionable woman walking from shop to shop of the business thoroughfare,—to be convinced that grace, beauty, and health of body, are being sacrificed to an alarming degree to the ignorance of the laws which govern these the commonest actions of life. Physicians in general, to their discredit be it said, are too prone to fall easily into the general conviction that hygienic walking, sitting, and standing—as Dogberry says of reading and writing—

“come by nature,” and need now and then a wholesome rousing to the errors of this conviction, and to their neglected duties as teachers of wiser things. Such a rousing will be effectually given to the readers — and we trust they will be many and thoughtful — of an excellent little pamphlet,<sup>1</sup> lately published by Dr. Donaldson of New York, on “Bodily Posture in Gynecology.” Dr. Donaldson might with equal force have called his valuable paper “Bodily Posture as necessitating Gynecologists,” since it is in great measure devoted to setting forth with most startling clearness the various diseases of women which are caused almost directly by errors of habitual posture. He considers first the recumbent position, strongly protesting against the dorsal or supine, and urging the prone or semi-prone, posture. “What is the correct posture to be assumed during recumbency? In the cattle resting in the fields, or the savage sleeping on the plain, we have our answer. A healthful, unrestrained infant in its crib voluntarily lies prone or semi-prone until taught by meddlesome adults to lie on the back.” In discussing the sitting position, the author condemns emphatically, and with reason, the modern chair and sofa.

We fear that more than a single plea, be it never so convincing, will have to be made, before society in general will accept the sternly hygienic “backless stool” recommended by Dr. Donaldson as its habitual seat, though the mercilessly angular “early English” chairs now in vogue seem certainly a step in that direction, and offer the unprecedented spectacle of fashion and hygiene in harmonious co-operation. “Let any one study the position of the woman of to-day,” says our author graphically and sensibly, “as she falls, a limp, inert mass, into one of these modern cushioned abominations. Half reclining, half sitting, she drops into a position than which it would be impossible to find one more injurious to the pelvic structures. The pelvis is advanced and so tilted that the plane of its inlet is horizontal, and into its cavity the superimposed structures gravitate. . . . It should be remembered that the size of the waist is considerably increased by the body sitting limp and crumpled, and

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<sup>1</sup> *Bodily Posture in Gynecology.* By S. J. Donaldson, M.D. Reprinted from the *American Journal of Obstetrics and Diseases of Women and Children.* New York: William Wood & Co., 1885. 24 pp.

therefore it follows that the pressure of the clothing, which may be insignificant when the person is properly erect, will become harmful when the faulty attitude is taken.

In considering the hygiene of the standing position, Dr. Donaldson forcibly condemns the fashion, now happily becoming obsolete, of wearing high-heeled shoes; not contenting himself, as is too much the fashion with so-called "dress-reformers," with mere general declamation against the practice, but pointing out the manner in which the evil effects are wrought, so clearly and convincingly that the paragraphs on this subject would by themselves make an admirable little sermon for the more frivolously inclined of the feminine laity.

We have left ourselves no space to quote from Dr. Donaldson's excellent suggestions as to the uses in the treatment of gynecological patients which bodily posture can be made to serve. We recommend them not only to specialists, but to all those to whom simplicity and intelligent use of natural means commend themselves, as opposed to more elaborate and artificial treatment. The pamphlet, as a whole, cannot fail to serve an admirable purpose in calling the attention of all believers in preventive medicine to a subject overlooked to an extent entirely disproportioned to its importance.

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#### *ECZEMA TREATED BY RHUS VERNIX.*

THE treatment of eczema being often a most baffling and vexatious matter even to the homœopathic therapist, any practical suggestions on the subject, especially when accompanied with notes of cases successfully treated, are always timely and welcome. Such a suggestion we find in a clinical note by Dr. Marc Jousset, in a recent number of the "Bulletin de la Société Médicale Homœopathique de France." He reports in some detail the case of a patient presenting herself at the clinic of the Hospital Saint-Jacques; and his report runs somewhat as follows:—

"Madame M., sixty years old, of hysterical tendencies, once had symptoms of diabetes, which have, however, entirely disappeared. She has, at the apex of the right lung, signs of the approach of chronic tuberculosis. On her legs, both on the front and back of the calf, she has an

intense eczema, showing an immense ulcerated surface more or less covered with crusts. This lady has had several previous attacks of eczema.

“Following my father’s advice, the patient took, morning and night, three drops of the mother tincture of *rhus vernix*, continuing this treatment for a fortnight, but with no favorable effects on the eczema. At the end of that time the ulceration of the right leg was more extensive and painful than that of the left. I continued the *rhus vernix* in the same dose; and, after applying a poultice to loosen the crusts on the leg most severely affected, I directed the patient to bathe the whole surface in a solution of four drops of *rhus vernix* to the teaspoonful of water. The application produced a sensation of intense burning, not only over the eczema, but wherever it came in contact with the skin. I saw the patient two days afterward, and the leg was hardly recognizable. The eczema had almost entirely disappeared, though the skin of the entire leg was red. The left leg, to which no application had been made, was in exactly its former condition,—a fact which seemed to me to triumphantly demonstrate the action of the medicine; which, however, had produced too marked a burning. I ordered the same application for the left leg, using in this case but one drop of the *rhus vernix* to the teaspoonful; and the curative action was quite satisfactorily manifested.”

The eczema here treated by Dr. Jousset seems to have been of an unusually severe type, and its prompt relief by the use of the remedy is therefore the more noteworthy and remarkable. We should be glad to have record of the experience of our dermatologists with *rhus vernix* in like cases; and we should be glad also to hear such further report of Dr. Jousset’s case as shall convince us that the cure was a “safe and permanent” one, and not a mere suppression, resulting in speedy development of the incipient tuberculosis.

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#### COMMUNICATIONS.

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#### *PURULENT INFLAMMATION OF THE CONJUNCTIVA OF THE NEW-BORN (OPHTHALMIA NEONATORUM).*

BY ALFRED WANSTALL, M.D., BALTIMORE, MD.

[Read before the American Homœopathic Pædological Society, St. Louis, Mo.,  
June 1, 1885.]

In the following lines it is my intention to limit my remarks to the consideration of the etiology, and some practical points

in the treatment, of this disease. Its other features I assume you are familiar with.

Without further reference, I state here that whatever follows of historical and statistical interest I owe to a monograph by Carl S. F. Credé, published in Berlin in 1884, entitled "Die Verhütung der Augenentzündung der Neugeborenen [ophthalmoblenorrhœa neonatorum] der häufigsten und wichtigsten Ursache der Blindheit." Those of you whose labors are limited to the domain of private and general practice will need more proof than that furnished by your own experience to convince you of the truth of the statement that this disease is "the most frequent and important cause of blindness;" though perhaps this phrase would be more accurate if the words "in young children" were added to it, as the statistics are undoubtedly compiled from the records of blind-asylums where the large number of adult blind from other causes are not found.

Without being able to give figures, Credé states that this disease has accompanied his entire career of forty years as assistant and chief in the maternities of Berlin and Leipzig, each single case requiring a special nurse, and lingering from two to three, and often four and more, weeks. Hausmann, cited by Credé, states, that, in the large maternities of Germany, from 4.9% to almost 50% of the children were affected by this disease.

Ammon found that the blindness of two-thirds of the inmates of the asylums of Germany and France was owing to ophthalmia neonatorum. Reinhardt demonstrated from the archives of twenty-two asylums, from 1865 to 1875, that this disease caused the blindness of from 8.27% to 50% of the inmates. In the Dresden asylums between 31.9% and 50% of the cases were caused by it. Wolf in Great Britain, from investigations in the blind-asylums of Aberdeen and elsewhere, reports the greatest number of incurable blind as due to ophthalmia neonatorum. Schiess makes much the same observations. St. Hilaire, in France, gives 26.98% of all cases of blindness during a period of twenty years as owing to this cause.

As early as 1750, Quellmalz recognized a relation between leucorrhœa of the mother, and blennorrhœa of the conjunctiva of the child, but believed the contagion was imparted through the medium of the blood; A. Schmidt, in 1806, was the first to attribute it to gonorrhœa; and in 1820 Guillié dwelt upon the positive contagiousness of the blennorrhœal secretion. Velpeau, in 1838-40, denied its origin from gonorrhœa or leucorrhœa, and spoke of the contagiousness as doubtful.

As late as 1870, Stellwag and Velpeau affirmed that the vaginal secretions could not enter the conjunctival sac during the act of birth. During the same year, however, Hausmann demon-



strated microscopically the morphological constituents of the female genital organs in the conjunctival secretion of the infant a few minutes after birth. During the last ten to twelve years, the idea that the contagion of this disease is contained in the purulent leucorrhœa of the mother has steadily gained ground.

Nöggerath was the first to call attention to the latency of the gonorrhœal poison, as well as its contagiousness in its latent condition, and, further, to the probability that most of the acute and chronic inflammations of the female sexual organs are dependent upon gonorrhœal infection. Credé based his first prophylactic measures on the investigations of Nöggerath.

Neisser, however, first demonstrated the so-called gonococcus. He found in gonorrhœal pus, examined according to Koch's method, besides pus corpuscles, a number of more or less numerous collections of micrococci, the single individuals of which are circular, and of strikingly large size, and have a strong coloring affinity for methyl-violet and dahlia. With the less powerful objectives, they are seen surrounded by a ring of light, probably due to a mucous coating. They seldom occur singly, but mostly in pairs, so closely adhering as to give the observer the impression of a single organism similar to the figure 8.

They form in colonies of ten to twenty and more, surrounded by a mucous covering. Frequently the micrococcus is found on the surface of pus corpuscles, rarely on epithelial cells. Every gonorrhœal pus examined by Neisser contained this form of bacteria; and, on the other hand, they failed in pus from all other sources. They were found in purulent inflammation of the urethra of females, and in great numbers in acute purulent conjunctival blennorrhœa of the new-born, from the first to the sixth day. In two cases of gonorrhœal ophthalmia in the adult they were also found.

The constant occurrence of gonococcus with gonorrhœa has been confirmed by a large number of careful investigators, though they are not a unit as to the specific character of the coccus, and strict evidence that the gonococcus is the pathogenetic principle of gonorrhœa is wanting. Neisser says the gonococcus is a specific kind of micrococci, not alone functionally, but also morphologically peculiar.

Neisser's *résumé* is as follows: 1. The diplococcus, or roll-form, is specific, and differs from all other micrococci which appear as circles or chains; 2. The colonies are peculiar; 3. The micrococcus is found in cells, as well as on pus corpuscles and epithelia; 4. The gonococcus is absolutely present with every gonorrhœa; 5. The micrococcus occurring with gonorrhœa is absolutely characteristic of this infectious disease, and is found with no other disease; 6. The gonococcus is the only form of

bacteria found in gonorrhœal pus; 7. So far as examinations of micrococci can decide, all investigators who examined Neisser's cultures agreed with him that they represented pure collections of gonococci. Neisser's results have been confirmed by Eschbaum, Newberry, Campona, Aufrecht, and Bockhardt.

Bockhardt states, as the results of his investigations, that the gonococcus is the pathological bacteria of gonorrhœa, and that it has about two and a half days' time of incubation in the mucous membrane of the urethra. Gonorrhœa is a local infectious disease,—a specific inflammation caused by the wandering of gonococci in the lymph tracts, and infiltration of the entire mucous membrane and cavernous tissue of the anterior part of the urethra with free cocci and wandering cells containing gonococci.

Schirmer (Zweifel's assistant) was the first to inoculate the perfectly sound eyes of a child six days old with lochial secretion from a healthy mother, who did not have leucorrhœa during pregnancy, and was said never to have had gonorrhœa. After about forty hours, there resulted swelling of the lids and an ophthalmoblennorrhœa. In the secretion Schirmer found positively a complete pure culture of Neisser's gonococci. Zweifel, to invalidate Schirmer's observation, made six similar experiments, observing every possible care to exclude affected mothers, with the remarkable result that not once did an ophthalmoblennorrhœa result. The natural conclusion is, that in Schirmer's case latent gonorrhœa existed, and that Zweifel's experiments offer an important negative support for the specific character of the virus, and that this form of inflammation of the eye originates from the contagiousness and latency of gonorrhœa.

From the preceding, it would seem that only the specific gonorrhœal virus generates ophthalmia neonatorum.

Credé summarizes as follows: 1. The specific poison contained in the vaginal secretions of women suffering from vaginitis granulosa enters the conjunctival sac, as a rule, during the time of expulsion; 2. Normal vaginal secretion does not cause specific blennorrhœa; 3. If the per centum of cases of vaginitis granulosa to the cases of ophthalmia was only twenty-two, this is explained by the fact, that, with thirty-five per cent of them, an exact diagnosis was not possible, owing to their entering the hospital during labor; 4. A lengthened period of expulsion (over one hour), an early rupture of the membranes (over three hours before birth), and, finally, the birth of large children, favor the infection.

The disease appears on the second or third day after birth; and the earlier it appears, the more violent its course. Occurring

after the fifth day, the probability of infection having taken place during the act of birth no longer remains.

Credé's first preventive measure consisted in vaginal irrigations with warm water, or a two-per-cent carbolic solution, of all pregnant or laboring women affected with gonorrhœa or vaginal catarrh; with the result that inflamed eyes were less, but did not cease. In October, 1879, in addition to the vaginal irrigations, he made prophylactic instillations of a solution of borax 1 : 60 into the eyes of all children born of infected mothers. The results were no more favorable. In December, 1879, he began using nitrate of silver in solution 1 : 40, instilled into the child's eyes immediately after birth. Before the instillation the eyes were carefully cleansed with a weak solution of salicylic acid. The children so treated remained sound; but the eyes of other children not so treated, because their mothers were not considered infected, became inflamed. From June 1, 1881, all eyes, without exception, were subjected to a solution of nitrate of silver 1 : 50 immediately after birth, and all other preventive measures were laid aside. All children so treated remained free from inflammation of the eyes, although the mothers of many of them were affected with a high grade of blennorrhœa and trichomatous growths of the vagina.

The result obtained in a period of nearly three years, with eleven hundred and sixty births, was the occurrence of one, or at most two, cases of blennorrhœa of the conjunctiva, contrasting with a previous condition of twelve to thirteen per centum. Credé states, since the introduction of his prophylaxis, that, besides the blennorrhœa, all other slight and harmless but tedious affections of the eyes of new-born children, such as slight catarrhal conjunctivitis, conjunctival inflammation, inflammation of the lids, excoriation of the skin, etc., have almost entirely disappeared.

All who have strictly followed Credé's method have reported equally favorable results, and the few who have not attained like results have always deviated in some particulars from Credé's procedure.

Credé's procedure is as follows: After the cord is cut, the child is first freed from vernix caseosa, blood, mucus, etc., in the ordinary manner, and is then placed in the bath. At the same time the eyes are cleansed externally by means of a clean compress, not using the water of the bath, but ordinary clean water, especially removing from the lids all adhering vernix caseosa. Then, before it is dressed, the child is placed on the dressing-table, and each eye is slightly opened by means of two fingers, and a single drop of a two-per-cent solution of nitrate of silver, hanging on a glass rod, is approached to the cornea

until contact, and allowed to diffuse itself upon it. All further care of the eyes is omitted. Particularly, should a slight redness and swelling of the lids, with mucous secretion, result, during the following twenty-four to thirty-six hours the instillation must not be repeated.

Having glanced at the etiology of this disease, and Credé's preventive procedure therefor, we are now to consider briefly how far the latter is applicable in private practice, and what is the best treatment for the disease when it occurs.

It seems obvious that Credé's procedure, as carried out by him, is not practicable in private practice. Blennorrhœa of the conjunctiva with the new-born is not sufficiently common outside of maternities to justify the application of a solution of nitrate of silver to the eyes of every child after birth, harmless though it may be. But with a proper understanding of the etiology of this disease (and from the foregoing it would seem that this is now fixed on a firm basis), and in consideration of the extremely brilliant results obtained by Credé and others, it seems as though it were the duty of every physician to put it into practice in the case of children born of mothers known or suspected to be, or to have been, affected with gonorrhœa.

Having a case of ophthalmia neonatorum, how shall it be treated? It is not my intention to discuss methods of treatment, but as simply and plainly as possible describe the rules I have followed. And first with regard to internal medication. In Norton's excellent "Ophthalmic Therapeutics," the treatment of this disease is described, with that of gonorrhœal ophthalmia, under the heading of "Ophthalmia Purulenta;" and fifteen principal, with six supplementary, remedies are recommended there in its treatment. With ophthalmia neonatorum, subjective symptoms are wanting, and the objective symptoms differ little in different cases, and then the difference is more of degree than of kind; so that a multiplicity of remedies, with their varied symptoms, is likely to create more confusion than order. My friend Dr. M. Brewer, for many years physician to St. Vincent's Infant and Lying-in Asylum of Baltimore, once remarked to me, that, after he became acquainted with homœopathy, he gave to all cases of this disease *argentum nit.*<sup>30</sup>, and had no further trouble with them. I am sorry I cannot echo his good results; but it has not been my fortune to meet with these cases in their early stages, but usually in the stage of full development. I likewise commence the treatment of all cases with *argentum nitricum*, and believe I cannot do better than recommend you to do the same. The only other remedies I ordinarily make use of are *mercurius* and *pulsatilla*, — the first of these two in the stage of full development, when *argentum nitricum* does not

seem to take hold ; and the latter in the later stages, when one or the other of the two first-mentioned remedies seem to have ceased to act. Here I would close the list of ordinary remedies.

We are now to consider what seems to me the most important factor in the management of this disease ; namely, the local, or local antiseptic, treatment, which includes, or is itself, cleansing. Norton, as well as other writers on this subject, lay down the rule to cleanse the eye from every fifteen minutes to one hour. I must first say that the thoroughness with which the eye is cleansed is of vaster importance than the frequency of the operation : in other words, imperfect cleansing is of little use, however frequently it may be done. When the eyes are properly cleansed, so frequent intervals are not only undesirable, but almost impossible. It is to be borne in mind that the care is to be unremitting, night as well as day : therefore, if we take every two hours as the average time to thoroughly cleanse the eyes, we approach the limits of the possible endurance of both patient and nurse. For the carrying-out of important measures, the physician should ever avoid impossible orders ; for, when a nurse finds an order impracticable, she is apt to consider it unimportant, or, if she makes it up in time, she will stint it in degree. The application of a solution of nitrate of silver from two to ten, and even twenty, grains to the ounce, once a day to the everted lids, is frequently recommended. My rule is to avoid its use, and, instead, use chlorine-water, one-third, one-half, or pure, according to the severity of the inflammation. This is to be used every time the eyes are cleansed, and in the way to be more closely detailed. Aqua chlorini has the great advantage of being a good disinfectant, it is not caustic, and the irritation produced by it is not severe, and passes off with great rapidity.

Having mentioned what is to be done, there remains to tell you how to do it ; and it is just here that your success will rest. As the care of the child's eyes has to be left to the nurse, it is all-important that she be instructed in it. In order to properly cleanse and disinfect the eyes, the physician places a plain chair, without arms, in front of and facing a window, for the nurse ; a similar chair to the right of the nurse's, and facing its right side, for himself. Nurse and physician being seated, the former faces the window, and the latter's right side is toward it. The nurse now takes the child into her lap, resting its head on and between the physician's knees, which should be well protected with a heavy towel. The child's trunk and limbs are now comfortably and securely held by the nurse, while its head is firmly secured by the knees of the physician, who has both hands free to manipulate the lids, and an unobstructed supply of light, with water, disinfecting solution, pledgets of linen, etc.,

at his hands. The physician first cleanses from the external surface of the lids, and from the palpebral apertures, all the secretion he can, by using a pledget of linen and warm water into which has been poured some aqua chlorini. Having removed in this manner all the secretion possible, the surfaces of the lids, as well as the fingers, are now carefully dried, to prevent their slipping in the next step, which is the eversion of the lids. Here let me say that the lids of new-born infants cannot be everted by the same procedure practised in everting the lids of adults, as it is almost impossible to grasp their lashes with the fingers. Maintaining the position described above, the forefinger of the left hand is laid upon the upper lid adjoining the tarsal border. This is then drawn toward the upper orbital margin, making only sufficient pressure upon the lid to keep it from escaping the finger. As a rule, when the marginal integument approaches the orbital border, its swollen conjunctival surface descends and everts. Should this not take place, the manœuvre must be repeated, varying the pressure of the finger until it does. When the eversion is complete, it is maintained by firmly holding the integument beneath the finger against the orbital margin. Now, with the free right hand, the exposed mucous membrane is freely pencilled with chlorine-water, using a camel's-hair brush, and removing every vestige of secretion, brushing thoroughly; and if blood flows from the surface, so much the better. This lid is now allowed to return to its place; and the lower lid is everted, and treated in the same manner. The lower lid is best everted with the thumb of either hand, and held in position with the left one. With a little skill, both lids may be everted and treated together. After the upper lid is everted, and secured as above, the lower lid is everted by the thumb of the right, and is then secured in this position with the second finger of the left hand.

It is essential that the physician should obtain a satisfactory view of the cornea at least twice in the twenty-four hours. This is best had after the eye is cleansed as above. With the child in the same position, the forefinger of the right hand is placed on or against the tarsal border of the upper lid, and the thumb of the left hand in a like position on the lower lid. The upper lid, *in toto*, is gently forced toward the upper margin of the orbit, while the lower one is simply steadied in place, to prevent it from following the upper one. The procedure is different from that practised in eversion, and more difficult. As the cornea is always rotated upward, the aim is to follow it into this situation with a moderately opened palpebral aperture: therefore the lower lid is not to be stretched downward, but simply prevented from following the upper one too closely. While the

upper palpebral border is pressed upward, it is also kept closely applied to the surface of the eyeball, in order to prevent the swollen conjunctiva from descending, and the lid from everting.

Should any be inclined to regard the foregoing instructions as unnecessarily intricate, and difficult of execution, I can only say that my experience has taught me, when the practitioner has wanted success in the treatment of these cases, it has been owing either to ignorance of these rules, or an inability to carry them out. In regard to the latter, if the principles are once firmly fixed in the mind, the fingers will soon acquire the skill necessary for their execution.

It must never be forgotten that the secretion of blennorrhœa of the conjunctiva is very contagious: therefore the physician must look to the protection of himself, as well as the nurse, mother, and, in short, all persons coming in contact with the child. All articles used in cleansing the eyes should be burned immediately thereafter, and the hands of those in attendance should be thoroughly washed. Should it happen that the secretion of the diseased eyes comes by accident into the eye of another, it is obvious that Credé's preventive treatment should be applied at once.

Should the cornea become involved, it is essential to increase vigilance in carrying out the above instructions. Further detail of the treatment, when this tissue participates in the process, is not practicable in a paper of this nature, and for it I refer you to the text-books.

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### *TWO INSTRUCTIVE CASES.*

BY EDWARD B. HOOKER, M.D., HARTFORD, CONN.

[*Read before the Connecticut Homœopathic Medical Society.*]

AT 10 o'clock on the night of Sept. 7, 1883, I stood at the bedside of a young man of about twenty years, whose condition was as follows: He was totally unconscious, and the insensibility was so profound that it was utterly impossible to arouse him. Reflex irritability, however, was not abolished, the conjunctiva being sensitive to touch, and the pupils responding to light. The eyes were turned up, so that it was difficult to examine the pupils, but I managed to see that they were enlarged, and of equal size. The respiration was easy, regular, 17 to the minute, the chest moving more than usual, and the diaphragm partaking less than usual in the act; pulse 53, strong, regular, full, compressible; no heart-murmurs; face somewhat flushed; skin free from perspiration, and of normal temperature; urine not passed involuntarily; no dropsy; lips somewhat bruised and slightly cut; dried blood about the nose; no other contu-

sion or abrasion upon his person ; spine uninjured, so far as objective signs could determine the fact ; breath strongly odorous of liquor. This was all that could be discovered by the objective symptoms. If the young man had been found alone, in some deserted spot, there might have been difficulty in making a differential diagnosis between the following conditions : cerebral hemorrhage, cerebral embolism, uræmic coma, poisoning by some narcotic drug, insensibility following violence either accidentally or intentionally inflicted, cerebral congestion, syncope, epilepsy, hysteria, and drunkenness. Of course, the history of the case would materially facilitate the diagnosis, but it will be interesting to observe how closely it is possible to discriminate without it, for it not infrequently happens that the physician is called upon to pass judgment upon such a case.

In the first place, syncope, epilepsy, and hysteria may be eliminated, because of the non-profundity of their unconsciousness, and the comparative ease with which the patient can be aroused by proper stimuli.

The odor of the breath at once suggests intoxication ; but it is not by any means conclusive, for alcohol in one form or another is so commonly used, that its detection in the breath proves nothing, except that the individual has been drinking. A man may take a glass of wine, and soon afterwards be attacked with apoplexy, stagger, and fall in the street, appearing to a non-critical observer, who catches the scent of his breath, to be simply drunk. Indeed, cases of this kind have not infrequently occurred in our large cities, where men first seized with apoplexy have next been seized by the officious policeman, carted off to jail, locked up in a cell, and left neglected to suffer or die. In the case under consideration the odor of the breath creates a presumption of drunkenness, and nothing more, till other facts confirm or disprove it.

*As to Apoplexy and Embolism.*—The insensibility is profound enough for either condition ; but the easy respiration, without stertor or irregularity, the strength and regularity of the pulse, the normal expression of the face, showing that there is no paralysis of its muscles, contra-indicate them, while the age of the patient militates against apoplexy, and the absence of heart complications against embolism. These conditions may therefore be excluded. It may not be out of place here to say that it is sometimes impossible to discriminate between cerebral hemorrhage and embolism, but that the former is much more frequent in persons over forty, while the latter occurs at any age, there are no premonitory symptoms, the right side is usually paralyzed, and in a large majority of cases there is organic disease of the left side of the heart.



*As to Uræmic Coma.*—The insensibility alone suggests it. There is no dropsy, the temperature is not lowered, there are no convulsions; but the absence of these signs is not conclusive, the history of the case is needed, and, above all, an examination of the urine.

*As to Concussion.*—The bruise upon the lips of the patient, and the blood about the nose, show that there has been violence, but has there been sufficient to produce such a great degree of insensibility? The absence of other contusions, and the insignificance of those present, indicate the contrary. Besides, in concussion the extremities are cold, the respiration is difficult, and the pulse intermittent.

*As to Narcotic Poisoning.*—The state of pupils, respiration, and pulse, taken together, weigh against narcotism (not produced by alcohol), and the face is not discolored enough, but the history is necessary to settle the matter definitely.

*As to Cerebral Congestion.*—In congestion, not produced by alcohol, the pupils are usually contracted, the face deeply flushed, and insensibility is rarely so deep that the patient cannot be aroused by some means,—all of which shows that the case in question is not one of congestion. The history will throw light as to the presence of premonitory symptoms, which always precede congestion.

*As to Drunkenness.*—While alcohol itself, in excessive quantities, causes narcotism and cerebral congestion, it may be possible to distinguish its effects from those conditions when produced by other means. In the case under consideration every condition save alcoholic narcosis has been excluded with more or less positiveness without recourse to its history. The symptoms indicate drunkenness, yet some of them are not such as are usually found in that state. The profundity of the coma, from which the patient cannot be aroused, and the absence of perspiration, are unusual, and with such great degree of insensibility we should expect more marked disturbance of pulse and respiration.

Turning to the history, it is learned that the young man was in the habit of using liquor, and occasionally got drunk. He was in good health in the morning, and went off in the afternoon with some companions for a half-holiday in the suburbs. He had drunk freely, but it was impossible to learn how much and what kind of liquor, for his companions were very reticent. In the latter part of the afternoon he got into a fight, and was struck on the mouth with force enough to throw him backwards to the ground, where he lay unconscious, in which condition he had been carried home, and from which he had not aroused, though five or six hours had elapsed. Considering his previous good health, the absence of any premonitory symptoms, and the cir-

cumstances developed by the history, we are warranted in excluding every condition save that of alcoholic poisoning, thus confirming the diagnosis already made. While the violence of blow and fall was not enough to produce concussion (the absence of bruises on the back of the head showing that he fell on soft ground), it is quite possible that the shock of the fall assisted to hasten and deepen the insensibility, which an excessive indulgence in poor liquor was already inducing.

Taking every thing into consideration, I told the family that the young man was drunk, but that he would get over it and be all right the next day. The diagnosis proved to be correct, for in the morning he got up and went to work, as usual, apparently little the worse for his dissipation.

My object in citing this case is to emphasize the fact that the excessive use of liquor, especially of an inferior quality, is liable to produce such profound intoxication that considerable discrimination is needed to distinguish it from much graver conditions, and that we ought not to lightly pass over a case of supposed drunkenness, but give it careful attention, that mistakes, mortifying to ourselves and harmful to others, may not be committed.

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On the afternoon of Oct. 6, 1884, I stood at the bedside of a man forty-eight years old, who was unconscious. A short time before, he had been seized with convulsions, which lasted several minutes, and then ceased, leaving him unconscious, but the insensibility was not profound, for he could be partially aroused for a few moments at a time. His face was darkly flushed, pupils contracted and of equal size, stertorous, puffing respiration, cheeks and lips swelling out with each expiration. So far as could be learned, the attack, previous to unconsciousness, resembled an epileptic fit. He had been in comparatively good health, did not use liquor or drugs, and had met with no accident.

I decided the case to be an attack of epilepsy, but committed myself to no diagnosis. In three-quarters of an hour he came to himself, but was stupid all the rest of the day, with thick and difficult speech, giving slow answers, as if his mind was dull, and articulation impeded. There was no paralysis anywhere.

On the next day, Oct. 7, he was much better, and felt quite like himself. On the 9th he was not so well, felt cold, shivered, and had darting pains in right thigh and arm; pulse 96, some fever, mind very dull, eyes listless, whole expression of face stupid, speech slow and thick, grasp of hands weak, tongue lightly coated. I considered him on the edge of a course of fever, but was unable to form a definite opinion as to its exact nature. On the following day he was much better, and continued

to improve so rapidly, that I soon left him, with directions to be called promptly in case of relapse.

On March 2, 1885, just about five months afterwards, at 7 o'clock in the evening, this man, while driving home from work alone, was suddenly seized with convulsions, and became unconscious. He had apparently been as well that day as on the preceding ones, though for several weeks he had complained of feeling poorly. A neighbor passing by saw at once that he was in trouble, and, obtaining assistance, brought him home. I saw him an hour after his seizure, and found him in a state of profound coma; insensibility absolute, and all reflexes abolished; right pupil larger than the left, which was contracted; skin hot, and covered with profuse perspiration; pulse 120, regular, strong; respiration hurried, irregular, labored, stertorous, cheeks and lips puffing out with each expiration, which was accompanied by a muttering, inarticulate sound. Convulsions were occurring about once in ten minutes, the features, arms, hands, and legs partaking in the movements. Face dusky, lips and nails blue.

At 9.30 P.M., two and a half hours after the onset, the convulsions ceased, and respiration became more regular, but the coma continued as before. As the interest in this case hangs on the diagnosis rather than the treatment, I shall not allude to the latter. My belief at this time was that the man had been stricken with apoplexy, but I made no positive diagnosis. The prognosis I stated to be very bad.

On March 3, at 8.30 A.M., thirteen and a half hours after his seizure, there was not much change. There had been no return of the convulsions; respiration 48, pulse 120, weaker, skin darker, still hot and sweaty, coma profound. The head was turned to the right, the face was drawn slightly in the same direction, and the breath, in escaping from the mouth, passed out at the right corner. The urine had been passed involuntarily in considerable quantities. Having the possibility of uræmic coma in mind, I emptied the bladder, which still contained more than a quart of urine, and carried away a specimen for examination, which later disclosed the fact that it contained albumen and hyaline casts, showing an advanced stage of Bright's disease. This development at once raised the question whether the patient was suffering from cerebral hemorrhage or uræmic poisoning. While admitting the possibility of the latter, I decided that my previous diagnosis of apoplexy was more likely to be correct, and for the following reasons: the suddenness of the attack, the stertorous respiration, the deviation of the head to one side, the facial distortion, the elevation of temperature, the age of the patient, the color of the face pointed towards apoplexy, but it must be admitted that the frequency of pulse and

respiration, and the absence of reflex irritability, did not tend to strengthen the diagnosis, to say the least. On the other hand, while the presence of albumen and casts created a presumption in favor of uræmia, it was not conclusive evidence, since interstitial nephritis is a predisposing cause of apoplexy, by increasing the blood-pressure, and possibly weakening the coats of the arteries. Then, again, in uræmic coma we expect to find the urine greatly diminished in quantity, if not suppressed, the temperature lowered, sometimes to  $91.5^{\circ}$ , slow pulse and respiration, and a pallid face. It is true, however, that the uræmic poisoning depends upon the retention of the urea and other solids of the urine, which may occur even when the quantity of urine passed is large. A quantitative analysis of the urea must be made to determine the fact definitely, which was not done in this case.

At 6 P.M., March 3, twenty-three hours after the seizure, there was some improvement in the appearance of the face, which assumed a natural, rather rosy color. But the other symptoms remained unchanged; respiration 48, regular, pulse 120, regular, fair strength, temperature 101.6. The coma was as profound as ever. Prognosis still very bad.

At 8.30 A.M., March 4, thirty-seven and a half hours after the attack, the patient had visibly failed, coma unchanged, pulse 150, weaker, respiration 52, more labored, and insufficient, the face growing darker in color.

At 12.30 P.M., forty-one and a half hours after seizure, the end was seen to be near, pulse being 160 and very weak, and respiration very difficult.

Death occurred at 5 P.M., after a struggle of forty-six hours, without remission of the coma.

Was the diagnosis correct? Here was a man forty-eight years old, in average health, so far as his relatives knew, — though they recollected that he had been complaining of late, and acting a little strangely, — who, while driving, was suddenly attacked with unconsciousness and convulsions, having suffered five months previously with a milder attack of a similar nature. The convulsions ceased in a couple of hours, but the coma remained till it was merged in the deeper sleep of death. His head and face were drawn a little to one side, his breathing was labored and stertorous, his face dark in color. While lying comatose, it was discovered that his urine was albuminous, and contained casts. Of what did he die? With considerable confidence, I pronounced the disease to be cerebral hemorrhage, and felt reasonably certain that a *post-mortem* examination would disclose a clot in the right hemisphere, in the region of the fissure of Sylvius.

A careful *post-mortem* examination showed that there had been no hemorrhage whatever, nor any embolism. The brain was everywhere greatly congested, but there were no organic lesions. The patient died of uræmic poisoning.

This case, and others where I have unexpectedly found albumen in the urine, when renal disease was not suspected, leads me to urge the importance of its examination even when the symptoms do not point to the kidney as the seat of the trouble. I ought to have examined the urine of this patient at the time of his first attack, in October, and it is possible that at that time the disease might have been in a stage capable of relief, either temporary or permanent.

It is worthy of observation, that, while the temperature is usually lower in uræmia, in this instance it was elevated, and the patient presented many symptoms which would reasonably lead one to make a diagnosis of cerebral hemorrhage.

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### CHOLERA INFANTUM.

BY J. H. SHERMAN, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

“Summer complaint,” “entero-colitis,” “gastro-enteritis,” or “gastro-enteric catarrh,” are its synonymes. It affects children under two years of age. It is a summer disease. It is ushered in by more or less frequent loose discharges from the bowels, followed sooner or later by vomiting. The discharges may be from four to twenty-four in twenty-four hours. They are mostly liquid, dark or greenish, containing mucus and undigested food. There is great thirst, and liquids are rejected almost as soon as swallowed. At the outset there is some fever; but this soon subsides, and the body is cold, especially the extremities. At first there is often great restlessness; but this soon gives way to apathy, the patient taking little or no notice. The countenance rapidly changes expression, becomes pale and contracted, with sunken eyes. The abdomen is usually contracted, though sometimes tympanitic, nervous symptoms increase, and convulsions are not uncommon. The cause of the disease is multiple: first, a predisposition; second, solar heat; third, impure air of crowded cities with imperfect sewerage and surface drainage; fourth, bad feeding; fifth, teething.

That some children are predisposed to bowel troubles is unquestionable. Some children will take the disease, while, under precisely the same circumstances, others will escape. That extreme heat, especially in cloudy, damp weather, favors the dis-

ease, is evident from the fact that children are generally exempt from it in cold weather. A few cold nights sometimes make a wonderful improvement in these cases. The bad effect of the air in narrow, filthy streets, and in tenement houses, is apparent when we contrast the frequency and fatality of the disease amid such surroundings with those of more favored localities. Nursing children are much less susceptible to the disease than those brought up on the bottle. Milk that is not fresh, and which has been transported long distances in the hot sun, is unsuitable for infants. Then the manner of feeding is faulty. Poor people are often without refrigerators or ice, and, if the milk is fresh when received, it soon becomes unwholesome.

As to the pathology of the disease, I accept the theory that it is an impaired state of the organic nervous system, the sympathetic. A paresis of the vaso-motor branches of this nerve causes a stasis in the blood-current, producing congestion, and exudation into the bowels. When section has been made of the terminal branches of the sympathetic supplying the intestines, the result has been an outpouring of serous fluid. The absorbents no longer perform their function, nutrition is arrested, and exhaustion and emaciation are the result. I am aware that inflammation of the bowels (entero-colitis) has been supposed to exist in this disease; but it has not been proven, as the pathological states thought to have been caused by inflammation can be accounted for as natural *post-mortem* results.

The prognosis depends upon the surroundings and the care, including feeding. Unfavorable symptoms are extreme restlessness, stupor and convulsions, uncontrollable and frequent vomiting, very frequent and profuse discharges from the bowels.

The most essential thing in the treatment is to get the patient into a pure, cool atmosphere. Where it is practicable, they should go to the seashore or to the mountains, at least to high ground in the country, where pure water and perfect drainage can be secured. This change of locality is often sufficient to cure the worst cases. With poor people, unable to take their children to the seashore or country, let them take them to the public parks, or on harbor excursions. My ideal plan would be, to meet the wants of such cases, to have a sanitary ship—an old hull of large capacity—anchored a few miles out in the harbor, where they could breathe the fresh sea-air. I believe that little else but suitable nutriment would be required to restore the worst cases.

The diet is a very important factor in the conduct of this malady. Nothing is so appropriate as good breast-milk.\* If this cannot be had from the mother, or wet-nurse, the next best thing is good cow's-milk, fresh twice daily, diluted with an equal

part of barley-water, to which should be added a pinch of soda. But it is not always advisable to continue the use of any one article of artificial food. Use it so long as it agrees, and, when it does not, change it for something else. Mellin's or Horlick's food is suited to the condition of many cases, and they will thrive well upon it. Have also had good success with Ridge's food, where Mellin's failed to agree. A common error in feeding with milk is to dilute it too much. The child is obliged to take so much in quantity to supply its wants, that the stomach becomes over-distended, and will eject it. Where there is great debility, chicken-broth from which all fat is removed may be given. Beef-tea may be given for the same condition, as a change or substitute where chicken-tea does not agree. Barley-water may be added to the beef-tea should the stomach fail to digest it. Wine-whey may be given in advanced stages of the disease, where great debility exists. The white of egg beaten up with barley-water, with a few drops of brandy or whiskey, is suitable for cases where there is great prostration. Raw-beef juice has been given, with good results, in advanced cases attended with great debility. An important item in the management of the diet is not to give nourishment too often. To feed a child over three months old once in three or four hours is often enough.

Thirst is a prominent symptom in cholera infantum, and should not be disregarded. I know there are various opinions about the propriety of giving water in this disease, some claiming that it should be withheld wholly, others that it should be given sparingly, while a small minority claim that it should be given *ad libitum*. I believe the latter to be the correct thing to do, though it requires not a little courage on the part of the practitioner to do this in face of the prejudice and opposition of the laity. It has been my practice for several years, when called to treat cases of cholera infantum, to give the little sufferers all the water they will drink. On taking the first potion, they will eject it almost as soon as swallowed, and perhaps a second or third time; but after this it is retained, and the uneasy, restless little sufferers will cease tossing about, and go to sleep. Would also pound ice, and tie a small quantity in the end of a piece of sleazy muslin, and give the child to hold in the mouth. It will show its gratitude while it extracts its delicious coolness. *Apropos* of these remarks on the use of water, allow me to quote from the "Medical Record:" —

"WATER FOR INFANTS. — There are many upon whom the idea does not seem to have impressed itself that an infant can be thirsty without at the same time being hungry. When milk, the chief food of infants, is given in excess, acid fermentation results, causing vomiting, diarrhoea, with

passages of green or greenish-yellow stools, elevated temperature, and the subsequent train of symptoms which are too familiar to need repetition. The same thing would occur if an adult was drenched with milk. The infant needs, not food, but drink. The recommendations of some writers, that barley-water or gum-water be given to the little patients in these cases, is sufficient explanation of their want of success in treating this affection. Pure water is perfectly innocuous to infants, and it is difficult to conceive how the seeming prejudice against it ever arose. Any one who has noticed the avidity with which a fretful sick infant drinks water, and marks the early abatement of febrile symptoms, will be convinced that water as a beverage, a quencher of thirst, as a physiological necessity in fact, should not be denied to the helpless members of society. We have often seen an infant, which had been dosed *ad nauseam* for gastro-intestinal irritability, assume almost at once a more cheerful appearance, and rapidly grow better, when treated to the much-needed draught of water. If any one prescription is valuable enough to be used as a routine practice, it is, give the babies water."

Amylacious substances are unsuitable for children under a year old, as the pancreatic juice which converts the starch into sugar is not secreted before that period. An efficient palliative measure, if not a decidedly curative one, is the cool bath — not too cool:  $70^{\circ}$ , gradually reduced to  $65^{\circ}$ , is about right. This has the most happy and quieting effect, and can do no possible harm. These baths may be repeated several times daily. Another useful adjuvant is the warm pack, which may be substituted for the bath when the body, and especially the extremities, are cold. A sheet should be dipped in mustard-water, wrung gently, and the child wrapped in it. This often has the happy effect of arresting both vomiting and diarrhœa. The spiced poultice is also an appropriate and useful adjuvant. A dessertspoonful each of ginger, cloves, and cinnamon, with a couple of tablespoonfuls of meal moistened with brandy, and spread on a piece of muslin, and applied to the stomach and bowels, will give decided relief in most cases

Last, if not least, I come to speak of medicinal treatment. Taking the view of the disease that it is a functional derangement of the organic nervous system, a paresis of the vaso-motor terminations of the branches supplying the alimentary canal, I look for those remedies whose action on these nerves is similar to that produced by the disease. Ipecac, veratrum, arsenicum, podophyllin, iris versicolor, nux vomica, and secale are the principal remedies that have this action. I would also include kali bromidum, which certainly has a controlling action on the vaso-motor nerves, reducing the peripheral circulation, besides acting as a sedative on the cerebro-spinal nerves. This is my favorite remedy in threatened or actual convulsions. In regard to the choice of the other remedies mentioned, I must refer you to the recorded pathogeneses for your guide. I do not feel competent, nor have I the time, to individualize and



indicate those nice shades of distinction that would make it easy for you to select one rather than another. I am in the habit of using ipecac at the outset, if the attack commences with vomiting; iris versicolor where ipecac fails, or its action ceases after a while; jalapa where the stools are watery, profuse, and accompanied with pain; podophyllin if the discharges are fluid, frothy, greenish, with much straining at stool; arsenicum with great prostration, and in the more advanced stages of the disease; and nux vomica under similar conditions. I am aware that this naming a list of remedies, with so meagre directions for their use, resembles the author who sent his manuscript to the printer without punctuation-marks, asking the reader to spice them in to suit himself. I trust, that, in the discussion which follows, others will supply all omissions or shortcomings in the paper you have so kindly and courteously listened to.

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*RELAPSING OR REMITTENT PNEUMONIA, WITH REMARKS ON THE ETIOLOGY OF PNEUMONIA GENERALLY.*

BY PROSPER BENDER, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

THE social habits and conditions of life of this generation are very different from those of the preceding age. The tendency nowadays is to surround ourselves with every luxury and convenience, however detrimental to health. With the development of elaborate social organizations, and the building-up of vast civic communities, we encounter characteristic evils and perils from which the plain-living, moral, and moderate-sized cities of the olden time were almost free. As our circumstances change, complications in the forms and operations of disease arise. The wide diffusion of the sewer system, with its manifold dangers; the adulteration of food and chemicals; the evils of over-crowding, imperfect ventilation, and accumulated filth,—are all potent factors in the causation of disease, which daily experience but too painfully teaches. And the struggle for wealth and distinction, which is becoming greater every day, occasions a strain upon the nervous system, hurtful and fatal to all but the robust. These ills and errors account for the extension and aggravation of diseases which were comparatively unknown under simpler and more natural sanitary conditions.

How often do we hear middle-aged and elderly people, in town as well as the country, make comparison of their health and strength with that of their juniors, not favorable to the latter! I have known myself, in Canada and elsewhere, men of the

“old stock” and “old time,” who had worked hard till sixty and seventy on the plainest fare, and not always enough of that, endure hardships which would, to use a common phrase, “play out” speedily multitudes of younger, better fed and cared-for men of the present generation. Some of those veterans had never been an hour ill, while frequently working all day in clothes wet from head to foot. This degeneracy has been attributed by many to the evils consequent upon our modern ways of living.

It cannot fail to benefit the physician to make observations and reflections respecting the present and the past, and to mark clearly those differences which distinguish actual states of health and disease from those of former times. Our profession is intrusted with the noblest mission, — the preservation of health; the relief, under Divine guidance, of human suffering; and the prolongation and improvement of life, morally no less than physically. Every means, then, calculated to promote such noble ends should be ascertained and made known for the benefit of humanity.

The above general considerations have been suggested by the increasing prevalence of pneumonia for years past, and its high rate of mortality. In New York, during one week in March last, the deaths from that disease numbered twenty per cent of the total mortality, or the alarming number of 149; in January, 486; and in February, 575. In Boston the number of cases and the mortality give nearly the same ratio. In January the deaths were 101; in February, 120; in March, 153; in April, 180; and in May, 133: while in the same months of last year the deaths were respectively 89, 80, 80, 80, and 46. The importance of ascertaining the exciting causes of an epidemic decimating our population with such frightful rapidity cannot be over-estimated. If due, as many believe, to defects in our system of sewerage and ventilation, it is our duty to point out the facts to the public, who anxiously await the verdict of the profession.

I have had under my care lately several cases of pneumonia. The most interesting I shall now describe. On the morning of the 6th of March last, I was called to a single woman, aged forty, who told the following story: She had not been well for weeks, feeling languid and weak, with loss of appetite. Two days previous, when overheated, she took cold. The night following she woke out of her sleep, suffering from severe pain in the left side, and shortly afterwards experienced a chill. During the next day she attended to her household duties, but complained of stitches in the side. The objective symptoms, at the time of my visit, were, *decubitus* on back, with inability to lie on left side from pain; pulse 90; temperature  $99\frac{1}{2}^{\circ}$ ; respiration 25; tongue coated; skin hot and dry; below left nipple, towards

side, friction sounds, during inspiration and expiration, noticeable to touch and ear, and not affected by deep breathing; respiratory murmur feeble; chest resonance normal: the subjective symptoms, chilliness and thirst, the least movement or deep inspiration increasing pain in side.

A warm linseed-meal poultice over left lung was ordered, with directions to renew as soon as cool. A half-glass of milk and two tablespoons of beef-tea in alternation every second hour, and *sulphur*<sup>3</sup> every fourth hour until easier.

The next day, temperature, pulse, and respiration unchanged, but a dry cough had set in, which increased chest pain, and jarred the head; thirst for large quantities; nausea and vertigo on sitting up in bed; pain in left side from the least motion; crepitant râles; sibilant and sonorous rhonchi below left nipple, and extending to posterior portion of lung; slight dulness on percussing that region. One dose of *bryonia*<sup>200</sup> was given. In the afternoon, pain less severe, and patient could lie on left side: other symptoms the same. During the night had a chill, which she thought was due to walking across a cold passage in her bare feet to the closet.

In the morning (the 8th), pulse 100; temperature  $103\frac{2}{5}^{\circ}$ ; respiration 35; occasional cough, with viscid and scant expectoration; small and large bubbling râles, front and back, at base of left lung; prolonged expiration; tubular breathing; increased dulness; bronchophony; apprehensive of motion on account of pain, which was also aggravated by long breath or cough; skin hot and dry, with chilly sensations; cough jarred head; nausea and vertigo on motion; intense thirst. Another dose of *bryonia*<sup>200</sup>. Twelve hours later a decided change for the better: pulse decreased to 90; temperature  $100\frac{1}{2}^{\circ}$ ; no headache.

The next morning (9th) patient reported a good night's rest, and said she was better; but the pulse was 106; temperature  $103\frac{1}{2}^{\circ}$ ; respiration 40; râles over a larger area, with indications of consolidation extending higher up; cough more troublesome, with rusty-colored and viscous expectoration, and herpes on lips. *Bryonia*<sup>30</sup> was given, with orders to repeat in four hours if not better. In the evening a favorable change was again witnessed; pulse-beats and temperature lower; much flatulence and abdominal pain.

During the night, patient had five operations of the bowels, of a light-yellow color, with coagula of undigested milk. The bowels had previously operated regularly every day. The urine was cloudless, and devoid of chlorides.

In the forenoon of the following day the pulse and temperature had risen, and respiration increased; face flushed, and circumscribed redness of left cheek; skin bathed in perspiration,

but burning to the touch; physical condition of the lung the same. *Phosphorus*<sup>3</sup> every second hour. Granulated malt was substituted for the milk, and roasted barley added to the beef-tea. In the evening some improvement.

The patient did not "sleep a wink" all night. She lay with her eyes wide open, incessantly talking, and making occasional attempts to escape from her attendant. She refused to take food and medicine, but was prevailed upon to do so after a while. One of her hallucinations was that I wanted to perform some operation upon her. Temperature  $102^{\circ}$ ; pulse 90; respiration 35; pupils dilated; cough less; expectoration so tenacious that it clung to the sides of the vessel. *Hyoeyamus*<sup>3</sup> and *phosphorus*<sup>12</sup> in alternation every second hour.

On the 12th she was still wandering in her mind, and talking almost continually, but had slept some during the night; temperature  $101\frac{2}{5}^{\circ}$ ; pulse 90; respiration 25; signs of resolution setting in; dull sound lessening; and murmur of air-cells could be heard returning here and there in affected lung. Medicine continued, but less often.

On the 13th she was perfectly rational; temperature  $99^{\circ}$ ; pulse 85. *Hyoeyamus* discontinued. In the evening, at 6, temperature  $98\frac{1}{2}^{\circ}$ ; pulse 80, regular, and equable; but not six hours later a rigor set in, breathing became more difficult, mind wandered, and food and medicine were refused. Owing to some stupidity on the part of the nurse, I was not informed of this change.

At 11 A.M., next day, her face was purple; respiration 50; pulse 120 and irregular; temperature  $105\frac{1}{2}^{\circ}$ ; vesicular râles all over left lung; blowing breathing; marked dulness on side, and increased vocal fremitus; while the base of right lung indicated pneumonic complication, which may, however, have been hypostatic congestion; tracheal râles; general cold perspiration; sordes on teeth; dry tongue, dark-brown coating in centre; muttering delirium; picking at bed-clothes; involuntary stools and urination; no expectoration,—in fact, all the symptoms of collapse. *Phosphorus*<sup>6</sup> and *antimonic tartrate*<sup>3</sup> in alternation every hour; ordered face, hands, and feet sponged with cold water; hot poultice to chest; malt, and beef-tea with rice, every hour. At 2 P.M. some improvement, and at 10 P.M. it was still more marked; expectoration returned; pulse 105; temperature  $103\frac{2}{5}^{\circ}$ ; mixed bronchial and vesicular murmurs at base of left lung, some blowing breathing in right, and less dulness: in fact, defervescence had set in.

The following morning (the eighth day of the disease), temperature  $102\frac{1}{2}^{\circ}$ ; respiration 30; pulse 90; little or no cough; no expectoration; physical condition of lung rapidly improving;

pain in side almost gone; skin cool and moist; and food readily taken. Slept four hours that night. The chlorides had reappeared in the urine.

The improvement steadily continued until the night of the 17th, when patient complained of great internal heat of body; burning hands and feet; moaning breathing; very nervous; worse, particularly after sleep; pulse 90 and intermittent; temperature  $99\frac{1}{2}^{\circ}$ ; some delirium; tongue red and glistening; intense thirst. *Lachesis*<sup>30</sup> soon corrected these symptoms. Two days later, had retention of urine, which *belladonna*<sup>3</sup> removed. On the 5th of April she went out for a short walk, and has been well since.

Now to an analysis of the case. I ascertained that my patient had slept for months in an inner room, having a sink communicating with the main drain, with no provision for the escape of effluvia, or renewal of air, except by a corridor. There can be no doubt that malaria, in its under sense of "bad air," was the chief factor in the causation of this woman's illness. The patient, having been weak and languid for weeks, while overheated took cold, which ushered in the disease. Even if we had not a record of previous exposure to a vitiated atmosphere, the course taken by the disease would lead to such a conclusion. You will reflect on the marked morning exacerbations, the relapses, the delirium, the sudden cessation of cough and expectoration after the eighth day, all of which indicate the action of a specific morbid cause.

When I first saw the patient, I inclined to think I was dealing with a simple case of pleuritis. The pleural friction was distinct to the touch and ear, and heard during inspiration and expiration; while the vesicular râles, which belong to pneumonia, are only heard during inspiration. Of course, pleuritis existed, but the vesicular sounds were drowned by the pleural. On the second day the case was clear, continuing so to the end. My first prescription was called for by the totality of the symptoms, and the second likewise; but, as far as I can judge, they failed to affect the case. I must here confess that it was with no ordinary interest I watched the effect of the single dose of a high potency, for I had never before tried it in this affection; and my elation at my apparent success on the 8th, in bringing about what I hoped was defervescence, was considerable. The change was evidently, however, a mere coincidence, or, rather, a phase in the course of the malady.

In the light of subsequent events, I now see that I erred in persisting with *bryonia*, but I thought that perhaps the potency was at fault. I believe, also, that I should have given *phosphorus* sooner; but the indications for it (such as a dry, troublesome cough; tickling in the trachea, aggravated by talking; pressure

over the chest) were not present. I think I could have dispensed with the *hyoscyamus* on the 11th, and trusted to *phosphorus* and increase of nourishment, but did not dare to. I am aware that giving two medicines in alternation, on this occasion and on the 14th, will shock some physicians; but, where life and death are at stake, all legitimate efforts are warranted. I do not believe, like Molière's doctors, in letting people die at the hands of science rather than cure them by means not strictly orthodox. Perhaps I should have continued with the high potencies; but, not having sufficient experience of them in acute diseases, I desisted.

My experience of pneumonia has been considerable, and my successes (I do not speak boastfully) numerous. For instance: I have attended successfully seven cases in the third stage, after distinguished allopathic physicians had given them up. I must also confess to failures; but both kinds of experience enable me to say that I know of no class of serious cases which, even at the most critical moment, I would more readily undertake to treat, and with no small degree of confidence of success. I have generally alternated the medicines, and given them low, usually the third attenuation frequently repeated.

Though jacket poultices generally act well, I often prefer cold-water compresses. I usually order poultice first, and afterwards cold water if the former do not relieve; and this may be done with impunity. Sponging the face, hands, and feet with cold water simply, or alcohol or vinegar added, gives great relief. Frequent cleansing of the mouth with alcohol and water is a grateful proceeding to the patient.

Diet is a most important question in the treatment of pneumonia and kindred diseases, when the system has been previously debilitated. You must make provision for the renewal of the waste going on in the tissues. Unless appropriate food be selected, the patient will succumb before a cure can be effected. While milk is an invaluable article of diet, it is not tolerated or assimilated in some cases. Too much dependence must not be put in the use of beef-tea, broths, etc., or death from inanition will happen. The carbo-hydrates are next in importance to milk. They should, however, be thoroughly cooked, so as to convert the starch granules into soluble dextrine. Such articles as rice, barley, tapioca, or sago, slowly baked in an oven for over one hour, taking care to avoid scorching, and added to beef-tea, bouillon, or broth, are readily assimilated, and prove very nutritious. If mixed with milk, they are the more valuable as food. Granulated malt I especially favor, dissolved in milk. Biscuits powdered are also useful, and baby-foods likewise. Raw beef, finely minced, well salted and peppered, administered

if patient complain of hunger, has often proved beneficial in my hands.

Many physicians of both schools advocate the use of stimulants in this malady. In fact, some believe recovery almost impossible without their aid; but I very seldom resort to them. In the seven cases I was fortunate enough to save after they had been pronounced "beyond recovery," I immediately ordered their discontinuance, they having been freely administered by previous medical attendants, and with results which justified their withdrawal.

But I wish particularly to draw your attention to the fact that for several days the patient was worse in the morning, — a condition not usual in this disease. As to the delirium, it is common, we know, with patients addicted to alcohol, or when the upper lobe of the lung is affected; but my patient was abstemious, and the lower lobe inflamed. High temperature may occasion it, too, as well as blood or toxic causes. When defervescence takes place very rapidly, acute cerebral anæmia often occurs, and relapses such as those witnessed on the 11th and 14th are occasionally caused by too rapid absorption into the system of the resolving consolidation; but in the case under revision both were due, I believe, to that complex condition known as septic influences.

The high temperature denoted great peril, especially in connection with the other symptoms. Dr. Suckling, physician to the Queen's Hospital, Birmingham, says on this point, "I have only met with hyperpyrexia (a temperature of over 105° F.) in two cases (pneumonia), and both proved fatal." He also adds, in connection with the same disease, "Diarrhœa, unless critical, is a bad sign." You will remember, the temperature exceeded 105°, and she had involuntary stools and urination.

On the 10th, when told she had had five operations of the bowels, I began to hope they were critical discharges, and that defervescence had set in: but the temperature not having diminished, apart from the appearance of coagula in the stools, convinced me it could not be so; that the change was due to the milk disagreeing, which led me to alter the diet.

The tendency of pneumonia is towards recovery when left to itself. Juergenson says, "Nature cures, and the only duty of the physician is to maintain life until this cure is effected." But, even so, I must say, that in the present case, on the morning of the 14th, the prospect of recovery was very slim. The prompt improvement subsequently, may have been due to the increased nourishment, for the nurse did not insist upon the patient taking her food during the night of the seventh day of the disease, be-

lieving it to be useless ; but, for my own part, I cannot doubt the specific action of the medicines then administered.

The profession has given much thought to the etiology of pneumonia, without, as yet, reaching agreement or certainty. To the vast literature of the question, I fear I cannot contribute much that is new ; but I may say I incline to the opinion that in the great majority of cases it is a distinct and specific entity, or, in the words of Swartz, "a general disease with local effects," and "not a local disease with general symptoms." The bulk of the evidence tends to the belief that it belongs to the category of malarial infections occasioned by defective sewerage and bad ventilation. In rare instances, however, we meet with a genuine inflammatory pneumonia, — a local disease with general symptoms, brought on by a low temperature, in the case of people who were before attacked in the enjoyment of perfect health. Dr. Sturgis, an excellent authority, espouses the latter theory, and regards pneumonia as the pattern and model of all inflammations. Sir Andrew Clark, equally eminent, holds that the local pulmonary affection is but a manifestation of the general specific disease. Juergenson considers it "on all occasions an infectious disease."

A number in the profession, of late years express the opinion that it is contagious, and instances are cited which at first sight appear to sustain this view ; but a careful sifting of all the evidence would doubtless show that there had been sanitary defects in the surroundings. I have never observed any indication of its contagiousness. I have had as many as three members of one family ill with this disease within a few days of each other, but have been able to trace the cause to vitiated air.

Drs. Friedlander and Frobenius have demonstrated the existence of microbes in pneumonia. Their experience has shown that the inoculation of mice with those micro-organisms was invariably followed by true lobar pneumonia, dogs being only occasionally affected by it, while rabbits resisted attempts at infection. L. Brieger recently inoculated mice and guinea-pigs with "cultures" of cocci, and they manifested distinct pleuritic symptoms. The exudations were also found to contain cocci and minute rods with their characteristic capsules. Surgeon Sternberg writes : "Pneumonia is simply the failure of the system to resist the ravages of a micrococcus . . . that exists in every healthy human saliva, but differs in numbers, being greatest among the negroes." Emmerich has found at Munich the pneumonia micrococcus beneath the floors of a barrack when an epidemic had prevailed. I would like to pursue further this attractive branch of my theme, but lack of time prevents my dealing more minutely with this subject at present.

In over twenty years' practice I have met with many cases



of pneumonia, the type varying from the malignant to the benign. In severe and protracted winters, like the last, with low temperature, frequent high north-east winds, cases of a severe and fatal character prevailed; but I have met with epidemics, though generally of a less severe form, in atmospheric conditions the very opposite. The health records of different countries show the mortality to be always greatest during months of low temperature and considerable range, especially March. I have noticed the prevalence of endemic diseases during epidemics of pneumonia, and have generally considered that there was a causal connection between them. In most cases I have elicited the acknowledgment that the patients had not been well for some time previous, suffering from lassitude, weariness, chilliness, and anorexia; and there was generally the history of a chill preceding the actual attack. In a few exceptional instances no prodromic stage was known.

During cold weather, delicate people particularly remain much in-doors. Under defective sanitary conditions, they become debilitated, and more sensitive to morbid influences. In cold weather, too, structural defects in the sewers favor a determination of the gases from adjacent sewers to warm apartments, by the greater density of the outer air and up-draughts of fireplaces. What more likely then that people exposed to such injurious influences should readily fall a prey to this disease!

I fear I have detained you rather long; but, ere I conclude, let me say, I think useful lessons may be gained sometimes in reviewing such cases as the above. The examination and discussion of difficult cases, from opposite stand-points, should tend to widen our views of the nature and operations of disease, as well as the resources of the medical profession. I shall have succeeded, then, in my object in describing this case, if I direct for a short time the attention of my professional brethren to the subject I have thus briefly treated; and should I elicit a comparison of views of a nature to further improve our habits of observation, and add, however slightly, to our stock of useful practical knowledge, I shall have another cause for satisfaction.

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#### SOCIETIES.

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*TWENTY-FIRST ANNUAL MEETING OF THE CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY, HELD IN HARTFORD, TUESDAY, MAY 19, 1885.*

MORNING SESSION.

AT 11 A.M. the Society was called to order by the president, Dr. A. H. Allen of New London.

The minutes of the last meeting were read and accepted.

The report of the secretary was read. The main feature of interest in the report was the account of the Connecticut contributions to the national fair held in Washington, December last. The secretary of the National Homœopathic Hospital, in aid of which the fair was held, reported that the fair yielded upwards of four thousand dollars, of which Connecticut contributed between four and five hundred, which sum exceeded that from any other State except New York.

The report of the treasurer was read and accepted.

Dr. H. E. Russegue was introduced as the delegate from the Massachusetts Homœopathic Medical Society.

The following new members were elected: Drs. A. L. Talmadge of New Haven, William Selleck of Hartford, F. H. Sage of Middletown, C. W. Moody of Plainville, Clarissa A. Brewer of Hartford, Henrietta N. Porter of Meriden, A. P. Sherwin, jun., of Suffield.

After the transaction of other necessary business, the Society turned its attention to the discussion of Asiatic cholera, concerning which eight papers had been prepared, each writer confining himself to a special portion of the subject, thus, taken together, giving a very complete account of the disease. The first paper was from the pen of Dr. J. A. Rockwell of Norwich, who devoted himself to the etiology of cholera. A review of the investigations by the French, German, and British commissions was given, together with the observations of private investigators, the paper closing with the following conclusions:—

1. Koch's comma bacillus has not been fully proved to be the cause of cholera.
2. No other micro-organisms have been shown to be constant and causal factors in the disease.
3. Cholera is indigenous in Bengal, and epidemic outside of it, following the lines of pilgrimage and commerce.
4. It is communicable by the dejecta of cholera patients, and can be carried in apparently healthy persons for several days before showing signs of development.
5. One chief medium of communication is contaminated drinking-water.
6. The wind is not an important factor in transmission.

Dr. H. P. Cole read an exhaustive article upon the pathological anatomy of cholera, stating the following conditions as necessary for the accurate study of the disease:—

1. The disease must exist in its purity.
2. The epidemic must be sufficiently severe to affect all classes.
3. The observer must have had access to all classes of cases,

in all stages of the disease, and must examine the body immediately after death.

4. The same observer should study more than one epidemic.

The pathological appearance of all the organs and tissues involved was minutely described, together with the methods by which death occurs.

The symptoms, course, duration, and termination of the disease were described by Dr. C. E. Sanford of Bridgeport. The symptoms in well-defined cases he stated to be, intense and profuse purging, sudden and violent vomiting, unquenchable thirst, agonizing cramps, hurried and anxious respiration, suppression of ordinary discharges, weak and often imperceptible pulse, great decrease of temperature, objective coldness with often a subjective sensation of intense heat, excessive prostration, and collapse.

Dr. L. L. Brigham of Hartford gave an account of the mortality under various methods of treatment, showing by statistics gathered by impartial officials, that, under the homœopathic treatment, fifty per cent more lives are saved than under any other method.

Dr. G. H. Wilson of Meriden read a paper upon prevention, and stated, that, since the more accurate knowledge of the methods of propagation and transmission of cholera had been obtained, preventive measures were more successful than in past times. Prevention is of three kinds,—international effort, public local regulation, and individual protection. Quarantine is regarded as of less value than formerly, its place being taken by rigid medical inspection of the person, and disinfection of baggage and merchandise. Instant isolation of every individual affected, disinfection by heat, or other safe means, of personal effects, merchandise, and ships, is the basis of international prevention. The medical inspection covers five or six days only.

Public local prevention embraces cleanliness of every kind, inspection of food, and the protection of the water-supply against contamination.

Individual prevention consists in the preservation of a high degree of general health, a nourishing, carefully selected diet, the use of boiled water, the avoidance of alcohol, plenty of fresh air, and the use of cuprum and camphor.

Dr. E. H. Linnell of Norwich described the hygienic treatment of cholera, the main features of which consist in the cultivation of a cheerful, calm disposition, as free as possible from anxiety and fear, the avoidance of excesses of all kinds, mental and physical, the prevention of over-heating or catching cold, careful diet, the avoidance of public privies, and the instant attention to trivial looseness of the bowels. During an attack of the disease, the patient should be covered with a blanket, and

carefully protected from draughts, but hot applications are not beneficial. Gentle friction by the hands, swallowing small lumps of ice, entire abstinence from food during the severity of the attack, small quantities of liquid food as recovery ensues, such as milk or *koumyss*, to be followed later by meat-broths, form the main hygienic features. Nurses and attendants should not stay long at a time in the sick-room, which should be thoroughly ventilated, without exposing the patient to draughts of air. The excreta should be instantly disinfected, and all soiled linen and clothes should be subjected to a similar treatment. After recovery, the sick-room, and all rooms which the nurses have occupied, should be thoroughly disinfected.

Dr. E. J. Walker of New Haven described the old-school treatment of cholera, which consists mainly in the use of opium, calomel, and camphor, opium in some form being the remedy most relied upon.

The homœopathic treatment was outlined by Dr. H. E. Stone of Fairhaven, who stated that the most important remedies are camphor, copper, veratrum, arsenic, and aconite.

At the conclusion of these papers, a vote of thanks was extended to their authors.

Dinner being announced, the discussion of the papers was indefinitely postponed.

#### AFTERNOON SESSION:

The election of officers for the ensuing year was the first business attended to, and resulted in the following choice: president, Dr. John A. Rockwell, Norwich; vice-president, E. J. Walker, New Haven; secretary and treasurer, E. B. Hooker, Hartford; librarian, G. H. Wilson, Meriden; censors, Drs. E. H. Linnell, E. P. Gregory, C. S. Hoag, Sophia Penfield, and C. L. Beach.

The annual address was next delivered by the president, Dr. A. H. Allen of New London, who received a vote of thanks.

Dr. E. B. Hooker of Hartford then read a paper entitled "Two Instructive Cases," which was discussed at length. Dr. O. R. Kelsey opened the discussion by stating that he had repeatedly found albumen in the urine of a strong man who showed no signs of illness. Dr. C. J. Mansfield reported a similar case of six years' standing, and Dr. P. D. Peltier another.

Dr. G. H. Wilson asked what tests were used to detect the albumen; and Dr. Hooker replied that Heller's test (cold nitric acid), and heat and nitric acid, were used with both filtered and unfiltered specimens.

Dr. H. G. Hinckley stated that albumen was occasionally present, without having any pathological significance, as after a

hearty nitrogenous meal. Dr. C. E. Stark confirmed this statement by citing the cases of three men whom he had rejected for life insurance because he found albumen in their urine. Repeated examinations subsequently showed that sometimes albumen was present, and sometimes not, but that it always appeared after a breakfast of eggs. Dr. Hinckley remarked that the urine to be examined should be that passed on rising in the morning.

Dr. E. J. Wolff spoke of the importance of distinguishing between apoplexy, uræmic coma, and drunkenness. He related the case of a soldier who was brought into camp with a fractured skull, and who died without regaining consciousness. A *post-mortem* examination disclosed the fact that he had been attacked with cerebral hemorrhage, which caused him to fall from his horse, and fracture his skull. Commenting on the second case in the paper just read, he stated that he thought it was not one of uræmia, but of embolism, caused by valvular heart disease. Dr. Hooker replied that no embolus was discovered at the *post-mortem*, and there were no heart-murmurs during life. Dr. Wolff added that it was not uncommon to find valvular disease after death, when no murmurs could be heard during life. Dr. Wolff also dwelt on the fact that in uræmia the important factor is not the amount of urine passed, but the quantity of urea eliminated, as a patient may be passing urine profusely, and yet be poisoned by the retained urea.

Dr. Charles Vishno corroborated Dr. Wolff's statement in regard to old cases of heart disease, and related a case of pneumonia which resulted fatally. There were no murmurs during life, and heart disease was not suspected; but a *post-mortem* examination disclosed organic lesions of the valves of the left ventricle.

Other members of the Society joined in the discussion, which served to emphasize the following facts:—

1. Albumen may be found occasionally, and possibly in some instances constantly, in the urine of healthy persons.

2. It is especially liable to be so found after a hearty nitrogenous meal.

3. The urine to be examined should therefore be passed on rising in the morning.

4. The microscope is needed to establish the fact of organic kidney disease in cases of albuminuria.

5. In uræmia the important factor is the quantity of urea retained: therefore quantitative analyses of urea should be made.

6. Old cases of organic heart disease may exist without giving rise to cardiac murmurs.

Dr. O. R. Kelsey of Waterbury read a report of a successful case of ovariectomy performed by Dr. Hinckley and himself. The

operation occupied two hours and a half. Both ovaries were removed, and the tumor weighed thirteen pounds. Carbolic acid was the antiseptic used. The patient sat up twenty-one days after the operation, and went to work in a mill in two months.

It was voted to hold the semi-annual meeting at New Haven. Dr. A. H. Allen was appointed delegate to Massachusetts, Dr. E. H. Linnell to Rhode Island, Dr. G. H. Wilson to New York. At 5 P.M. the Society adjourned.

EDWARD B. HOOKER, M.D., *Secretary.*

\* *BUREAUS AND COMMITTEES OF THE AMERICAN  
INSTITUTE OF HOMŒOPATHY.*

THE following is a list of the bureaus and committees appointed to report at Saratoga in June, 1886, together with the subjects selected, as far as known. Already many of these bureaus are busily at work, and we may expect a better series of reports and discussions than we have ever before had.

I. CLINICAL MEDICINE.

J. S. Mitchell, 2432 Michigan Avenue, Chicago, Ill., *Chairman.*

W. A. Edmands, St. Louis, Mo., *Secretary.*

A. S. Couch, Fredonia, N.Y.	W. J. Hawkes, Chicago, Ill.
W. H. Dickinson, Des Moines, Ia.	H. B. Clarke, New Bedford, Mass.
St. Clair Smith, New-York City, N.Y.	J. W. Dowling, New-York City, N.Y.
Subject not yet selected.	

2. MATERIA MEDICA.

A. C. Cowperthwaite, Iowa City, Ia., *Chairman.*

A. A. Camp, Minneapolis, Minn.	W. J. Hawkes, Chicago, Ill.
E. A. Farrington, Philadelphia, Penn.	S. Lilienthal, New-York City, N.Y.
Charles Dake, Hot Springs, Ark.	H. C. Allen, Ann Arbor, Mich.
Subject not yet selected.	

3. SURGERY.

I. T. Talbot, 66 Marlboro' Street, Boston, Mass., *Chairman.*

W. L. Jackson, 84 Dudley Street, Roxbury, Mass., *Secretary.*

W. T. Helmuth, New-York City, N.Y.	S. B. Parsons, St. Louis, Mo.
G. A. Hall, Chicago, Ill.	C. E. Walton, Hamilton, O.
J. E. James, Philadelphia, Penn.	J. H. McClelland, Pittsburgh, Penn.
H. L. Obetz, Ann Arbor, Mich.	M. O. Terry, Utica, N.Y.
Subject: "Inguinal <sup>a</sup> and Femoral Hernia."	

4. ORGANIZATION, REGISTRATION, AND STATISTICS.

T. Franklin Smith, 62 East 128th Street, New York, N.Y., *Chairman.*

I. T. Talbot, Boston, Mass.	C. E. Fisher, Austin, Tex.
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W. E. Leonard, Minneapolis, Minn.

Subjects: (1) "Statistics of Institutions;" (2) "List and Present Status of Elected Members;" (3) "Autobiographies of Present Members."

## 5. OBSTETRICS.

George B. Peck, Providence, R.I., *Chairman.*Julia Holmes Smith, Chicago, Ill., *Secretary.*

C. E. Fisher, Austin, Tex.

L. S. Ordway, St. Louis, Mo.

Sheldon Leavitt, Chicago, Ill.

L. M. Kenyon, Buffalo, N.Y.

O. B. Gause, Philadelphia, Penn.

W. R. Elder, Terre Haute, Ind.

C. G. Higbee, St. Paul, Minn.

Alice B. McKibben, St. Louis, Mo.

Subject: "Post-partum Emergencies."

## 6. GYNECOLOGY.

L. A. Phillips, 165 Boylston Street, Boston, Mass., *Chairman.*S. P. Hedges, Chicago, Ill., *Secretary.*

Phil Porter, Detroit, Mich.

B. F. Betts, Philadelphia, Penn.

H. K. Bennett, Fitchburg, Mass.

C. B. Kinyon, Rock Island, Ill.

M. T. Runnels, Kansas City, Mo.

Robert Hall, Providence, R.I.

L. L. Danforth, New York, N.Y.

C. T. Canfield, Chicago, Ill.

Subject: "Diagnosis and Treatment of Organic Diseases of the Uterus."

## 7. PÆDOLOGY.

R. N. Tooker, 237 Dearborn Avenue, Chicago, Ill., *Chairman.*C. D. Crank, Cincinnati, O., *Secretary.*

Martin Deschere, New York, N.Y.

C. H. Lawton, Wilmington, Del.

Millie J. Chapman, Pittsburgh, Penn.

Leila G. Bedell, Chicago, Ill.

J. C. Sanders, Cleveland, O.

A. A. Whipple, Quincy, Ill.

C. W. Enos, Jerseyville, Ill.

Annie E. Fisher, Boston, Mass.

W. H. Harrison, Baton Rouge, La.

Subject: "Diseases of the Respiratory Apparatus."

## 8. OPHTHALMOLOGY, OTOLOGY, AND LARYNGOLOGY.

Alfred Wanstall, 228 North Eutaw Street, Baltimore, Md., *Chairman.*J. H. Campbell, St. Louis, Mo., *Secretary.*

J. H. Buffum, Chicago, Ill.

H. C. French, San Francisco, Cal.

H. C. Houghton, New York, N.Y.

H. P. Bellows, Boston, Mass.

F. Park Lewis, Buffalo, N.Y.

F. H. Boynton, New York, N.Y.

C. G. Fuller, Chicago, Ill.

D. G. Woodvine, Boston, Mass.

Subject: "New Remedies and New Methods of Treatment."

## 9. ANATOMY, PHYSIOLOGY, AND PATHOLOGY.

William Owens, corner 7th and John Streets, Cincinnati, O., *Chairman.*William Owens, jun., Cincinnati, O., *Secretary.*

T. F. Pomeroy, Detroit, Mich.

Dr. Bottsford.

Subject not yet selected.

## 10. SANITARY SCIENCE.

Lemuel C. Grosvenor, 185 Lincoln Avenue, Chicago, Ill., *Chairman.*

D. H. Beckwith, Cleveland, O.

R. N. Tooker, Chicago, Ill.

H. E. Beebe, Sidney, O.

R. F. Baker, Davenport, Ia.

E. U. Jones, Taunton, Mass.

P. Dudley, Philadelphia, Penn.

Anna M. Warren, Emporia, Kan.

M. H. Waters, Terre Haute, Ind.

Subject not yet selected.

## II. PHARMACY AND PROVINGS.

Lewis Sherman, 171 Wisconsin Street, Milwaukee, Wis., *Chairman.*  
T. F. Allen, New York, N.Y., *Secretary.*

A. C. Cowperthwaite, Iowa City, Ia.      C. Wesselhoeft, Boston, Mass.  
P. Dudley, Philadelphia, Penn.      W. J. Hawkes, Chicago, Ill.  
C. W. Butler, Montclair, N.J.      A. Korndörfer, Philadelphia, Penn.

Subject: "Potentization by Means of Trituration Succussion."

## 12. PSYCHOLOGICAL MEDICINE.

J. D. Buck, 136 West 8th Street, Cincinnati, O., *Chairman.*

S. H. Talcott, Middletown, N.Y.      W. S. Greene, Little Rock, Ark.  
O. P. Baer, Richmond, Ind.      J. M. Kershaw, St. Louis, Mo.  
S. Lilienthal, New York, N.Y.

Subject: "Will and Understanding (Consciousness) in Disease, or Disturbed Brain-Function."

## 13. MICROSCOPY AND HISTOLOGY.

A. R. Wright, Buffalo, N.Y., *Chairman.*

W. Y. Cowl, New York, N.Y., *Secretary.*

C. Wesselhoeft, Boston, Mass.      J. D. Buck, Cincinnati, O.  
J. S. Mitchell, Chicago, Ill.      J. C. Morgan, Philadelphia, Penn.  
W. A. Haupt, Chemnitz, Prussia.      E. S. Bailey, Chicago, Ill.  
F. Park Lewis, Buffalo, N.Y.

Subject not yet selected.

## 14. MEDICAL EDUCATION.

Charles E. Walton, Hamilton, O., *Chairman.*

H. C. Allen, Ann Arbor, Mich., *Secretary.*

W. L. Breyfogle, Louisville, Ky.      I. T. Talbot, Boston, Mass.

Subject: "The Relation of the Institute to Medical Education."

## COMMITTEES.

## 15. MEDICAL LEGISLATION.

A. I. Sawyer, Monroe, Mich., *Chairman.*

J. W. Murrell, Mobile, Ala.      H. M. Paine, Albany, N.Y.  
A. S. Everett, Denver, Col.      J. R. Flowers, Columbus, O.  
T. S. Verdi, Washington, D.C.      Hugh Pitcairn, Harrisburg, Penn.  
R. Ludlam, Chicago, Ill.      W. Von Gottschalk, Providence, R.I.  
R. F. Baker, Davenport, Ia.      J. P. Dake, Nashville, Tenn.  
G. H. T. Johnson, Atchison, Kan.      C. E. Fisher, Austin, Tex.  
L. S. Ordway, St. Louis, Mo.      J. V. Hobson, Richmond, Va.  
O. S. Wood, Omaha, Neb.      Lewis Sherman, Milwaukee, Wis.

## 16. MEDICAL LITERATURE.

F. H. Orme, Atlanta, Ga., *Chairman.*

P. Dudley, Philadelphia, Penn.      A. K. Crawford, Chicago, Ill.  
G. W. Winterburn, New York, N.Y.      H. Packard, Boston, Mass.

## 17. FOREIGN CORRESPONDENCE.

T. M. Strong, Homœopathic Hospital, Ward's Island, N.Y.



## 18. INTERCOLLEGIATE.

This committee consists of the two delegates from each of the medical colleges.

## 19. LOCAL ARRANGEMENTS.

Edw. S. Coburn, Troy, N.Y.

T. F. Allen, New-York City, N.Y.

H. M. Paine, Albany, N.Y.

E. M. Kellogg, New-York City, N.Y.

S. Pearsall, Saratoga Springs, N.Y.

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*REPORT OF SEMI-ANNUAL MEETING OF THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.*

THE semi-annual meeting of the Massachusetts Surgical and Gynecological Society was held in the Hawthorne Rooms, Wednesday afternoon, June 24. New members were elected, as follows: Ella G. Smith of South Boston, Charles Lloyd of Lynn, Thomas Conant of Gloucester, and Frank A. Gardner of Salem. The question of the publication of the transactions of the Society was brought up by the secretary; and as much dissatisfaction was expressed by various members with the "Homœopathic Journal of Obstetrics," which has for several years been the medium of publication, it was moved and unanimously voted to leave the matter to a committee of three, who should publish such papers as are deemed worthy, in such journals as they may select as best. Strong expressions of preference for the "American Homœopathic Journal of Gynecology" and the NEW-ENGLAND MEDICAL GAZETTE were offered by different members.

The committee, as elected, consists of L. A. Phillips, George R. Southwick, and Charles R. Brown. Written communications were presented, as follows:—

"The Electro-Therapeutics of Menstrual Anomalies and Ovaritis," by W. H. White, M.D., of Boston; "Cardio-Uterine Therapeutics," by E. M. Hale, M.D., of Chicago; "Autopsy of a Peculiar Case," by J. F. Hadley, M.D., of Waltham; "Clinical Cases," by A. M. Cushing, M.D., of Springfield; "A Case of Membranous Dysmenorrhœa," by G. F. Forbes, M.D., of West Brookfield. Dr. White's paper was a very practical and instructive one, and called forth some questions from those less familiar with the use of electricity than the author.

Dr. Hale's paper elicited much praise and a hearty vote of thanks, as also considerable discussion of a somewhat critical character.

Dr. Hadley described very clearly his experience with a peculiar case, which illustrated very forcibly the too common carelessness in diagnosis, and the fatal consequences of the same. The discussion upon the papers, and upon the subject of leucor-

rhœa, was very generally participated in by the members present, and many valuable suggestions were thus exchanged.

It was voted to make the annual meeting in December one of two sessions, with a collation to be served between them.

Adjourned to the second Wednesday in December.

L. A. PHILLIPS, *Secretary.*

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*SPECIAL ANNOUNCEMENT.*

WE have been requested by Dr. Richard Hughes, permanent secretary of the INTERNATIONAL HOMŒOPATHIC CONGRESS, to announce that the forthcoming session of that body will be held the first week in August, 1886, and not in September, as has been hitherto understood. The place of meeting, as was stated in our May issue, will be the city of Brussels.

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REVIEWS AND NOTICES OF BOOKS.

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A SYSTEM OF MEDICINE BASED UPON THE LAW OF HOMŒOPATHY. Edited by H. R. Arndt, M.D. In three volumes. Vol. I. Philadelphia: F. E. Boericke. 968 pp.

One of the marked characteristics of the present age is the tendency to the division of labor. This is true not only of the purely mechanical and industrial arts: the tendency also invades the province of science, and notably that of medicine. For many years the healers of the sick were divided by but a single line into surgeons and doctors. Later these grand divisions were subdivided, until now the "specialties" in both medical and surgical practice are well-nigh as numerous as there are special organs and systems in the human body. It follows as a natural consequence that in literature comprehensive works, teaching the theory and practice of medicine or surgery, must take the form of cyclopædias, the different portions being written by those who by special study and experience have fitted themselves to write upon a given subject. Forced by this necessity of the time, the present work has been projected and partially completed. Its aim is to reflect fully and creditably the practice of medicine as based upon the law of homœopathy, and to serve as a guide to the student and young practitioner, as well as to be a book of reference for the physician of maturer experience when desirous of assistance in some especial emergency.

The first volume of the work is now before us, and the remain-

ing two volumes are passing through the press. Such ample notice has been given of the appearance and character of the work, that the majority of our readers may hardly need an introduction to it. The contributors to this the first volume are Drs. H. R. Arndt, Herbert C. Clapp, Clarence M. Conant, A. C. Cowperthwaite, A. K. Crawford, Pemberton Dudley, J. G. Gilchrist, E. M. Hale, E. U. Jones, W. T. Laird, J. S. Mitchell, Lucius Morse, A. R. Thomas, and W. B. Trites,—names which will be recognized as those of well-known authors, teachers, and specialists.

The volume opens with a very sensible preface and introduction by the general editor, in which respectively he gives the plan and objects of the work, with explanatory remarks, and a general view of pathology, etiology, semeiology, diagnosis, prognosis, and treatment according to the law of similars. Then follows a well-written chapter on physical diagnosis, in which the different methods and mechanical aids, and their special fields of application and usefulness, are clearly and tersely described. This chapter also includes a section on the chemical and microscopical analysis of urine, of sufficient fulness to meet the wants of the general practitioner. The remainder of the volume is devoted to the diseases of the respiratory organs, the organs of circulation, and the organs of digestion, each group being divided and subdivided according to anatomical order and relations. The utmost system is uniformly observed in the arrangement of the text; and, by the use of appropriate type, one is enabled to readily turn to the etiology, diagnosis, etc., of any disease described.

Under the heading "Treatment," one finds not only mention of the medicines considered most serviceable, but "observations on hygiene, nursing, dietetics, the use of hot and cold baths, electro-therapeutics, and the various means and agencies with which the intelligent medical man at this day combats disease and relieves suffering." Without due attention to these matters, the prescription, upon whatever principle or law it may be based, will prove of but little value: therefore we look upon the introduction of these "observations" as a wise and useful precaution. In the indications for the homœopathic remedy, it would occasionally almost seem as if brevity had been secured at the expense of clearness, although, if one bear in mind the natural symptoms of the disease, the indications may be sufficiently characteristic to allow of differentiation and a correct selection of the remedy. Little is said (as perhaps is wisest) about the dose, the evident desire seeming to be to avoid prejudicing the mind of the student.

To our mind, it would be a greater convenience to have the

name of the disease immediately under consideration placed at the top of the pages devoted to it, rather than the name of the group under which the disease is classified; for instance, the pages being headed "stomatitis," "acute gastric catarrh," etc., instead of "diseases of the organs of digestion."

In the present "System of Medicine," a useful addition has certainly been made to the literature of homœopathy; and students of this method of treating the sick, with this single work before them, scarcely need refer to the works of old-school authors for the most recent views and discoveries in the field of pathology. The work, judging by this volume, may justly claim to be the most complete single exponent of homœopathic practice now extant.

The type is particularly clear and legible, the quality of paper excellent, and the binding and general workmanship are of the best quality.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, 1884. Vol. vii. Boston: Press of Rand, Avery, & Co., 1885. 307 pp.

This neat and attractive volume offers an unusually varied and interesting table of contents. It contains the proceedings of the forty-fourth annual meeting of the society, the semi-annual meeting of 1884, and the papers and reports presented at these meetings, and the lists of officers and members of committees for 1884. The report of the Committee on Registration and Statistics is especially worthy of notice, containing as it does much that is of historical value. The report is a model of thoroughness and painstaking care. It presents the act of incorporation, the revised by-laws and the code of ethics of the society, and complete lists of its officers and members, past and present; also lists of the officers and members of the various local and county societies of Massachusetts and the institutions under their charge. A feature of especial interest is the publication, in accordance with a vote of the society, of "such interesting or important papers as have been read in any local or county society in the State, and which the committee may think it desirable to so publish." Thus several papers bearing witness to the useful and thoughtful work done in these societies attain honorable distinction, wide circulation, and permanent preservation. Notable among the valuable papers thus distinguished in the present volume are those by Dr. Conrad Wesselhoeft, Dr. Walter Wesselhoeft, Dr. I. T. Talbot, Dr. J. Heber Smith, and the late Dr. E. B. De Gersdorff, the last name waking a pang of unforgotten sorrow that the pen should have dropped from that wise and friendly hand forever.

The press-work of the "Publications" is in every respect a credit to its printers.

THE YEAR-BOOK OF TREATMENT, FOR 1884. Philadelphia: Lea Brothers & Co., 1885. 316 pp.

This little book, like its predecessors issued in former years by the same publishers, gives in a series of brief and clear digests, appropriately indexed and headed, record of the advances made by medicine and surgery during the year 1884. Among the contributors are many whose names are well known to medical science, and their work has been most satisfactorily done. The busy practitioner desirous of keeping abreast of medical progress, and unable to trace that progress for himself through its voluminous chronicles in journals and many-volumed treatises, cannot do better than to possess himself of this little book, and find in it, done admirably for him, the work he lacks leisure to do for himself.

KIRKE'S HANDBOOK OF PHYSIOLOGY. By W. Marrant Baker, F.R.C.S., and Vincent Dormer Harris, M.D. In two volumes. Eleventh edition. New York: William Wood & Co., 1885.

These volumes, which form the February and March numbers of "Wood's Library," are a new edition of an old and exceedingly valuable work. So admirably is it edited, and containing as it does the latest and most approved views on physiological chemistry, cerebral localization, and the like important subjects, the present edition is certain to add to the enviable reputation of its predecessors.

ON THE WASTING DISEASES OF INFANTS AND CHILDREN. By Eustace Smith, M.D. Fourth edition. New York: William Wood & Co., 1885. 278 pp.

In this volume, which forms the April number of "Wood's Library," the author treats of the following subjects: simple atrophy from insufficient nourishment, chronic diarrhœa, chronic vomiting, rickets, inherited syphilis, mucous disease, worms, chronic pulmonary phthisis, and caseation of the lymphatic glands. The chapters devoted to nursing and diet are exceptionally rich in valuable suggestions drawn from a wide and intelligently observant experience. In the treatment of these chronic diseases, medicine necessarily occupies somewhat an auxiliary position; but we venture to believe that even the young, if thoughtful, student of homœopathy may feel himself richer in reliable therapeutic aids, than so great a "rational" practitioner as Dr. Smith here shows himself to be.

To combine the maturity and experience of age with the energy of youth, is surely one of the most desirable of imaginable conditions; and in this condition the NORTH-AMERICAN REVIEW may be congratulated upon finding itself, as it enters, with its July issue, upon its seventy-first year of useful life. In a country where the lease of life of the average journal is hardly longer than that of a French ministry, the REVIEW should be regarded with something of the reverential awe with which a man over forty years of age is said to be looked upon in some of our exceedingly young Western towns. Certainly, that our honored contemporary should bear so worthy and fine a record of nearly three-quarters of a century of useful work, is matter for congratulation not only to the REVIEW itself, but to American journalism.

The July issue offers a variety of suggestive papers, notable among which are "The Extradition of Dynamite Criminals," "Prohibition in Practice," "Is Christianity declining?" and "Two Years of Civil-Service Reform." New York: 30 Lafayette Place.

THE POPULAR SCIENCE MONTHLY for July has a very original and valuable paper on "The Hygiene of the Aged," by Dr. L. H. Watson; a contribution on "Diet in Relation to Age and Activity," by Sir H. Thompson; "An Experience with Opium," by S. T. Morton, which demonstrates encouragingly that even a ten-years' victim to the wretched opium habit may hope, under proper treatment, for entire restoration; and many interesting papers of more general interest. New York: D. Appleton & Co.

THE CENTURY for July is unusually rich in delightful fiction. Howells and James continue their serials; "Ivory Black" has a droll and breezy sketch of Bohemian artist-life in New York; and Frank Stockton contributes a sketch supplementary to "The Lady, or the Tiger?" which is quite as exasperatingly interesting as that famous literary conundrum. Eggleston, Fawcett, and Rose Kingsley are among the essayists. Austin Dobson has a charming verse, which he calls "A Fancy from Fontanelle;" and "Bric-à-brac" is as clever and amusing as usual. New York: The "Century" Company.

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#### BOOKS AND PAMPHLETS RECEIVED.

- A PRACTICAL TREATISE ON URINARY AND RENAL DISEASES, INCLUDING URINARY DEPOSITS. By William Roberts, M.D., F.R.S., assisted by Robert Maguire, M.D. Fourth edition. Philadelphia: Lea Brothers & Co., 1885.
- A TEXT-BOOK OF MEDICAL PHYSICS. By John C. Draper, M.D., LL.D. Philadelphia: Lea Brothers & Co., 1885.

- PLAYFAIR'S SYSTEM OF MIDWIFERY. Fourth American from the fifth English edition, with notes and additions by Robert P. Harris, M.D. Philadelphia : Lea Brothers & Co., 1885.
- A TREATISE ON PRACTICAL CHEMISTRY AND QUALITATIVE INORGANIC ANALYSIS. By Frank Clowes, D.Sc.Lond. Philadelphia : Lea Brothers & Co.
- A TREATISE ON ASIATIC CHOLERA. Edited and prepared by Edmund Charles Wendt, M.D., in association with Drs. John C. Peters, Ely McLellan, John B. Hamilton, and George M. Sternberg. New York : William Wood & Co., 1885.
- THE TEN LAWS OF HEALTH. By J. R. Black, M.D. Philadelphia : J. B. Lippincott Company, 1885.
- THE INFLUENCE OF SEA-VOYAGING UPON THE GENITO-UTERINE FUNCTIONS. By J. A. Irwin, M.A., M.D. Read before the New-York County Medical Society, April, 1885. New York : Trow's Printing and Book-binding Company.
- THE ABDOMINAL BRAIN. By Lelia G. Bedell, M.D. Chicago : Gross & Delbridge, May, 1885.
- ENDOMETRITIS FUNGOSA. By James B. Hunter, M.D. Reprinted from "The Medical Record," April 25, 1885. New York : Trow's Printing and Book-binding Company.
- NEW YORK AND THE CONSCRIPTION OF 1863 : A CHAPTER IN THE HISTORY OF THE WAR. By James B. Fry. New York and London : G. P. Putnam's Sons, 1885. 85 pp.
- CANCER : A STUDY OF 397 CASES OF CANCER OF THE FEMALE BREAST, WITH CLINICAL OBSERVATIONS. By Willard Parker, M.D. New York and London : G. P. Putnam's Sons, 1885.

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### MISCELLANY.

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WE copy from a paper by A. R. Thomas, M.D., of Philadelphia, read before the Homœopathic Medical Society of Pennsylvania, on the use of disinfectants, etc. as follows : —

"The generally received theory of the origin of contagious diseases from some obscure poison in the atmosphere, either gaseous in its nature or from some minute animal or vegetable germs, gives increased importance to the subject of the employment of disinfection in the treatment of those diseases. It is not only the acknowledged contagious and infectious diseases, however, that may come within the range of disinfective treatment ; but possibly many epidemics, as of influenza, diarrhœa, etc., may have a similar origin, and, when thoroughly understood, be capable of more ready control by the employment of similar measures. He who might attempt the treatment of the effects of a certain parasitic infection, without taking any measures for destroying the parasite itself, would subject himself to the charge, at least, of a great inconsistency, while he would no doubt find himself baffled in the accomplishment of his purpose. So, also, in the treatment of contagious diseases, a neglect to resort to such disinfective measures as may be necessary for the comfort of the patient or the protection of others would no less expose the physician to the charge of inconsistency, if not culpability. With our present knowledge of contagion and contagious diseases, it becomes the duty of the physician to employ every known means for *preventing the spread* of the disease, as well as for *curing* his patient. The objects had in view, in the employment of disinfectants or antiseptics, are, first, that of destroying the various infective matters that may be the means of disseminating disease ; and, second, that of removing offensive odors that may, or may not, contain the germs of disease, or be prejudicial to the health or comfort of the patient or of those around him.

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 "After referring to the numerous physical disinfecting agents (such as heat and cold, boiling water, etc.) to vaporizable substances (such as chlorine, sulphurous

acid, etc.), and to the various chemicals which possess more or less disinfecting and deodorizing power (such as potassa permanganate, zinci sulphas, ferri sulphas, charcoal, quick-lime, and dry earth), he calls attention to the specially prepared disinfecting compound, 'Platt's chlorides,' in the following words: 'This is a new preparation recently introduced, and is said to be a saturated solution of the chlorides of zinc, lead, calcium, aluminium, magnesium, and potassium. It is an odorless solution, and is said to possess wonderful disinfecting, deodorizing, and antiseptic properties. For general use in the sick-room, it may be diluted one part to ten of water, and sprinkled freely over the bed, carpet, or floor. Cloths may also be wet in the solution, and suspended in the room. *This article would appear to possess every quality for a universal disinfectant.*' — *American Homœopathist.*

ANTISEPTIC SILK.—Freeman uses Chinese twist which has been rendered aseptic by boiling for ten minutes in a two-per-cent solution of chromic acid, and then soaking for twelve hours in a one-per-cent solution of the same. He states that the sutures may be left *in situ* for three weeks without the occurrence of either suppuration, or softening of the silk. Silk thus prepared is especially useful in operations about the genital organs in women as well as in laparotomy. — *New-York Medical Journal.*

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## PERSONAL AND NEWSITEMS.

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THE June issue of the "Homœopathic World" has an interesting account of the dinner lately given in London to Drs. Drysdale, Dudgeon, and Hughes, the retiring editors of the "British Journal of Homœopathy." The occasion was made memorable by the presentation of a handsome piece of plate—a silver punch-bowl, mounted on an ebonized wood pedestal—to each of the physicians mentioned. The evening was a delightful one, and the testimonials a worthy expression of the hearty good will and admiration of their fellow-workers on both sides of the sea, for the gentlemen whose names, no longer connected with the "British Journal of Homœopathy," are inseparable from the history of homœopathy itself.

DR. R. E. PIERCE of this city has received official notification from W. E. Ledyard, Secretary of the Board of Directors of the Hahnemann Medical College of San Francisco, that, at the last meeting of the Board, he was appointed to the Chair of Gynecology and Surgical Diseases of Women, formerly occupied by Dr. G. M. Pease of San Francisco. As the chair is one of the most important in the college, the compliment to Dr. Pierce is a high one, and is well deserved. He is Dr. C. W. Breyfogle's partner. — *San José Daily Herald*, June 4, 1885.

Dr. Pierce is a graduate of Boston University School of Medicine, Class of '79.

A. M. DUFFIELD, M.D., Class of '85, Boston University School of Medicine, has located at Old Orchard, Me.

MARY H. BAYNUM, M.D., Class of '85, Boston University School of Medicine, has located at Dexter, Me.

LORIN F. WOOD, M.D., has removed from East Hampton, Conn., to Hotel Dartmouth, corner of Dudley and Warren Streets, Boston Highlands.

BENJAMIN A. BRADLEY, M.D., succeeds to the practice of Dr. J. Harpel, at 426 John Street, Cincinnati, O. Dr. J. Harpel has removed to Decatur, Ill.

DRS. J. H. GALLINGER and B. D. PEASLEE have formed a partnership at Concord, N.H.



THE  
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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,  
Boston, Mass.

EDITORIAL.

*SINS PARDONABLE AND UNPARDONABLE.*

IT has often been remarked by the curious student of applied theology, that, whereas the violation of certain commandments of the Decalogue draws down upon the sinner full measure of ecclesiastical and social condemnation, certain other of the commandments, nothing in whose wording would indicate their being of less importance, can be constantly and flagrantly disregarded, church and society lifting up no voice of protestation. Thus for a man to be proved a thief, — unless on a large and national scale, — is to insure him permanent social ostracism; while neither the drawing-room of fashion nor the door of the church-pew is closed against the more than suspected adulterer. Murderers may hardly enjoy the privilege of good society, unless, indeed, it be in Kentucky, in some of whose counties, at present, one man in every fifty is said to have achieved the distinction of homicide; but the persistent bearer of false witness is often looked upon as a most likable fellow, and vastly entertaining company. All of which goes to prove, that society, in dealing with such matters, regards principle as quite subordinate to taste, and disregard of Divine law as of small moment, compared to disregard of social comfort, interest, and convenience.

It would seem, of late, that the gentlemen whose professional salvation is secured by their good and regular membership in some distinguished allopathic medical society, regard their vaunted code of ethics — comparison of which with the Decalogue

may seem to them blasphemous to the code—in some such manner as society in general regards the Mosaic law; namely, as by no means equally binding in all its requirements. It is not without interest to us heretics, who, by advocating the monstrous theory that therapeutics may be matter of law and not matter of guess-work, have relegated ourselves to the outer darkness of the hopelessly “irregular,” to note which sections of the sacred code bring down swift vengeance upon their violators, and which may be sinned against with no greater risk than that of unofficial comment, more or less unfavorable. The history of the late meeting of the American Medical Association, and the subsequent action of the committee chosen at that meeting to perfect arrangements for the forthcoming International Medical Congress, are probably too well known to our readers to need extended mention here. Suffice it to say that the evident object held rigidly in view by the Association and its committee, to the utter ignoring of the success, social and scientific, of the forthcoming congress, has been to administer such condign punishment to the supporters of the New Code, as shall serve for terrible and sufficient warning to all fair-minded and liberal men forevermore. In this they have so far succeeded, that no supporter of the New Code is eligible for any position of honor at the congress. That this success has been bought at the price of condemning the congress itself to probable failure, as is the frankly expressed opinion of old-school journals both here and in England, seems to have no effect on these triumphant upholders of the Bagnesian sentiment, that “discipline must be maintained.” The truly sacred commandments of the code are, in their eyes, those which deny to its signers freedom of medical opinion, and manly liberty of professional action.

It can hardly be forgotten that there are certain sections of the code, written or unwritten, of medical societies of all shades of opinion, which relate to the avoidance, by the physician, of all manner of public self-advertisement, and to the guarding in inviolable reticence of all that he may see or hear within the walls of the sick-chamber. There are those—and they are not few—who hold that these vital and wholesome requirements of the code have been most flagrantly violated during the late ill-

ness of the beloved hero, whose death the nation cannot cease to mourn. The doors of Gen. Grant's sick-room were daily thrown open to the vandals of the secular press, and all the details of its life ruthlessly made public, solely to the end of gratifying an objectless and impertinent curiosity. Nothing has been held sacred; pathological details, matters of toilet and personal habit, have been supplied *ad nauseam* to the prying public: and it is hardly matter, even, of friendly doubt how there came into the reporters' hands the key which unlocked the sick-room door. Scarcely a daily paper appeared, during the later period of Gen. Grant's illness, without containing the name of one at least of the physicians in charge; not only as signed in imposing capitals to a "bulletin," which proclaimed, as a rule, no news of the slightest moment, but as "affably conversing" with some representative of the press, whose glib use of technical phrases in reporting the interview gives every reason to believe the report authentic.

Is there here no violation of "professional dignity," against which the batteries of society-wrath may, for a moment, be turned from "New-Code" offenders? Is there here no flippant disregard of the sentence in that grand early "code of ethics," the oath of Hippocrates, which says, "And whatever I hear or see in the course of a cure, or otherwise, relating to the affairs of life, nobody shall ever know it if it ought to remain a secret"?

Whether such details in the last illness of a great man as must inevitably serve to belittle him in the eyes of the curious and superficial reader, are matters which "ought to remain a secret," is referred to the sensitive consciences of the worshippers of the code as it is.

Meanwhile the fact remains, that those who have sinned against the code, in advocating the right to hold an honest opinion and to hold friendly intercourse with those whose honest opinion differs from their own, are proceeded against with all the rigors of professional power; while those who have sinned against the code, in laying open to the public the sacred privacy of a patient's sick-room, and repeating to the public the pathetic words spoken by their patient to them as by friend to friend, stand unscathed by official rebuke. And this fact should sit, the skeleton at the

feasts of the forthcoming congress, and rattle its jaws in fleshless laughter when toasts are offered and drunk to the "Dignity and Honor" of the medical profession.

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*A VALUABLE SUGGESTION.*

IN the "North American Review," for August, there is a highly interesting and instructive symposium on the prevention of cholera, participated in by such well-known authorities as Dr. John B. Hamilton, Dr. John H. Rauch, Dr. H. C. Wood, and others. We have at present no space to devote to the summarizing of the conclusions of these gentlemen, though many of them for originality and practicality deserve more than a passing notice; but a single suggestion in the paper of Dr. John C. Peters strikes us as offering a prophylactic hint so simple, sensible, and practicable, that it cannot be too widely known and acted upon.

Dr. Peters holds that the seat of inoculation in cholera is invariably the stomach and bowels, and that these well and effectually guarded, the danger of infection from the disease is greatly minimized. The cholera germs, or bacilli, are easily killed or destroyed by acids, while in alkaline fluids they find congenial soil for development. To aid the stomach to keep in a healthily acid condition, is therefore to employ a most valuable prophylactic measure. This is to be accomplished by partaking freely, whenever drink is desired, of certain mineral acids, sufficiently dilute to be harmless, and which are thus taken into the system "in quantities large enough to fill and reach every portion of the bowels." "Dilute muriatic, nitric, and sulphuric acids are all good; but the latter, especially in the form of aromatic sulphuric acid, is supposed to be the best. Dilute phosphoric acid may be used as a harmless preventive, or prophylactic drink, and also as a curative remedy. Lemon juice is a citrate of potash, and may be useful, but is not absolutely reliable. Gallic and boric acids are safe and pleasant, even in quite large doses."

No subject is of more vital interest to society in general, at the present moment, than that of the prevention of cholera.

Such a suggestion as the above, therefore, may well claim the welcome of a friend in need. As Dr. Peters justly says, "The preventive . . . treatment with acids is . . . securely based upon experiments and results, and has been so successful as to recommend it to every one; while it can be used with little trouble or expense or danger by every person, physician, and householder."

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*BOSTON UNIVERSITY SCHOOL OF MEDICINE.*

THE Thirteenth Annual Announcement and Catalogue shows progress in this medical school. True, we miss two or three names from its faculty of last year; but there are others added which we feel sure will strengthen the teaching-force. We note that Dr. Annie E. Fisher, after several years of faithful work as lecturer, has been made professor of diseases of children; that Mr. E. E. Calder has been made professor of chemistry; and that Dr. Woodvine has been added to the governing faculty. Dr. John A. Rockwell of Norwich, Conn., an accomplished physician and histologist, has been made lecturer on physiology, with Dr. A. H. Tompkins of Jamaica Plain as his assistant. Dr. Howard P. Bellows, who has spent a long time abroad in the study, is made lecturer on otology. Dr. Horace Packard, who for some years has had charge of, and we may say has almost created, the pathological museum, is lecturer on pathological anatomy. Dr. N. W. Emerson is made lecturer on general and surgical anatomy, Dr. Adeline B. Church lecturer on gynecology, and Dr. George R. Southwick lecturer on obstetrics. Dr. Alonzo L. Kennedy is assistant to Professor Conrad Wesselhoeft, Dr. Winfield S. Smith is demonstrator of anatomy, Dr. August A. Klein curator of the museum, and Dr. Sarah E. Wilder librarian. Nearly all these appointments and promotions have apparently been made on "civil service" principles, the appointees having faithfully and acceptably performed preparatory work. The general plan of the school, which worked so well last year, has not been changed, and we doubt not will prove more effective for thorough instruction than ever.

But certain important changes have been made which must prove of great service. The working chemical laboratory has always been too small for the junior class. We are glad to observe that a new one has been devised by the construction of a spacious gallery on three sides of the largest or chemical lecture-room, which provides thirteen working-tables fully equipped, and accommodating twenty-six, or, by doubling, fifty-two, students at one time. They will all be in full view of the professor,

and can follow him in his directing experiments. We must congratulate the school on thus securing what it has so long desired and needed.

Another important addition is the establishment of a new reading-room and library, where the students can consult all the principal medical journals, books of reference, and the more recent medical publications.

We learn, that, under the direction of Mr. F. Tudor, the whole steam-heating apparatus and ventilation is re-arranged. A new engine and boiler house has been constructed, which will add greatly to the comfort of all connected with the school.

Rumor says that there is a prospect of a large class the ensuing year,—a deserved success, since we know of no medical school which has instituted so many important reform-measures in medical instruction, or presents more attractions for the student. We are glad to remember afresh, that, as has before been pointed out, among its many recommendations to public favor are these:—

“1. It is established in Boston, an educational centre.

“2. It forms a part of Boston University, an institution of the most progressive and liberal character.

“3. It has a large and able teaching faculty.

“4. It requires evidence of sufficient preliminary education to fit the student for the study of medicine before admission to the school.

“5. It provides a carefully graded minimum course of three years before graduation.

“6. It was the first school in this country to provide a course covering *four years* for those who wish to pursue their studies with special thoroughness and with suitable leisure for collateral reading, and to obtain professional experience under the direction of the faculty.

“7. It demands the actual attendance at a medical school three full years as a condition to graduation.

“8. It requires that every student shall pass a successful examination in all the studies of each year, before promotion to those of the next.

“9. It has restored the degrees of Bachelor of Medicine and Bachelor of Surgery, to be attained by students in the *four years' course* who at the end of the third year pass a worthy examination.

“10. It confers no honorary or *ad eundem* degrees. Its diplomas are obtained only for work actually done in the school.

“11. It admits, both as teachers and students, men and women, on equal terms and conditions, to the exercises of the school.

“12. It gives, in addition to the various branches of medicine usually taught, a thorough knowledge of the homœopathic system.

“13. It not only secures for its students in its extensive clinics, instruction illustrated by observation, but it requires them to have the personal care of medical, surgical, and obstetric cases, under the supervision of the faculty, previous to graduation.

“14. It has just finished a new chemical laboratory for practical work by the entire class; a reading-room, in which the students will have access to the medical journals and works of reference; and it has constructed for its building a new and improved system of heating and ventilation.

“15. Its diplomas are honored at home and abroad, and its graduates occupy respected professional and public positions.”

## COMMUNICATIONS.

*NOTES ON AMYLISM AS A FACTOR IN DISEASES OF THE CEREBRAL CONVOLUTIONS.*

BY WILLARD H. MORSE, M.D., WESTFIELD, N.J.

It is generally easy to arrive at a correct diagnosis regarding the seat of disease of the brain, excepting when the cerebral lesion is in the convolutions. In such case there arise symptoms of disease which are so exceedingly variable that there may be the greatest difficulty in arriving at a diagnosis that has the merit of being true. These symptoms are notably eccentric; and I think I do no injustice to the patent fact in referring their significance to the mooted question, whether certain parts of the convolutions in front and behind the fissure of Rolando are those in which the will-power acts to produce voluntary movements. Nothing new can be said of that question, and the latitude that it enjoys has gained no breadth. It *was* gospel, that very little, if any, of the brain substance is respondent to ordinary irritation. But times have changed, and there remains no real doubt of the responsive action. The discovery has led to the revelation, that galvanism, alone, of all direct agents, will produce movements when the surface of the brain is excited. These movements come under the distinctive head of diffusive; and the action of galvanism is such that its influence is accreditable to other parts, thus furnishing distinctive proof that the movements occurring when certain portions of the brain are excited, give no evidence of those portions being psycho-motor centres. It may be propagative; but, if it is so, I cannot but say, that, if galvanism applied to the cerebral surface produces movements of an excito-motor character by irritation propagated to other parts, then is that propagation irregular, and not legitimate or constant.

It is demonstrable that muscular movements may follow local irritation of the brain by galvanism, but there is wanting the proof that those movements result because the part irritated is a psycho-motor centre. Irritation of the sole of the foot will produce muscular contraction of the face, but we do not regard the sole of the foot as a psycho-motor centre; so though galvanism may produce movements if applied to the convolutions, yet from that fact alone we cannot say that a motor centre has been acted on. The probability would seem to be that the influence was but propagated, and the action simply reflex. If the convolutions were motor centres, other irritants would act similarly to galvanism; and, moreover, upon their removal, paralysis would

occur, and be persistent. It is true, that, after ablation of these parts in animals, there is an apparent paralysis; but it is akin to the general paresis of the insane, — a disorder in the action of the will, and not a loss of power. It is not real paralysis, and in many cases there is not even the most distant appearance of it. Nevertheless, numerous experiments have gone to show that it is a purely inhibitory action that causes paralysis; and from the same experiments it can be seen that paralysis does not depend upon the loss of one or more of the organs of will-power. Analyze such experiments, and it is found that the condition is due to irritation that has influenced many parts of the cerebro-spinal axis, and so produced, by inhibiting cellular activity, a cessation that partakes of the complexion of paralysis.

We may not forget that received theory is not always borne out by clinical facts. There is no doubt, for instance, that disease in front and back of the fissure of Rolando causes paralysis more frequently than disease in other parts. It is claimed that those parts are the psycho-motor centres for movements in the arm and leg, but there are many instances of disease destroying those parts without producing the least paralysis. Among other allied discrepancies are the well-known facts that injury to this same part will cause, not paralysis of either leg or arm, but of the face; and that the very slightest injury to this region has sufficed to cause complete hēmiplēgia of a more or less persistent character. Theory is too supremely temporizing in this case; but put with the two facts one other, and the three prove the fulness of the two. If there exist disease in the convolutions, together with paralysis, there will probably be convulsions; so it is reasonably safe to infer, that, if convulsions and paralysis are found interoccurrent, there is disease of the convolutions, inasmuch as all physiologists are agreed that there is scarcely a part of the brain which is more liable to produce convulsions.

Disease of the convolutions presents certain peculiar features that go to re-act upon the admittedly questionable theory. One series of symptoms is disorder of movements. Paralysis is not simply loss of motor power, but loss with disorder of voluntary action. Again, this paralysis is more limited than is that of any other portion of the brain. The arm, for instance, is frequently paralyzed, and the leg is not affected. Disorder of the mental faculties is also characteristic. There is loss of words, or loss of power of expressing ideas by speech. There also ensues rigidity, chiefly in the opposite side, as if there had been protracted disease. It may be convenient to agree with Charcot that this rigidity is explainable on the ground of true secondary degeneration; though necessarily there arises the question, why



secondary degeneration should become so extensive as to reach the spinal cord from a seat of disease so physiologically remote as that place of origin in front or behind the fissure of Rolando.

The convulsions may be epileptiform, or even truly epileptic. If they are of such character, and with them is conjoined a cramp in the muscles of the arm or leg slightly in precedence of the attack, it is not unsafe to say that the convulsions are the result of disease of the convolutions. This muscular contraction is apt to be very tense, and may not affect more than one muscle, or may affect many. This feature is not absolutely peculiar, but it occurs far more frequently with disease there than elsewhere. If, however, there are present with such contractions an indefinable sensation, as of prickly heat, or like the crawling of an insect, there seems no doubt of coming at a distinct diagnosis of a lesion of the convolutions, — the *only* distinct one that can be made.

I do not think that we can qualify much by the fine fact of a diagnosis, or by the consistency of any certain indications. It is very certain that there is not any intro-active betrayal of symptoms. The etiology does not express the diagnosis, and no portion of the economy more emphatically makes this apparent. Physicians attending other patients may, by careful observation and daily inquiry, soon settle the more abstruse points of causation; but not so with this lesion. The more we know of it, the less we have knowledge. Etiology is quite insignificant, alone considered; and when that factor is that which has lost significance, and there is salvation of revelation by no other means, we are adrift, and physiological hope is our only anchor. It was mine to think that it would not be becoming to a practitioner to indulge in physiological investigations to arrive at the end sought, when an unexpected event brought me into the ignored lines, and presented one of the causes of disease of the convolutions, — a cause which *per se* may govern many others.

I was studying the question in the light of the objective. Finding patients with the more or less distinctive symptoms of the lesion, I sought by their history to interpret causation, but achieved nothing. Going back to first principles, the laboratory was dealing with primary things of vivisection. The puppies that were being experimented on were fine, healthy brutes; and, on removing the skull-cap of the animal before me, you can imagine that I was surprised to find well-marked disease in the convolutions. Speaking of it to the students, I found that I had killed the animal that they had been experimenting on with whiskey, — feeding the *spiritus frumenti* to it to make proof of its appearance in the blood, or something of that sort. Of course the question arose, Is alcohol a cause of the lesion that

I am studying? I took a second puppy, and fed him as the students had fed theirs; and, though I found alcohol in the ventricles, the convolutions exhibited no signs of disease. The students were accused of having performed some other experiments on the first dog, but they denied it. I tried the experiment again, and a second time I was destined to find a result like the first. There was no appeal, and I asked for some of the liquor that the boys had used. Trying it, I found that it produced the pathological change of which I was in quest. Resorting to comparative analysis, it was at once explicable. The whiskey was the miserable "rot-gut" of the saloons, charged heavily with fusel-oil; while that which I had employed was an unexceptionably pure article, obtained for certain chemical purposes. Though using no haste in arriving at an ultimatum of an opinion, I was soon made aware of the evident fact, that, beyond the barest measure of doubt, the excessive use of the alcoholic drinks of the saloons is one of the causes of disease of or in the convolutions, which disease may conditionally be worth the nomination of a symptom of true alcoholism.

The probability seems to be that dipsomania does not occur without this lesion appearing in the phenomena that the autopsy reveals. I am not yet thoroughly positive on this score, as I have not yet studied as many cases as I should care to. Forty-six cases of alcoholism, examined *post mortem*, showed decided lesion of the convolutions in thirty-eight of the number; and reports from others who have made observations, go to show that at least eighty per cent, if not *all*, of such cases have the lesion incidental to them. Moreover, the act of intoxication by alcoholic liquors is frequently, if not necessarily, causative of the same lesion; the brain of a person killed while intoxicated showing the evidence of morbid change in some degree. These facts, together with the results of physiological experiment, go to make strong proofs of the consistency of this one cause, which may, or may not, bring out the premises of the positive fact.

But we must not be too sweeping, while abiding by the definitive. That which we are content to know as "alcoholism," is but the vulgar term for *amylicism*, — the toxic effect of amylic alcohol on the system; the poisoning by the excessive use of alcoholic liquors that are more or less charged with fusel-oil. The time waits for medical science to take one of the most important positions in the territory of social science. An opportunity to eliminate from society the bane of intemperance has to be found out of the most patent facts. Alcoholic liquors that are base with fusel-oil will cause lesion of the convolutions, while the same class of liquors free of the obnoxious oil will not have

that effect. Distinction between *ethylism* and *amylism* is worth medical thought. The effect of amylic alcohol is that of a poison, while that of ethylic alcohol is but excitant. With whiskey free of the poison, it would be practically impossible to become intoxicated; and, with that impossibility, what of intemperance?

Proofs of the tendency of amylic alcohol to the cerebral cortex are not wanting. *Imprimis*, it is received that a lesion involving the posterior part of the third frontal convolution causes aphasia. Impairment of articulate speech is one of the symptoms of *amylism* (intoxication); and the brain of the habitual drunkard shows full lesion of this part, which lesion is such as produces paresis of many of the muscles concerned in lingual and pharyngeal movements. It is also certain that the convolutions anterior to the island of Reil (which are continuous with the third frontal) cause aphasia when diseased, and they are invariably the seat of the lesion produced by alcoholism. In the second place, acting on the physiological belief that the inferior portions of the ascending parietal and frontal gyri are connected with various voluntary movements of the arm and hand, I submit that lesions limited to these parts produce spasmodic phenomena, limited to the upper extremity of the opposite side,—phenomena which alcoholic intoxication invariably causes, though not altogether with localization.

Naturally there arises the question as to whether these lesions involve the cortex alone, or the cortex and a minimum of the subjacent white matter. I am prepared to say just this: There are some reasons for believing that future autopsies will show, that, if the lesion is simply irritative, the cortex alone is the site of disease; but, if the disease becomes destructive, the convolutions are not alone destroyed. I fear that it is very common to fail to recognize cortical disease until it has invaded the subjacent white substance. Though in the literature of the past century many apparently contradictory cases might appear, yet our scalpels have not failed to show that large parts of the frontal, temporal, and occipital convolutions may be injured or utterly destroyed, without the patient having shown during life any special symptoms of organic cerebral disease; whereas, with the earliest injury of destructive action on the white substance, symptoms of disease are not wanting.

Weighing the causal value of alcoholic liquors in this way, and admitting that the lesion that they induce may provoke to a more or less extensive destructive degeneration of territories of cerebral substance, it is not in the least irrelevant to measure out the factorship as it leads on to insanity. Are we not almost ready to say, that, if alcohol is a cause *per se* of insanity, it is causative by entering upon its ravages by way of the convolu-

tions? May the divinity of pathology pardon! but, if this be not so, what of diffused chronic meningo-encephalitis? If we scan that well-known history, we learn that it is progressive from simple cortical irritation to the condition of general paralysis, through stages made incident with fibrillary muscular contraction, tremulous speech, over-ideation, impairment of memory, and semi-ataxia. It should not be forgotten, however, that general paralysis of the insane is a disease in which lesions exist in almost all of the parts of the cerebro-spinal axis, showing that it may have many causes.

But are we justified in regarding galvanization and amylium of similar features? The answer is that of microscopical anatomy, and it shows that the motor gyri alone contain the giant ganglion-cells. These cells are in size, and number of processes, semblant to the motor ganglion-cells of the anterior horns of the spinal cord and medulla oblongata; making it highly probable that there is a certain physiological relationship between the two parts, which is not otherwise expressed. In the motor gyri these cells are found in clusters, embedded among the large cells of the third layer,—facts that go on to teach that correspondence between centres and muscular groups must be established. With such correspondence, we cannot but admit, that, if a direct irritant (as galvanism) causes muscular contraction, a totally different factor (amylic alcohol), causing lesion of the part irritated by galvanism, will produce other muscular contraction that must be justly spasmodic because of the motor connections.

Until we shall be able to arrive at a truthful localization of the functions of the cerebral convolutions, we must recognize that the possibility of diagnosticating their lesions are as yet in their infancy. Recent researches have revealed some of the most unsuspected properties in the convoluted cortex,—some of them merely curious, and others constituting monumental acquisitions to biological science. We are accepting numerous new facts in our new days; and when more shall have been written by the pens and scalpels of Brown-Sequard and Ferrier, Dalton and Seguin, Hitzig and Fritsch, scholars of such type and tastes, then shall we have no occasion to know any gross work. Amylium may be but one of many causes of disease in the convolutions; but it has force enough to put forward a few potential teachings, which I have only space to allude to.

Primarily various nervous disorders accompany the degenerative changes in the cortex of the gyri that alcoholism has produced. I am always prepared to look for symptoms of a myelitic or meningitic character. Thirty per cent of the cases of paraplegia, epilepsy, and affections of the special senses, are com-

monly due to amyliism. If we cure these disorders, we must treat the cortex by stopping the use of the poison and by nerve restoratives.

In addition to the nervous disorders, it is practical to note the muscular wasting in chronic alcoholism, — wasting that is allied to the atrophy of the muscles which occurs in certain nervous diseases, and which of itself shows that amyliism has very much to do with the seat of true ataxic symptoms.

So long as we continue to find the shops full of amylic alcohol, so long will disease of the convolutions be bolstered up, and we will have cases enough to experiment upon to bring out neural points. Social science may not receive it; but the time demands not the abolition of alcoholic liquor, but the substitution of the ethylic for the amylic, — of excitant for toxic action.

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### THE HÆMOPTYSIS OF VICARIOUS MENSTRUATION.

BY HERBERT C. CLAPP, M.D., BOSTON.

[*Read before the Connecticut Homœopathic Medical Society.*]

FOR many hundreds of years, physicians have believed, that occasionally, when menstruation was entirely or partially suppressed, nature would make an effort to relieve the system by establishing a supplementary issue of blood from the nose, lungs, stomach, bowels, conjunctiva, from under the toe-nails, from patches of skin in different parts of the body, or from sores or wounds, without otherwise interfering with the permanent integrity of structure of these avenues of escape, or leaving behind any organic disease.

It is not the purpose of this paper to deny that such hemorrhages ever take place, for the fact that they may occur is conceded; but it is here proposed to make an attempt to assign to them their proper relative position and importance, which are, in the opinion of the writer, very greatly exaggerated by the majority of physicians. Not to cover too large a field, vicarious hemorrhage from the lungs, or *hæmoptysis*, will here alone be considered.

Sir Thomas Watson quotes from Pinel a remarkable case, where a woman menstruated through her lungs at each monthly sickness, from the age of sixteen to fifty-eight; that is, for the enormous period of forty-two years. Had this statement been found in the works of any less celebrated author, it might be considered on a par with many incidents in "Gulliver's Travels." But, admitting its authenticity, it must be acknowledged that such a case is as rare as the Siamese twins, the two-headed

girl, or a five-legged calf. Everybody would consider this as a great curiosity,—in fact, a monstrosity; but less strongly marked examples are often quoted by some as of very frequent occurrence.

A girl or young lady, with no very particular signs of ill health—or, at any rate, with none sufficient to excite apprehension, except diminished or suppressed menstruation,—spits blood at the time the menses are due, or even at other times intermediate. The parents and friends, in great alarm, send for the doctor, who perhaps quiets their fears by the assurance that the blood is of no importance whatever; that it is simply vicarious menstruation, and by no means a harbinger of consumption. Now, which is the more likely to prove true, the presentiments of the family or the assurances of the doctor? I think the former. The doctor's statement may express his real belief, or it may be one of those little fictions which every physician is supposed to be justified in resorting to for the ulterior object of promoting what seems to him his patient's good; just as he may state, in order to keep peace in a family (the ethics of the statement we are not now discussing), that a married man's gonorrhœa undoubtedly comes from his wife's leucorrhœa, when we all know, that, in spite of the fact that at least three-quarters of the married women have more or less of that complaint, it is rare for a married man who is strictly virtuous to have a purulent urethral discharge. Of exceedingly greater rarity is it for the hæmoptysis, which is called vicarious, not to be followed by evil sequences. If this is true, and the doctor believes it, is not his little fiction about vicarious menstruation destined to do his patient much more harm than good, in the long-run? His words soothe, and dispel fears, and bring present joy; but perhaps afterwards a terrible price may have to be paid for this temporary happiness. I believe, with Powell, that hæmoptysis is a warning that may sometimes save, and very often prolong, life, by drawing our early attention to a condition that might otherwise remain too long concealed; but, lightly considered and carelessly treated, it is but the precursor of destructive disease: and I also believe, with old Dr. Ware, that "No patient who has once had hæmoptysis, however slight, can ever afterward be regarded as *entirely secure* from the development of tubercular disease." Not that she will surely have it, or, if she does have it, that she will die from it, but that prudence dictates that she should ever be on her guard against it. If, with disordered menstruation, she has hæmoptysis once or twice or several times, and no symptoms of phthisis follow, she gradually loses the apprehensions which were first aroused, neglects to avail herself of proper hygienic, dietetic, and medicinal measures, and

loses often very valuable time, just when these measures are most efficacious. In most instances where hemorrhage *seems* to be the first and only indication of phthisis, one skilled in auscultation and percussion can already detect its physical signs. It is well known, however, that, in not a few instances, neither symptoms nor physical signs are then present; but in many of these the disease is probably latent, and will sometime develop, though perhaps not for months, nor even possibly for many years. In some of those cases where no phthisis follows, it is extremely probable that tubercular disease began, but aborted in its infancy. We have absolutely conclusive evidence of recoveries, even from advanced phthisis, as shown, not merely by physical diagnosis, but also by *post-mortem* appearances; the patient dying, perhaps many years afterwards, of some other disease. If advanced cases can be recovered from, why cannot the incipient troubles still oftener abort? Such are the more sensible ways, it seems to me, of explaining those pulmonary hemorrhages which some people like to consider innocuous, and which, in fact, are not followed by phthisis. Austin Flint, from a large experience, concludes that "Hæmoptysis, the hemorrhage limited to the bronchial mucous membrane, and not dependent on disease of the heart or on an injury of the chest, is always presumptive evidence of existing pulmonary disease;" and that, if phthisis does not already exist, it will sooner or later be declared; and that, "in the cases in which hæmoptysis is the only evidence of pulmonary disease, it is wise to act as if phthisis either exists or is impending."

Dr. Walsh, one of the greatest authorities, speaking of women who menstruate imperfectly or irregularly, says, "In every instance I have observed (except one) where hæmoptysis reached an ounce or upwards, there has been either evidence of, or ground for suspicion of, tuberculization." (Of course, it should be remembered that streaks of blood in sputa do not constitute hæmoptysis.) Such, I think, is the experience of all who have had much to do with phthisis.

During the last nine years (almost), out of forty-five hundred patients who have consulted me at the heart and lung department of the dispensary connected with the Boston University School of Medicine, six hundred and twenty have been cases of undoubted phthisis, in various stages. The number of such cases which have come under my observation might have been increased by the addition of those seen in previous years, before the dispensary patients were divided into departments, and also by the addition of private patients; but the extra statistical work required to classify these would be considerable, and it is believed that the number already stated is sufficiently large to

draw general inferences from, on such a subject as this. Most of these phthisical patients I have questioned particularly about hemorrhage, and those of the female sex, as a rule, about its relation in them to their menstruation. Quite a number reported that it was an early, if not the first, symptom, and not infrequently associated with more or less disturbance of the menstrual function,—a relation with which some of them for a time had solaced themselves. I have also taken the trouble to watch, as far as convenient, the development of those cases of blood-spitting in which I could at first find no physical signs of phthisis, nor evidence of heart-disease, nor injury to the chest, and which I therefore simply called hæmoptysis, and have been forcibly impressed with the number among them who have already since become unmistakably phthisical. This number, of course, is undoubtedly greater than would hold in private practice, on account of the privations and hardships incident to those who go to dispensaries. My memory tells me that such cases are too common in private practice also.

It cannot be denied that there is an intimate connection between the state of the lungs and the state of the uterus; for the very common diminution or suspension of the menstrual flow, in advanced phthisis, sufficiently proves this. That the influence is specific also, and not exerted through the exhaustion resulting from the disease, is shown by the fact that the menses are often interfered with at an early period in its history, when the constitutional vigor of the patient is not much affected; and also by the fact that other exhausting diseases do not generally have as much influence in this respect.

I think we should come nearest to the truth by saying that the majority of cases of so-called vicarious hæmoptysis occur in those females who are *predisposed* to phthisis, and that the menstrual disturbance is merely the exciting cause of the hæmoptysis; just as I believe that many of those cases of blood-spitting produced by changes of the barometric pressure in ascending mountains, or living at high altitudes, or excited by fits of passion, have, as a deeper cause, a tubercular predisposition or latent development, which may, or may not, be subsequently recovered from.

Those who believe in the frequency of vicarious hæmoptysis should remember that it is a positive fact that periodical hemorrhages, seemingly innocuous for a time, longer or shorter, have occurred in the male sex. Certainly very few would accept the extreme deduction made from this fact, by the phrenologist Gall, that there is such a thing as male menstruation.

In all probability, true vicarious menstruation, in its generally accepted sense, does occasionally, but rarely, occur. I think,



however, it is a good and safe practical rule not to consider any individual case as one of this kind, without the most thorough investigation.

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### THOUGHTS ON THE ETIOLOGY OF PNEUMONIA.

BY GEORGE M. OCKFORD, M.D., REVERE, MASS.

NINETEEN per cent of the deaths in the city of Boston during the month of April were caused by pneumonia. "Why does the disease prevail to such an extent?" and "Why is it so often fatal?" are questions that must occur to every thinking physician. Without attempting to answer these questions fully, I merely wish to call attention to certain existing conditions that may at least exert an influence in promoting a fatal issue. Pneumonia is not now the typical disease we were accustomed to see fifteen or twenty years ago. In that typical disease the onset was marked by a sharp, distinct chill; while now the majority of cases exhibit an insidious development, unmarked by any occurrence of chill, or, at the most, by apparently insignificant rigors. We rarely observed a fatal issue in less than six days; but now a fatal result is frequently reached in less than forty-eight hours, and oftentimes in a sudden and unexpected manner. A greater percentage of those attacked with the disease die at the present time than in former years, notwithstanding the fact that greater attention is now given to the subject of preventive medicine.

A multitude of reasons have been advanced to explain these and other features of the disease. The variableness of our climate and the severity of our winter months have been cited as factors in producing these results; but if we consider that localities with a climate as changeable, and with even more severe winter weather, are comparatively exempt from this disease, and that Southern sections of our country, with a different climate, often show a wide-spread prevalence of pneumonia, the question of climate must be held to be but a minor factor in causing this disease. The changing of winter clothing has been advanced to explain the prevalence of the disease; but very few even unthinking persons make much change in their clothing during the chilly months of March and April, and the disease is not confined to those who are either careless in their clothing or insufficiently clothed. Our largest cities have shown the greatest prevalence of the disease, and all who have observed city and country life will admit, that, in the latter, more carelessness in changing clothing exists than in the former, and that the effects of such changes are more often seen in rheumatic affections than in pneumonia. It is not denied that this may be a contributing cause, but other factors must be present in order to develop

pneumonia. If we consider the environments of a city, and its internal conditions, we may easily discover that the atmosphere must be more polluted than in more suburban districts; and herein we may find a partial solution of the question of causation. Open winters show a more fatal form of pneumonia than winters with heavy snowfalls, because the snow serves to protect the atmosphere from much pollution. Our Northern cities which show a minimum prevalence of pneumonia are snowbound during the entire winter, and there has been an increased fatality in the disease since the streets of our cities have been kept clear of snow. Our streets are mainly paved with stone; and, from the constant traffic of steel-clad vehicles and steel-shod horses, we have a constant steel-grinding in operation. This loads the atmosphere with a blended dust of stone and metal,—the most dangerous element that can be inhaled by human lungs. The steel-grinders of Sheffield invariably succumbed to a pneumonic disease before the system of wet-grinding was in vogue, few of them living beyond the thirtieth year of life. Even in our own times, the occupation of stone-cutting does not permit those engaged in it to live much beyond the fortieth year, the premature death being due to the traumatic pneumonia induced by the inhalation of stone-dust. Wet-grinding modifies the effect of these occupations, just as the heavy snowfalls, and street-sprinkling in the warmer months, are attended by a lessening in the prevalence of pneumonia. Open winters, when miles of the city streets are bare and dry, exhibit the most fatal cases of pneumonia; and it is in such times that there is greater pollution of the atmosphere from this form of steel-grinding. Like the disease of the steel-grinders, our pneumonia exhibits an insidious development, and its victims are composed largely of the class whose lungs are exposed to this constant mechanical irritation. Human nature adapts itself to almost every gradually developed condition, and many experience no trouble from this source; just as many live in malarious climates without injury, while the large army of those who are shattered by the vices and over-strain of civilization fall easy victims to all forms of disease.

This atmospheric pollution may not be sufficient to cause pneumonia, but undoubtedly this product of our advanced civilization adds an element of destruction when once the pneumonic disease is established. Cities with natural stone highways suffer in a similar manner. Visiting Western Texas a few years since, I found that one of the cities built on beds of solid rock exhibited an extensive prevalence of pneumonia during the winter and spring months. The same conditions of dust prevailed in that city, in which there was a dry atmosphere and a climate

that gave marked benefit to those suffering from incipient consumption and catarrhal disorders. The prevalence of pneumonia in such a climate must arise from other causes than variable or severe winter weather, and there is presumptive evidence that this dust may play an important part in its causation and fatality.

The introduction of steam-heat into dwellings is a subject worthy of consideration in seeking for causes of pneumonia. Houses heated by the systems generally in vogue are filled with a highly dried atmosphere, and are often over-heated. In factories in which fine wood-work is executed, the use of steam-heating has been found to be impracticable. Piano bodies, carriage bodies, and such work are warped and split by the dry heat generated by steam-pipes. The furniture in houses heated by steam-radiators show the effects of the dry heat. Can the inhalation of such air be beneficial to the human lungs? The record of trades and occupations involving the inhalation of an over-heated dry atmosphere is one of lung affections and premature death. The introduction of such an atmosphere into our houses must be dangerous to our lung-tissues. I would not be understood as condemning the use of steam-heat, but would urge the adoption of efficient means of ventilation, and for the production of the necessary moisture, in order to maintain the integrity of the breathing apparatus.

We may find one of the causes of fatal results in pneumonia in the wide-spread abuse of quinine. We live in an age in which all diseases are held to be due to either malaria or septic poisoning; and quinine is the great anti-malarial, anti-bacterian, and anti-septic remedy. Like charity, it covers a multitude of ills; and, under this anti-scientific reasoning, it is administered by many physicians during some stage of every disease that flesh is heir to. The old mixture of calomel, bile, and liver in therapeutics has been entirely superseded by this great anti-remedy; but are the shattered nerves and weakened nutrition caused by its abuse more beneficial to the human race than the mal-effects of calomel? The people, following the teachings of their medical leaders, have adopted the drug as a domestic cure-all. Wherever malaria is supposed to hold sway, the quinine-bottle takes its place among the regular family supplies; and, even in the New-England States, no drug is used more freely in domestic medication. An impression seems to prevail, that, if it will do no good, it cannot do harm. It is taken for building up and pulling down the human system, and for every variety of reason. Now, a remedy that can destroy the functions of the nerves of special sense, as quinine does, cannot be harmless. Even in comparatively small doses, it weakens the action of the heart and muscular system generally. Its constant effect is to irritate the stomach, produ-

cing a gastric catarrh, with impaired digestion and a disgust for food. Its action upon the nerves of special sense is probably due to a congestion of the vessels of the parts, and we are all familiar with the enlarged and congested spleen of the quinine cachexia. It may not induce pneumonia; but its abuse lowers the vitality, and paves the way to local congestions and inflammatory conditions. In pneumonia, frequently the life of a patient depends upon his ability to digest nourishment; and, if his digestive power has been impaired by the irritating catarrh produced by quinine, a fatal issue may ensue. And in such cases a further administration of the drug may so weaken the action of the heart as to favor the production of "heart-clot,"—the mode of sudden death so often reported in the disease.

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### A CASE FROM PRACTICE.

BY J. F. HADLEY, M.D., WALTHAM, MASS.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

METRITIS AND PELVIC CELLULITIS, RESULTING IN DEATH FROM ANÆMIA, DUE TO INABILITY TO RETAIN NOURISHMENT ON ACCOUNT OF SYMPATHETIC VOMITING.

On April 28, 1885, I was called to see Mrs. O., aged forty-one years.

The patient had been sick seven weeks, and during that time had had three physicians.

She first had severe backache in the lumbar region, headache, etc. Dr. A. was called, and pronounced it kidney trouble. In a few days the patient was attacked with vomiting, which gradually became more violent, and finally became almost incessant. Dr. A. then diagnosed the case ulcers of the stomach. He gave the patient many and various drugs, some of them said to be very powerful. Under his treatment, the patient grew continually worse. Dr. A. finally diagnosed the case cancer of the stomach.

As there was no improvement, the vomiting continuing, with utter inability to retain any food, the patient was failing rapidly. Dr. A. was now dismissed; and Dr. B., a physician with a wide-spread reputation, was called to the case. After seeing the case several times, Dr. B. told Mr. O., the patient's husband, that, to be honest and candid, he must say that he did not know what the trouble was. It was a peculiar case, and he was unable to give a correct diagnosis. Dr. B. treated the case for about a week, when he met with an accident which compelled him to give up practising for a time; and, on his recommendation, Dr. C. was called to attend the case.

Dr. C. attended the case for three weeks, during which time the patient gradually grew weaker, the vomiting continuing. The only nourishment taken was rectal injections of beef-tea.

On being called to the case, I found the patient very weak, no fever; the temperature being  $98.5^{\circ}$ , and pulse 78. The tongue was very red, dry, and parched; face somewhat flushed. The patient was suffering from the violent and almost continuous vomiting. The character of the ejected matter was fluid and slimy; and, at times, slight traces of blood were detected in it; and, again, bile would be present. The patient complained of burning in the stomach. There was considerable thirst. A prominent characteristic of the vomiting was, that the least noise, touch, or motion would provoke an attack.

I could detect no lump or enlargement in the region of the stomach or bowels. The stomach was, of course, very empty; and I could distinctly feel the pulsation of the aorta. The bowels were constipated.

On making a digital examination of the uterus, I found the cervix very hard and unyielding, and the uterus utterly immovable. On conjoined manipulation, the uterus certainly seemed as large as my two fists. The cervix was lacerated. On examination with the speculum, I found the cervix very much enlarged, of a bright red color, and so hard that I could make no impression on it with my uterine dressing-forceps. The os was clean cut, looked as though it had been gouged out. The probe showed the cavity of the uterus to be somewhat lengthened. During the examination the nausea and vomiting were aggravated. The rectum was almost closed by the tumor.

I gave my diagnosis: metritis and pelvic cellulitis, with sympathetic vomiting. Prognosis: very doubtful; unfavorable, on account of the exhausted condition of the patient.

The patient then told me, that since her only confinement, which was very prolonged and difficult, fifteen years previous, she had had hard times at her menstrual periods, and had vomited from fifteen to twenty times a day for the first two or three days of each menstruation.

Previous to the examination which I made, there had been no uterine examination whatever. I prescribed *nux vomica*<sup>3x</sup>.

On my second visit, April 29, I applied to the cervix a tampon saturated with glycerine and belladonna (one part of belladonna to ten of glycerine), and gave *arsenicum*<sup>3x</sup> internally, and instructed the nurse to remove the tampon the next morning, and give an injection of hot water before I arrived.

The next day, April 30, I found the cervix soft and more yielding, and a yellow leucorrhœa issuing from the os. Applied another tampon as before.

On the next day, May 1, I was much disappointed to find that during the night the menses had appeared, which event, of course, stopped local treatment for the time.

The nurse informed me that the previous day had been the best the patient had had for a number of weeks; she having vomited only three times, instead of fifteen to twenty times as usual. The tampon had caused a profuse watery flow from the parts, soaking several napkins, and wetting the bed in spite of the nurse's efforts to avoid it.

The menstrual flow continued from May 1 to May 8. It seemed to be natural in quantity, color, and consistency. During this time the vomiting continued, though at times not so severe. The patient was able to retain very little nourishment. She had a great aversion to the rectal injections; so I discontinued them for a few days, and gave her all the nourishment possible by the mouth. During this week I gave, internally, *arsenicum*, *veratrum album*, *phosphorus*, *nux vomica*, and *creosote*; but none seemed to have any effect on the vomiting.

On May 8 I was called early in the morning, and found the patient in almost a state of collapse, very weak, and having cramps of the upper extremities. I gave *camphor* and *veratrum album* in alternation; also gave brandy by the mouth, and rectal injections of beef-tea and brandy; and, as the menstrual flow was nearly done, I applied a tampon.

On the next day, May 9, she had revived, and had a little more vitality. Continued the same treatment.

May 10. — Less vomiting, some cramps and oppression at the chest. Applied a tampon morning and night. The tampons work well, causing abundant watery exudation.

From May 10 to May 16 I applied two tampons daily, and gave internally *veratrum album* and *arsenicum iod.* alternately.

Vomiting ceased on May 10, and stomach symptoms all improved. The patient took koumiss freely, and kept it down; also a little ice-cream. A rectal injection of beef-tea, R. & C.'s peptonoids, and brandy, was given every three hours.

On May 16 an intense nervousness appeared. It was impossible to keep the patient quiet. She kept her hands in motion continuously, and talked incessantly. The cramps re-appeared to some extent, with some oppression of the chest. I prescribed *hyoscyamin* and *cuprum ars.* in alternation.

There was a marked improvement in the condition of the uterus. It had decreased in size to a marked extent, and was quite movable.

May 17 and 18 I continued the same treatment. She was during these two days a little less nervous, but perceptibly weaker and failing. Although talkative, she drawled her words,

and talked very slowly, as if she were too much exhausted to speak.

On May 20 I found her unconscious, breathing stertorously, and constantly talking, though incoherently. By raising the foot of the bed, and taking the pillows from beneath her head, which I did, thinking the delirium due to cerebral anæmia, she became more quiet, and lay in a deep stupor until the night of May 21, when she died.

The remedies which I gave on these last two days were *helleborus niger* and *borax*. The borax may perhaps strike some of you as an odd remedy to give in such a condition; but I gave it by the advice of Dr. J. Heber Smith, who maintains that it has a profound action on the brain, and is beneficial in cases with such symptoms as this case presented.

With Mr. O.'s permission, an autopsy was held at 10 A.M., May 22; Dr. L. A. Phillips, Dr. Fessenden, Dr. Metcalf, and myself being present.

We found the uterus enlarged to two and a half or three times its normal size, with marked traces of inflammation; while in the fundus at the right was a small fibroid tumor, about the size of an English walnut, spheroidal in shape, and its texture hard and unyielding, and in the centre a nucleus almost calcareous in character. This small tumor, we judged, might have been the primary cause of the inflammation. There was also evidence of peritonitis and cellulitis.

All other organs of the body seemed to be normal. The intestines, pancreas, and kidneys all normal, both in size and consistency. The liver somewhat enlarged, but perfectly friable and healthy. The stomach was perfectly normal in every respect; and, on being opened, the internal surface was clean and smooth, not even presenting the signs of inflammation which might have been expected.

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#### *A CASE OF MENINGITIS WITH EFFUSION.*

BY H. R. BROWN, M.D., LEOMINSTER, MASS.

[*Read before the Worcester-County Homœopathic Medical Society.*]

THE following case I am obliged to give from memory, as I kept no notes. By referring to my day-book, I find that I was called to Louis K., a bright little fellow of seven, Sept. 7, in the evening. Found him considerably feverish, face flushed, pulse 120, breath offensive. Considered it a case of ephemeral fever, probably from gastric irritation; that he would be better the next day, and probably well by the third day. Gave *aconite* and *ipêcacuanha*.

8th, found him better apparently ; less fever, and improved in every respect.

9th, not as well ; pulse, 130 or more ; temperature 103° ; some nausea, with occasional slight vomiting and diarrhoea ; tongue furred slightly, and red at the tip. Examined lungs, and found all right there.

Diagnosis, gastro-enteric fever.

The nausea ceased within twenty-four hours, but the diarrhoea continued more or less for the next two weeks. Fever continued for three weeks, with exacerbations every afternoon. Pulse varied from 100 to 140, and temperature from 99° to 104°. Tongue continued slightly furred, the tip sometimes a little too red. Some delirium at night, but head always clear through the day, and most of the time at night when thoroughly awake. Fever began to abate the latter part of third week ; and Sept. 29 there was no fever, pulse was normal, temperature normal, tongue getting clean, and no unnatural redness. Remedies given during this stage of the sickness were *aconite*, *belladonna*, *bryonia*, *arsenicum*, *baptisia*, and *ippecacuanha*, with possibly some others that I do not recall. Diet, milk-broths and alkethrepta.

From Sept. 28 to Oct. 3 he was apparently improving every day, but from the 3d to the 10th I could see he was losing ground. About the 7th he began to complain of his "fingers sticking together," as he expressed it ; and he would call for his mother to rub his hands, sometimes complained of their aching.

8th, fever coming up again ; and on the morning of the 10th he had grown so much worse, I asked for a consultation. The father and mother thought they would like Dr. McAnlistter of Ayer. He was accordingly telephoned for, but was in Worcester on business, and would come the morning of the 11th. At this time the patient's temperature was 102°-103° ; pulse about 120. He was very much emaciated, very peevish, and constantly calling for his mother to rub his hands, which I noticed he did not use with perfect freedom. Every few minutes they would appear to be cramped.

Morning of the 11th, found him appearing brighter ; less fever and less of the cramps ; also not as peevish. Dr. McAnlistter telegraphed he could not come to-day, but would to-morrow if desired. I left it with the father to do as he wished, and went away feeling more hopeful. Called again at noon : found him about the same. At 2 o'clock I was sent for in haste, and again at 2.30. I was away at the time, and did not get the message until about 3. Five minutes after, I was in the house and by the bedside of my little patient, whom I found in convulsions. The father, being unable to find me, had called in Dr. Bigelow, who had not done much : in fact, there was not much to be done



in the way of medication, for the patient could not swallow. I asked Dr. Bigelow if he had any thing to suggest. He said, no: he considered the case hopeless, and it probably was only a question of a few hours. He then left me to my own resources. At this time (4 P.M.) the patient presented the following appearance: face and extremities covered with cold perspiration; respiration very irregular and difficult; eyes turned to the left, and rolled up with convulsive twitchings; pulse very weak and irregular; swallowing impossible. After one or two trials, no attempt was made to give medicine.

At 5.30 he was, to all appearance, only just alive: no pulse at the wrist; hands and feet blue and cold; respiration more irregular, with longer intervals. Sent the mother from the room on account of her extreme nervousness, and waited for the end.

Just at this time, an article I had read in "Birmingham's Medical Gazette," on the subcutaneous use of ether as a stimulant, flashed through my mind. I had forgotten the amount used, but drove to my office as soon as possible, and looked the matter up. The amount used in the case mentioned was thirty drops. I determined to use fifteen, not with any expectation of rallying the boy, or of making any change in his condition for better or worse. I did it more for the sake of doing something. The fifteen drops were injected; and, to my surprise, within two minutes the convulsive movements of the eyes ceased; in fifteen minutes I could feel and count the pulse; gradually the feet and hands got warm; perspiration ceased, and in about half an hour he could swallow; and in another half-hour he recovered consciousness sufficiently to recognize his mother and myself.

I staid a part of the night, and administered nourishment and stimulants.

12th, temperature 102; pulse quick and full; pupils do not respond to light readily; considerably dilated, left more than the right.

Nerves of sensation in hands and feet paralyzed; does not feel the point of a pin either at the palms or soles; can move his hands, but does not the feet. Dr. McAnlister saw him today, and pronounced the case meningitis with effusion; considered it a hopeless case. Two days after, he saw the case again, as did also Dr. Bennett. Patient's condition at that time about the same. Drs. McAnlister and Bennett both said nothing could be done. Bennett suggested *bromide of potassium*; McAnlister, *iodide of potassium* in half-grain doses every four hours. That struck me as rather a sensible remedy, and I gave it, accordingly, for a few days.

During the next week or ten days the patient remained about

the same, some days a little worse, on others a trifle improved. I commenced about the 15th to give *helleborus niger*. During this time his nights were bad, giving no one rest. He was delirious, restless, and shrieking. Through the day he was more quiet, and a portion of the time partially conscious; a good deal of fever, thirst, and dryness of skin. About the 20th or 21st, sensibility in hands and feet returning. From this time a very slow but gradual improvement. He was emaciated to the last degree. I directed him to be rubbed all over every day, morning and night, with good olive-oil, and about Nov. 1 commenced giving Phillips's emulsion, with malt, since which time he has improved rapidly, and at the present time is as stout a boy as one would wish to see; and the only trace of the disease now remaining is a trouble he sometimes has to get the right word. His memory of events, even before his sickness, is good.

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#### GLEANINGS AND TRANSLATIONS.

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SIMULATED HIP-DISEASE RESULTING FROM PHIMOSIS. — In the "Massachusetts Electric Medical Journal" for February, Dr. Milbrey Green reports two cases which strike us as of especial interest, taken in connection with the pamphlet by Dr. Griswold Comstock, referred to editorially in the February issue of the GAZETTE.

Case 1. — In April, 1884, I was asked to look at the foot of a little boy. He was a fine, healthy-looking, and unusually intelligent child about three years old. His mother informed me that he had appeared to be in perfect health; but every night for a week past he had waked up screaming, about an hour after first going to sleep, and exclaimed, "Oh, my foot!" and sometimes grasped his left foot at the instep. He seemed to be in great pain, and cried for an hour at a time, although she applied wet compresses or hot fomentations to it. Occasionally he would ask his mother to take hold of his foot; and, when she grasped it around the instep, he would become quiet, and soon go to sleep. He seldom slept more than an hour at a time, waking up screaming or crying. He only complained of his foot, although he kept his left leg drawn up most of the time in the night, his knee being often flexed at an angle of forty-five degrees. His appetite and digestion continued excellent; and he seemed bright and well in the daytime, and played as usual. His parents knew of no fall or injury that could have affected his foot or hip. I examined his foot, knee, leg, and thigh, but could find no cause for the pain from which he appeared to suffer so much

at night. There was no tenderness about his spine. The usual tests for morbus coxarius did not cause any pain; and he allowed me to manipulate his left foot, knee, and leg freely, and as readily as the right. Three weeks after my examination his mother reported to me that for about two weeks his condition had continued the same as when I saw him, but that within a week he had complained of pain in his left knee, and seemed to have no trouble with his foot. He slept but little until after 4 A.M., waking up with a screech after his short naps, and crying for some time with pain in his knee, which he kept flexed all night. There was spasmodic twitching of the muscles of the left leg. He still appeared perfectly well in the daytime, but would not play except sitting down, or reclining on the bed or floor. Whenever he attempted to walk, he would drag his left leg, and had a decided limp. He seemed afraid to bear any weight on the lame leg, and wanted to be carried when he wished to cross the room. I found now that even gentle motion of the left hip caused pain, as did also percussion on the sole of the foot with the leg extended, or on the knee when the leg was flexed at a right angle. Any pressure upon the gluteal region caused pain. There was an apparent elongation of the leg, and effacement of the gluteo-femoral crease.

With these symptoms, I should have been inclined to diagnose hip-disease, had not the child appeared to be in perfect health, with no evidence of pain except while undergoing my examinations. After being confined to the house so long, his appetite and digestion continued good, bowels regular, urine natural, skin normal night and day, and no apparent loss of flesh or strength, although there appeared to be some wasting of the muscles of the affected thigh. He was as ready for play as ever, and showed his usual strength except in the use of the lame leg. He would play ball, and handle heavy books or other objects, and laugh and play all day, when he had his brother or any one to amuse him. When I first examined him, I noticed that he had a phimosis, and told his parents it ought to be relieved. I also told them I thought there was a probability that all his symptoms might be caused by the phimosis; but I urged them to have some experienced surgeon see him, as I did not understand what caused his disturbed nights, unless it was the phimosis. When the marked symptoms of hip-disease developed, I again urged a consultation with some experienced surgeon. The mother was decidedly opposed to any operative interference, even if a positive diagnosis of hip-disease should be made by any surgeon; and the consultation was postponed, as well as the operation for phimosis.

About the middle of May, a physician of large experience in

general practice, and of acknowledged skill as a surgeon, and who had seen considerable of hip-disease in hospitals and private practice, made a thorough examination of the case. He was positive it was a very serious case of hip-disease, and thought there was but little probability of recovery, under any treatment. I suggested to the surgeon that the phimosis might cause the symptoms of hip-disease present; but he thought it was not possible, although he agreed with me as to the necessity of operating for the phimosis, which was done soon after the examination. On an incision being made in the prepuce, it was found adherent to the glans nearly to the corona, behind which there was impacted a hardened mass of smegma. The night following the operation the child slept well, and did not scream or cry; and from that time his nights were as quiet as before the trouble in his foot was manifested. Within three weeks of the operation, he could walk and run as usual; and within six weeks, all appearance of wasting of the muscles of the thigh, and effacement of the gluteo-femoral crease, had disappeared, and he soon fully recovered.

*Case 2.*—In company with Dr. John Perrins of Boston, I lately saw a boy four years old. His mother said he had convulsions when he was six months old, and had continued to have them ever since, with the exception of a few short intervals. Some days he had several, and seldom missed a day. When he was seven months old, he “formed a habit of getting on his stomach, and rubbing his abdomen against whatever he was lying upon.” “When he was a year old, he would several times a day spread out his legs, and rub backward and forward with much force.” She mentioned this habit, at its commencement, to the physician called to treat him for convulsions; and he told her it was owing to the child’s nerves, and would cease when they were better. Before the child was three years of age, four physicians had him under treatment at various times. The mother informed them of the child’s habit, and they sometimes saw him in the practice of it; but none of them examined his genital organs. They assured her the habit was owing to the condition of his nervous system, and when that was better, and his convulsions ceased, he would stop the habit. These physicians were all of large practice and acknowledged skill, and two of them have held positions on the staff of a large hospital. The child was heavily dosed with the bromides, and other medicines, for three years, without any cessation of the convulsions; and then the mother “got discouraged doctoring.” She said the child took quarts of bromides, and was no better. For about a year she had not had much done for him.

The child was as large and strong as children of his age. He

could not talk, but uttered frequent cries like an epileptic, and appeared to be under constant excitement. In the half-hour I was getting his history from the mother, he climbed upon the table from his chair four times, laid on his abdomen, moved his legs as if swimming, and rubbed backward and forward two or three minutes, and then got back into his chair. I spoke to his mother about it; and she said, "Oh! that is the way he is doing all the time, except when asleep. He is never quiet five minutes when awake." He showed signs of anger if lifted up when practising the habit. If confined, he struggled until convulsions ensued. On examination, we found the tegumentary portion of the prepuce could be drawn well back over the glans; but the mucous portion was firmly adherent. On separating it from the glans, there was a hard roll of smegma behind the corona surrounding the glans. The following night the child had convulsions, as usual, but has had none since, and has not attempted to practise his habit but twice. He shows less signs of excitement, and will remain quiet in his chair for some time. As his nervous system has been so seriously affected for three years and a half, it is uncertain how much good will result from relieving the adherent prepuce; but, as a few weeks have shown some improvement, there is reason to anticipate more in the future.

MANLY OPINIONS. — The following quotations from the closing paragraphs of a manly, scientific, and sensible address, lately delivered before the Allegheny County Medical Society of Pennsylvania, by its president, Dr. J. B. Murdoch, give cheering evidence that Dr. Flint is not alone in leading a crusade in the "rational school" against "pharmaco-maniacs" and the administerers of placebos. We quote from the address as published in the "Journal of the American Medical Association:" —

"Were I addressing a society of young men preparing for the practice of medicine, who desired success simply in this commercial sense of the word, I would advise them to study the spirit of the age. I would tell them to take a six-months' course of lectures at some cheap medical college, to supply themselves with 'The Life of P. T. Barnum,' a copy of 'The Physician Himself,' and take a journal on new remedies. With these three books, together with a handsome case well filled with placebos, and a fast-trotting horse attached to a doctor's phaeton, he would have all that was necessary. Thus equipped, the young fledgling would be able to outstrip and ride down many men of ripe experience and rare attainments, — many modest, truthful, honest men, the latchet of whose shoes this impostor would not be worthy to unloose. But I trust I am addressing men who have a higher aim than the mere money which they can extract from

the pockets of their patients. No amount of cheap notoriety or of ill-gotten gain can bring the happiness to its possessor which the conscientious man has in the faithful performance of duty.

“If we can scarcely excuse the young physician, struggling for a livelihood and for position, for yielding to popular prejudices, we have no words which will express our contempt for the men in the front rank of the profession who resort to such contemptible practices. Authors of medical works, professors in our medical colleges, who take advantage of the ignorance of a patient to extort a paltry fee, are little better than impostors. We can never cure quackery by resorting to the tricks of the quack. . . . So long as such customs prevail, the public cannot be educated into proper ideas regarding disease and its remedy; nor will they be able to distinguish between a recovery and a cure. When we give up the use of the placebo, and only prescribe a drug when it is clearly indicated; when we teach our patients the fact that the majority of diseases are self-limited, that others are necessarily fatal, and that there is still another class which can be greatly benefited by the judicious use of remedies; in a word, when we are honest with the public, — we will receive the confidence which we deserve; and then, and not till then, will we rise above the charlatan.

“Before closing, I wish again to enter my solemn protest against this continual interference with natural and salutary processes. I protest against it in the name of helpless infancy, whose cries for natural wants go unheeded; I protest against it in the name of sick and suffering humanity, whose natural desires and appetites are disregarded; I protest against it in the name of science, which is thereby disgraced; and, finally, I protest against it in the name of God himself, whose wise laws are so ruthlessly violated.”

DR. SLATOROWICK'S CONVERSION TO HOMŒOPATHY. — “I am glad to recall to your minds that it is to mercury that we owe the conversion to homœopathy of the eminent Dr. Slatorowick, professor of therapeutics at the Académie Joséphine of Vienna. He refers to the circumstance in these words: ‘I was delivering a lecture on the physiological effects of mercury, when suddenly it occurred to me that I was describing the disease called syphilis. This certainty flashed through my mind with the sharp speed of lightning, and impressed me so powerfully and bewilderingly, that I gathered up my notes then and there, and brought my lecture to an abrupt close, to the amazement of my students. For the rest of the day I shut myself into my library,

refusing admission to all comers, that I might the better deliberate on the discovery and its suggestions. I was at this time but very imperfectly acquainted with homœopathy, and I cherished against it the ordinary prejudices of its opponents. Its doctrine of similars had, however, never been intellectually repugnant to me; and to this doctrine I now eagerly turned for explanation and verification of the extraordinary coincidence which had just struck me with respect to mercury. I found this explanation, and enough else to convince me of the truth and reality of this marvellous law. From that day forth I was a homœopathist.' — *From "Mercure," par Dr. SEUTIN, Revue Hom., Belge, Mars, 1885.*

A SYMPTOM FOR CINA. — Dr. Dunoyer reports that a young girl twenty years of age, having taken five centigrams of san-tonine, lost her voice completely for twenty-four hours, no other toxic symptom manifesting itself; which suggests a possible clinical value for cina in cases of aphonia. — *Bulletin de la Soc. Med. Hom. de France.*

QUACKERY RAMPANT. — A nostrum vender, who is wringing money out of a suffering public by pretending to cure Bright's disease and other kidney affections, recently cut an editorial out of the pages of the "American Homœopathist," attached to it a fulsome puff of his alleged "cure," and published the whole as coming from the above-named journal. We learn that the editor has given notice of his intention to institute a claim for damages against the author of the outrage, — a proceeding in which he is very likely to be successful.

There are doubtless many secret medicines offered for sale in this nostrum-ridden country of ours, that really do possess some merit, made, as many of them are, upon the published prescriptions of reputable allopathic physicians. But there could scarcely be better evidence of the utter and entire worthlessness of this particular so-called "kidney-cure," than the fact of its need of such shamefully dishonest methods of forcing it upon public attention. Our readers will do a favor, both to the public and to the cause of respectable homœopathic journalism, by informing all local newspapers in which the advertisement appears, of the nature of the outrage, and of the liability of these newspapers to a suit at law for its continued publication. — *Hahnemannian Monthly.*

[To the above comments of our contemporary, we heartily say *Amen.* — ED. GAZETTE.]

WE find the following interesting and exceptional case quoted in the "Journal of the American Medical Association: —

“A CASE OF RECOVERY FROM CARBOLIC-ACID POISONING. — Mr. William Hunter records the case of a woman forty-seven years of age, who, an hour previous to her admission to the hospital, had swallowed a wineglassful of crude carbolic acid while under the influence of liquor. Immediately after taking the drug, she experienced great burning pain in the mouth and throat, drank cold water in quantity, and became unconscious in half an hour. On admission she was in a state of profound stupor, and quite unconscious; her face and ears were very livid; pupils mediumly contracted; and her lips were somewhat whitened, but not markedly so; breathing rapid and labored; carbolic acid in breath; pulse 120, soft and feeble, but regular. She could not be aroused, and the stomach was washed out by the stomach-pump with a solution of washing-soda. A quantity of darkened, oily-looking fluid came away, which had an extremely strong odor of carbolic acid. About ten ounces of olive-oil were then poured into the stomach, allowed to remain a few seconds, and then withdrawn. The stomach was washed out with the soda solution three or four times. With the third washing came what appeared to be pieces of detached mucous membrane, but were merely pieces of darkened mucus. The symptoms increased in severity for about three hours, the breathing being stertorous. At the end of that time, however, the patient became restless, and soon was able to sit up in bed, and answer questions. She complained of great thirst, and drank eagerly of milk with the white of an egg beaten up in it. She vomited undigested meat smelling very strongly of carbolic acid. The bowels moved, with dark stools having a very strong odor of carbolic acid. The stomach at no time gave pain or uneasiness. The urine was smoky and dark for a day or two, no albumen or blood. The lips were swelled and œdematous, the voice husky. Recovery was uninterrupted, and in eight days she was discharged from the hospital.

“It is probable that the quantity taken could not have been less than an ounce. Undoubtedly the condition of alcoholism had arrested digestion, and diminished absorption; and the presence of the undigested pieces of meat protected the mucous membrane of the stomach from contact with the acid. A striking illustration of this diminution in the absorptive power of the stomach in such conditions is afforded by the case, related to Mr. Hunter by Dr. Affleck, in which a man, while very drunk, swallowed no less than twenty grains of morphia. After the development of all the phenomena of opium-poisoning, he ultimately recovered with the use of the stomach-pump. Mr. Hunter considers that the supposed danger from the use of the stomach-pump in cases of corrosive poisoning is probably too



much exaggerated, and that its use is decidedly preferable to that of emetics, the administration of which always means a certain amount of delay." — *Edinburgh Medical Journal*, March, 1885.

MACALLINE vs. QUININE. — It is said that the newly discovered remedy may rank side by side with quinine in the treatment of intermittent fevers. It is the alkaloid extract of a bark usually called macalla, and known in Yucatan as yaba. Dr. Rasado claims that the sulphate of macalline will cure intermittent fever when given in the same doses as that of quinine, and is greatly to be preferred from its freedom from after-effects, the worst of which are slight and evanescent pains in the stomach. Its taste, also, is much more agreeable than that of quinine. The physicians of Mérida, Yucatan, constantly employ this remedy, with the best results. — *Revue Bibliographique*.

SPECIAL DIAGNOSIS. — The noted and eccentric Dr. Wild was once sent for to see a patient. The mother of the patient, in her anxiety, told the doctor she hoped he would be able to tell her what was the matter with her child. The doctor sat by the bedside of the little patient, examined her tongue and pulse, and asked several questions, and then seemed to lapse into a "*brown study*." For ten minutes he sat perfectly motionless, his eyes fixed upon the bed. The mother began to get nervous, thinking it must be a very obscure case that required such profound study. "Do tell me, doctor, what it is," she said at length. Rousing himself, but without taking his eyes off the bed, he said, "I think, madam, in fact I am sure, it is the *Cimex lectularius*" [a bed-bug].

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## SOCIETIES.

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### BUREAU OF SANITARY SCIENCE.

#### AMERICAN INSTITUTE OF HOMŒOPATHY.

IN the last number of the GAZETTE, the subject selected by this bureau for the next year's work and report was not given. The bureau is now fully organized, and the work assigned for the next year is of the greatest importance. The general subject is, "Our Homes: their Hygienic and Sanitary Conditions." This has been divided and arranged as follows: —

Introductory. Their purpose and intent — an index of our civilization. M. H. Waters, M.D., Terre Haute, Ind.

1st, The choice of a site, with reference to convenience, sani-

tary conditions, and æsthetic environments. H. E. Beebe, M.D., Sidney, O.

2d, The building itself, its heating, ventilating, and lighting; including also the proper division of room to meet the intellectual, social, gastronomic, and sleeping wants of the family. R. F. Baker, M.D., Davenport, Io.

3d, Sewerage, drainage, and care of excreta, to prevent danger to health by contamination of the water-supply, or vitiating the surrounding atmosphere. D. H. Beckwith, M.D., Cleveland, O.

4th, Foods: their selection, cooking, and adulterations. Anna M. Warren, M.D., Emporia, Kan.

5th, The water we drink: (a) its purity as an element of health; (b) its impurities and their tests; (c) danger to health from impurities, organic or otherwise. E. U. Jones, M.D., Taunton, Mass.

6th, The care of contagious and infectious diseases, including prophylactics and antiseptics. Pemberton Dudley, M.D., Philadelphia.

7th, The germ-theory, including the results of some practical work during the year at the Chicago Homœopathic College and Hospital. Professor R. N. Tooker, M.D., and Bayard Holmes, M.D., Chicago, Ill.

8th, The sanitation of the lying-in room, including the conduct of a case of labor with reference to its hygienic and prophylactic aspects. Professor L. C. Grosvenor, M.D., Chicago, Ill.

If the different members of this bureau will but do their work as well as they are able, we shall have a *brochure* on domestic sanitation which will be of the greatest importance to the "home," the profession, and the community.

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#### REVIEWS AND NOTICES OF BOOKS.

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A SYSTEM OF PRACTICAL MEDICINE. By American authors. Edited by William Pepper, M.D., LL.D., assisted by Louis Starr, M.D. Vol. II. Philadelphia: Lea Brothers & Co., 1885. 1,312 pp.

But a few months have elapsed since the appearance of the first volume of this admirable work. Like its predecessor, the present volume contains all that is newest and best in medicine, as viewed from the stand-point of its contributors; and, as an exponent of American rational medicine, it certainly reflects clearly and truthfully the beliefs and practices of the lights of that

school to-day. The division of the entire work devoted to general diseases is here concluded; the diseases considered being rheumatism, gout, rachitis, scurvy, purpura, diabetes mellitus, scrofula, and hereditary syphilis. The remainder of the book is devoted to a consideration of the diseases of the digestive system; the different organs concerned in the process of digestion being considered separately and in anatomical order, beginning with the mouth and tongue. Functional disorders, as well as organic lesions, receive due attention.

Among the contributors to this volume are Roberts Bartholow, A.M., M.D., LL.D., Alonzo Clark, M.D., LL.D., James Tyson, A.M., M.D., Samuel G. Armor, M.D., LL.D., Abraham Jacobi, M.D., J. Lewis Smith, M.D., and others well known to readers of medical literature.

As was the case with its predecessor, this volume forces upon one the realization, that in regard to pathology, etiology, symptomatology, and diagnosis, the science of medicine has in late years made amazing strides towards perfection. Careful reading, however, of the portions devoted to treatment, suggests quite as forcibly, that, toward the practical healing of the sick, rational medicine makes but snail-like progress. A commendable conservatism concerning medicinal treatment is a marked feature of the book. Occasionally one reads "between the lines" a certain lack of confidence in medicines, and a desire to more exactly investigate the action of drugs, which betoken a truly "rational" condition of mind. For instance: one reads on p. 687, "In view of the many changes of faith in systems of treatment and in drugs, we have no right to assume that we have as yet reached the perfection of treatment; in fact, experience brings the conviction that our systems are quite imperfect, and that drugs fail in our hands when they are most needed."

Again: in the treatment of acute articular rheumatism the best that is offered is rather a forlorn hope. On p. 52 one reads, "Relapses are more frequent—probably considerably more frequent—under treatment by salicylates than under other methods;" on p. 53, "Inestimable as is the benefit conferred by these remedies [salicylates] in promptly relieving the articular pain and fever, they do not secure the great desideratum in the treatment of acute articular rheumatism,—protection of the heart;" on p. 55, "Notwithstanding the prompt removal of the pain, and reduction of the fever, by the salicyl compounds, the average duration of acute articular rheumatism is not very considerably lessened by those remedies," and, "It is generally admitted that the salicylates do not control rheumatic hyperpyrexia, once it exists;" on p. 56, "Nor do the salicylates materially alter the time spent in hospital by rheumatic patients,

some evidence indicates that they actually prolong that period." The "alkaline treatment" was superseded by the salicylates, and at present the best treatment is considered to be sodium salicylate in combination with alkalis.

Under the treatment of acute intestinal catarrh, it is stated (p. 693), "Opium is the one invaluable remedy which we cannot do without. . . . The objections urged against opium — that it increases thirst and nervousness, causes a retention of fermenting products, produces opium intoxication, and that it is a routine practice to give it, and does not cure the inflammation — may be valid, but we cannot do without opium, nevertheless." It may be remarked that there are to-day many physicians — not, however, of the "dominant" school — who are convinced that they *can* "do without opium," and whose successful practice amply justifies them in this conviction, in the treatment of this and many other disorders.

Diet, hygiene, the use of cold water, etc., occupy in many instances too prominent positions to be justly called "adjuvants," constituting practically the whole treatment recommended.

A digest of the excellent chapter on constipation might do veritable missionary work, could it be separately printed, and widely distributed among the laity, the great majority of whom are always so unduly concerned at any irregularity in the action of the bowels, especially during slight illness. The teachings of this chapter are most sound and practical, and furnish, in connection with the remembered habits of the laity, forcible illustration of the fact that the physicians of to-day find one of their widest fields of necessary, if not congenial, labor, in correcting the errors taught, and the injurious habits engendered, by the practice of the physicians of a century ago.

The publishers' part of the work has been done in their usual excellent and satisfactory manner, and leaves nothing to be desired in point of beauty or durability.

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F.R.C.S. Fourth edition. Philadelphia: H. C. Lea's Son & Co., 1885. 1,039 pp.

A work that has reached its fourth edition within six years, and has occupied from the first the position of a recognized authority, must be looked upon somewhat as the "refined gold," which "'twere ridiculous excess" to "gild" with commendation. Dr. Bryant's book is entirely worthy the quick success it has attained, being complete, concise, and practical. The author is positive without being dogmatic; quotes largely from his own valuable experience, yet is generous in acknowledgment of other authors and their work. His literary style is charming,—

dignified without pedantry, easy without colloquialism: the ideal style of a wise and kindly professor lecturing to intelligent and appreciative students. Not all known methods of treatment are referred to, but those selected are of the trustworthiest and best. The handsome and substantial binding well fits the work for the frequent consultation of which the surgeon conversant with its merits will certainly avail himself.

ELEMENTS OF SURGICAL DIAGNOSIS. By A. Pearce Gould, M.S., M.B., F.R.C.S. Philadelphia: Henry C. Lea's Son & Co., 1884.

In this excellently well written book of six hundred pages, the author sets forth "those principles of diagnosis which apply in all cases and under all circumstances," applying them as fully as possible to surgical diseases, and injuries of various regions. To give an idea of Dr. Gould's thoroughness, and of the large significance attached by him to the term "diagnosis," we quote the following: ". . . for it must always be remembered that we have to deal with patients, with men and women, not with diseases: we must therefore not limit our attention to some merely local lesion, or even some constitutional change, but must try to view each patient as a disordered man." Sensible sentiments these, which, to the homœopathist, have a familiar ring. Although the book is one of Lea's "Manuals for Students of Medicine," it is by no means the undergraduate student who may derive sole, or even chief, benefit from its practical pages.

CHOLERA: ITS ORIGIN, HISTORY, CAUSATION, SYMPTOMS, LESIONS, PREVENTION, AND TREATMENT. By Alfred Stillé, M.D., LL.D. Philadelphia: Lea Brothers & Co., 1885. 164 pp.

This book contains a comprehensive *résumé* of the subjects indicated in its title; namely, of all matters relating to cholera. The substance of the work has been already given to the public, in the article, by Professor Stillé, on cholera, published in the "System of Medicine by American Authors," edited by Dr. Pepper. Many interesting facts, however, concerning the South-European epidemic, and lessons drawn therefrom, are here incorporated; and the work is thus thoroughly brought up to date. The treatment recommended by Professor Stillé is, to say the least, conservative. His strong belief in, and advocacy of, a strict and intelligent quarantine as a preventive measure, can hardly fail of hearty support from all those to whom "commercial interests" are not paramount to human welfare.

It is always a pleasure to commend the admirable manner in which the publishers' work is done.

A TREATISE ON ASIATIC CHOLERA. Edited and prepared by Edmund Charles Wendt, M.D., in association with Drs. J. C. Peters, Ely McClellan, J. B. Hamilton, and George M. Sternberg. New York: William Wood & Co, 1885. 403 pp.

This volume makes a very opportune appearance as the May number of Wood's Library for 1885. It is not undue praise to say that this work is perhaps the most complete, and the best, lately offered to the profession on its, at present, especially important theme. The historical portion is admirably complete. In regard to etiology, Koch's "comma bacillus" is given the position of the probable cause. Quarantine is strongly urged as a preventive measure, the responsibility of nations in this matter being emphatically pointed out. Among therapeutic measures, opiates and chloroform figure prominently. Dr. Wendt says, in this connection, "In reviewing the entire subject, candor compels the admission, that the real additions to our knowledge concerning the rational treatment of the disease have amounted to little or nothing. There is no doubt that the list of useless medicaments and measures has been still further extended, and so far we have to record at least a negative gain."

It is hopeful work for homœopathists to contrast this pessimistic spirit, so evident in the late writings of the dominant school, with such an article, for instance, as that reprinted in the April issue of the GAZETTE, "Reminiscences of the Cholera of 1849; with Reflections;" by Dr. John Moore of Liverpool, England.

The maps and illustrations of Dr. Wendt's book are ample and excellent. The tasteful binding, admirable paper, and clear typography render it worthy its place in Wood's Library.

HUMAN OSTEOLOGY. By Luther Holden, F.R.C.S. Assisted by James Shuter, F.R.C.S. Sixth edition. New York: William Wood & Co., 1885. 276 pp.

"Wood's Library" for 1885 opens most worthily and promisingly with the above admirable work as its January number. The book is made the more interesting by its frequent references to comparative osteology; and its literary style is so finished and pleasant, that the reader is convinced that to regard certain matters in a "bony light" is not to chance upon their least interesting aspect. The numerous illustrations — sixty-one full-page lithographic plates and eighty-nine woodcuts — are photographically accurate. The many references by numbers to specimens in the museum of the Royal College of Surgeons of England are doubtless of the greatest use to the fortunate English student having access to the museum; but they are distinctly

irritating to the American, reminded by them of inaccessible benefits.

**THE LONDON MEDICAL STUDENT, AND OTHER COMICALITIES.**

Selected and compiled by Hugo Erichsen, M.D. Detroit, Mich., 1885. 207 pp.

This little book is a companion volume to the "Medical Rhymes" compiled by Dr. Erichsen, a review of which appeared in the May issue of the *GAZETTE*. It is, for the most part, a reprint of certain sketches published in "Punch" nearly half a century ago, and long since inaccessible (through being out of print) to the medical students, who would else have found them amusing reading. Their humor is somewhat the humor of Fielding and Smollett, broad, rollicking, not over-refined, — the humor of the Christmas pantomime, where hard knocks and practical jokes appeal to an exclusively masculine appreciation. But the sketches, none the less, merit a far better fate than oblivion, from which the thanks of all laughter-lovers are due to Dr. Erichsen for having rescued them. The "other comicalities" comprise sixty pages of professional anecdotes, some amusing and excellent, a few regrettably coarse; the whole forming a useful storehouse, from which the professor, whose students weary of regarding the human frame exclusively in a "bony light," may draw material wherewith to indulge the undergraduate mind in a welcome laugh.

Published by Dr. H. Erichsen, 11 Farmer Street, Detroit, Mich. Price \$2.00.

**THE DIAPHRAGM AND ITS FUNCTIONS.** By J. M. W. Kitchen, M.D. Albany, N.Y.: Edgar S. Werner, 1885. 101 pp.

This little volume comprises the essay which was successful in competing for the prize offered some time ago by the management of "The Voice," for the best monograph on the diaphragm and its functions; together with an appendix written a year later, and giving the author's latest thoughts on the subject. As might be expected under these circumstances, the essay gives a very complete and exact presentation of all facts on its very important theme, and should commend itself to all public singers and speakers who desire to intelligently master the mechanical part of their profession. Dr. Kitchen's righteous hatred of the corset carries him, perhaps, a trifle too far in his statements of its direful powers of evil; but this is doubtless an error on the safe side of the subject. The illustrations, which serve excellent purpose in making the text thoroughly intelligible to the non-professional reader, are entirely original.

INTESTINAL OBSTRUCTION. By Frederick Treves, F.R.C.S. Philadelphia: H. C. Lea's Son & Co., 1884. 507 pp.

In this admirable little book, Dr. Treves treats, in a comprehensive and exceedingly satisfactory manner, the important subject of intestinal obstruction. No better testimony to the literary and scientific value of the work is needed than the fact that it was a prize-essay, in 1883, of the Royal College of Surgeons of England. The essay has been thoroughly revised, certain parts re-written, and some new matter added. Most of the numerous illustrations are original. The essay is published by permission of the council of the College of Surgeons. It forms one of Lea Brothers' excellent series of Students' Manuals; and this fact is abundant assurance of the satisfactoriness of type, paper, and binding. Intestinal obstruction is a complication which, very fortunately, the physician is not frequently called upon to treat; but in an emergency of the sort he could hardly have a better counsellor than this practical and accessible little book.

THE STORY OF MY LIFE. By J. Marion Sims, M.D., LL.D. New York: D. Appleton & Co., 1885. 471 pp.

The story of a man's life, when told by himself, has a freshness, a reality, and a fascination which it fails of attaining at the hands of even the most faithful and sympathetic of biographers. This is especially the case when the life-record is one of such exceptional struggles and such brilliant successes as checkered the career of the great surgeon whose name appears on the title-page of this book. The story of the life of Dr. Marion Sims is a story which cannot fail to be of vivid interest to every worker in the profession he adorned; since no member of it can be ignorant of the magnificent services which Dr. Sims rendered to American surgery, enabling it to send in his own person, to the most famous clinics of the Old World, a teacher to whom the greatest European professors came for instruction, and an operator before whose brilliant and successful work the greatest European surgeons stood mute with admiration. The story of the struggles against poverty, envy, obscurity, and almost lifelong illness, through which this fame and success were won, is inspiring reading to every lover of what Robert Collyer calls "clear grit." The book is charmingly written, the style having a crisp, almost boyish *naïveté*, which lifts it altogether from the pedantry and self-consciousness of the average autobiography, and gives it the pleasant familiarity of the talk of friend with friend. The account of the discovery and perfection of his operation for vesico-vaginal fistula is something which no physician can afford to miss; while



the history of his treatment and loss of his first patient cannot fail to be congenial reading to every discouraged young practitioner, as showing to what heights of possible success even the ruggedest roads of failure may lead. We trust and are sure that the book will be widely and appreciatively read, and will inspire its readers not only with admiration for Dr. Sims, the great surgeon, but with affection for Marion Sims, the frank, upright, warm-hearted gentleman.

“THE JUKES:” A STUDY IN CRIME, PAUPERISM, DISEASE, AND HEREDITY. By R. L. Dugdale. Fourth edition. New York: G. P. Putnam’s Sons, 1884. 120 pp.

To the physician interested—and what physician is not—in the study of heredity, no theory, however brilliant and ingenious, can be of so much value as a collection of carefully gathered and clearly tabulated facts. Perhaps the most famous of such collections is contained in this little book, which traces, in statistics brought together with incredible painstaking and care, the history and characteristics of a family famous in the criminal annals of New York, the descendants of a single notorious prostitute,—statistics which prove with a clearness startling to even the most optimistic sociologist that “ten times one is ten” as surely in the domain of evil as in that of good. The physician is sorrowfully aware that the effects of licentious living are manifest in the weakening of mind and body, quite as certainly, if not as frequently, in the descendants of the *habitués* of fashionable salons, as in those of the *habitués* of almshouse and jail. Any study which, like the present, helps to throw light on the channels through which these effects are wrought, must therefore be of the greatest use to him whose business it is to combat them. The profession and the public at large owe a debt of gratitude to the publishers for making freshly accessible, in the present admirably gotten-up edition, a study which is quite as valuable and richly suggestive at the present day as when it first appeared, forming a part of the report of the New-York Prison Association, in 1877.

DIET FOR THE SICK. By Mrs. Mary F. Henderson. New York: Harper & Brothers, 1885. 229 pp.

The young physician, whose sole accessible authority on culinary matters is too apt to be the landlady of his boarding-house, is not infrequently thrown into a very perplexing quandary by some such question as, “Doctor, what can I provide for your patient’s diet that he can relish without injury to him?” or, “Doctor, can you tell me how to prepare that gruel you recommended for baby yesterday?” All such unlucky practitioners,

and all those as well who are interested in the care of invalids, will find the little book whose title is given above, a friend in need. It is written by a lady whom intelligence and wide reading have enabled to master the theoretical side of her subject, and much active experience justified in speaking authoritatively on its practical side. The diet best adapted to all the more common diseases is given in detail, with such simple and clear directions for preparing the dishes recommended, as even the masculine ignorance of domestic details may be trusted to easily master and accurately quote. The book is most attractively gotten up, and, we trust, will find the wide sphere of usefulness it is admirably fitted to fill.

THE TEN LAWS OF HEALTH, AND GUIDE TO PROTECTION AGAINST EPIDEMIC DISEASES. By J. R. Black, M.D. Philadelphia: J. B. Lippincott Company, 1885. 413 pp.

That this is the third edition of Dr. Black's book, bears convincing testimony to the fact, which every reader of it will discover for himself, that it is one of the very best works on preventive medicine ever written for the instruction of the laity. The ten laws of health laid down by him relate to pure air, adequate and wholesome food and drink, outdoor exercise, adequate clothing, the normal exercise of the sexual function, climate, occupation, cleanliness, sleep, and intermarriage of blood relations. The vital themes are treated tersely, wisely, and helpfully, by a teacher who warns and explains, but never dogmatizes. The chapter on the use of the sexual function deserves separate publication as a tract, in the interest of health and morals. The literary style of the book is uncommonly pleasant and satisfactory, — scholarly without pedantry, clear and comprehensible without familiarity. Were the "ten laws of health" universally known and stringently obeyed, the physician's occupation, like Othello's, would speedily be "gone."

THE COMPENDIUM OF HEALTH: PERTAINING TO THE PHYSICAL LIFE OF MAN, AND THE ANIMALS WHICH SERVE HIM. By Edwin M. Hale, M.D., and Charles A. Williams, M.D., assisted by specialists in various departments. Chicago: The American Book Company, 1884. 945 pp.

The so-called "Doctor's Book" was, within the memory of most of us, an unquestioned necessity of every New-England household, and held honorable position on the shelf beside the family Bible and Fox's "Book of Martyrs." Its word was medical law; and the unlucky juvenile "a little out of sorts" never escaped swallowing, to the last drop, the nauseous doses for such cases by the oracle prescribed and recommended. In this

later time, when every New-England district of ten miles or so may boast its practitioner conversant with all the new discoveries of the day, and on speaking-terms with Koch's bacillus, the "Doctor's Book" has fallen somewhat from its proud estate. Perhaps it would be more correct to say, that, like many sturdy New-Englanders, it has "gone West," where, to judge from the specimen now before us, it promises to attain an importance and prosperity even greater than those of yore. Certainly, "The Compendium of Health" is well fitted to meet the uses for which it doubtless was intended, — to be a counsellor as to the attainment, preservation, and restoration of health in the households whose isolation renders the services of a physician practically unattainable. To such households it may be very cordially commended. Its hygienic recommendations are worthy of all observance, and its therapeutic suggestions are eminently sensible and useful.

We are whimsically tempted to refer to the book, as a whole, as a "grandfatherly" one, it is so portly and substantial, so sensible and conservative, and so rich in advice on a wide variety of subjects. The portions devoted to veterinary practice commend themselves to all lovers and owners of domestic animals. They are written by such acknowledged authorities as Mr. H. H. Stoddard, editor of "The Poultry World," Arnold Burges, A.M., author of the "American Kennel and Sporting Field," and others of equal standing,

The type and paper employed are excellent. It is to be regretted that certain of the illustrations seem gotten up with reference to the public taste for chromos.

THE POPULAR SCIENCE MONTHLY for August numbers among its more noteworthy contributions the first instalment of a thoughtful and original paper by Dr. Mary Jacobi, which she calls "An Experiment in Primary Education;" the second article, by Sir H. Thompson, on "Diet in Relation to Age and Activity;" a paper by Dr. B. W. Richardson, on "Measures of Vital Tenacity;" and one by Dr. Barr, on "The Mechanics of Hanging." There is an interesting sketch of M. Chevreul, with a portrait of the famous chemist. There are numerous other contributions of interest to workers in various fields of science. New York: D. Appleton & Co.

THE NORTH AMERICAN REVIEW for August has, in addition to the symposium on "The Prevention of Cholera," to which editorial allusion is elsewhere made, interesting papers on a variety of subjects. Mr. Savage's "A Profane View of the Sanctum" contains much deserved and incisive criticism on certain methods of modern journalism. New York: 30 Lafayette Place.

THE August CENTURY contains the last instalment of Howells's serial, and we take our leave of Col. Lapham in circumstances which contrast sorrowfully — one may almost say spitefully — with those under which we made his acquaintance. There are essays on "William Lloyd Garrison," on "The Old City of Siena," on "The Indian Country," and on "Hotel-Keeping;" the "war papers" give details of the battle of Malvern Hill; and there is the usual variety of short tales and poems. Edith Thomas has a song, "The Night is Still," which in airy delicacy is worthy of Shelley. New York: The "Century" Company.

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*BOOKS AND PAMPHLETS RECEIVED.*

- A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S. Third American from the fourth and revised English edition, with extensive notes and additions by Edward T. Reichert, M.D. Philadelphia: Lea Bros. & Co., 1885.
- SECOND REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF TENNESSEE, OCTOBER, 1880-DECEMBER, 1884. Nashville: Albert B. Tavel, Printer to the State, 1885.
- DISEASES OF THE TONGUE. By Henry T. Butlin, F.R.C.S. Philadelphia: Lea Bros. & Co., 1885.
- COMPARATIVE ANATOMY AND PHYSIOLOGY. By F. Jeffrey Bell, M.A. Philadelphia: Lea Bros. & Co., 1885.
- ELEMENTS OF MODERN MEDICINE. By R. French Stone, M.D. New York: D. Appleton & Co., 1885.
- CARLSBAD: ITS SPRINGS, THEIR PHYSIOLOGICAL ACTION AND INDICATIONS. By Dr. Theodor Kafka. London: E. Gould & Son, 1885. 23 pp.
- THE LATEST SYSTEMS IN MEDICINE. By J. C. Reeve, M.D. The presidential address delivered to the Ohio State Medical Society, June, 1885.
- SURGICAL NOTES FROM THE CASE-BOOK OF A GENERAL PRACTITIONER. By William C. Wile, M.D., editor and publisher of the New-England Medical Monthly. Reprint.

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MISCELLANY.

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RAPID ANÆSTHESIA BY ETHER. — The following method of rapid anæsthesia by ether was suggested to me seven or eight years ago by a thought that the great length of time often consumed in etherizing patients was due to the fact of the frequent interruptions necessary to replenish the cone or towel used for the purpose, and the consequent partial recovery of the patient. To obviate the difficulty, and obtain a continuous flow of pure ether vapor, I had made an apparatus consisting of the two valves of a rubber football sewed together at the edges, and connected by a tube with a bottle containing ether, which is plunged into a bucket of hot water. Ether boils at 98°, and vapor passes over steadily and rapidly, and is inhaled by the patient, whose face is covered by the inhaler, protected by a clean towel.

The result has been surprising, as will be seen by the following cases, all etherized by this method within the last three months at the Germantown Hospital. In none of the cases was there nausea previous to anæsthesia: one, at least, came to the house the morning of the operation, having eaten a hearty breakfast. In most cases no struggling, and, if so, only slight; no stage of excitement. In cases that require only a few moments for operation, the patient wakes up nearly as quickly as

after nitrous oxide. After the patient is etherized, the amount passing over can be regulated by a stopcock at the bottle end of the tube.

The apparatus I have used is very crude, made only for the purpose of experimenting; and I am having an improved one made, which I hope will be more satisfactory in some of its details.

The quantity of ether used to produce complete insensibility in no case exceeded three ounces: in some it was less than an ounce and a half.

*Case 1.*—D. E., epithelioma of eyelid, plastic operation: unconscious in thirty seconds.

*Case 2.*—K. McF., peritomy: unconscious in one minute twenty seconds.

*Case 3.*—K. McF., peritomy: unconscious in one minute eleven seconds.

*Case 4.*—M. P., paronychia and palmar abscess: forty-five seconds.

*Case 5.*—Mrs. B., lacerated cervix: one minute twenty seconds.

*Case 6.*—Mrs. B., lacerated cervix: one minute fifteen seconds.

*Case 7.*—Bilateral lithotomy: one minute fourteen seconds.

*Case 8.*—Miss M., dilatation of cervix: one minute forty seconds.

*Case 9.*—Mrs. T., laceration of cervix: one minute twenty-four seconds.

*Case 10.*—Mrs. S., fracture of anatomical neck of humerus: one minute seventeen seconds.

*Case 11.*—Mrs. M., fracture of tibia and fibula: forty seconds.

*Case 12.*—Mrs. M., fracture of tibia and fibula: one minute forty-five seconds.

*Case 13.*—Mrs. B., fracture of tibia and fibula: two minutes.

*Case 14.*—Cataract: one minute fifteen seconds. This man, when operated upon in the Germantown Hospital for cataract in the other eye, about a year ago, took a large quantity of ether, and required an hour to put him under its influence.

*Case 15.*—Mrs. D., amputation of fore-arm: one minute thirty seconds.

*Case 16.*—McLane, hypopyon: one minute twenty seconds.

*Case 17.*—Mrs. S., lacerated cervix operation: one minute thirty seconds.

*Case 18.*—Cleaver, sarcoma of iris: one minute twenty seconds. — A. F. MÜLLER, M.D., in *Medical News*.

THE LATEST AFFLICTION. — “I want to ask you,” said the doctor, “if you have recently had any patients with sore tongues. It is the latest craze. About a dozen men so afflicted have come into my office in the last two weeks, since the papers have contained daily descriptions of Gen. Grant’s case. Now every one who has a pimple on his tongue, or an ulcer on his gum, comes in to ask whether he is in danger of dying of cancer. They have all learned to say *ep-i-the-li-o-ma* without stuttering. Well, I calm their fears, give them some arsenicum, mercurius, nitric acid, or cantharis, — which last, by the way, is an excellent remedy for suppurating, easily bleeding ulcers, with burning pain, — and send them away happy.” — *Medical Era*.

A SUMMER CAROL. — Judging from the following lines from the “Louisville Courier Journal,” the researches of modern science seem to have opened up to the poetic imagination fairer realms than the “vast wilderness” of Cowper’s longing, or the summer palace of Melnotte’s dreams: —

“Oh! give me a home in a deep, wet well,  
Where the micrococci sing;  
Where the cholera germ my thirst shall quell,  
Where canters the typhoid thing.

“Oh! wet is the well, and deep the pit,  
Where the micrococci lave;  
Down there in the summer days I’ll flit,  
And wait for a polar wave.”

WATER FOR INFANTS. — A physician of the New-York Nursery and Child’s Hospital believes, from his practice, that infants generally, whether brought up at the breast or artificially, are not supplied with sufficient water; the fluid portion of their food being quickly taken up, and leaving the solid too thick to be easily digested. In warm, dry weather, healthy babies will take water every hour with advantage, and their frequent fretfulness, and rise of temperature, are often directly due to their not having it. A free supply of water, and restricting the frequency of nursing, has been found at the nursery to be a most effectual check in cases of incipient fever; a diminished rate of mortality, and marked reduction in the number of

gastric and intestinal complaints, being attributed to this cause. In teeth-cutting, water soothes the gums, and frequently stops the fretting and restlessness universal in children at this period. — *Southern Journal of Health.*

A BOLD METAPHOR. — An American and an Englishman were once having a heated discussion as to the relative sizes of the Thames and the Mississippi. The American finally clinched the argument thus: "Look here, mister, why, there ain't enough water in *the whole* of the Thames to make a gargle for *the mouth* of the Mississippi!" — *Louisville Medical News.*

A WARLIKE RHYME. — The following verses, sent us by a friend, suggest having been written for after-dinner — considerably after dinner — singing (possibly to the tune of "Auld Lang Syne") by some zealous society of homeœopaths in the far frank West: —

"God grant that all the allopaths,  
With all their sins forgiven,  
May be translated from the earth  
To some far distant heaven;

"And all their books of medicine,  
And all the drugs they mix,  
Be ferried soon and finally  
Beyond the river Styx;

"And speed the day when common sense  
And mild botanics rule,  
Till history shall scarce record  
There was another school!"

AELLA GREEN.

A PATHOLOGICAL PUN. — A *bon mot* credited to the late Thomas Gold Appleton, in the volume of his memoirs just published, was made to a friend who advised him to consult an aurist for an increasing difficulty of hearing in his later years. "It may be only wax in your ears," said the friend. "Ah, my dear!" he replied, "I fear it is not wax, but wane." — *Boston Medical and Surgical Journal.*

CARE OF POOR WOMEN DURING THE LYING-IN PERIOD. — Dr. John P. Gray, the distinguished superintendent of the Utica Institution for the Insane, has recently delivered a very interesting address upon insanity, and some of the means for its prevention. Among these, he mentions want of proper care during maternity, especially during the lying-in period. He takes the just ground that a woman, for a month after labor, should be free from toil, worry, and anxiety, and that she should have suitable food. In order to secure these most desirable ends for poor women, he suggests the employment of women of the same social class to do the housework, and to be paid for it by an association. This association should be under the care of a physician, and, of course, must depend upon private beneficence for its support. In support of his views, he observes, "If women knew they would have all needed care, not in a hospital with its necessary publicity and separation from home, but in their own homes and among their families, and without the notoriety of their condition, what a burden would be lifted, what health saved, and what insanity prevented!"

Dr. Gray has had most favorable and extensive opportunities for studying the causes of insanity, and whatever he may say upon the subject is entitled to consideration. Certainly the observation of every practitioner of obstetrics among the poor, will offer instances confirming Dr. Gray's views as to insanity often resulting from neglect, and want of proper care after labor. The suggestion made for the prevention of this evil seems to us wise, just, and practicable. In all our great cities there are multitudes of mothers whose condition cries aloud for the very protection proposed. And in all our large cities, too, there are men and women of wealth and generous hearts, who, if properly appealed to, would be willing to give liberally for the purpose indicated. We hope the day will soon come when such associations as Dr. Gray proposes will be in active operation wherever needed. — *Medical News.*

A MEDICAL FABLE ILLUSTRATING CONSULTATIONS. — A flock of Crows were much alarmed one day at the sight of a strange object in the midst of a field upon which they customarily fed. They at once called upon an old Crow who practised his profession in those parts, and who made a speciality of corns, to give his

opinion about the matter. The Crow, having examined the object, shook his head, and said that it was a serious case, and that it was lucky he had been summoned so soon, though he should have been called earlier, and he would like the advice of his friend the Owl, who had had the benefit of travel abroad, and who was particularly skilful in cases which called for the steady use of the eyes. He would also like to have the Frog, who was spending his summer vacation by a neighboring pool, and who had a wide reputation for his physiological knowledge, to see the case. The Crow, the Owl, and the Frog met, and, having studied the object at a suitable distance, withdrew to the shade of a high wall in order to deliberate. The Frog first opened his mouth, and observed that it was a nice case, which reminded him of a very curious experience that he had had with a piece of red flannel two summers before, when he received a severe contusion upon the centre of Goltz. After telling all about this very apposite event, the Owl observed that such cases were extremely rare. He had, however, two very much like them, the details of which he had forgotten.

Having received these opinions, the Crow thanked his colleagues for the valuable light they had furnished. He had himself been at first disposed to think the trouble a case of *Terror corvorum*, or Scare crow; but the advice given reminded him now that the appearance in the cornfield exactly resembled a doctor whom he occasionally met, and who, after practising medicine for forty years, was at present trying to live on what he had saved. This diagnosis was finally agreed upon, and reported to the anxious Crows outside, who were much relieved.

*Moral.* — This story shows the profit that is got from consultation, and the lucrative nature of the practice of medicine. — *Boston Medical and Surgical Journal*.

ARTIFICIAL SEA AIR. — Many, indeed, are the luxuries that the magician's wand of invention now brings into the midst of our homes. As an instance, to produce a sea atmosphere for the sick-room, a foreign contemporary suggests the use of a solution of peroxide of hydrogen (ten volumes strength) containing one per cent of azonic ether, iodine to saturation, and two and a half per cent of sea salt. The solution, placed in a steam or hand spray-diffuser, can be distributed in the finest spray in the sick-room at the rate of two fluid ounces in a quarter of an hour. It communicates a pleasant sea odor, and is probably the best purifier of the air of the sick-room ever used. It is a powerful disinfectant, the same author writes, as well as deodorizer, acting briskly on ozonized test solutions and papers. It might be well to test the subject in some ward of one of our hospitals. — *Scientific American*.

ETHER SPRAY IN THE TREATMENT OF TETANUS. — Bonteillier ("Prog. méd.") reports a case of traumatic tetanus which was cured by spraying the vertebral region with ether at intervals of two hours. The writer also refers to an obstinate case of chorea which was cured within a month by an application of the spray night and morning, each *séance* lasting from three to five minutes. — *New-York Medical Journal*.

AN ENCOURAGING PROGNOSIS. — A prince of medical science advised one of his patients to submit to a surgical operation. "Is it painful?" inquired the sufferer. "Not to the patient," replied the doctor, "but very much so to the operator." — "To the operator?" — "Yes, because it is an experiment that is successful only about once in ninety times." — *Surgical Reporter*.

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## PERSONAL AND NEWS ITEMS.

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DR. L. HOUGHTON KIMBALL, recently of Bath, Me., has formed a copartnership with Dr. Joseph P. Paine at Boston Highlands, his office and residence at Hotel Putnam, 93 Warren Street. In connection with a general practice, he will give particular attention to diseases of the eye and ear, having taken the regular course of study at the New-York Ophthalmic Hospital, and a special course at the hospital in Vienna.

DR. W. C. DOY has removed from 403 Columbus Avenue to 1472 Washington Street, Boston.

CLARA C. AUSTIN, M.D., has removed from No. 10 Allston Street to Hotel Waterston, Bulfinch Place, Boston.

ORPHA D. BALDWIN, M.D., Class of '85, Boston University School of Medicine, has located at 170 Prospect Street, Cleveland, O.

RICHARD H. EDDY, M.D., Class of '85, Boston University School of Medicine, has located at No. 60 Temple Street, Boston.

A NEW edition of Cowperthwaite's "Materia Medica" will be ready Sept. 1. It contains seven hundred and fifteen pages: and the price will be, in cloth binding, \$5; in sheep, \$6.

DR. W. H. MORSE, 411 West Fiftieth Street, New York, has a limited number of copies of his excellent new work on "New Therapeutical Agents," which he will send to any of his New-England friends on receipt of two dollars.

PLATT'S CHLORIDES. — With the approach of summer, and of a summer in which we are threatened with Asiatic cholera, disinfectants must occupy a prominent position. Of these, we have met with none that seems more effective than "Platt's Chlorides." It rapidly destroys offensive odors, and counteracts the development of germ-life. Whether for use in the sick-room or the purposes of general household disinfection, it is a cheap, cleanly, and efficient agent. — *Medical and Surgical Reporter.*

IN our list of committees of the American Institute of Homœopathy published in the August number of the GAZETTE, we omitted the important Committee on Drug Provings, which consists of Drs. H. R. Arndt, Grand Rapids, Mich.; Lewis Sherman, Milwaukee; A. W. Woodward, Chicago; E. M. Hale, Chicago; C. Wesselhoeft, Boston; E. A. Farrington, Philadelphia; T. F. Allen, New York.

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## OBITUARY.

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JOHN SAVAGE DELAVAN, M.D. — The medical profession has met with a severe loss in the death of Dr. John Savage Delavan of Albany, N.Y. He had left his city residence, accompanied by his wife, for a season of recreation among the Adirondacks. On Aug. 7 Dr. and Mrs. Delavan and a guide started on a fishing-trip to Fish Hawk Bay, Tupper's Lake. On their return the boat capsized, causing the death of Dr. Delavan and the guide. Nine hours later a rescuing party, sent from the hotel, found Mrs. Delavan intwined in the fishing-tackle, which tied her to the boat, and prevented her drowning.

Dr. Delavan was the second son of Edward C. Delavan, the temperance reformer, who built the Delavan House in Albany. He was born in Ballston Spa, N. Y., on Oct. 18, 1840. He was graduated from Albany Medical College in 1861, being the essayist of his class. He subsequently pursued a course of study in Paris. After entering into practice in Albany in partnership with Dr. J. W. Cox, he served in the war as surgeon. He was one of the first to receive the appointment of pension-examining surgeon. In 1872 Dr. Delavan went abroad for a term of years, and was for a time United States vice-consul in Geneva, Switzerland. He was one of the founders of the Albany County Homœopathic Medical Society, having united with it during the first year of its existence. He became identified with the work and purposes of the American Public Health Association in 1881, and was still a member at the time of his death. On the organization of the New-York State Board of Health in 1880, Dr. Delavan became a member, being one of the three commissioners appointed by the governor, and the homœopathic representative thereon. In 1884, upon the expiration of his term, he was re-appointed to fill the position the duties of which he had so faithfully discharged. His work on the board was of the highest character, and his services as chairman of the Committee on Effluvium Nuisances were warmly commended. Dr. Delavan stood in the front rank of his profession in the community. He was possessed of a noble, generous character, and personal traits which made him very popular.



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EDITORIAL.

*MORE THERAPEUTIC "DISCOVERIES."*

IF, in these latter days, the Church of Rome were to call the faithful together, and say, after the manner of Mr. Chadband, "Rejoice with me, my children, for one of your number has just made the great discovery that the earth moves around the sun, and not the sun around the earth, and I am about to confer upon this mighty discoverer the highest honors in my gift!" it is probable that outside barbarians would ironically remark, that the "great discovery" had been schoolboys' knowledge to the children of the unfaithful, lo! these many centuries; and the Church of Rome might, at any moment of that time, have informed herself on the subject, for the asking. They would doubtless further remark, that the attention of the Church was once called to this same discovery by one Galileo, whom, instead of rewarding with the highest honors in her gift, she straightway consigned to the dungeon and the rack.

A close parallel to the above supposititious case is found in the occasional rallying by the "rational" school, of its faithful followers, to rejoice over some new therapeutic discovery by one of their number, and join in honoring the discoverer; said "discovery" having been commonplace of medical practice among homœopathsists for years, and not improbably having been called to the attention of the "rational" school by one Samuel Hahnemann, who was straightway relegated to the dungeon of profes-

sional ostracism, and stretched on the rack of popular ridicule. Homœopathy, in the early days of its "struggle for existence," when it could ill spare any honor that was its due, was wont to regard these triumphant "discoveries," by their adversaries, of remedies whose efficacy they themselves had long taught and demonstrated, with something of wrath and bitterness; but to-day, in the serenity of established power, they can well afford to regard them humorously, and even to rejoice in them, for suffering humanity's sake. In this spirit one finds "The History of Glonoin as a Remedy," as chronicled in the July issue of our esteemed contemporary, the "Hahnemannian Monthly," exceedingly entertaining reading, particularly that part of it which relates how, at the May meeting of the *Académie de Médecine de Paris*, Dr. Murrell was awarded the Berber prize for his "discovery" of nitroglycerine as a remedy for angina pectoris; concerning which, one is reminded on the preceding page that the symptomatology of the drug, as formulated largely from the provings made by Dr. Hering in 1846, shows it to "be a remedy useful in some cases of angina pectoris;" and that Kafka, in the same year that Dr. Murrell published his "discovery" to the world, modestly mentioned, that for several years he had been in the habit of giving the drug, concurrently with belladonna, in the disease referred to. One finds a certain amusement, also, in a quotation in the "Boston Medical and Surgical Journal" from the "Practitioner" for April, in which not only nitroglycerine is recommended for certain forms of migraine, but also (shades of the "inert" remedies of "rational" condemnation!) sepia is referred to in terms of no measured praise. It is said to be "especially successful in mitigating an attack, though it is not able to completely arrest one." We believe the "discoverer" in this case is a Mr. A. Drysdale. We would respectfully suggest to Mr. Drysdale, that, if he be sufficiently courageous to open certain books marked "dangerous" by the school of medicine now applauding his discoveries, he may, at little trouble, come at several practical and interesting facts concerning the value of both nitroglycerine and sepia in cases of migraine, and the forms of migraine in which they are most useful. And even the very modest and excellent little

paper of Dr. Gibbs, published in our July issue, and treating of "Sanguinaria and Sepia in Hemicrania," might, on perusal, throw some light on these subjects.

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*NOTES ON THE "MIND-CURE."*

THE so-called "mind-cure" promises to become an "international episode." Not long ago some of the London journals indulged in a little mild pleasantry at Boston's expense, professing to find fresh evidence of our city's tendency toward mysticism and hobby-riding in the fact of its being the sole metropolis in which mind-healers found a welcome. Immediately afterward followed the announcement that the "World's Congress" of mind-healers was shortly to assemble in London, as an appropriate rallying-ground; since when the London journals have, in their significant silence, doubtless been pondering the proverbs about glass houses and stone-throwers, and those laughing best who laugh last.

The difficulty encountered by those who would dispassionately investigate the mind-cure is the difficulty of dealing with "a lie that is half a truth," proverbially a harder thing to do than dealing with unmixed falsehood and charlatanism. The indisputable fact that many cases of chronic invalidism—where the suffering has not been imaginary, whatever may be said of the disease—have been restored to health through the mind-cure, makes it the more difficult to demonstrate in how few cases patients may safely be trusted to its powers of healing. The indisputable fact that not a few of the so-called "Christian scientists" hold, in all sincerity, the conviction that their calling is more sacred, and their means of cure more immediately blessed by Divinity, than those of the ordinary physician, makes it the more difficult to demonstrate that such a conviction is not only absurd, but actually blasphemous. A rational public sentiment on this subject can only be hoped for from a far clearer apprehension on the part of the laity, and, indeed, of physicians themselves, of the mysterious and complex relations of mind and body than is at present attained; but there are a few points which, if dwelt upon in writing and conversation, may help to modify popular opinion.

One of these points relates to the class of cases successfully treated by the mind-cure. Such cases, almost without exception, will be found to be those of long-standing, mysterious ailments, which, as their owners often remark with plaintive pride, have for years "baffled the physicians," — another way of saying, perhaps, that they are not of the class of material, demonstrable disorders which the average physician is qualified to treat. Perhaps the matter may be broadly and not unjustly summarized in the statement, diseases which exist from the mind are curable through the mind. It must not be forgotten, that, in the phenomena of hysteria, the symptoms of nearly every known disease may be exactly and persistently presented, the disease itself being non-existent: in other words, the mind may have power to cause symptoms innumerable, but rarely if ever an organic lesion. The number of "remarkable cures" on which the mind-healers base their claim to public favor would be immensely reduced by exact determination, in each case, of whether organic disease actually and demonstrably existed, or was carelessly diagnosed as existing, from the symptoms manifested. In the cases to which our attention has been called, it is the latter fact which has invariably come to light. We confess to a sceptical longing to be confronted with a single case in which authoritatively diagnosed disease has yielded to merely mental therapeutics. We do not demand, like sterner sceptics, to see the triumph of the new system over phthisis or epithelioma: we would be modestly content with the observation of a case where that every-day and plebeian difficulty, a well-developed furuncle, was consistently regarded by its possessor as a mere hypothesis to account for certain unfaithful states of mind, rather than as a hypostasis, evident, and offensively sore. To see one such fellow-sufferer of Job calmly pursuing his daily avocations, upheld by his conviction that a boil is an evil absolutely non-existent save in the imagination of the unfaithful, would go far to satisfy us that the powers of the mind-cure are marvellous indeed.

As Miss Alcott has pointed out in her late admirable letter on the subject, the strongest hold of the mind-healer on popular favor lies in his appeal to religious sentiment. The force of

this appeal would be greatly weakened by the reflection that the man who believes that divine wisdom and benevolence work toward the healing of disease through but a single means, is infinitely less, and not more, religious than the man who believes that all effectual means of healing the sick are expressions of the divine wisdom and benevolence. The motto which a great French surgeon once had painted on the walls of his operating-room — “I dressed his wound, and God healed the man” — embodies a far more sensible and reverent view of the relations between human skill and endeavor and the higher skill and endeavor which forever work within and beside them, than any arrogant, ignorant, and blasphemous claim of a commission as special therapist from the Creator.

Mental therapeutics, apart from supernaturalism, undoubtedly will have its useful and recognized place in the medicine of the future. The forcing of scientific physicians to discover and define this place may be among the good results of the present exaggerated enthusiasm on the subject.

To those who, ignoring all scientific facts bearing upon the matter, persist in upholding the “mind-cure” as the sole, infallible, and divinely appointed means of healing, may be commended the late “answer to a correspondent” of a clever contemporary, of the secular press: “You want a definition of the mind-cure? Here it is. You have a mind? Very well. Then, you go to a Boston ‘healer,’ and he cures you of it.”

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*A GOLDEN OPPORTUNITY.*

WE are sure it must have been from a well-developed sense of humor that our contemporary “The New-York Medical Times” gave space, in its August issue, to the paper by Dr. J. H. Carmichael on “Nervous Exhaustion Dependent upon Concussion of the Spine,” in publication of which that gentleman, as we are informed in a footnote, desires to “substantiate his claim to independent thought.” This “claim,” as our readers may perhaps remember, was called rather seriously in question by the recent discovery that an article published in the *GAZETTE*, bearing a title identical with that appearing in “The Times,”

and nominally by the same author, was abstracted *verbatim* from the pages of a work by Dr. Erichsen. The "claim" to original thought is here "substantiated" by the publication of a clinical case, with comments, much as if one shown to have published unacknowledged, a chapter from one of Herschel's works on astronomy, were to "substantiate a claim to independent thought" by the subsequent publication of his observation of a single star over a local chimney-pot.

We feel moved to make these observations just now by the fact that our honored contemporary "The Homœopathic Journal of Obstetrics"—to whose newly inaugurated editor, Dr. L. L. Danforth, we take this parenthetic opportunity of extending a cordial right hand of fellowship—comments with deserved and dignified severity, in its August issue, upon the discovery that part of an article in its May number, nominally by Dr. J. H. Carmichael, was taken *verbatim et literatim* from Dr. Ranney's "Handbook of Surgical Diagnosis." This fact leads us to hope that our contemporary "The Times" will not let slip the golden opportunity thus offered it to aid Dr. Carmichael in yet again "substantiating his claim to independent thought," and thus earn the gratitude of all who appreciate the humorous element in professional literature. We urge this opportunity upon "The Times" the more strongly because of our conviction that no journal yet retaining the designation "homœopathic" would feel itself at liberty to so far fail in courtesy to a homœopathic *confrère* as to give space and countenance to the sure-to-be-forthcoming "substantiation;" and thus there might be lost to the profession one of those examples of journalistic humor which all too rarely illumine the sombre professional path.

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## COMMUNICATIONS.

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### *SOME HOSPITAL CASES.*

BY HORACE PACKARD, M.D., BOSTON.

THE following are cases which have been under my observation and treatment for periods varying from three months to three years. They are reported for the purpose of illustrating on the one hand the futility of the so-called local-application

treatment in cases of this kind, and on the other hand as examples of the immediate establishment of convalescence following appropriate and well-directed surgical treatment.

The patients, without exception, had been advised long before to undergo operation; but, from difficulty in obtaining free-hospital accommodations, it had been deferred.

Through the courtesy of the Murdock Liquid Food Company, Boston, I was enabled in the early part of the present year to tender them a free bed in the Hospital for Women, supported by that company. In each case Murdock's Liquid Food was administered in dessertspoonful doses with each meal and on retiring, previous to the operation, and after the operation, as soon as the stomach could retain any nourishment, in teaspoonful doses every three hours for the first twenty-four hours, and thereafter in the same quantity and at the same intervals as before the operation.

CASE I. — Mrs. R., age thirty-six; two children, ages respectively seven and eleven; four miscarriages.

This patient applied about three years ago at the Homœopathic Dispensary, Women's Department, for relief from a profuse vaginal discharge, yellowish in color, and bland. This leucorrhœa had set in shortly after the birth of her second child. Progressive prostration and emaciation followed, until at the time of presentation she exhibited a haggard expression of countenance, dark sunken rings were about the eyes, and her whole carriage and manner impressed one that her feelings were those of constant weariness.

On careful examination of her symptoms, it was found that the yellowish leucorrhœal discharge was frequently mixed with blood, her menses invariably too early, and she had a yellowish cast to the temples. *Sepia* was administered in the third decimal dilution, and subsequently in the thirtieth. This treatment was continued for about three months, with some improvement in the general health; but I cannot say that the vaginal discharge was diminished or altered radically in character, neither did the countenance of the patient at any time lose the weary and haggard appearance. Despairing of giving her much relief through such method of treatment, vaginal exploration was proposed, to which the patient readily consented.

Inspection of the external genitals disclosed a cicatrized rupture of the perinæum in the second degree. On introduction of the finger into the vagina, the os uteri was felt, inclining markedly to the right; presenting a large rather finely irregular surface to the touch, and terminating anteriorly in what seemed to be a cornu. The body of the uterus was in left lateral version. The bivalve speculum was then introduced, and the os with some difficulty engaged.

The color was yellowish-red from the admixture of profuse red granulations with the yellow pus in which the whole was bathed.

On wiping off the accumulation of pus with a pledget of cotton, the granulations broke down with the slightest touch, and bled freely. A glareous plug of mucus protruded from the cervical canal.

It was, in short, a case of deep left lateral laceration of the cervix, with chronic catarrh of the cervical canal and the widely everted lips and lacerated surfaces.

A course of local treatment was then adopted, with the hope of reducing the intense catarrhal inflammation and the production of cicatrization. Cotton tampons saturated with calendulated glycerine were applied on each visit of the patient to the Dispensary (usually once per week) for a period of about three months. This was followed by the insufflation of powdered hydrastis, and the introduction of tampons smeared with cosmoline for a like period, but all to no avail. From the very considerable blood with which the discharge was constantly tinged, and the ready breaking-down of the granulations upon the slightest touch, strong suspicions were entertained at one time that cancerous development had set in. That such was not the case, however, the subsequent history of the case shows.

At times the tone of the patient's system seemed somewhat improved; but the condition of the os and cervix, and amount of vaginal discharge, remained substantially the same. Two months in the country, and freedom from family cares, resulted in temporary general improvement; but the local condition remained unchanged. March 7 she was admitted to the above-mentioned hospital. On the 9th, at eight o'clock A.M., she was etherized, placed in the gluteo-dorsal position, with the legs well flexed over the abdomen, the external genitals thoroughly bathed with a two and one-half per cent carbolic solution, and the vaginal canal carefully cleansed by irrigating with the same, until all the catarrhal discharge about the os and cervix, as well as the inspissated mucus adhering to the vaginal walls, had been removed. The healthy tissue on the anterior aspect of the cervix was then seized with a bullet forceps, the uterus drawn outward towards the vaginal orifice as far as its attachments would allow by gentle traction, and a stream of two and one-half per cent solution carbolic acid directed over the os and cervix. This irrigation was continued throughout the operation, and served well in conveying the blood away as fast as it oozed out; thus keeping the field clear, as well as protecting the cut surfaces from possible septic infection. With an assistant steadying the bullet forceps attached to the cervix, a sharp-



pointed bistoury, with edge to the patient's left, was passed into the anterior everted surface just at the border of the healthy mucous membrane, until its point reached the cervical canal. • The intervening tissue was then cut through by carrying the bistoury directly towards the patient's left until it emerged. It was then turned, edge to the patient's right, and carried through as far as the unhealthy granular tissue extended, and then brought out. The posterior everted surface was treated in a similar manner. In this way all the tissue which had discharged so profusely was removed, and healthy uterine tissue exposed. On drawing the freshened surfaces together with a tenaculum, the parts came well into apposition, and restored the outline of the os very nearly to its normal shape. No. 4 silk sutures were then introduced by the aid of sharply curved needles made especially for the purpose by Messrs. Codman & Shurtleff, Boston.

These needles are made after the plan of Dr. Martin of Berlin, Germany, with the exception that they are round instead of flat, and have a lance point, and are perfectly straight for a distance of ten millimetres from the head, thereby avoiding snapping from the pressure of the needle forceps. These needles can be carried into the anterior lip, and in a circular direction through the tissue of the cervix out through the posterior lip, with one sweep or turn of the wrist. Seven sutures were introduced thus, tied tightly, and cut short. These held the freshened surfaces in perfect apposition. The bullet forceps was removed, and the uterus pushed back to its normal position. On the second morning following the operation, a slight vaginal discharge made its appearance. A daily douche of two quarts of warm water with one teaspoonful phenyle dissolved in it was then ordered.

On the seventh day a speculum examination was made, which showed that the wound had healed by first intention. Three of the sutures were removed. On the eleventh day the patient was allowed to sit up, on the thirteenth day the remainder of the sutures were removed, and on the twenty-second day the patient was discharged. On the date of discharge there was some redness about the site of the sutures and the entrance to the cervical canal. At the present time, nearly four months from date of operation, the os has a good, healthy appearance, the general health of the patient has steadily improved, the countenance is bright and cheerful, cheeks ruddy; the bodily strength has steadily increased, so that she attends to her household duties with ease and comfort, and she has recently been able to run her sewing-machine, — a feat which she had been unable to accomplish for a long time previously, on account of the pain and discomfort it caused through the pelvis and down the legs.

The two following cases are worthy of note from the fact that *fistula in ano* accompanied laceration of the cervix in both instances, the former existing apparently as a feature of the general state of exhaustion and malnutrition into which both patients had been drifting for a number of years.

CASE 2. — Mrs. S., age thirty-two; one child, six years old, since birth of which has had several miscarriages. A few months after the birth of her child she began to be troubled with a sense of weight and dragging about the hips and through the pelvis, and a leucorrhœal discharge. She was treated by her family physician for ulceration of the womb, and improved for a time, but quickly relapsed, and gradual prostration of the whole system followed. She suffered from the group of symptoms popularly termed “nervous prostration,” with flaccidity of the muscular system, and a vitiated condition of the blood, evinced by marked pallor of face and lips. There was complete loss of appetite, even to loathing of food, and much distress after eating. About this time an abscess formed in the ischio-rectal region, which resulted, as is almost invariably the case under such circumstances, in a fistula. This served to render her condition even more miserable. Three years ago she entered a hospital, and underwent an operation for the cure of the fistula, but without success. About a year later she came under my care. On examination it was found that the fistula extended from a point about two inches to the left of the anus into the rectum, terminating below the internal sphincter. With the hope of making a rapid and radical cure, the fistula was laid open, all the indurated and diseased tissue removed, and the freshened surfaces carefully brought into apposition by deep and superficial sutures. This operation also proved a failure. At the end of four weeks the patient still had a *fistula in ano*, and the general condition remained about the same.

A year later she again applied for relief, and at this time I was enabled to tender her a bed in the Murdock Free Surgical Hospital for Women. Desiring to make a more thorough investigation of her case before attempting another operation, a careful history of her symptoms was obtained, which led me to suspect a laceration of the cervix. The patient reluctantly consented to an examination, which showed a bilateral rupture of the cervix, with eversion of both anterior and posterior lips, and wide-spread catarrhal inflammation of the lacerated surfaces and exposed cervical canal, and hypertrophy of the whole cervical portion of the uterus. The patient was informed of the condition, and advised to undergo an operation for the relief of it before another attempt should be made upon the fistula.

Feb. 4 she was etherized, and the operation performed after the method of Dr. Martin, as follows: —

The anterior lip of the os was seized with a bullet forceps, and an incision carried straight through the cervix from side to side, extending about a quarter of an inch into the sound tissue; the lateral terminations of this incision were then joined by a second incision, carried from left to right through the anterior lip at the junction of the diseased and sound tissues, excising a wedge-shaped portion. Three silk sutures were then introduced very deeply through the middle segment, which was to form the anterior lip of the new os, and tied. In this manœuvre it is important that the sutures be introduced sufficiently deep, and this can be accomplished only by a needle of the curve mentioned in the previous case.

In tying the sutures thus introduced, the mucous membrane of the external os is folded inwards to meet the mucous membrane of the cervical canal; thus preserving the cervical canal, and moulding the new anterior lip.

The posterior lip was then treated in a similar manner. Deep sutures were then introduced on each side of those already adjusted, but differing from them in passing through both lips, and bringing the lateral portions of the freshened surfaces into apposition. The sutures were cut short, and the uterus returned to its normal condition.

In two weeks the wound had healed, leaving an os much reduced in size, and presenting a clean, healthy appearance. Under a nutritious diet the patient steadily gained in health, the appetite improved, and weight increased.

March 26 the fistula was operated on by laying it open and scraping out all the unhealthy tissue. It was dressed with cosmoline and marine lint. It healed kindly, granulation proceeded rapidly, and in nineteen days after the last fistula operation the patient was discharged, cured of the long-lasting and troublesome fistula, and much improved in general health.

CASE 3. — About two years ago Mrs. M. applied for treatment for an abscess on the left side of the anus. It was freely opened up, the contents evacuated, and *silicea*<sup>3x</sup> administered internally. In spite of this treatment, a *fistula in ano* followed. The patient was urged many times to have an operation performed; but with care of children, household duties to attend, some difficulty in obtaining hospital accommodations, and dread of being "operated on," time slipped away rapidly, until in March last I was enabled, as in the preceding cases, to tender her a bed in the same institution. On analyzing her case, she presented a history so nearly identical with the preceding, that I will not repeat. On vaginal examination, a deep left-sided laceration of the cervix was discovered, with endotrachelitis and profuse catarrhal discharge. She presented the same history of

having been treated for ulceration of the womb, and the same progressive depreciation of the general health, but not to such an extreme degree of prostration as in the preceding case.

The laceration of the cervix was repaired in the same manner as described in the first case; and the fistula, which was of the same character as the other, i.e., terminating internally below the internal sphincter, was laid open, the diseased tissue scraped away, and the wound dressed with cosmoline and marine lint. The cervix wound healed by first intention, and the site of the fistula rapidly healed by granulation. In eighteen days from the date of the operation she was discharged. At the present time, thirteen weeks from the date of discharge, the patient is in better health than she has been for years, and is conscious of increasing strength and vigor.

In closing, I would mention with gratitude the courtesy of the Murdock Liquid Food Company in placing the beds of their hospital at my disposal, and the uniform kindness and efficiency of the attendants.

These cases, with many others which have been under my care, lead me to believe that Murdock's Liquid Food is a valuable adjunct in surgical cases, especially those in which a general state of malnutrition exists.

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### *MIND IN DISEASE.*

BY C. WESSELHOEFT, M.D., BOSTON.

[*Read before the Boston Homœopathic Medical Society, February, 1885.*]

THE observations I have to offer you to-night are very aphorismal in form, this form being that in which thoughts on medical topics occur to physicians at leisure moments.

To say that the subject of the influence of the mind on the body in health and disease is a new one, is an error: this theme has been discussed for ages. It is again a dominant subject; but it must be rescued from the hands of grasping charlatans and from the ignorant masses, and discussed by persons and in places before whose tribunal it properly belongs,—I mean physicians of our medical societies. Old subjects present themselves to new generations as new subjects.

In analyzing the phrase, "mind and body," we shall have to reach the conclusion, that mind and body are practically not two distinct subjects, except that we may speak of them separately as force and matter. Neither is separate from the other, inasmuch as neither can exist without the other. Neither attraction nor heat can be thought of as loose and independent of bodies in which they are inherent or whence they emanate. The same

pertains to mind and body in life, during health or impaired health. Thinking more closely of the subject, mind cannot be thought of as independent of the brain during life. The dead brain exhibits no mind. During dissolution (i.e., death) mind is resolved into chemical forces at work during decomposition.

Mind, then, is dependent on organic nerve-action, chiefly as manifested by the organs called the brain and nervous system. No organism can be conceived of by us as living without something akin to a nervous system. It is foreshadowed in the living protoplasm of plants, and already in the amœboid forms of animal life, the difference between the two being one of degree rather than of kind.

It is possible that the time will come when naturalists will classify higher organisms, not as heretofore, according to bony structures, but according to degrees of development of the nervous system. For instance, the class called vertebrates, while characterized by a vertebral column, owes its characteristic feature, not to this column or protecting case for its nerve-centres, but to the form and degree of development of these nerve-centres, the brain and spinal cord.

We are in the habit of considering the brain and its cord as the crowning features of the organism. It may be, that, instead of the cord being an appendage of the brain, *this* is actually an outgrowth of the cord, and, what is more, both brain and cord are secondary only to what we recognize as the so-called *sympathetic system* of nerves, — that wonderful organization of independently active automatic centres, connected by a vast, apparently irregular system of inter-connecting and inter-communicating fibres. While this latter system does not, during dissection, appear prominent to our senses, we know well enough that it presides over life, that it constitutes the essential organ of life, of the majority of organisms which, compared with man, are termed the lower organisms.

In man we observe only this difference, — that the brain and spinal cord are more prominent. But we also observe that these more prominent organs appear in the series of organisms as an afterthought of nature, — as a secondary outgrowth from the organic or sympathetic system, which takes the precedence in the order of development.

Hence we might look upon living organisms, including *homo sapiens*, as being essentially a *nervous system*, to which every other organ of the body is but tributary and secondary, and as contributing to the life of that organism, the actual being of which centres in living (organic) nerve protoplasm.

The relation, then, of the nerve-system to other organs, digestive, respiratory, circulatory, etc., is one of mutual support, with

the distinction that the nerve-system determines and furnishes the plan, and supplies the force, by which the supplementary organs gather and distribute nutriment for the maintenance of the nerve.

Respiration, digestion, secretion, and excretion cannot be thought of as independent, as uncontrolled and undetermined by nerve-force; neither can nerve-force be thought of as independent of the nerve-substance, or as independent of the organs which supply its material.

Right here we come to a paradoxical point. The nerve-substance has a double duty to perform: it not only determines the form and growth of its supplementary organs (lungs, intestines, muscles, bones, etc.), *but it determines and regulates its own development and its own nutrition.*

The nerve-system of the young organism *ab ovo* governs not only its own growth, its own nutrition, but that of its supplementary supporting organs. When full grown, it maintains its own equilibrium and that of the organs which support it.

Hence we can think and conceive of a primordial nerve-system as originating out of protoplasm, but we cannot conceive of a respiratory, a digestive, or an excretory or secretory organ originating independently of that pre-determining, that automatic, self-governing force which is the essential feature of the nerve-substance, woven in the higher organisms into two interdependent systems, known as the cerebro-spinal and sympathetic nerves.

The question of the autonomy of the mind has to be determined. It is, whether the mind—a manifestation of nerve-force—is to be regarded in the light of a free will, or whether what we regard as freedom of will and action is, after all, and invariably, determined by conditions outside of it; or, to use another phrase, whether it is not only determined, but pre-determined, by extraneous conditions and powers.

Let us take a medical view of the subject, and we shall find that freedom of the mind and the opposite are conditional.

The condition which concerns us is the demonstrable one, that the nerve-system controls itself, as evinced by its own growth and its control at the same time of the growth and maintenance of the other organs constituting the whole body. This is health. Its failure to control and determine nutrition, and to manifest its functions as a healthy nerve-system, depends on a variety of causes, which for our purposes we may divide into two classes. Firstly, the cause of failure of healthy function may be seated in the nerve-substance. Secondly, it may have its origin in the histological elements of the other structures supplementary to it. The result of such derangement, figuring under what-

ever name of disease you please, will be either return to the normal state, or ultimate disintegration or death.

Now if, for the present, we will comprehend under the name of mind all manifestations of nerve-force, sympathetic and cerebral, we can understand that restitution of health proceeds from the prevalence of still healthy nerve-action as the only controlling force of organic function. Death, on the other hand, results from disability or absence of nerve-function in a general sense. Death may also result from primary destruction by disease or violence of the histological elements of other organs, when this destruction leads to death of the nerve-substance entering into the histological composition of those organs.

We next come to the question of conscious or unconscious nerve-action. The restitution of normal function — health — may be both conscious and unconscious. It is mostly the latter. The great majority of ailments, even severe and painful, get well, as we call it, through the ever-present effort of the ever-active nerve-force.

Now, nerve-force proceeds practically from two sources, two partly independent nerve-systems: the sympathetic, and that which presides over motion, sensation, and the mind in a more concrete sense, the brain.

We will have to concede, that what may be termed *unconscious* nerve-action in determining health, is derived from what is termed the sympathetic nerve-system, and that that *conscious* nerve-action which determines health, and helps some sick to get well, proceeds from the brain and cord.

So, as in most things, the truth lies in the middle. There is no absolute free will, and no absolutely dependent will at least as far as health or sickness, and the return from sickness to health, are concerned.

Cases of disease and recovery determined by the mind in the form of will are rare and interesting, and form the chief point of our discussion. We will presently return to it. Cases of unconscious nerve-action determining recovery are common. Let me only instance animals and infants, to say nothing of the many ailments of the common run of humanity.

Before considering the subject in more concrete form, let me revert to the idea expressed before, that nerve-substance and nerve-force, being one, regulate and determine their own growth. Going but a step farther, it is within reach of our conception, that brain-force, mind,—that is, the will,—determines itself. This is seen in that it disciplines itself. This action of the will is seen in self-control. Our whole life is self-controlled in most aspects; the degree of health or sanity of the human mind is determined medically and forensically by the degree of con-

sciousness and self-control it is capable of in its voluntary restraint of emotions like joy, grief, anger. These furnish the most positive proof of the self-determining power of brain-force or will constituting the mind.

Its limit, however, is, that those emotions remain : self-restraint only prevents their outward manifestation. Lost self-control means abnormal state of mind, hypochondria, insanity.

What is vaguely called "mind-cure" is nothing new: it has been recognized in all past ages by physicians and laymen. The present fervor concerning it arises from a few intelligent people, from whom it has passed into the hands of an ignorant, superstitious class, whose only claim to rationalism is, that they see money in it. With this epidemic we have nothing to do, except in so far as we strive to lead the wild current back into calmer channels.

When physicians utilize the mind, or, more correctly speaking, the will, in the cure of disease, they first distinguish what class of diseases are amenable to it, and those which are not. The absence of such a distinction has led to the present craze. Having admitted such a broad distinction, it may be said that in a very general way the state of the patient's mind has an influence on all diseases; and it is this influence to which these remarks apply.

Taking the degree of mind or will power of persons into consideration, we find that its loss, partial or entire, constitutes the chief characteristic feature of a certain class of diseases generally recognized as mental; for example, the hypochondriasis of men, and hysteria of women. Where these constitute the disease, the effect of the mind in determining the growth or decline of the disease is a direct one.

In another class of affections it is indirect or mediate: I mean general acute and chronic affections not primarily of the mental organs. It is or should be a most common observation, that every morbid state of some part of the body—an abscess, a slight eruption, a catarrh of the air-passages or urethra—will precipitate the patient into a state of fear, resulting at once in a hypochondriacal state of mind more or less pronounced. He or she is harassed by fear of death, or impending danger to life, which the patient's reason is unable to overcome, or where there is not sufficient reason to make even the effort.

It is both in case of immediate as well as mediate mental affections, in the form of loss of self-determining power in the individual, that this loss of power must be supplied by another person, of normal mind and will. This person's will acts in the place of that of the patient: he subjects the patient to his will.

This, in its best sense, should be the aim and object of every



physician. Without it the result is doubtful. It is what is termed having confidence in the physician. The degree in which, and the purpose with which, this object is attained, largely determine the result of treatment with and without medicine.

Here, as elsewhere, we are enabled to make distinction between conditions under which the treatment proceeds: the temperament of the patient, whether naturally confiding and hopeful, or perverse and distrustful; secondly, the character of the physician, whether capable of inspiring confidence and hope, or disposed to exaggerate the patient's condition, from ignorance or design.

It seems to me that the greatest importance attaches to the degree of hope which the physician, in influencing the patient's mind, is able to inspire in it: every thing rests upon this. Where this is neglected, impossible, or designedly cut off, the opportunity for a mind-cure is lost. A physician ignoring or neglecting this advantage, deprives his patient of much that is needful for his recovery.

Simple instances of this kind are common. When treating patients intrusted to me by other physicians, I have had notable evidence that these only languished under my treatment, in spite of every effort on my part to win their confidence and to inspire hope. The return of their own family doctor soon restored them.

When we feel indisposed and ill at ease, if not really sick, and being greeted by various kind friends, whom we meet in succession, with the sympathizing words, "Why, how you look!" "You look pale," or "You don't look strong," we certainly feel inclined to collapse, unless strong of will. You may be sure, that if several persons should conspire together to place themselves at certain distances apart on the line of a friend's march downtown, and tell this friend, as he passes, that he looks sick, or something to that effect, the person so accosted would soon feel sick enough to take the first herdic to return home, and go to bed.

I have seen such a programme carried out practically, if not intentionally, and have been repeatedly thwarted by it in my best intentions. Now consider the reverse of this: let well-intentioned friends agree to speak consolingly, hopefully, to a person who is sick, or thinks himself sicker than he is, and the effect will be most beneficial. It has been tried repeatedly, and, I assure you, with great success.

Such successes would be more frequent if the plans thus laid were not crossed by meddlesome or injudicious persons. In carrying out such a plan, it is not well to overdo the matter of inspiring hope by exaggerated phrases. The patient will take

alarm, suspecting his friends of insincerity. There is more in a cheerful look and gesture than in a set speech about the patient's appearance.

The "mind-cure" should be exercised squarely and honestly, in the same spirit in which the patient comes to us, honestly hoping that we will do our best for him. Unless he is so far of weak or unsound mind that he cannot comprehend plain truth, we should avoid even a harmless placebo, and should approach the patient's fears directly and unequivocally, and say to him that he is not as sick as he thinks; assure him that he will soon recover his health, and be very positive about it.

This is the ideal of mental influence as a therapeutic agent. How sad it is that it cannot always be carried out! That it cannot always be done is owing to the temperament of patients generally. A physician who would not carry out an unequivocal plan of this kind is hardly to be conceived of.

Unfortunately for physicians, however fortunately for patients, slight deceptions are not only admissible, but imperatively demanded. An ordinary case of temporary illness of a petulant though sane patient would not illustrate my meaning, but let us suppose we were dealing with an insane patient. In his case every moment is a deception; his whole mind is a deception; he is tortured or lured on by phantasms which the physician cannot demonstrate away or banish. He must *seem* to agree with the patient.

In milder cases a slight placebo is admissible. Homœopaths use sugar pellets; others use brown-bread pills. It is not the nature of the physician, but that of the patient, that demands it.

Physicians should strive to gain confidence directly: where they find unconfiding patients, they must, for conscience' sake, advise them to seek other more congenial aid. It is only the invocation of divine aid that inspires some with hope of recovery: they know where to find it. Others need, seek, and find direct mystification of a gross kind. Patients who do not trust an honest doctor, fall in with the silent doctor, who only looks at them, and says nothing; or one who talks to them in that jargon which only ignorant and superstitious persons can understand. Such jargon is found on the labels of every bottle of patent medicine, it is found in the advertising columns of newspapers, and displayed on fences, walls, and rocks.

In so far as it inspires hope of recovery from an imagined or real ailment, there is no great fault to be found with it; but the danger to which the patient is allured, of swallowing large quantities of unwholesome, if not actually poisonous, substances, more than counterbalances the benefit derived from inspired hope.

Without presentation of an array of demonstrative cases, you will agree with me that the inspiration of hope and confidence in the mind of a sick person may do much to restore health; you will likewise agree that the invasion of apprehension or fear is a potent factor in continuing, or even in producing, a morbid mental state, from which may spring actual pathological conditions, either directly of the mind-organs, or indirectly of other organs.

It is in the administration of medicines, and in their test by experiment on the human organism, that the restorative and disturbing effects of induced mental states play a prominent part.

When a person takes a medicine, either self-prescribed or at the hands of a physician, the hope and confidence that relief will follow is a factor of great moment. Next to the *correct* choice of the remedy, it will be most potent in determining recovery. The act of prescribing, then, involves a mental influence, a mind-cure, which may or may not be beneficial. The faith, so called, which patients generally place in the giving of medicine, will aid them in proportion to the nature of their ills. The effect of hope or confidence will be in proportion to the degree of this emotion which the mind is capable of entertaining.

It is not to be believed that the effect of the mind acting on itself, dependently or independently of the influence of another person's mind, will be sufficient to cure all morbid states or actually developed disease. The mere inspiring of confidence and hope of recovery is not enough to cure an acute disease, like pneumonia, acute rheumatism, or chronic affections of the nerves or of the liver. Without the judicious selection of simple medicines, without the enforcement of the most rigid hygienic measures, all such disorders will progress to their end, whatever that may be. With hygiene and medicine, and a hopeful state of mind judiciously and honestly inspired, many acute and chronic affections — among which we may safely reckon so-called imaginary disorders — will more speedily be brought to a favorable termination, and fewer will end in death.

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### *MIND IN ITS RELATION TO DISEASE.*

BY J. HEBER SMITH, M.D., BOSTON.

[*Notes of an address before the Boston Homœopathic Medical Society.*]

DR. J. HEBER SMITH said the subject for discussion had been suggested to him by the secretary at a meeting of one of our society committees as a timely and absorbing topic, and he had promised to speak upon it; but press of cares had prevented his committing his thoughts to writing, as had

his predecessor. For this he was not regretful, especially inasmuch as the materials for debate required rather an Ariel-like floating above the mists of controversy, where one might not care to stand too much committed to either side; while the truth might lie in this, as in so many other things, in the golden mean between wholesale and credulous acceptance, and entire and bitter rejection. Being an acknowledged spiritualist in the philosophical meaning of the word, as opposed to materialism, he confessed to holding a degree of respect for several important propositions of the so-called mental cure, and especially for its unqualifiedly positive attitude toward sickness as an enemy to be routed; and he could not agree with the confining of the discussion of the subject to the "knowable," or that which is experimentally demonstrable. If we are to hold that mind is simply the movement of nerve molecules, and nothing more, and that there is no individuality or potency of mind disassociated from nerve material, we are at once cut off from a great deal that is both interesting and profitable for discussion. Taking this position at the outset, his predecessor had sought, in the ooze of protoplasm, those varied and marvellous manifestations of a power which leaps upwards through all gradations of animal life, and bursts in full fire and glory in man, whose mental forces girdle the earth with sentient reality, however invisible and unconfined. He questioned whether his predecessor, in his definition of mind, had not crucified mind itself to the spinal column. The emperor Domitian directed one of the brilliant actors of his time to take the part of one undergoing crucifixion. On the appointed evening real soldier executioners were upon the stage with the implements of Roman justice; and the actor, to his horror, was put, by the emperor's command, through an actual execution, in the midst of the agony of which he was compelled to recite his lines. The poet Martial hastened home to write a sonnet in praise of his royal patron's "realism." Instead of seeking in protoplasm for the promise and reality of mind, in place of going into the very slime and mud of nature for the manifestations of a god-like essence, why not let the discussion play about the heights where man, the aggregate of all mentalities, lightens and commands? That which we recognize as man has come up through the animal world, if you choose, and is the result and embodiment of all the experiences and instincts that have brought forth, from the dark womb of the past, knowledge and memory, — an iridescent braid of forces, but ever individual, however comprehensive. That which we have called mind, for convenience of definition, has been said to have an organ and its final habitation in the mortal and changing brain. Dr. Smith asserted that no such thing is certainly known, and

it was equally scientific and helpful to take the more spiritual view. The mind may, and probably does, come to a focus in the brain, the great centre of perception and of volition; but it undoubtedly moves in other parts, and who shall presume to fix its bounds? It may be the infinite force through which matter is transformed and receives its quickening power, and may be transfigured into an incorruptible substance that is capable of acting upon its fellow in a manner to produce either disease or health, and even to effect results at unmeasured distances. The mental cure, in its essence, is no new thing. It seems but a revival, in our lively city, of that ideal pantheism of Southern India which flourished even before the day of Gotama, who taught the essentials of this system fifteen hundred and fifty years before Christ. In China, too, as he was informed by Wong Chin Foo, the brilliant and scholarly editor of the New-York paper published in the Chinese language, these ideas are held and put in practice, with more or less consistency, by a body of spiritual believers numbering upwards of forty millions: to all these disease appears as but fleeting phantoms of the mortal mind.

Whether these principles have not found a resting-place in German thought before lodging on American soil, is a mooted question. It was not his intention to be in the least degree personal in directing the attention of his hearers to the coal which, dropped on the light stuff of which men's dreams are made, had reached the dignity of a conflagration, at least in this modern Athens. He was not surprised to find so many of his own patients tinctured with this philosophy, since it had risen, a portentous and overshadowing genius, out of the little emptied vial of homœopathy. We had emptied our vials of rational remedial power, and this blue vapor of airy nothingness, this mathematical point, without length, breadth, or thickness, had drifted in to take the place of the banished and maltreated drug. Indeed, it is patent to any who will observe, that every practitioner of note of the mental cure is of homœopathic antecedents. Much that these have to offer our patients is calculated to strengthen the will to the bearing of affliction with a calm and equable mind, and for this cause is to be commended. Their philosophy has risen to the dignity of what may not inappropriately be styled a religious belief, that has its justification, if not its origin, in the thrilling and familiar tales of the early Christian Church. He would not doubt all of their wonderful stories, but, like old Tertullian, would say, "I believe because it is impossible."

We, as physicians, are summoned to the patient in his hour of trial, to find him lying fast holden in the experience of sickness. Call it his belief or what you will, it is none the less an actual experience with him. On his side play the dark powers of fear,

ignorance, distrust, and of unbelief: the physician re-enforces him, if he be called to his vocation, with the powers of belief, hope, knowledge, trust, love, and of will. He places for the patient's ignorance, revelation; for his sorrow and intemperance, continence; for his covetousness—the greatest evil of Lord Buddha, because the longest lasting—he puts justice, communion; for his deceit, and for his envy, wrath, fraud, and injustice, he suggests truth, light, good, life. In this is he not that good and wise physician, calm, careful, bold, and with the soothing adjunct of gentlemanly blandness, whose office it is to appear in the brightest *rôle* that is permitted to man on this beclouded little planet? And is he not, in the highest essentials, a physician of the immortal *mind*?

The speaker at this point introduced many instances of special diseases which had owed their origin, in his own experience, and their cure as well, to mental causes; instancing, among others, examples of chorea, dysmenorrhœa, epistaxis, enuresis, jaundice, pseudo-hydrophobia, insanity, etc., and citing as not amenable for their cure by any possible construction of the potentialities of the mental cure, the infectious diseases,—the exanthemata, yellow fever, phthisis, pneumonia, cholera, syphilis, rachitis, cancer, etc. He challenged the production of a single well-authenticated instance of the successful treatment, by the mental curers, of a cancer, of a tumor, of a tubercular consumption. These were talked of throughout the city; but they eluded inquiry, or their diagnosis had been unsatisfactory.

It appeared to him that there were laws for the production of the cholera germ as truly as for the bringing to being of a rose; for the perpetuation, unchallenged, of the principle of yellow fever, as for the fructification of a grain of wheat. All are according to the unseen will that creates fairer worlds from wreck and sediment, and makes evil the twin-brother of good; alike fulfilling some beneficent purpose wherein will yet be seen that death and sustentation and genesis are alike perfect.

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### *APOPLEXIA IN A GIRL OF TWENTY YEARS.*

BY DR. J. K. CULVER, BOSTON.

[*Read before the Massachusetts Homœopathic Medical Society.*]

I FIRST saw the patient on Thursday, Nov. 6, 1884, at 4 P.M.

Found her unconscious, life apparently extinct; no respiratory movement visible; face pale, look cadaverous; eyes lateral deviation, pupils dilated; no response to objects moving; right eye looking to the outer, left to inner, canthus; cold perspiration

in drops on the forehead ; lower jaw somewhat depressed ; frothy mucus at the mouth ; hands closed, with the thumb between the first and second fingers, and firmly fixed under the chin ; could not extricate them.

There was a peculiar, pungent odor emitted from the body, resembling earthy mould as nearly as can be described.

After applying ammonia to the nostrils, and heat to the bowels and extremities, we were able to release the thorax from the pressure made upon it by the arms.

Made artificial respiratory movements, after which discovered feeble action of the heart. Later, gave brandy and ammonia. No effort to swallow during this time. No voluntary movements were made.

Two hours later, peculiar twisting of the trunk and lower limbs ; rapid and spasmodic opening and closing of the mouth, with precision and regularity. This was kept up for an hour or more, and the symptoms gradually improved. Heart's action became regular, surface of the body warm, and the patient apparently conscious, though the face bore the same dull, stupid expression. The eyes were leaden and heavy, and still somewhat turned.

Left her at 10 P.M. sleeping quietly. Returned at 8 A.M. the following day, which was Friday, to find the arms in same position as when first seen, rigid, fixed. Once during the night the nurse observed her putting her finger to her face, as if to brush away something.

Urine involuntary. Gave an enema of warm water ; result satisfactory. Nothing unusual to be observed in the motions.

Evacuating the bowels tended to rouse her. She inquired the state of the pulse.

Partook of beef-tea. Face became flushed ; hot perspiration covered the body ; eyes still turned to the right, and hands inclined to occupy the position under the chin.

12.30 P.M. — No perceptible change. Has taken nourishment ; replied in monosyllables to questions, but could not converse. Pulse 96.

SATURDAY, 8 A.M. — Patient recognizes her attendants, though vision is double ; says, "You have two heads." Urine still involuntary. Abdomen retracted. No œdema of limbs ; no ascites.

5 P.M. — Called in consultation, Dr. Conrad Wesselhoeft. Diagnosis : epileptiform eclampsia, based upon hysteria.

SUNDAY, 10 A.M. — Pulse full and bounding ; face flushed ; temperature normal ; same hot perspiration upon the surface.

Takes nourishment.

Urine involuntary, free, ammoniacal from the first. Applied a

light electrical current to upper extremities. Thought it tended to slow the action of the heart, and discontinued it.

8 P.M. — Pulse irregular; respiration sighing, slightly labored, but not stertorous; sleep has been quiet and peaceful from the first.

MONDAY, 8.30 A.M. — Pulse 120, respiration 30, temperature below normal; eyes looking straight forward; does not respond to questions, though conscious.

Takes nourishment, though there is difficulty in swallowing.

Left her at 12.30 P.M., and within a half-hour was summoned. Sudden, spasmodic movement was noticed, and life was gone.

PREVIOUS HISTORY. — This was not obtainable till after death. The mother assured Dr. Wesselhoeft and myself that she had always been of an excitable temperament, but very well.

Four years previous to this sickness, from a sudden shock occasioned by grief, she was deprived of mental power to such an extent that she wandered all day from one horse-car to another, endeavoring to reach home, and was finally assisted by a conductor who had happened to notice her stopping-place.

She remained in that maniacal state several days, when suddenly she seemed perfectly sane, and ever after remained so.

Monday night previous to my being called she became much excited over a political procession, exposed herself to the chilly evening air, and took cold. Tuesday noon was sitting at the dinner-table engaged in pleasant conversation, when she threw her hands up to her head, exclaiming, "Oh, my head!" and fell backward.

Medical aid was called. Dr. Aiken saw her twenty minutes after, and pronounced it syncope. Cause, over-exhaustion from excitement of previous evening: and, as the menses came on at this time, two weeks in advance, he prescribed with reference to that condition; and that remedy she took until the Thursday following.

After recovering from the syncope, she walked with assistance across the street to her home.

It is to be noted, that there was an absence of paralysis, as shown by the return of the hands to the chin whenever withdrawn; also absence of stertorous respiration.

The autopsy was made, in the presence of Dr. Conrad Wesselhoeft, by Dr. Caroline E. Hastings, assisted by Drs. Horace Packard, Sarah E. Wilder, Laura M. Porter, and Amelia L. Stockwell.

On removing the calvaria, the upper portion of the brain presented no unusual appearance; but, on removing the brain from the skull, the subarachnoid space at the base was seen to be filled with clotted blood.



On careful examination it was decided that the origin of the trouble was not at this point, but that the blood had gravitated to this space

Working back from this point, a clot was discovered in the longitudinal fissure lying along the corpus callosum.

This clot was long and ribbon-shaped, and extended from the anterior border of the corpus callosum to the transverse fissure, and there dipped into the right lateral ventricle.

On opening the lateral ventricle, the clot was found to follow the curve of the middle cornu.

This clot was about four or five inches long, nearly half an inch wide, and an eighth of an inch in thickness.

Returning to the anterior lobe, careful sections through corresponding portions in either lobe were made. On the right lobe the attention was attracted by a spot about as large as a two-cent piece. Near the fissure the appearance of this spot suggested hyperæmia; and we sought some evidence of a ruptured vessel, but none was discovered here or elsewhere.

It was quite evident, however, that the lesion lay in this vicinity; and the history of the attack seemed to confirm this opinion.

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### ON THE USE AND ABUSE OF THE WEIR-MITCHELL SYSTEM OF TREATMENT.<sup>1</sup>

BY DUNCAN MATHESON, L.R.C.P., EDIN., LATE PHYSICIAN FOR DISEASES OF WOMEN TO THE LONDON HOMŒOPATHIC HOSPITAL.

[Read Feb. 5, 1885.]

As we all know, from the earliest days of medical science up to the present time, many cases of hysteria have been the despair of the medical profession. In the year 1881 a new system of treating these hitherto apparently hopeless cases was introduced into this country from America, where it had first been brought into notice by Dr. Weir-Mitchell about seven years previously. Its introduction into England was due to Dr. William Playfair; and to judge from the tone and style in which he has written on the subject, both in the "Lancet" for 1881, and in his book which I hold in my hand, one would suppose that his success in its practice had been well-nigh universal. I happen to know, however, of about half a dozen cases, in each of which, Dr. Playfair's directions having been most faithfully and literally carried out, the only result has been an utter and complete failure. It is easy to induce the belief that we are

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<sup>1</sup> Reprinted from the Annals of the British Homœopathic Society and of the London Homœopathic Hospital.

uniformly successful in our treatment, if we publish only our successes, while touching upon our failures with a very light hand, or ignoring them altogether. In the following remarks I purpose to inquire what is the cause of these failures in the Weir-Mitchell system of treatment. Is it that the system is unsuitable for the cases for which it was originally intended by its founder? or does it arise from unskilful diagnosis leading to its application in cases for which it was never meant? I myself humbly venture to express the opinion that the latter is the true answer to the question. As we are aware, the cases meant for its application by Dr. Weir-Mitchell must have the following characteristics:—

1. Prolonged hysteria.
2. Utter exhaustion of the nervous system, or, as he himself calls it, "nerve-tire."
3. Almost complete loss of appetite.
4. Extreme emaciation.
5. As a rule, inability to walk.

From this category, cases with organic disease, with mental disease, with stoutness of body, with good or fair appetite, and with unimpaired locomotive power, are all excluded, for this reason obviously: that the particular system introduced is not adapted to such classes of cases; but regard for your patience prevents me from pursuing this point. Let me proceed at once to narrate the cases that have come within my knowledge, in which the Weir-Mitchell system has not only failed to produce any good, but has (in some of them) resulted in positive harm, and we shall see how far their symptoms correspond with the characteristics already given as marking the cases in which this system was intended to be used.

CASE I.—For several successive years I attended Miss A. while living in England; but she always spent the winter at Nice in order to escape the English cold. While there, her medical attendant was our esteemed colleague, Dr. Meyhoffer. In May, 1882, Lady — wrote to ask my opinion of the suitability of the Weir-Mitchell system for Miss A.'s case. That opinion was adverse to the proposal, for reasons which will presently appear; but at Dr. Meyhoffer's instance, as I was informed, and at that of her brother, the young lady was prevailed upon to come to England that year earlier than usual, in order to be placed under this system of treatment. Her symptoms were utter prostration, inability to walk for years, appetite always moderately good, general condition stout and muscular (certainly no loss of flesh), slight appearance of hysteria, and no uterine derangement whatever. At the end of the usual six weeks' treatment under Dr. —, I was asked to see her, to try to

restore her, as they said, from the effects of this treatment. Every symptom I have described was worse than at the beginning, and she was in a state of great despondency and despair. I sent her to Ramsgate, where she was attended by our worthy colleague, Dr. Harmar Smith, and where it took weeks of treatment and of change of climate before she was even partially restored to her former condition. On Jan. 29 last, her friend, already referred to, Lady —, writes to me regarding her, "The one who suffered from Dr. —'s rough treatment has never recovered the effects, and has been a greater invalid ever since than before."

CASE 2 was a sister of Miss A., who was perfectly able to travel from one part of the world to another, though suffering from slight dyspeptic and nervous ailments; no nerve prostration and no hysteria. Her main work in life was to nurse her sister, — a duty which she had discharged for many years faithfully and well. She was subjected to the treatment in question at the same time as her sister, and in her case it did neither good nor harm.

CASE 3. — About the same date a lady, whom we shall call Mrs. C., sent for me to visit her at Queen's Gate. I found her suffering from extreme melancholia, various neuralgic pains in different parts of her body, with no loss of flesh, and locomotive power quite perfect. She had a slight aching in the back, on account of which I examined the uterus, which was perfectly healthy. She expressed herself in bitter terms about Dr. —, under whose care she had resided at Claridge's Hotel, under the complete Weir-Mitchell system for six weeks, at an expense, she said, of fifty guineas a week, and without the slightest benefit. I really believe this lady was not *compos mentis*; and she left town before I paid my second visit, which I had arranged to do: and I know no more of this case.

CASE 4. — I visited Mrs. D., in Blandford Square, on June 20, 1884. Her symptoms were these: extreme depression of spirits, utter inability to walk or stand without help (an inability which had existed for several years). She talked almost in a whisper, from, as I believe, hysterical inability to do otherwise. Her upper eyelids quivered almost constantly, as we frequently see in cases of hysteria. The whites of her eyes were turned up, both at this and at all my subsequent visits: in fact, she was a melancholy picture of prostration and misery; no uterine disorder. She had faithfully gone through the whole course of the Weir-Mitchell treatment in its most orthodox form, with no benefit whatever. I regret that my own treatment, which extended over several weeks, fared no better, and I was thankful at last to recommend change of air.

CASE 5. — Miss E. consulted me in December last. She was paralyzed in the left leg, and slightly so in the left arm. She walked with great difficulty from the cab into my consulting-room, but her manner of walking was very painful to witness. She had no sign whatever of hysteria, nor of nerve prostration; she was not anæmic; her appetite had always been fairly good, and her physical condition quite satisfactory. To my surprise, I learned, at the first interview, that in June last this young lady had been placed under the Weir-Mitchell treatment, at great expense in London, at the end of which she was much weaker, and her paralysis much more pronounced, than at the beginning. In this case I am happy to say that a cure is likely to be effected; but, alas for my reputation, not without the help of our estimable colleague Dr. Roth, whom I beg to recommend all my *confrères* to consult in cases of failure under the system we are considering. Under the action of *ignatia*, which I have administered for weeks, and Dr. Roth's movement cure, this case is in a fair way for recovery. To show how faithfully though uselessly she had submitted to the Mitchell treatment, I may give you the bill of fare for one day, as submitted by her doctor to her mother:—

*Thursday, June 26.*

7	A.M.,	Black coffee.	1.30	P.M.,	Roast lamb, beans, potatoes, milk-pudding.
7.30	"	Milk, 10 ounces.			
8	"	Porridge, 1 gill cream.	3	"	Milk, 10 ounces.
9	"	Cocoa, egg, bread and butter.	4	"	Soup and peptonoids.
			6	"	Milk, 10 ounces.
10	"	Milk, 10 ounces.	7	"	Salmon, cucumber, mutton chop, peas and potatoes, milk-pudding, stewed fruit.
11	"	Meat, soup, and peptonoids.			
12	"	Milk, 10 ounces.	11	"	Milk, 10 ounces.

The friends of this patient were particularly angry with Dr. —, on account of the great difference between his promises and his performance. Consequently, on Nov. 3, he writes thus to the mother: "I am extremely sorry to hear an unfavorable account of Miss E. It is, of course, a possibility which we must always recognize in such cases, that there may be some obscure underlying disease of the spinal cord which gives no definite physical signs. All that can be said in this instance is, that the most careful and repeated examinations failed to give evidence of this."

CASE 6. — Miss F. I saw for the first time ten days ago. As I found her sitting up in her chair, I thought her the very picture of strength, robustness, and vigor; no trace of hysteria present; no nerve prostration; no emaciation; no anæmia; no

pain anywhere ; but she had no power to stand or walk without support. The explanation of this condition given by the young lady and her mother was this : Miss F. had all her life been very susceptible to congestive symptoms in the chest, on exposure to cold. It happened, however, that some years ago, on the occasion of her getting thoroughly wet in the feet, the chest, contrary to expectation, remained perfectly free from disease, while the effects were at once felt in the legs, depriving them at first of power to walk, — a loss which, from that day to this, has been gradually increasing, and that is apparently the patient's only morbid condition. On first examining this case, the doctor said to her mother, "I shall send your daughter home to you a stronger woman than ever." Last year Miss F. was accordingly subjected to the full power of the Weir-Mitchell system for twelve weeks, and at the end she was much more helpless and hopeless than when it was begun. On coming home to her mother from this treatment, the latter was broken-hearted at the great change for the worse in her daughter ; and on the occasion of my visit she shed bitter tears in narrating the deterioration which had resulted from it.

Thus, notwithstanding the flourish of trumpets with which this system has been introduced into this country, and notwithstanding the self-complacency and assurance with which it has since been written up, and notwithstanding, also, the interest felt in it by the public in general, here are six cases which have come under my own observation in which it has utterly failed to produce any curative result.

Permit me, however, to guard myself against the inference, that, because the Weir-Mitchell treatment failed in the cases now narrated, I therefore condemn the system as a whole. This is far from being the case ; for I have witnessed the most convincing proofs of its wonderful efficacy not only in suitable cases when occurring among females, but also when met with in the male sex. In all such cases, either in the male or female sex, the great indications for its application seem to be, freedom from organic disease, nerve prostration, emaciation, and hysteria. I cannot but think, also, that functional paralysis is a qualification for its adoption.

The practical question, then, now comes to be, Can we ascertain the reasons why the system fails in such cases as I have described ; and shall the discussion this evening lead to precise and definite views as to the cases in which it is suitable, as well as those in which it should be avoided ? If so, my paper, opening the discussion, will not have been written in vain. Let us now look at the component parts of the Weir-Mitchell system of treatment. It consists of—

1. Seclusion from friends, and complete rest for about six or eight weeks.

2. Massage for about three hours per day.

3. Electricity applied to all the muscles of the body.

4. The administration of enormous quantities of nourishment.

What is the intended effect of each of these remedial measures?

The seclusion is intended to do away with the evil effects of the hurtful sympathy for which the hysterics crave; but where hysteria is absent, surely the seclusion is both unnecessary and injurious to the patient.

The massage is supposed to act as a substitute for exercise, and to produce what Dr. Playfair calls several times in his book, "waste of tissue." But I cannot help considering this a very incorrect phrase, because waste of tissue is one of the prominent symptoms which this system is intended to *cure*. I beg, therefore, to offer as a substitute the term "metamorphosis of tissue." But, when the tissue appears beforehand to be faultless, *general* massage, except to a very limited extent, must be inappropriate.

Electricity, in consequence of its producing muscular contractions, is believed to fortify the action of the massage.

The enormous amount of nourishment given, and which the massage enables the system to assimilate, cannot fail to benefit those cases in which want of nutrition and emaciation are essential elements. But, where neurasthenia appears to arise in no sense from innutrition, I do not see myself of what possible use this extra nourishment can be.

To apply this reasoning to the cases of failure I have described, it would appear that in only two, or at most three (Cases 1st, 4th, and last), did the elements of hysteria and nerve-tire at all exist, though these are the most prominent morbid conditions for which the system in question was originally propounded; and in those two or three there was probably organic spinal disease, which caused the treatment to fail. In some, as we have seen, there was partial paralysis; but the evidence seems to invalidate the supposition that it was of an hysterical or functional character, the only kinds which this treatment professes to cure. Anorexia, also, and waste of tissue, were markedly absent; and it is quite certain that the full complement of the morbid conditions laid down by Dr. Weir-Mitchell, as marking cases to which his treatment is suited, was not to be found in any of them.

I have now, gentlemen, narrated briefly, as was my duty, the cases of apparent failure of the Weir-Mitchell treatment that have come across my professional path. I have humbly ventured to indicate my conclusions as to the causes of such failure.

If such conclusions are to any extent correct, I shall have contributed a little towards the elucidation of a subject which is at present necessarily surrounded by much that is obscure. If not, no one would be more delighted at further enlightenment than myself. I have no doubt, that, in the course of the ensuing discussion, much light will be thrown on this most interesting question, — a question of very great importance in connection with these most difficult and painful cases, in the treatment of which so many systems have been tried, and which have baffled the skill of so many of the ablest practitioners since the time when men first began to exercise the healing art for the benefit of their suffering fellow-creatures.

#### DISCUSSION ON DR. MATHESON'S PAPER.

Dr. Hughes said Dr. Matheson has succeeded in suggesting the class of cases which are suited for the treatment. He did not agree with the essayist in thinking that hysteria was the chief thing to be benefited by the treatment. It was beneficial, especially in another class of cases; viz., those of general atrophy. He related a case of the kind which improved under plumbum. Subsequently, after going through Weir-Mitchell treatment, she was immensely benefited; thought the treatment a decided advance.

Dr. Roth, commenting on Case 5, said, when he saw her with Dr. Matheson, she was a most miserable object. She was treated first by movements which increased power of breathing, the hip and foot were treated, will strengthened, etc. Had seen large numbers of girls with heaviness of thighs, etc., through some congestion of the ovaries, which, under various movements, coupled with homœopathic medication, had generally recovered.

Dr. Yeldham mentioned a case in his own practice of a young lady in which there was irregular menstruation, with general atrophy, marked by entire loss of appetite and great wasting. He prescribed, during many months, *iron*, *pulsatilla*, *bismuth*, and *arsenic*, with cod-liver oil, cream, panada, and ultimately three months at the seaside. The amendment being only partial, she went under the Weir-Mitchell treatment, and in two months was perfectly restored. He could quite understand that in cases of this kind, in which complete rest, — which favored digestion and assimilation, — with frequent light nourishment, and massage as a substitute for exercise, was ordered, favorable results would follow. Like most special kinds of treatment, it was apt to be too indiscriminately employed.

Dr. Jagielski thought the treatment should be varied according to the circumstances of the case, not every case requiring the whole treatment. Seclusion he thought very beneficial in cases

of real hysteria; rest is not so certain; massage is excellent, especially internally; electricity is very well, applied in the bath.

Dr. Dyce Brown (in the chair) thought Dr. Playfair erred in trying his treatment in every class of case: cases should be carefully selected. He related a case of paralysis of lower extremities, — presumably from some changes in lower part of cord, — without hysteria, where Weir-Mitchell treatment was tried steadily for three months, but without benefit. He thought the paper was important, as helping the practitioner to decide to send only such cases as were specially suitable.

Dr. Matheson (in reply) said his object was not to condemn the Weir-Mitchell system as a whole, but to inculcate caution and discrimination in its use. He thought Dr. Hughes had committed two unintentional mistakes in his speech: 1st, because he (Dr. Matheson) had not, in his paper, laid exclusive stress on hysteria as a qualification for the treatment in question; and, 2d, because he considers Dr. Hughes's case of atrophy covered by his (Dr. Matheson's) classification of suitable cases for the treatment.

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#### GLEANINGS AND TRANSLATIONS.

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INTESTINAL OBSTRUCTION TREATED BY WASHING OUT THE STOMACH. — Attention, it is claimed, was first drawn to this subject by Kussmaul (*Berl. k. Woch.*, No. 43, 1884), who reported four cases of ileus relieved by siphoning out the contents of the stomach, and the injection of warm water. More recently the subject has been discussed before the Berlin Medical Society, and Senator adds three cases to those of Kussmaul. One of these was a case of acute occlusion, of seven days' duration, with excessive vomiting and impending collapse. Medication being of no avail, a tube was introduced, and the stomach irrigated with warm water. The symptoms were immediately relieved; and on the next day, after another washing-out of the stomach, a normal evacuation of the bowels occurred. This procedure was subsequently repeated four times, with marked relief to the patient, who, however, eventually succumbed to a permanent obstruction, which was found, *post mortem*, to be due to chronic tubercular inflammation of the peritonæum.

The second case was one of carcinoma. In this, irrigation gave great, but of course only temporary, relief.



The third case was one of acute obstruction. This was permanently relieved.

Dr. J. T. Whittaker, in the "Cincinnati Medical News," April, 1885, gives the history of a case of obstruction in which he employed this method of treatment, and calls attention to the fact that so long ago as April, 1880, he had read before the Cincinnati Academy of Medicine the notes of a case treated in like manner. In this, although irrigation gave relief to the distressing vomiting, the issue was fatal.

Dr. Whittaker would therefore seem to be the originator of the measure, which, if he establish the claim, will be but one of many proofs of his sagacity in dealing with difficult therapeutic problems.

The good results so often obtained by this procedure are explained upon the following theory: first, that the stomach and intestines above the point of obstruction are emptied of all accumulated material, which, supplemented by evacuation from below, gives room in the abdomen for the free movement of the bowels; second, the chief hinderance to peristaltic action being thus removed, spasm is allayed, the natural vermicular movements are restored, and the gut is placed under the best possible conditions for extricating itself from invagination or volvulus, or the pushing onward of obstructing masses.

The method of performing the irrigation is simple. A tube is introduced into the stomach, and its contents withdrawn; after which warm water is injected, and brought again to light. This is usually continued until the fluid coming away is clear. The procedure is repeated as often as the symptoms may call for it, a return of nausea and vomiting indicating that the stomach is again filling with intestinal accumulations. The only contra-indication to the measure would seem to be gastric ulcers; but Debove claims, that by the use of a soft tube, and the exercise of due care against over-distension with water, irrigation may be practised in spite of the ulcer, and without fear of perforation. — *Louisville Medical News.*

MURIATE OF COCAINE IN EXTERNAL HEMORRHOIDS. — The uses to which the muriate of cocaine has been put led me to try it as a local anæsthetic in the excision of external hemorrhoids.

The patient was a man about fifty years of age, of nervous temperament, with a timidity of pain amounting to fear, dyspeptic, and general health considerably below par. After having exhausted the materia medica of "remedies," and obtaining no relief, he finally consented to an operation. On examination, I found the skin and mucous membrane around the anus a mass of corrugations, with slight patches of ulceration between the

folds; five piles protruded from the anal fissure, — four of moderate size, and one with a base about one and a half inches in its long diameter.

I considered this an excellent case for operation. After the usual preliminary preparation, I began by injecting about one-third of a grain of muriate of cocaine into each of three of the piles; and in about two minutes, with scissors, I excised them close to the base, the patient experiencing hardly more than slight discomfort. His timidity preventing any further operation that day, a week later I excised the remaining small pile in the same manner, and then began on the large tumor by inserting the needle of a hypodermic syringe, containing about two-thirds of a grain of the salt, into the base of the tumor, injecting a few drops just under the skin, then traversing the pile in its entire length, depositing the solution in the track of the needle to a point just within the skin on the opposite side. I withdrew the needle, inserted a tenaculum, put the pile upon the stretch, and excised it without inflicting the slightest sensation of discomfort, except that caused by the entrance of the needle into the skin, much to the surprise and delight of the patient.

This operation suggests to me the probability of the usefulness of this drug in the painful clamp and cautery operation for the removal of internal piles.

After the operation there was an unusual amount of mental excitation, slightly flushed face, and contracted pupils. This may have been due to the re-action from his profound depression previous to the operation, as I have not heard of any such effects having been attributed to the drug in the amount used. — DR. H. A. SMITH, in *Medical News*.

EMMET'S OPERATION FOR LACERATED CERVIX, UNDER HYDROCHLORATE OF COCAINE. — Mrs. A. M., aged thirty-five, multipara; her last child was delivered with forceps, since which time she has complained of leucorrhœa, menorrhagia, and back-ache. On examination, I found a laceration extending from the os externum to the fold of the vagina, on the right side, readily admitting the finger into the cavity of the uterus.

As Emmet's operation for the relief of this condition is always performed under ether, I deem it noteworthy to give my individual experience relative to the value of cocaine in its performance.

With twenty minims of a four-per-cent solution of Merk's hydrochlorate, I made three hypodermic injections into the cervix; that is, one into each side of the rent, and one at the base of the sulcus. After an interval of five minutes, I painted the surfaces which were to be denuded, and shortly afterward began and completed the operation in the usual manner. From

the moment of the denudation of the hypertrophied surfaces to the insertion of the last wire suture, the patient made no sign of pain.

The quantity of the drug used was a little more than half a dram. In future I shall always depend on hydrochlorate of cocaine as a substitute for ether in this operation. — DR. A. G. ROETH, in *Boston Medical and Surgical Journal*.

BRILLIANTS FROM THE EXAMINATION-ROOM. — In an amusing article in "All the Year Round," on examination blunders, are several stories of a medical complexion. Those at the expense of medical students present a mixture of ignorance and of impudence. Among the latter are the following: A "badgering" examiner asked a student what means he would employ to induce copious perspiration in a patient, and got for answer, "I'd try to make him pass an examination before you, sir." The most frequently cited anecdote of this kind is that of the brusque examiner — said by some to have been Dr. Abernethy — who, losing patience with a student who had answered badly, exclaimed, "Perhaps you could tell me the names of the muscles I would put in action if I were to kick you." — "Undoubtedly, sir," came the prompt reply: "you would put into motion the flexors and extensors of my arm, for I should knock you down." Of a similar nature was the retort made to M. Lefebvre de Fourcy, a French examiner celebrated, not only for his learning, but also for his severity and rudeness. He was examining a youth, who, though well up in his work, hesitated over answering one of the questions put to him. Losing temper at this, the examiner shouted to an attendant, "Bring a truss of hay for this young gentleman's breakfast." — "Bring two," coolly added the examinee: "Monsieur and I will breakfast together."

Some of the best of the examination stories are those told of answers actually on record by her Majesty's inspectors of schools, and other official persons, regarding especially the tests applied for the pupils' knowledge in the "specific subjects" in a public school within the metropolitan area. The specific subject selected was physiology; and the answers, which are vouched for as genuine, will be interesting reading to those who are seeking to popularize physiological and anatomical knowledge. To the question, "Describe the process of digestion," one of the children "presented" in physiology replied in this wise:—

"Food is digested by the action of the lungs. Digestion is brought on by the lungs having something the matter with them. The food then passes through your windpipe to the pores, and thus passes off your body by evaporation, through a lot of little holes in your skin called capillaries. The food is nourished in

the stomach. If you were to eat any thing hard, you would not be able to digest it; and the consequence would be, you would have indigestion. The gall-bladder throws off juice from the food which passes through it. We call the kidneys the bread-basket because it is where all the bread goes to. They lay up concealed by the heart."

Domestic economy, as nowadays taught to "children of the elementary school class," embraces a deal of physiological knowledge, or, rather, jargon. It is a subject which affords hosts of amusing answers. Thus, in reply to the question, "Why do we cook our food?" one fifth-standard girl gives the delightfully inconsequent reply, "Their of five ways of cooking potatoes. We should die if we eat our food roar." Another girl writes, "The function of food is to do its proper work in the body. Its proper work is to well masticate the food; and it goes through without dropping, instead of being pushed down by the skin." A third pupil puts in her paper that "food digested is when we put it into our mouths, our teeth chews it, and our tongue roll it down into our body. We should not eat so much bone-making foods as flesh-forming and warmth-giving foods; for, if we did, we would have too many bones, and that would make us look funny."

On the subject of ventilation, one student informs us that a room should be kept at ninety in the winter by a fire, and in the summer by a thermometer; while a classmate writes, "A thermometer is an instrument used to let out the heat when it is going to be cold." Another girl sets down, "When roasting a piece of beef, place it in front of a brisk fire, so as to congratulate the outside." But an answer, perhaps best illustrating the jargon that comes of the cram system, is the following: "Sugar is an amyloid: if you was to eat much sugar and nothing else, you would not live, because sugar has not got no carbon, hydrogen, oxygen, nitrogen. Potatoes is another amyloids." — *Boston Medical and Surgical Journal*.

JOUSSET ON SOMNAMBULISM. — "Le Revue Homœopathique Belge" quotes from "L'Art Médical" an interesting paper by Dr. P. Jousset on the treatment of somnambulism. He refers to four forms of the disease:—

1. *Ordinary somnambulism*, which is characterized only by the power of movement and speech during sleep. *Bryonia*, *silicea*, *kali carbonicum*, and *zincum* are the remedies recommended.

2. *Convulsive somnambulism*, which is characterized by unnatural sleep, and violent convulsions, like those of hysteria. During the attack the patients talk volubly and connectedly, sometimes answering questions put to them. On their waking

they have no recollection of any thing said or done during sleep. Remedies recommended are *cocculus*, *bryonia*, and *stramonium*.

3. *Cataleptic somnambulism*, which is characterized by complete immobility, and by the faculty of retaining indefinitely any given position. This state of immobility may be complete, or may exhibit other of the symptoms of somnambulism,—answering questions, etc. In certain ecstatic varieties the patients retain the position they were in when attacked. Remedies are *cannabis Indica*, *aconite*, *chamomilla*, *cicuta*, and *mercurius*.

4. *Corybantic somnambulism*, which is characterized by unnatural sleep, during which the patients are seized with co-ordinated but *bizarre* movements, often extremely violent and rapid, such as dancing, whirling, etc. Remedies recommended are *bella-donna*, *stramonium*, and *hyoscyamus niger*.

CONSERVATIVE OVARIOTOMY. — Professor Schatz of Rostock has described, in the “Centralblatt für Gynäkologie,” a highly interesting case of pregnancy following double ovariectomy performed after a plan recently advocated by Schröder. On Feb. 20, 1880, Dr. Schatz removed from a girl aged twenty a large cystic tumor of the left ovary, including the outer third of the fallopian tube and all the ovarian tissue. The right ovary was distinctly enlarged and cystic: it was ligatured by means of three silk threads passed between it and the broad ligament, and cut away in such a manner as to leave a piece of ovarian tissue, hardly two millimetres broad, on the proximal side of the ligature. The right tube remained intact. An abscess formed, during recovery, in the track of a suture in the abdominal wound. On March 21, when the period was due, severe pain was felt on the right side of the hypogastrium and right thigh, with vomiting and fever. The symptoms recurred on April 8 and May 8. No deposit could be detected in the pelvis. The first “show” appeared on May 9: it lasted three days, and was pale and scanty. It recurred on May 31. In the interval, there were attacks of pain in the left groin. On June 11 a swelling of the size of a plum was detected behind and to the left of the uterus, which was strongly ante-flexed. On June 28 severe sacral pain set in: it radiated to the left inguinal region, and disappeared at period, which was copious, and lasted for six days. On July 15 the uterus was found to be small and retroverted. The catamenia thenceforward appeared regularly till the patient’s marriage, in April, 1884. She became pregnant in September, and was delivered on May 12 of this year.—*British Medical Journal*.

SEA-BATHS AS A CAUSE OF EAR-DISEASE. — The “Medical News” quotes the following:—

“F. Bobone, in a research into the causation of ear-disease by sea-baths, gives the following *résumé* of his conclusions:—

“1. Sea-baths are sometimes the cause of serious disease of the ear.

“2. The disease is usually occasioned by the entrance of water into the external auditory meatus, and is found in those persons who dive or plunge under water.

“3. Among the affections so caused, external otitis and tympanitis predominate.

“4. Purulent otitis of the middle ear is also frequently met with as a result of sea-baths, but frequently is secondary to the tympanitis.

“5. Purulent otitis of the middle ear as a result of entrance of water into the tympanum through the Eustachian tubes, is of extreme rarity.

“6. Diving and plunging under water is useless and dangerous, and the practice should be deprecated to bathers, especially to those whose ears are already diseased.

“7. Syringing the external auditory canal with sea-water, a procedure still recommended by some practitioners, is irrational, and far more productive of evil than of good.

“8. A pledget of cotton in either ear previous to entering the water will prevent much of the danger to hearing resulting from the entrance of sea-water into the auditory apparatus.”—*Gazzetta degli Ospitali*.

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## SOCIETIES.

### WORCESTER-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

AN unusual portion of the time of the Worcester-County Homœopathic Medical Society was spent in enjoying the pleasures of Lake Quinsigamond, where their quarterly meeting was held Aug. 12, by invitation of their president, Dr. C. L. Nichols of Worcester. At the business-meeting the chairman of the Bureau of Diseases of Children announced, that though the day was to be principally devoted to pleasure, yet a little time would be reserved for the reading of papers and discussion of the same. Dr. Allen read a paper upon “Infant-Feeding.” Dr. Platt also presented a paper. A general discussion followed the reading of the above papers. At one o’clock an excellent shore-dinner was served. After dinner the “Meteor” was again boarded, and the beauties of the lake were enjoyed in a delight-

ful trip from one extremity to the other. At three o'clock the members of the society adjourned, leaving the lake by the Dummy Railroad. The members of the society voted a resolution of thanks to Dr. Nichols for his generosity in so bountifully providing for this pleasure. Drs. F. G. Ritchie of Worcester and J. E. Luscomb of Fitchburg were the additional names proposed for membership.

G. A. SLOCOMB, M.D.,  
*Corresponding Secretary.*

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*BUREAU OF PÆDOLOGY, AMERICAN INSTITUTE OF  
HOMŒOPATHY.*

THE effects of our early publication of the organization of the various bureaus and committees of the national Institute are already apparent. Nearly every bureau is now, nine months before the time of the meeting, in a state of active preparation seldom reached till within a month of the session, when it is too late for careful research or original investigation. While it is expected that each bureau will mainly confine its work to a single topic, which shall be as thoroughly discussed as the time of the session will allow, still there is no reason why any valuable essay or important observation pertinent to any bureau should not be presented to the Institute, and given to the profession through its Transactions. This was the special design of the bureaus; and every member, whether on the bureau or not, should do his part to thus contribute. Of course, the chairman of each bureau must decide whether the communication is sufficiently valuable to be presented to the Institute. Many articles which would do well enough for a medical journal would be out of place in the Transactions.

The Bureau of Pædology has made important changes, and the general subject of "Diseases of the Respiratory Apparatus" has been divided among its members as follows:—

R. N. Tooker, M.D., Chicago, chairman. Subject: "General Considerations."

C. E. Crank, M.D., Cincinnati, O., secretary. Subject: "Tuberculosis."

Millie J. Chapman, M.D., Pittsburgh, Penn. Subject: "Croup."

J. C. Sanders, M.D., Cleveland, O. Subject: "Diphtheria."

C. W. Enos, M.D., Jerseyville, Ill. Subject: "Whooping-Cough."

W. H. Harrison, M.D., Baton Rouge, La. Subject: "Bronchitis."

A. A. Whipple, M.D., Quincy, Ill. Subject: "Laryngitis."

Leila G. Bedell, M.D., Chicago. Subject: "Asthma."

Martin Deschere, M.D., New York. Subject: "Pneumonia."

John N. Tilden, M.D., Peekskill, N.Y. Subject: "Empyema."

## REVIEWS AND NOTICES OF BOOKS.

A SYSTEM OF MEDICINE BASED UPON THE LAW OF HOMŒOPATHY. Edited by H. R. Arndt, M.D. Vol. II. Philadelphia: Hahnemann Publishing House, F. E. Boericke, 1885. 923 pp.

The Hahnemann Publishing House, true to its promise, has thus promptly brought out the second volume of a work eagerly anticipated by the homœopathic branch of the medical profession. The subjects considered in the volume now before us come under the general headings: "Diseases of the Blood-Glandular System;" "Of the Urinary Organs;" "Of the Male Genital Organs;" "Of the Female Genital and Reproductive Organs;" "Of the Nervous System;" and "Of the Organs of Locomotion." The contributors are Drs. H. R. Arndt, F. E. Doughty, H. B. Fellows, E. C. Franklin, Charles Gatchell, J. G. Gilchrist, W. C. Goodno, G. A. Hall, C. P. Hart, J. M. Kershaw, F. P. Lewis, S. Lilienthal, R. Ludlam, J. H. McClelland, J. T. O'Connor, Julia Holmes Smith, W. B. Trites, G. W. Winterburn, and Samuel Worcester.

Among the noteworthy features of the volume, commending themselves to one on a first perusal, are the chapters on exophthalmic goitre and bronchocele. These are at once exceedingly comprehensive and exceedingly interesting, — minute, without a suggestion of tediousness. The chapters on diseases of the urinary organs are also admirable, and well deserve their place in a representative work. We note with satisfaction that the term "Morbus Brightii" is not employed, and the term "Bright's disease" used but seldom; "Bright's *diseases*" taking the place of the older and commoner phrases, in harmony with the usage of our best authorities of to-day. Due credit is thus given to the brilliant physician whose observations and published writings gave such an impulse to the special study of kidney-diseases, while at the same time is permitted an intelligent differentiation of the three distinct forms of affection of the kidney which so long and so unscientifically have been classed under the single term, "Bright's disease."

One notes that the author of the chapter on gonorrhœa considers the disease purely local, and claims, that, treated homœopathically, it "can, in the majority of cases, be cured within three weeks." After an excellent summary of the homœopathic treatment, he gives the formulæ of several local applications, chiefly well-known astringents of wide reputation in this disorder. These, to be sure, are not particularly homœopathic; but the author justly remarks that his paper would be incomplete if he



failed to "mention a method of treatment which has proved essential in the hands of every venerable specialist of our school." We are glad to see hydrochlorate of cocaine, used in injections, mentioned as curative of that troublesome complication, chordee.

Empirical prescriptions, though usually classed as adjuvants, are to be found here and there through this volume. The individualities of contributors are interestingly evident; one giving the fullest possible indications for remedies recommended, another only a few prominent symptoms.

The section on "Diseases of the Female Genital and Reproductive Organs" would form, in separate publication, a worthy and admirable gynecological treatise.

Occasionally we find a subject discussed which is not usually referred to in works on the theory and practice of medicine, such as inverted toe-nail, curvatures of the spine, and inversion of the uterus. Such troubles are usually relegated to works on surgery, gynecology, or obstetrics; but they appeal for treatment to the general practitioner quite frequently enough to justify their being treated of in a work on general medicine. Exception may, perhaps, more justly be taken to descriptions and illustrations of surgical operations, as being distinctly irrelevant to a work "based on the law of homœopathy," though such descriptions undoubtedly serve to render more complete the articles in which they appear. The author who treats of lacerated perinæum considers such a condition a quite unnecessary accident, and states that in his own practice he has yet to see his first case beyond trifling nicks, which do not affect the integrity of the posterior vaginal wall.

On p. 546 it is said that "the careless use of nitrite of amyl" produces cerebral hyperæmia, yet the drug is nowhere mentioned as a remedy homœopathic to this disorder. The use of nitrite of amyl is usually confined to the production of its "physiological effects;" but, since a solution of it can be prepared in rectified spirits, one naturally inquires why it should not be made useful as a remedy in cerebral hyperæmia.

In the chapter on acute articular rheumatism, no reference is made to the treatment of the dreaded complication, hyperpyrexia,—an omission much to be deprecated.

Notwithstanding the few points open to criticism, the volume is an admirable one, and should receive a cordial welcome. Every chapter shows evidence of thoughtful preparation, and the book as a whole accurately and creditably reflects the "practice" common to the majority of the homœopathic physicians of the United States.

The typography of the work is most excellent, and its "make-up" a substantially handsome one.

THE DISEASES OF THE EAR, AND THEIR HOMŒOPATHIC TREATMENT. By C. F. Sterling, M.D., O. et A. Chir. New York: A. L. Chatterton Publishing Company, 1885.

This little book of a hundred and sixty-seven pages, designed by the author as a manual for the student and general practitioner, is essentially practical in its nature. In the somewhat limited field of its choice it has no competitors; and, for the busy physician who has no time to devote to the study of large and detailed works on this specialty, it will prove a useful and friendly little counsellor. Among the "homœopathic remedies" recommended are a few which, being as yet without a proving, must be classed as somewhat empirical prescriptions. Among these may be mentioned *calcareo picrata* and *kali muriaticum*, the latter being very evidently a "favorite remedy" of the author. Many of the symptoms ascribed to *ferrum phosphoricum*, especially those which are said to call for its use in preference to aconite, are also clinical or empirical, rather than homœopathic, as they are not to be found in any pathogenesis of the drug. On p. 71 we find the following prescription:—

R. Fl. ext. plant. maj.	. . . . .	℥ iv.
Tinct. bellad.	. . . . .	gtt. xv.
Tinct. acon. rad.	. . . . .	gtt. x.
Magendie's sol. morphia	. . . . .	gtt. xx.
Aqua dest. q.s. to make	. . . . .	℥ j.
Misce.		

The mixture is, of course, for local application, and, it is to be supposed, is efficacious in proportion to the complexity of its combination. It something more than savors of polypharmacy, and would seem to insinuate grave doubts as to the usefulness of the ordinary homœopathic prescription in acute catarrhal inflammation of the middle ear. In justice to Dr. Sterling, we should say, however, that such a mixture as the above is not elsewhere recommended.

On the whole, the homœopathic treatment of diseases of the ear is satisfactorily and concisely set forth, together with quite enough anatomy and physiology to serve the purposes of the book. The pathology, symptoms, and treatment of ear-diseases are dealt with in a manner which amply evidences the author's familiarity with his subject.

So many able and enthusiastic workers are now entering this hitherto somewhat neglected specialty of medical science, that our materia medica cannot but be the gainer by their researches and experiences.

AMERICAN MEDICINAL PLANTS. By C. F. Millspaugh, M.D. New York and Philadelphia: Boericke and Tafel. Fascicle II., containing Nos. 6-10.

The second part of Dr. Millspaugh's valuable and beautiful work contains thirty colored plates, with, in accordance with the plan of the work, the description of each plant accompanying its representation, together with its history and habitat, the part used in preparation, its chemical constituents, and physiological action. The drawings are in most instances photographically faithful, and the coloring true and fine. The text, though not voluminous, bears evidence of careful preparation, and offers, under the head of "Physiological Action," many serviceable hints to the students of materia medica. Among the more commonly used plants treated of in the present fascicle are, *Abies nigra*, *Apocynum cannabinum*, *Caulophyllum*, *Gelsemium*, *Geranium maculatum*, *Podophyllum*, *Pulsatilla Nuttalliana*, *Thuja*, and *Viola tricolor*.

A TREATISE ON THE DECLINE OF MANHOOD: ITS CAUSES, AND THE BEST MEANS OF PREVENTING THEIR EFFECTS, AND BRINGING ABOUT A RESTORATION TO HEALTH. By A. E. Small, A.M., M.D. Chicago: Duncan Brothers, 1885. 112 pp.

This is the third edition of Dr. Small's little work. It has been carefully revised and somewhat enlarged, but does not materially differ from its predecessors. The medicinal treatment recommended is in accordance with the law of similars, and is chiefly such as has been successful in the hands of the author, a well-known physician of wide experience.

PROGRESSIVE MEDICINE: A SCIENTIFIC AND PRACTICAL TREATISE ON DISEASES OF THE DIGESTIVE ORGANS, AND THE COMPLICATIONS ARISING THEREFROM. By Ciro de Suzzara-Verdi, M.D. Philadelphia: F. E. Boericke, 1885. 350 pp.

This very peculiar little book suggests having been written from the impulse which a clever critic once attributed to Mr. Bernand as a motive for his earliest publication,—"Happy thought: puzzle the critics!" It is certainly original, if in no other particular, in its impressive disregard of the conventional adherence to classification of diseases and systematic arrangement of subjects treated. "Diseases of the Digestive Organs" are only cornered after a protracted game of hide-and-seek through discursive monologues on chemistry, physics, physi-

ology, nutrition, mal-assimilation, dual effects of medical agents, etc. This may possibly be "scientific;" but "practical" in any ordinary sense of the word, we protest it is not. There are grains of wheat in much indisputable chaff; but, on the whole, we should relegate the book to the shelf of literary *curios*.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. Playfair, M.D., F.R.C.P. Fourth American from the fifth English edition, with notes and additions by Robert P. Harris, M.D. Philadelphia: Lea Brothers & Co. 1885. 663 pp.

That the teachings of this work are sound and practical, is attested by the wide popularity it has attained; the three previous American editions having been rapidly exhausted, and the demand for a fourth being an imperative one. In the present edition we have the latest and best teachings in obstetrics from a British stand-point, with notes and additions, greatly increasing its value to American *accoucheurs*, from the pen of Dr. Harris. These notes treat chiefly of the differences in opinions and practice between British and American obstetricians; said differences relating to the "form of decubitus for the application of the forceps, the models of instruments in use, the measure of fear of the Cæsarean operation when based upon our more favorable results, the question of the use of stimulants for wet-nurses and convalescent parturient women," the use of the binder, the washing or first cleansing of the infant, views on the treatment of rupture of the uterus, etc. Dr. Harris adds valuable statistics, and references to anomalous cases. It is doubtless since the work was prepared for the press that hydrochlorate of cocaine has won for itself such an enviable place among the anæsthetics useful in labor, since we notice no reference to it in the chapter devoted to these.

As an "epitome of the science and practice of midwifery," and a useful guide in this branch of professional work, Dr. Playfair's work leaves little to be desired. The book is presented in handsome and durable form.

INSOMNIA AND OTHER DISORDERS OF SLEEP. By Henry M. Lyman, A.M., M.D. Chicago: W. T. Keener, 1885. 239 pp.

In this exceedingly charming and interesting little book the author treats of the nature and cause of sleep, insomnia, remedies for insomnia, treatment of insomnia in particular diseases, etc. The remedies are selected upon physiological principles, and the medicines are recommended to be used in "physiological doses,"

so that the therapeutics of the book hardly commends itself to homœopathists. What will, however, possess a vivid interest for all readers curious in those regions which are "undreamt of in our philosophy," are the chapters on dreams, somnambulism, and hypnotism. In these chapters may be found records of thoroughly authenticated cases more "thrilling" and wonderful than those of old wives' tales in the chimney-corner. Of these phenomenal cases the author offers painstaking and materialistic explanations, based on physiological facts; explanations which, however respectfully and interestedly read, are apt to remain in memory a shorter time than the cases to which they relate.

Both from a literary and scientific point of view, the book merits cordial praise. It deals ably and originally with an important and exceptionally interesting subject.

**TOKOLOGY.** By Alice B. Stockham, M.D. Twenty-ninth edition. Chicago: Sanitary Publishing Company, 1885.

This admirable work, public appreciation of which is convincingly attested by the fact of the present being the twenty-ninth edition, treats in a sensible, original, and scientific manner the problem of how to make pregnancy free from discomfort, and child-birth comparatively free from pain. The author believes these most-devoutly-to-be-wished consummations are attainable by the means which she sets forth clearly and in detail, prominent among which are the fruit-diet, regular and especially adapted exercises, baths, and continence in the sexual relation. The condemnation of the indiscriminate use of purgatives and drugs in general is refreshingly unsparing and incisive. "Tokology" is a book which may be safely and helpfully recommended by physicians to the pregnant women under their care. The bright and assured confidence of the author that motherhood may be won at the cost of far slighter pain and peril than is ordinarily believed, can hardly fail to communicate itself to the soon-to-be mother studying the book, with the best results in the way of courage, cheerfulness, and hopeful obedience to the excellent hygienic rules laid down.

**NEURALGIA AND THE DISEASES THAT RESEMBLE IT.** By Francis E. Anstie, M.D., London. New York and London: G. P. Putnam's Sons, 1885. 233 pp.

This work has been, in other editions, before the public for several years; but there is still sufficient demand for it to amply justify the well-known publishing-house mentioned above in bringing out the present neat and substantial edition. The clinical history, complications, pathology and etiology, diagnosis

and prognosis, of neuralgia, together with its treatment, occupy by far the larger portion of the work. The diseases that resemble neuralgia have a brief chapter devoted to each. The work treats instructively and entertainingly of an important subject; and, in view of the very obstinate clinical problem which neuralgia is apt to present to the average physician, such an exhaustive treatise on the subject should not fail of a welcome. The author's suggestions as to diet in the treatment of the disease are particularly important and excellent.

NEW YORK AND THE CONSCRIPTION OF 1863. By James B. Fry, Assistant Adjutant-General, U.S.A. New York and London: G. P. Putnam's Sons, 1885. 85 pp.

This is a clearly and temperately written little *brochure*, having as its object the refutation of charges recently published in the life of Ex-Gov. Seymour and elsewhere, to the effect that the governor was not officially notified of the conscription of 1863, and was therefore not to be held responsible for non-prevention of the resulting riots. Gen. Fry's dispassionate statement of facts and presentation of documents offer convincing testimony, and the chapter of "war-history" thus furnished is a valuable one.

THE September issue of the NORTH-AMERICAN REVIEW offers symposia on "Shall our National Banking System be Abolished?" and "Grant's Memorial: What shall it be?" "Ouida" expresses pessimistic views on "The Tendencies of English Fiction," chiefly, it would appear, from the fact that English story-writers do not find in sexual immoralities a congenial theme for their art; Elizabeth Stuart Phelps has a thoughtful paper on the recently formed English and American societies for psychological research; and the number is generally a suggestive and readable one. New York: 30 Lafayette Place.

THE September CENTURY is so rich in delightful reading, that it is not easy to select articles for individual praise. Gen. Grant's paper on "The Siege of Vicksburg" is entirely characteristic of the great commander,—clear, concise, conscientiously accurate, yet lightened by frequent gleams of quaint and guarded humor; "A Woman's Diary during the Siege of Vicksburg" does much to aid in the realization of that terrible time; Mrs. Burton Harrison has a most charming and touching story of "Crow's Nest;" Mr. Cable's paper on "The Silent South" is an able refutation of the arguments called forth by his earlier contribution on the same subject; and the other essays, poems, etc., are worthy to find themselves in such excellent company. New York: The "Century" Company.

IN the POPULAR SCIENCE MONTHLY for September, Dr. W. G. Thompson has a timely paper on "The Present Aspect of Medical Education," in which he urges the endowment of medical colleges in such wise as to enable them to be independent of their student-fees; Dr. Jacobi further develops her "Experiment in Primary Education;" and there are other contributions of varied interest and value.

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*BOOKS AND PAMPHLETS RECEIVED.*

- THE BABY: HOW TO KEEP IT WELL. By J. B. Dunham, M.D. Chicago: Gross & Delbridge, 1885.
- AN ADDRESS ON CHOLERA-INFANTUM. By William Perry Watson, A.M., M.D. Reprinted from the "Archives of Pediatrics," August, 1885.
- A MEMOIR OF CHARLES HILTON FAGGE, M.D. Printed for American distribution by P. Blakiston, Son, & Co., Philadelphia.
- VOICE IN SINGERS. By Carl H. Von Klein, A.M., M.D. Columbus, O.: Hann & Adair.
- SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS. By C. G. Raue, M.D. Third edition. Philadelphia: F. E. Boericke, 1885.
- HEALTH STATISTICS OF WOMEN COLLEGE-GRADUATES. Report of a Special Committee of the Association of Collegiate Alumni, together with Statistical Tables collated by the Massachusetts Bureau of Statistics of Labor.
- A TEXT-BOOK OF MATERIA MEDICA, CHARACTERISTIC, ANALYTICAL, AND COMPARATIVE. Third edition. By A. C. Cowperthwaite, M.D., Ph.D., LL.D., Chicago: Gross & Delbridge, 1885.
- LECTURES ON CLINICAL OTOTOLOGY. By Henry C. Houghton, M.D. Boston: Otis Clapp & Son, 1885.
- A LECTURE ON HOMŒOPATHY. By C. Wesselhoeft, M.D. Boston: Otis Clapp & Son, 1885.
- POISONS: THEIR EFFECTS AND DETECTION. By Alexander Wynter Blyth, M.R.C.S. F.C.S. Two volumes. New York: William Wood & Co.
- ON RENAL AND URINARY AFFECTIONS. By W. Howship Dickinson, M.D. Cantab., F.R.C.P. New York: William Wood & Co, 1885.

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MISCELLANY.

THE BOY AND THE BONE-SETTER. — Speaking of bone-setters recalls a good story which occurred in the north of Scotland, where one of them had risen to great fame and no small fortune by his skill. A country lad residing a few miles off had got his leg hurt at one of the local factories, and had been treated for some time by the local medical man without any good result. His mother, who had great faith in the neighboring bone-setter, wanted the lad to go to him, which he declined, preferring, as he said, the "reg'lar faculty." Eventually, however, his mother's persuasions prevailed; and he agreed to allow himself to be taken to see Daniel R., the bone-setter. A bed for the invalid was extemporized on a cart; and, accompanied by his anxious mother, he was, after a rather painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely, in order, as the bone-setter said, "to get the bone in." The lad was liberal with his screams while this was going on; but eventually the bone was

"got in," and he was told to go home, and in a few days he would be all right and fit for his work. He was lifted upon the cart again, and, with his mother seated beside him, set off for home. "Didn't Danny do the thing well?" said the joyous old lady. "Yes, he did, mother," said the lad; "but I was na sic a fool as to gie him the sair leg." The "reg'lar faculty" will, we have no doubt, appreciate the story. — *Whitehall Review*.

MEDICAL ADVICE BY TELEPHONE. — *Husband*. My wife has a severe pain in the back of her neck, and complains of a sort of goneness in the stomach.

*Physician*. She has malarial colic.

*Husband*. What shall I do for her?

[The girl at the "central" switches off to a machinist talking to a saw-mill man.]

*Machinist to Husband*. I think she is covered with scales inside about an inch thick. Let her cool down during the night, and, before she fires up in the morning, take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire-plug and wash her out.

*Husband* has no further need of *this* doctor. — *Medical Age*.

## PERSONAL AND NEWS ITEMS.

EDWIN A. CLARKE, M.D., Class of '85, Boston University School of Medicine, has located at Westborough, Mass.

Dr. J. S. SHAW has removed to No. 577 Tremont Street, Boston.

HORACE PACKARD, M.D., has removed from 694 Tremont Street to Hotel Chatham, corner West Concord and Washington Streets, Boston. His office-hours will be 8 to 9 A.M., and 2 to 4 P.M.

ON p. 401 of the September GAZETTE appeared an article by Dr. George M. Ockford, entitled "Thoughts on the Etiology of Pneumonia." This paper was read before the Boston Homœopathic Medical Society; but, by a much-regretted inadvertence, mention of this fact was omitted, thus failing to acknowledge the courtesy of the society in permitting the publication of the article.

THE semi-annual meeting of the Massachusetts Homœopathic Medical Society will be held at Association Hall (upper), in the building of the Young Men's Christian Association, corner of Boylston and Berkeley Streets, on Wednesday, Oct. 14, 1885, at 10 A.M.

Reports from the bureaus of Materia Medica, Surgery, Gynecology, Ophthalmology and Otology, Zymotic Diseases, Pharmacy, and Climatology, will make up the scientific session. Members of committees and all others intending to present papers are requested to send the titles of their papers to the chairmen of the respective committees, or to the recording secretary, on or before Oct. 3, in order that a business programme may be issued, and received by members on Saturday, Oct. 10.

N. W. EMERSON, *Recording Secretary*.

SEPT. 22, 1885.

## OBITUARY.

OUR expressions of sorrow at the death of our honored *confrère* DR. H. N. GUERNSEY are none the less sincere for being unintentionally and regrettably delayed. Dr. Guernsey died at his home in Philadelphia, June 27, 1885. He was well known to homœopaths everywhere as the author of "Guernsey's Obstetrics" and "Guernsey's Materia Medica." He was a successful practitioner and an honorable and scholarly gentleman, and his death will be deeply felt in the professional world.



THE  
New-England Medical Gazette.

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EDITORIAL.

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*DR. CLAUDE'S PRESENTATION OF THE "CYCLOPÆDIA  
OF DRUG PATHOGENESY," TO THE SOCIÉTÉ HOMŒ-  
OPATHIQUE MÉDICALE DE FRANCE.*

IT has forcibly occurred to us, as comments, cordial and condemnatory, from magazines, societies, and individual physicians, on the first instalment of the "Cyclopædia of Drug Pathogenesy," have multiplied from month to month, that such comments furnish a singularly clear test of the writer's position on what may be called the leading question before the homœopathists of to-day. This question demands whether homœopathy is to be regarded by those preaching and practising it, as a direct, infallible, exclusive, and divine revelation, every tenet of which, as originally promulgated, is to be sworn by, and its opponents sworn *at*, — "God's therapeutics," as we not infrequently hear it called, leaving one in doubt whether other therapeutic systems are to be looked upon as of human or diabolical origin, — or whether we are to regard the homœopathy of to-day as immeasurably the most rational, safe, and clinically successful of the therapeutic methods now before the world, and yet, withal, as in its scientific infancy, amenable to test, correction, and indefinite development; in a word, whether the homœopathy whose supporters we are willing to openly announce ourselves, be the homœopathy of Lippe, Gregg, and Wells, or the homœopathy of Richard Hughes and Conrad Wesselhoeft. That it is this question, after all, which is being discussed by the disputants

over the merits of the new "Cyclopædia," is abundantly evidenced by the fact that its reviewers dwell but little on the manner in which its editors have done their work within the stringent limitations imposed upon them, but dwell much and warmly on the wisdom of the limitations, and the necessity of any work of the sort being done. And, as we began by saying, their attitude on these questions goes far to define their position as to what constitutes homœopathy itself. This being the case, it is with very great interest that we read, in the "Bulletin de la Société Médicale Homœopathique de France," the remarks made by Dr. Claude on the occasion of his formal introduction of the "Cyclopædia" to the notice of the society. Dr. Claude may safely be looked upon as a representative member of the society he addressed, and his opinions as no improbable forecast of those of the majority of its members. Such opinions cannot fail to be of interest to those of us who have regarded the society as numbering among its members some of the most scholarly, successful, and scientific homœopaths of to-day, and still continue so to regard it, despite the clamorous condemnation, by certain of our contemporaries, of the society's late action on Dr. Gregg's pamphlet, our report of which has induced these agitated contemporaries of ours to seek out the GAZETTE's address with the Gilbertian intent of "calling to curse it." We unhappily lack the space to quote Dr. Claude's remarks in full, but we take much satisfaction in offering the following extracts:—

"This new work, which does honor to the enterprising spirit of our Anglo-American *confrères*, will, I am sure, do equal honor to their perseverance, since it is destined to completion at no distant day. It does not claim to supplant 'Allen's Encyclopædia:' . . . the two works differ, both in fundamental idea and in their possibilities of service to the student of materia medica. . . . The new work summarizes, or gives in full, the depositions of drug-provers, and observations drawn from toxicology. By virtue of this arrangement, the chronological evolution of symptoms is preserved, and we have what Morgagni calls the clinical history of the drug under consideration. Such an arrangement makes a work more readable than that of Allen, since it preserves what one may call a dramatic interest, coming from the relation and succession of pathogenetic phenomena. . . . The appearance of two such works marks an epoch, not only in the history of homœopathy, but in that of medicine. . . . Thanks to these two works, and to the lesser works which will assuredly be born of them, pathogenesis will borrow more and more from pathology its modes of investigation and classification. The

one studies the re-action of the organism, obedient to a morbid predisposition: the other occupies itself with these re-actions dependent on an agent exclusively outside of the organism. We can hardly yet hope that for every remedy there may be done what has already been done for almost every disease; namely, to clearly distinguish chronic from acute affections, malignant from benign effects, to clearly define what part, in experimentation, is played by temperament, individual idiosyncrasies, sex, and external conditions. But this work has already been largely accomplished for the principal agents of our materia medica, and pathogenesis is laboring to-day to detach and define what an artist would call its 'half-tints.'

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*AN HEROIC DOSE OF APIS MELLIFICA.*

THE accusation of working direful mischief to their patients by the administration of insect and serpent poisons as medicines, is one of the standard charges in the periodical arraignments of the new school by the old,—one which may be confidently counted upon to make an occasional appearance in the columns of the medical press, much as the legends of the sea-serpent appear in the secular one, and possibly for much the same reason; viz., lack of matter more authentic and original. An item, however, which lately appeared in "The Medical and Surgical Reporter," would seem to indicate that the time is not far distant when some learned allopath will "discover" the possible usefulness of these long-condemned medicinal agents, to his own exceeding glory and the extension of the therapeutic resources of his professional brethren. The item referred to is quoted, apparently in good faith, from "El Siglo Medico," as happening in La Paz, Bolivia, and is so interesting and striking as to deserve reproduction in full:—

"'El Siglo Medico' relates the following singular cure from La Paz Bolivia: A woman had suffered so much from rheumatism, that for six months she had hardly slept. Her right arm was so affected that it was quite useless: she could not work with it, or dress herself. While in this state she heard of a countryman who had suffered in the same way, and who had been cured by the accidental sting of a bee. As the pain caused by the sting could not be worse than that due to the rheumatism, she determined to try the same remedy. Three bees were obtained, and made to sting her on the right arm. The success of the treatment was surprising and complete. On the following night she was able to sleep, and the acute pain had all but completely disappeared. The arm was naturally a good deal

swollen, owing to the sting; but the swelling quickly disappeared with cold-water dressing. The use of the arm gradually returned, and since there has been no symptom of rheumatism. It is said that the same remedy has been equally successful in several other persons."

When our allopathic brethren, the world over, waver in their stern determination to shut eyes and ears whenever a homœopathic therapist appears before them, lest, we suppose, they should see with their eyes, and hear with their ears, and be converted, and heal a patient homœopathically, now and then, — when, we say, this rational day shall dawn, physicians of the old school may be convinced, not only that *Apis mellifica* is a most useful remedy in certain forms of rheumatism, but also that in attenuated form it is quite as effective as, and far more practicable than in, the exceedingly heroic dose taken by the adventurous patient in the case just cited. Other of the serpent and insect poisons might also come, in time, to commend their usefulness; "discovery" of which, however, hardly can be hoped for by any such means as those quoted above, since it would be a very adventurous patient, indeed, who would test the curative powers of *Crotalus horridus* in septicæmia by a personal interview with a rattlesnake.

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#### *A NOTEWORTHY CASE OF POISONING BY CAFFEINE.*

IN the issue of "The New-York Medical Journal" for Sept. 19, 1885, Dr. Edward N. Liell reports a case of poisoning by caffeine, which is deserving of careful study by all who hope to see this drug sometime established as a useful agent in our materia medica, — a position which, owing to meagre and unsatisfactory proving, it is now far from occupying. The patient, an unmarried woman of thirty, being exceedingly nervous from loss of sleep and somewhat immoderate use of stimulants, was advised by a friend to take a two-grain powder of citrate of caffeine. Misunderstanding the quantity, she took a three-grain powder, and, not getting instant relief, repeated the dose; taking, in all, eighteen grains within one hour and a half. She had taken, in addition, a quarter-grain morphine pill before she began to feel the effects of the combined doses. She passed a restless, wake-

ful, and almost delirious night. Respiration was disturbed, breathing hurried and irregular, heart-action irregular and excited. Reflex excitability was marked for a time, when general muscular weakness supervened. Toward morning she fell into a state of stupor, in which Dr. Liell found her. The extremities were cold; there were clammy perspiration, and anæsthesia, and slight paresis of the muscles of the hands and feet.

“Temperature normal; pulse 55, and somewhat irregular; respirations diminished in number to sixteen a minute, slightly irregular; pupils but slightly contracted, responding readily to light. One thing remarkable was a persistent contraction of the flexor muscles of the fingers and toes, with paresis of the extensors, especially of thumbs and great toes. There was a certain spasmodic action of the muscles of the calves of both legs, which, when conscious, she termed cramp-like pains. She vomited occasionally.”

On the application of warmth, and the administration of whiskey and two one-fiftieth-grain hypodermic injections of *atropin sulph.* given at twenty-minute intervals, she rallied, recovering consciousness and speech.

“She complained of severe paroxysmal pains in the abdomen, simulating very much those of intestinal colic; also of a dimness of vision, with a blur before the eyes. At one time, becoming quite delirious, partly due to the pains in abdomen, she got out of bed, and endeavored to walk across the room, but, being unable to stand on her feet, reeled like one intoxicated, complaining of a sudden vertigo, with a feeling of numbness in the soles of her feet, and would have fallen but for an attendant close at hand. A certain tremulousness of the fingers of both hands, with tremors of the tongue, was present.

“Thirst was excessive, with dryness of the mouth and tongue, relieved by small pieces of ice. There was no headache whatever, except a fulness in the supra-orbital region. Speech was somewhat indistinct, her utterance being at times thick; and there was also some difficulty in deglutition. The heart's action was diminished in rapidity, and its rhythm was irregular. The bowels were constipated. The kidneys were excited to increased action: urination was frequent.

“About three-quarters of an hour after my arrival [says Dr. Liell] she complained rather suddenly of a severe cramp in the muscles of the calves of both legs, extending upward, gradually implicating the muscles of the abdomen, chest, and neck, when a sudden and severe convulsive seizure followed, of a marked tetanic character, the abdominal and chest muscles becoming retracted and rigid. The eyes were suffused, and the facial expression was that of great pain; the respirations being entirely checked, and cyanosis very prominent, with the jaws quite rigid, and the fingers firmly contracted.

This was followed by a second convulsive seizure of the same character some three minutes later.

“R. *Chloral. hydrat.*, gr. xv., *potass. bromid.*, ℥ ij, was then given at one dose, and repeated within half an hour. This had the effect of checking the convulsions, and rendering the patient quiet.

“From this time on, with rest and quiet in bed, under the treatment described, and light, stimulating diet, she improved rapidly, the vomiting having entirely ceased; and the ill effects of the caffeine disappeared. The anæsthesia, with paresis of the muscles of the hands and feet, began to gradually diminish, disappearing entirely on the fifth day.

“Sodium bromide, in thirty-grain doses every four hours, was kept up for some two days thereafter.

“In conclusion, a brief *résumé* of the peculiar effects of caffeine upon the system may not be amiss. They may be divided into *two stages*, — that of *excitement or delirium*, and that of *depression or stupor*, with unconsciousness.

“During the first (*stage of excitement*) the heart-action is accelerated; the pulse is increased in frequency; the respirations are more or less rapid and irregular; there are restlessness, persistent insomnia, with confusion of mind and increased activity of the kidneys. Delirium may, or may not, be present; the person retaining full consciousness of what is going on, and recognizing every thing about him. Colicky pains, with occasional vomiting, are also present. Following on this comes the second (*stage of depression*). The heart-action and pulse are diminished in frequency; the respirations are below normal; the pupils are slightly contracted; there are persistent contractions of the flexor muscles of the fingers and toes, with anæsthesia of the same, and paresis of the extensors; there are cramp-like pains, with weakness and stiffness of the muscles of the calves of the legs; there is no cephalalgia, but, later on, stupor or unconsciousness. In this special case almost twelve hours had elapsed from the time of her taking the powders until I was summoned.

“As to the controversy in various medical works whether *true convulsions* are ever produced by caffeine in *human beings*, it is a settled fact in my mind that they do occur, as proved in this case.”

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## COMMUNICATIONS.

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### THE SMALL-POX EPIDEMIC IN MONTREAL.

BY WILLIAM G. NICHOL, STUDENT OF MEDICINE, MONTREAL, CAN.

FROM 1872 to 1880 Montreal was never free from small-pox, and in those nine years *no less* than 4,911 people died from that loathsome disease. The deaths in each year were as follows:—

YEAR.	DEATHS.
1872 . . . . .	896
1873 . . . . .	228
1874 . . . . .	647
1875 . . . . .	590
1876 . . . . .	704
1877 . . . . .	506
1878 . . . . .	728
1879 . . . . .	472
1880 . . . . .	140

The five fatal cases which occurred in Montreal in 1881 had nothing to do with the epidemic which had slain its thousands. Small-pox had not appeared in Montreal for months, until a young woman from Terrebonne (twenty miles from the city), where small-pox was prevalent, arrived in Montreal, fell ill of the disease, and communicated the disease to fifty other persons in the immediate neighborhood.

The late medical health officer, in his report, says, "By means of vaccination and isolation the disease was exterminated."

In April last, two Pullman-car conductors, coming from Chicago, were seized with small-pox in that city. On arriving in Montreal, one was taken to the Hotel Dieu (a French hospital), and the other to a private house in the city. At the Hotel Dieu the nature of the disease was not immediately recognized; and, instead of isolating the patient, he was put into a ward in which there were a number of other patients. The disease was communicated to several persons at the Hotel Dieu; and the sanitary police claim to have proved, in *all* the cases in the early stages of the epidemic, that the patients had had contact with the Hotel Dieu cases, or with other cases which originated there.

As the disease spread rapidly, no attempt was made to trace the origin of individual cases; the sanitary authorities contenting themselves with endeavoring to prevent the farther progress of the disease.

There is, however, no reason to doubt that all the cases of small-pox that have occurred in Montreal have originated through direct contact, and that the "first case" came from Chicago, a city where there was probably more small-pox than there is in Montreal, but where the authorities think more of concealing the existence of the disease than of checking its ravages. It is a significant fact, that no cases of small-pox have been traced to contact with the second Pullman-car conductor, the one who was treated at the private house.

In this case the patient was most carefully isolated, and the house thoroughly disinfected. Both men ultimately recovered.

The facts in connection with the present epidemic go to strengthen the theory, that, while small-pox is the most conta-

gious of diseases, it is also the most controllable. Of course, there may be conditions of time or place peculiarly favorable to the development of small-pox; and, wanting these conditions, the disease might not have become epidemic.

“It is astonishing,” says a French-Canadian medical man, “that, with such convincing proofs of the contagiousness of small-pox as Montreal’s experience has afforded the French-Canadians of Montreal, *not* all of them, but the majority of them, should be so indifferent to the dangers of contagion. Many expose themselves carelessly, and some apparently wilfully, or to demonstrate their contempt for the contagion theory. They not only stubbornly refuse vaccination, their prejudices against which, if based on false ideas, are at least intelligible, but they refuse to tolerate isolation of patients.”

The following are a *few* of the ways in which small-pox is spread in Montreal:—

On Thursday, Aug. 13, a child covered with small-pox pustules filled with matter was seen in a perambulator in St. Louis Square.

A baker who delivered bread to a house where there were five cases of small-pox, was seen to enter the house, though it was placarded, and remain there chatting for ten minutes or more with the people inside.

On Aug. 15 a woman with the marks of small-pox visible upon her face and hands came into the office of the Health Department, City Hall, and said “that she had been sent there from the General Hospital, *where they had refused to take her in.*”

A street-car was passing a house in the East End where a case of small-pox (which has since terminated fatally) was known to exist, when a couple of men ran down the steps of the house, and, jumping on board the car, sat coolly down among the dozen or so passengers who were on the car, and who appeared to have a decided aversion to this addition to their numbers.

A sergeant of police who has had five children ill with small-pox has been on duty ever since, mixing freely with his *confrères* during the day, and, it is said, returning home every evening. He denies that he has been home; but somebody has taken the trouble to go to the central police-station, and report that he has gone home regularly. In this case *no* pains were taken to isolate the first child attacked.

Some weeks ago a barber working on St. James Street, but living in St. Jean Baptiste Village, notified his employer that one of his children was sick with small-pox. He was sent home, and told to remain there until all danger of contagion had passed. In place of remaining there, he engaged to work for his brother-in-law, who owns a shop on Notre Dame near Moun-



tain Street, where he has since worked with the full knowledge of the proprietor that small-pox existed in the family. In the mean time four children have been ill with the disease, and are now recovering (Sept. 22).

A gentleman residing in St. Jean Baptiste Village discovered that his little daughter had taken small-pox through playing with another child afflicted with the disease. He immediately isolated the child, and placarded his own house. His neighbors so little appreciated his most commendable course of action, that they tore the placard down, and, on his again placarding his house, repeated their insane and mischievous act. It is quite a common thing for the people to tear down the placards put up by the sanitary authorities against the will of the tenants.

The number of deaths in the city alone, since the epidemic began, is as follows:—

April . . . . .	6
May . . . . .	10
June . . . . .	13
July . . . . .	46
August . . . . .	239
Five days ending Sept. 5 . . . . .	77
Week ending Sept. 12 . . . . .	128
Six days ending Sept. 18 . . . . .	184
Sept. 19 . . . . .	28
“ 20 . . . . .	41
“ 21 . . . . .	27
“ 22 . . . . .	39
“ 23 . . . . .	38
“ 24 . . . . .	33
“ 25 . . . . .	33

Total for September (to the 25th) of 628 deaths, and for the six months of 942 deaths.

Of the 128 deaths during the second week in September, 118 were French-Canadians, 5 other Catholics, and 5 Protestants:—

Under six months . . . . .	4
Between six months and one year . . . . .	17
Between one and five years . . . . .	63
Between five and ten years . . . . .	27
Between ten and fifteen years . . . . .	5
Between fifteen and twenty years . . . . .	5
Between twenty and thirty years . . . . .	3
Between thirty and forty years . . . . .	3
Between forty and fifty years . . . . .	1
Total . . . . .	128

Of the 184 deaths during the six days ending Sept. 18, 169 were French-Canadians, 9 other Catholics, and 6 Protestants:—

Under six months . . . . .	12
Between six months and one year . . . . .	20
Between one and five years . . . . .	102
Between five and ten years . . . . .	29
Between ten and fifteen years . . . . .	6
Between fifteen and twenty years . . . . .	5
Between twenty and thirty years . . . . .	5
Between thirty and forty years . . . . .	4
Between forty and seventy years . . . . .	1
Total . . . . .	<hr/> 184

It will be seen, that, of the whole number of deaths in the city, 218 were children under five years of age.

As regards the outlying municipalities, there were in St. Jean Baptiste Village 18 deaths; Cote St. Louis, 18; St. Cunegonde, 11; St. Henry, 2; St. Gabriel, 1 death, in the five days from Sept. 17 to 21, or 50 in all.

Since April 7, up to Aug. 15, there have been 133 patients admitted to the civic hospital. Of these, 73 had been vaccinated; but 56 of the 73 had only *one* mark on the arm, 13 had *two* marks, and 4 had *three* marks. Of the whole 73, 18 died. The whole number of deaths in the hospital was 44, of whom 22 died of confluent small-pox.

This is a favorable showing for vaccination. Of the whole 133, only 17 showed what is considered satisfactory evidence of successful vaccination. The 56 who only had one mark on the arm are considered practically unvaccinated. Again: of the 65 not vaccinated at all, 26 died. There were 224 burials from small-pox during the last week in August, but only 100 cases had been reported at the health-office. The large discrepancy is, of course, due to the large mortality outside of the city limits. Of the 224 victims buried in the two cemeteries (219 in the Roman Catholic and 5 in the Protestant), 96 were from within the city. The ages were as follows:—

Under one year . . . . .	21
Between one and five years . . . . .	42
Between five and twenty-one years . . . . .	26
Between twenty-one and fifty years . . . . .	7

Of the 5 Protestants buried, there were:—

Under six months . . . . .	3
Under three years . . . . .	1
Twenty-six years of age . . . . .	1
Total . . . . .	<hr/> 101

Many people have an idea that small-pox is essentially a summer disease, and that on the approach of winter the epidemic

will begin to wane. Montreal's last epidemic is very far from encouraging this theory. For instance, in 1877 the deaths from small-pox were as follows :—

January . . . . .	105	July . . . . .	36
February . . . . .	75	August . . . . .	24
March . . . . .	51	September . . . . .	22
April . . . . .	27	October . . . . .	12
May . . . . .	40	November . . . . .	14
June . . . . .	73	December . . . . .	27
		Total . . . . .	<u>506</u>

A statement prepared by Dr. La Rocque, who was formerly health-officer of this city, and who is now in the employ of the Dominion government as statistician, gives the number of deaths from small-pox, up to the end of August, as 315. Of these, 270 are represented as having been of French Roman Catholics, 27 of Irish Roman Catholics, and 18 of English-speaking Protestants.

Accepting these figures as correct, it is patent at once how disproportionately large is the number of deaths among French Roman Catholics as compared with either Irish Roman Catholics or English Protestants. The population of the city according to the last census (1880), which is good still for purposes of comparison, was 140,747, of which 103,579 were Roman Catholics, and 37,168 were Protestants. The rate of mortality from small-pox, during the epidemic, among Roman Catholics has, according to this, been 2.8 per thousand, or nearly three out of every thousand people. Among Protestants it has only been .4 per thousand of the population, or about four in every ten thousand people. The percentage of deaths among Irish Roman Catholics is large compared with the English-speaking Protestants; but it is extremely small as compared with that of the French Roman Catholics, with whom they are included in the above estimate. Taking the French Roman-Catholic population alone, the showing is very much worse. Of the 103,000 Roman Catholics of this city, about 77,000 are French-Canadian, and 26,000 are Irish or of Irish extraction. This would bring the rate for French Catholics up to 3.5 per thousand, leaving that for Irish at 1.03.

In considering the reasons for this immense disproportion, it should be remembered at the outset, that, owing to reasons which need not be gone into here, the proportion of the poor who are compelled to exist among surroundings which are conducive to contagion and disease are very great among both French and Irish, while it is exceedingly small among English-speaking Protestants.

On the other hand, it must be remembered that English-speaking people, no matter how careful they may be, are exposed to contagion from their fellow-citizens. The large proportion of deaths among Protestant adults, which is a remarkable feature of the statistics, may be due to the fact that business prevents the men isolating themselves, as the women and children are able to, especially in the summer months, when so many are away from town. The comparatively high rate among French-Canadians is not to be attributed to their uncleanness. They very properly and very justly resent this libel, as they are most scrupulous about the appearance of their dwellings. Would that they had the same respect for ventilation; for many of their houses are hermetically sealed, so to speak. The most apparent difference, however, lies in vaccination. The English, who are all vaccinated, suffer little from small-pox, and would not suffer at all were they living totally by themselves. The Irish, who are all vaccinated, and who live in quite as undesirable neighborhoods as to sanitary arrangements as the French, do not suffer to any thing like the same extent; and the disease would never become epidemic among them. Every effort is being made to overcome the repugnance of the French-Canadians to vaccination, so that the law of compulsory vaccination may be strictly enforced. But something more is needed. It is a fact that French-Canadians court contagion. It is said to be a fixed idea with them that the small-pox eradicates from their system all that is weak or bad therein, and that it secures them thereafter from other diseases. They are willing, therefore, to suffer severe illness and disfigurement, and even run the risk of death, in order to obtain this imaginary immunity. All the ills that follow in the wake of the disease — weakened constitutions, shaken nervous systems, and disabled organs — do not disabuse them of the preposterous idea. They believe that these were original defects of the constitution, which were, if any thing, modified by the disease. It is this idea which impels the French-Canadian women voluntarily to expose their children to contagion. Until this error is removed, it is evident that preventive measures will need to be compulsory.

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*A FEW QUESTIONS ADDRESSED TO DR. MORSE.*

BY R. BOOOCK, M.D., FLATBUSH, N.Y.

*To the Editor of "The New-England Medical Gazette."*

DEAR SIR, — Will you kindly allow me, through your valuable journal, to ask Dr. Willard H. Morse a few questions suggested by the reading of his very interesting paper entitled "*Notes on*

*Amylism as a Factor in Diseases of the Cerebral Convolutions.*"<sup>1</sup> The part of his article that seems to me open to objection is toward the close, where, on p. 395, he says that the distinctions between ethylism and amylic alcohol is worth medical thought. This is very true; and, for one, I am personally grateful to the doctor for his expression. The special affinity of alcohol for the brain was fully proved over forty years ago by Dr. Percy's experiments on dogs, which furnished a clear proof that alcohol has a special and direct influence on the brain.

Will the doctor kindly inform us as to the quantity of pure alcohol he used to kill the first dog, which it is evident he did not design to do? and how much his students used to set up the disease of the convolutions? The question as to whether alcohol were the cause of the lesion studied, was a very wise one, and is answered. But Dr. Morse tells us that it was not alcohol pure, but the "rotgut" of the saloons. That the effect of the amylic alcohol is poison, he has clearly settled in his own mind. But does he not make a serious mistake when he says, that, "with whiskey free of the poison [that is, free from amylic alcohol, but only containing ethylic alcohol], it would be practically impossible to become intoxicated? And with that impossibility, what of intemperance?"

Dr. Morse is evidently a learned man, and on the high road to valuable discoveries, and I hope will continue to make known the steps of discovery. Will he kindly tell us what the pure alcohol that was given to the first dog had to do with its death? And, though he did not find what he was experimenting for, will he kindly tell us what he did find that led him to conclude that pure spirits, or ethylic alcohol, is only a pure irritant?

If amylic alcohol produces these lesions involving the cortex alone, what other effect would it produce besides the paralysis or spasmodic phenomena of certain portions of the body? And what if it also affects the white matter of the brain? And what when it affects the gray matter of the brain? Wherein does alcohol affect the brain, producing the paralysis of the moral sense, and quickening of the animal? How does alcohol produce those murderous thoughts and intentions that convert the noble, pure, and highly moral man in a few hours into the impure and brutish man who will do desperate deeds on the woman he loves?

Dr. Morse in his experiments seems on the borderland of these discoveries. I trust he will follow up these studies, and publish, for our instruction and improvement, the results of his investigations.

I am convinced that the more deeply he studies the action of

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<sup>1</sup> NEW-ENGLAND MEDICAL GAZETTE, September, 1885.

alcohol, the more likely he will be to change his present opinion, that whiskey free from alcohol [?] will not intoxicate; for it would then cease to be whiskey. Alcohol is the poison in all forms of intoxicating drinks, whether distilled or fermented. There is a difference in the intoxicating properties, and a great difference in the wildness or insane actions of the man or woman intoxicated, as is too clearly understood in many a drunkard's home. Many will not fear the parent or husband if drunk on fermented drink, but will run from them if drunk on spirits. Rum will produce one form of brutality; brandy another; and whiskey another, more murderous than either of the others. All forms of alcoholics will arouse the animal propensities, and make the men under their influence mere brutes.

It seems a matter of regret that we, as physicians, continue to deserve the condemnation of many of the wise and good by continuing to recommend alcohol in the treatment of our patients. We should rather study, with Dr. Morse, to discover *what alcohol is*, and how and where it injures the body and brain. Thus, acting as sensible scientific men should, we should neither use nor recommend any thing whose operation and composition we do not understand.

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#### A REPLY TO DR. BOOCOCK'S QUESTIONS.

BY WILLARD H. MORSE, M.D., WESTFIELD, N.J.

IF Dr. Boocock will take pains to make himself familiar with the meaning of the term "intoxication," he will then understand my use of the term. To intoxicate is to poison the brain by a peculiar process. This poisoning, if by amylic alcohol, is such as to produce a cerebral disease; but if by ethylic alcohol, is such as to excite the brain, without injuring it. It is therefore that I pointed out the fact, that, if we are to make use of alcohol, we must guard against amylicism, and gain our ends through the media of ethylism. A person intoxicated is *amylicized*, if you please, speaking technically. The tendency of alcohol is to excite, but not to cause a lesion of the brain; in other words, to *ethylize*. Ethylism will do no harm; and, indeed, it may be the end sought: but let the alcohol be amylic, and there is superadded the condition of amylicism, poisoning. I simply hold that whiskey free from fusel-oil will not *amylicize*; that is, will not intoxicate, as the word is commonly used. Instead of amylicism or intoxication, comes ethylism or exhilaration. Pure alcohol will not injure the cerebral substance, will not produce the lesions of alcoholismus. A century ago men could and did drink larger quantities of

whiskey than they do now, and yet find no harm, all because the old-fashioned whiskey was purer from fusel-oil than that of to-day.

Dr. Boocock misunderstands me in speaking of "whiskey free of *alcohol*," (!) and will note that my words were "whiskey free of the poison" of fusel-oil. Again: the dog in question was not killed with alcohol, but met the king of terrors through the agency of a sharp-pointed bistoury! The doctor's other questions are scarcely relevant, but are such as I may seek to answer in a future paper of an entirely different individual character.

The doctor's differentiation of drunkenness by rum, brandy, and whiskey is remarkably just, and it seems to me that more stress should be laid on the difference between intoxication by fermented and distilled liquors. In another place<sup>1</sup> I have spoken of the well-worth of malt, and do not need to repeat my well-known opinions here; but, touching upon the suggestive words of Dr. Boocock, I may be pardoned in calling attention to a fact that bears closely on the matter at issue. Putting preference upon malt, and calling attention to its chemistry as compared with that of the product of distillation, I submit that whiskey from malt cannot be so readily distilled beyond the point when the last of the  $C_2H_6O$  is distilled over, and is therefore the whiskey to be preferred. There is not a trace of fusel-oil in malt whiskey. Two puppies were fed, one on a half-pint of the best Bourbon rye whiskey for twenty days, and the other on the same quantity of Duffy's malt whiskey for the same length of time. They were then killed; and the former was found with well-defined cerebral lesion, and the latter without any such lesion, and without any hepatic cirrhosis. Moreover, a man given malt whiskey instead of his habitual Kentucky stuff came to the laboratory to ascertain what the difference in effect might signify, as, contrary to all of his former experience, he had stopped on the way to universal sclerosis, and had no alcoholic tremors or muscular atrophy.

Without dwelling any more at length on this subject, I must reiterate that social science demands that the ills of intemperance be set aside by abstention from liquors poisoned by amylic alcohol. When alcoholic drinks must be taken, it is ours to provide for ethylic alcohol, and, as whiskey is the best form of alcoholic liquor for medicinal purposes, to favor that which is freest from fusel-oil, because of the relative submission to fermentation rather than to distillation.

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<sup>1</sup> *New Therapeutical Agents*, pp. 32-35.

*DIPHTHERIA : ITS HISTORY IN NEW ENGLAND.*

BY B. T. CHURCH, M.D., WINCHESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

No disease has of late years received more attention from both profession and laity than has diphtheria ; nor is this to be wondered at when we take into consideration the distressing fatality attending some epidemics. It is, and has been, the household terror, more dreaded than any thing else.

It is far from being a new disease, being easily traced back two thousand or more years ; although the present name, diphtheria, was not applied to it until about the year 1826. Previous to this time it existed under many titles, according to the marked severity of some of its symptoms. But it is not with other countries that we have to deal to-day, but with the history or recognition of diphtheria in New England.

The first reference to what we now term diphtheria is found in a book published by the Massachusetts Historical Society in 1674, and reprinted in 1833, which reads as follows : " John Josselyn, Gent, in an account of two voyages to New England, made during the years 1638 and 1663, writes as follows : ' Also they [the English in New England] are troubled with a disease in the mouth or throat, which hath proved mortal to some in a very short time, quinsies and imposthumations of the almonds, with great distempers of cold.' " As Josselyn on his second voyage spent eight years in New England (principally in Maine), the foregoing must point to an epoch not later than 1671 ; and the manner in which he expresses himself shows that he does not speak of a recent invasion, but of a disease which has been common for some time.

Again : in " Biographical Sketches of Graduates of Harvard University," etc., by John Langdon Sibley, we find the following : " Samuel Danforth, graduate of Harvard University in 1643, had twelve children. The first died at the age of six months. The next three being attacked by the ' malady of bladders in the windpipe ' in December, 1659, it pleased God to take them all away at once, even in one fortnight's time." This happened at Roxbury, Mass. I am unable to find any account of diphtheria from the above dates until about 1735. I do not believe that it was entirely absent, however ; but probably no epidemic occurred of sufficient magnitude to be noted.

In a " Compendious History of New England," by Morse and Parish, Charlestown, 1804, we read, with reference to the epidemic of 1735, that the throat became swollen, and coated with white and ash-gray spots ; an eruption appeared on the skin ;



great debility overcame the entire body, with a marked tendency to putridity.

William Douglas ("The Practical History of a New Epidemical Eruptive Miliary Fever, with an Angina Ulcusculosa, which prevailed in Boston, New England, in the Years 1735 and 1736") says of this epidemic, It was first noticed in Kingston Township, N.H., about fifty miles eastward of Boston, on the 20th of March, 1735. As this was an inland place of no considerable trade or importance, it was thought (incorrectly, perhaps) to be of indigenous origin, and not of foreign importation. The first victim was a child, who died in three days: and in about a week after, three children were seized in another family, about four miles distant from the first case; and they also died on the third day. It continued spreading gradually, seizing here and there particular families, with that degree of violence, that, of the first forty cases, none recovered. Some of the patients died of a sudden acute necrosis, or mortification; but most of them were carried off by a sympathetic affection of the fauces, neck, or air-passages, or by an infiltration and tumefaction of the chops and fore-part of the neck, which became so enlarged and turgid as to bring upon a level all parts laying between the chin and sternum, occasioning a strangulation of the patient in a very short time. After a few weeks it spread from Kingston to the neighboring townships, but in a much milder form. No reason can be given for the malignity in Kingston, except, perhaps, the prevalence of damp places near large ponds, and fresh water but sluggish streams, like in those localities which produce the rot in sheep. The medical treatment also may not have been good. Its first recognized appearance in Boston was on the 20th of August, 1735, in a child who had white specks in the throat and a cutaneous efflorescence. A few more were seized in like manner. Towards the end of September it appeared in several parts of the town of Boston, with more decided complaint of soreness of the throat. The tonsils were swelled and specked; the uvula was relaxed; there was slight fever, and an erysipelas- or scarlet-fever-like efflorescence on the neck, chest, and extremities. The first alarming case was in the beginning of October, in a young man. He had lately arrived from Exeter, to the eastward of Boston, where his brother had died of the same illness. His symptoms were great prostration of strength, a single speck on one tonsil, and colliquative sweats. It increased through the winter up to the second week in March, 1736, when it was at its height, there being twenty-four deaths in all during the week (instead of nine or ten). The disease was so much milder in Boston than in some of the townships where it first prevailed, that many could not be persuaded that it was the same disorder.

To the eastward of Boston, at times, one in three died ; in other places, one in four ; and in scarce any towns, less than one in six : whereas in Boston, not above one in thirty-five died. The disease cannot have remained so mild for any length of time in Boston ; for on Aug. 5, 1740, the preface to the letter of I. Dickinson, A.M., dated at Cambridge, speaks of the "most malignant disease which had raged for a long time in the place where he lives, and which had commenced its fatal progress in these parts," and the "fresh alarm by a return of that astonishing distemper among us." This letter was written in 1738, and published two years after under the title of "Observations upon that Terrible Disease vulgarly called the Throat Distemper, with Advices as to the Method of Cure," etc.

According to Dr. Cadwalader Calden, in a letter to Dr. Fothergill written in 1753 (printed in vol. i. of the "London Medical Observations and Inquiries"), the "throat distemper" spread from Kingston gradually westward, so that it did not reach the Hudson River till nearly two years afterwards. It continued some time on the east before it crossed to the west side, and appeared first in those places to which the people of New England chiefly resorted for trade, and in places through which they travelled. Dr. Calden's description resembles that of Dr. Douglas. A few of the points emphasized by him are the following: "Though the disease was evidently propagated by infection, yet children and young people only were subject to it, with the exception of a few. A very few aged persons who were taken died. It did not spread equally to all places that were proportionately exposed to the infection. The poorer sort of people were more liable to it, and they who lived on low and wet soil and on poor scorbutic diet. In some places only a few families or persons were seized, while in others all escaped. In some families it passed like a plague through all of their children ; in others, only one or two were seized. Some were attacked at great distances ; some had it mildly, while others in the same place and at the same time had it most violently. Many have not been confined to their beds, but have walked about the room till within an hour or two of death."

The epidemic does not appear to have abated much after this time ; for, in his first letter to Mr. Hugh Gaine of New York, dated Jamaica (L.I.), Oct. 28, 1769 (reprinted in "The Medical Repository," New York, 1802, vol. v. p. 97), Dr. Ogden refers to the distressed condition of the people in Boston and Oxford, occasioned by the fatal effects of the "malignant sore-throat distemper." He also refers to the prevalence of the disease in his neighborhood.

From the year 1770 to about 1856 there is little to be found

concerning the epidemic in New England, although all parts of the Old World were affected; and much information was gleaned from many active workers and writers. Solitary cases now and then were reported; but not until 1856 was there much activity in these parts, although severe epidemics visited some of the Middle and Western States. In 1856 Rhode Island was visited with a severe epidemic; and in 1858 and 1860 some of the neighboring towns to Boston had slight visitations, while Boston recorded a few deaths each month. Weymouth and South Weymouth reported about one hundred cases in 1861, and many of the small towns in Vermont and Maine had severe epidemics. From this period diphtheria has existed very generally in all parts of New England; being, as a rule, more prevalent in the country towns than in the large cities.

Climate seems to make no difference in the history of its epidemics, nor does the weather seem to influence it: it rages alike in heat or cold, wet or dry. There is still much doubt as to its origin; and although much has been done to enlighten us upon the subject, still much yet remains to be accomplished.

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*TWO CASES OF PROFESSIONAL NEUROSI ( "WRITER'S CRAMP" ) TREATED BY GELSEMIUM.<sup>1</sup>*

BY J. GALLEY BLACKLEY, M.B.,

*Senior Physician to the London Homœopathic Hospital.*

IN an article upon "Gelsemium," published by me in the pages of the "Review" for February, 1876, after citing a case of piano-player's cramp treated by *gelsemium*, I ventured to suggest, that, when the *modus operandi* of the drug came to be more accurately known, it would, in all probability, turn out to be distinctly homœopathic to that troublesome and usually intractable class of nervous affections recently grouped together by a German writer under the collective title of "*professional neuroses*," and known in its various phases as "writer's cramp," "piano-player's cramp," etc. The above-mentioned case was one of Dr. Hertzka's,<sup>2</sup> and is briefly as follows: "The patient, a pianist, had suffered from lassitude, wandering pains, and weakness of both arms, more especially the right one; the symptoms being so severe as to prevent his following his occupation for the last two years. Cold water and galvanism to the spine had afforded him only very slight relief. The patient was put upon *gelsemium*, eight drops three times a day; and the symptoms rapidly vanished, no unpleasant

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<sup>1</sup> Reprinted from the Monthly Homœopathic Review, August, 1885.

<sup>2</sup> Centralblatt, 1875, p. 803.

physiological effects from the drug being noticed." Since the appearance of my article, there have been published, on the one hand, some solid contributions to our knowledge of the action of *gelsemium*, whilst on the other, something has been done to elucidate the pathology of a somewhat obscure disease; and before giving the notes of my two cases, both of which, I may premise, were treated with *gelsemium*, I propose to lay before the reader, as briefly as possible, those considerations which lead me to think my prediction is likely to be fairly well borne out in practice.

Of symptoms pure and simple, the following, taken from Allen,<sup>1</sup> although not, alas! given in a connected form and in the order of their sequence, appear to me to be extremely suggestive of the symptoms usually present in professional neuroses:—

"I gradually lost the control of my limbs, so that I could not direct their movements with precision. A sensation as if a galvanic current were passing down the forearm and hands, also the same in the feet. . . . After writing for a few minutes, crampy pain in the bend of the right elbow. Pain in the flexor muscles of the right forearm. The flexor muscles of the hands and arms were paralyzed, whilst the extensors were nearly so. Sensation in hands and arms blunted, but not in proportion to loss of motion.

"Fatigue of the lower limbs after slight exercise; loss of voluntary motion in the lower extremities; a slight, sharp, crampy pain in the left gastrocnemius about the largest part of the muscle; excessive drawing and contracting pains in the gastrocnemius muscle of the left leg; pain in the left ankle, with spasmodic contractions of the toes, and drawing pains in them; excessive crampy pains in the whole of the right foot."

So much for the mere symptoms. If we come next to inquire into the theory of the action of the drug, I cannot do better than refer the reader firstly to my paper already mentioned, where he will find the results of Berger's experiments upon animals summed up as follows:—

"*Gelsemium* causes, therefore, in warm-blooded animals, paralysis of the motor-centre of the brain, after previous stimulation of the same; paralysis of the respiratory centre of the medulla oblongata. (The difference between cases where the vagus is left intact and where it has been cut, speaks for a simultaneous participation in this action of the pulmonary twigs of the vagus.) Sensibility remains unimpaired; reflex irritability is at first excited, finally diminished. On the function of the heart the poison has only a collateral influence; the slight diminution of frequency of the latter appears to be caused by the sedative effect of the

<sup>1</sup> Encyclopædia of Pure Materia Medica, vol. iv. p. 397, Symptoms 22 et seq.

venous blood upon the medullary vagus centre. Large doses cause a moderate lowering of the blood-pressure; death is caused by paralysis of respiration.”<sup>1</sup>

Secondly, to the articles upon *gelsemium* contributed to the pages of “The Lancet”<sup>2</sup> by Messrs. Ringer and Murrell.

The second of these,<sup>3</sup> devoted to a consideration of the action of the drug upon the cord, possesses a special interest for us, as homœopaths, in the fact, it contains distinct evidence that both the preparations employed (extract and alkaloid) possess a dual action. Whether this fact, however, warrants the authors in their supposition that the plant contains two active ingredients, one a paralyzing and the other a tetanizing one, is, I think, at least open to question.

Lastly, to the admirable monograph on *gelsemium* published by the Hughes Medical Club of Massachusetts, where he will find the following commentary upon the effects of the drug upon the motor nervous system in the human subject:<sup>4</sup>—

“On the motor sphere, the activity of the drug varies from simple spasmodic movements, through general weakness, feebleness, and slight paralysis, to total loss of muscular power: hence we conclude that its mode of action is at first very slightly irritant, as shown by slight spasms; afterwards depressant, as shown by complete paralysis.

“In conclusion, we sum up, in brief, the points at all substantiated by facts:—

“1. The only point which seems at all settled is, that the paralytic action is central, and not peripheral, as is shown by the experiments of Ringer and Murrell.

“2. That the paralysis being almost entirely motor, instead of sensory, it would seem that the effect of the drug is expended largely in the anterior columns of the cord.

“3. From the fact that amongst the earliest symptoms are the paralysis of the glottis, tongue, and face, later the general weakness, staggering gait, and loss of muscular power, it would seem plausible that the effect of the drug was progressive from above downwards.

“The physiological action under this head seems to be that of a sedative to the motor nervous system. At first mental action is unimpaired; but finally there is a feeling like commencing intoxication, or entire unconsciousness and apoplectic stupor. At other times there was only inability to concentrate the mind.

<sup>1</sup> Loc. cit., p. 85.

<sup>2</sup> On *Gelsemium Sempervirens*, by Sidney Ringer, M.D., and William Murrell, L.R.C.P., *Lancet*, 1875, i., and 1876, i. and ii.

<sup>3</sup> Loc. cit., 1876, i. p. 83.

<sup>4</sup> *Gelsemium Sempervirens: a Monograph by the Hughes Medical Club of Massachusetts.* Boston, 1883. Pp. 43 and 44.

Its action seems to be on the cerebrum and motor centres of the medulla oblongata.”

Those of you who have seen and studied cases of writer's cramp will be at once struck, not only with the similarity of certain individual symptoms in both drug and disease, but also with the very close resemblance between the presumed *modus operandi* of *gelsemium* and modern views on the pathology of writer's cramp, which last might be summed up as follows:—

1. Overwork of certain groups of muscles usually acting quasi-automatically.
2. Hyperæmia, with excitement of nerve-centres, exalted function, spasm, neuralgic pains, tremors.
3. Passive congestion of nerve-centres, impaired function, motor paralysis.

Two cases of this interesting ailment have occurred in my practice during the past few years, both, as I have already stated, treated with one medicine only, and that medicine *gelsemium*, and which I now proceed to relate.

CASE I.—Dr. H——, organist and composer, æt. sixty, of bilio-sanguine temperament, slight build, and highly strung nervous organization, consulted me in the spring of 1879 for a troublesome cramp of both hands and one foot, coming on when practising the organ or piano. The history furnished by the patient was as follows: The first attack commenced in 1873, at a time when the general health was very much below par; as a result, partly of serious mental anxiety, and partly of long-continued overwork, both in practising and in composing. The result of these was a condition of chronic catarrhal dyspepsia (from which the patient still suffers at times), inability to sleep, and the above-mentioned cramp of both hands and the left foot, coming on four or five times a week when practising, and in the right hand also when writing. The patient's habits had always been abstemious; but he took, at this time, moderate quantities of brandy and water, under medical advice. This condition of matters continued, with some fluctuations, for more than two years, and gradually ceased as the general health improved; and he enjoyed perfect immunity for more than three years. At the time of his first visit to me, the causes, predisposing and exciting, were apparently the same as in the first attack,—a favorite daughter was seriously ill; he was suffering from a severe attack of dyspepsia, and had been at work far into the night, writing and composing, for many weeks. The exciting cause was, of course, the same,—overwork with hands and feet in practising. The account of these cramps given by the patient is as follows: “Within ten or fifteen minutes after sitting down to the instrument, some feeling of pain and stiffness manifests itself in the flexor muscles of the fore-

arms, and gradually spreads to the fingers, and, whilst evident at first only in florid passages, increases so much as to impair the execution of even the simplest compositions. The right hand suffers most, then the left hand; and frequently during pedalling, where the left foot should be crossed over the right, this movement becomes almost impracticable." These symptoms had been troublesome for some weeks; not absolutely every day, but, as in the first attack, about four or five times a week. One of these attacks came on during a public recital upon a new organ, whilst playing one of Bach's fugues; the cramp seizing the right hand in the very middle of the piece. Rather than break down, the heroic patient resolutely set to work to finish with one hand and the feet, rubbing the right hand meanwhile vigorously upon his knee, and succeeded so well that he was warmly praised by the critics for his playing of this very piece.

After a week or ten days devoted to *mercurius solubilis* for the relief of the gastric troubles, I placed the patient upon *gelsemium*<sup>ix</sup>, a drop three times a day: and, with the exception of insisting upon regularity in meal-times, I made no alteration whatever in his habits or mode of life; the hard work going on as usual until the autumn holidays, some months later. The medicine was steadily taken for three months, the result being a gradual diminution in the frequency and duration of the cramps; and at the end of about ten weeks they ceased altogether. It is only right to add that the general health had meanwhile improved slightly, but not nearly in a degree commensurate with the improvement in the purely neurotic symptoms.

Since 1879 he has had one or two slight relapses, which he has generally nipped in the bud by a renewal of his old prescription.

CASE 2. — My second case of professional neurosis is of a similar character, but occurring in a professional flute-player.

Mr. X——, æt. thirty-five, flautist, of small physique and bilious temperament, came to me on Oct. 23, 1884, complaining of stiffness and cramp in the middle finger of both hands when fingering. This symptom had been noticeable for four years past, and had increased somewhat of late. The patient had a chancre in 1874, followed by well-developed secondaries, but has not suffered in any way since. On requesting the patient to go through the action of fingering his instrument as in practising difficult passages, he complained of a swollen, stiff feeling in both middle fingers, more particularly the left, accompanied by deep-seated, dull pain down the centre of each forearm, over the median nerve. On inspecting the arms, the muscular development was seen to be small, but no localized wasting could be detected. There was slight pain on pressure over both median

nerves. With the exception of the middle fingers, all the fingers were moved with perfect ease. Cutaneous sensibility was unimpaired. All the superficial muscles of the forearm and hand were found to respond freely to electric stimuli, and reflex irritability was apparently unaltered. No tremors were apparent in any of the muscles, even after continued effort. Patellar reflex and ankle-clonus were normal, and gait normal. With the exception of some slight tenderness on pressure over one small spot on the left temporal region, no symptom suggestive of lurking syphilitic trouble could be detected.

The cramps in this case differed from the foregoing in not increasing whilst he persevered in his practising. They were constantly present, with varying degrees of severity, but were always worse during the winter, and after long practising of florid passages.<sup>1</sup> *Gelsemium*  $\text{ix}$ , a drop three times a day, was prescribed, with a liberal diet and rest enjoined. As the patient's habits were temperate, he continued to take his accustomed beverage, claret.

*Oct. 30.* — Has refrained from practising as much as possible, merely doing what was absolutely necessary in fulfilling his usual evening engagement at one of the theatres. Thinks there is a slight improvement. Repeat medicine.

*Nov. 12.* — Improvement is now very marked in every respect. Is still giving himself all the rest he can, preparatory to going on a Provincial tour. Repeat medicine.

*Dec. 5.* — Came to see me before leaving town, declaring himself nearly well, although he has not yet resumed his usual amount of practising.

*March 16.* — The patient came to see me after the conclusion of his Provincial tour, lasting ten weeks, and reports that he remained perfectly free from his ailment during the whole time of his absence from London. He has had a very slight relapse during the last few days, and says he has been suffering from slight gastric disturbance. The medicine was repeated; and I did not hear again from the patient until a couple of days ago, when he reported himself as well, but as still taking the medicine at intervals, for he is sure it is *the* medicine for him.

REMARKS. — From the above somewhat scanty notes, it will be seen that no attempt was made, before commencing the treatment, to differentiate the individual muscle or group of muscles involved, in the manner recommended by Dr. Roth. Until our knowledge of the pathology of the disease is very much precisionized, such a course does not appear to me a necessity, unless, indeed, it were decided to treat the case non-medicinally by

<sup>1</sup> The patient mentioned especially a florid passage for flutes in the scherzo movement of Mendelssohn's music to the Midsummer-Night's Dream.



means of appropriate manipulations, as practised by Dr. Roth and Mr. Wolff. These cases were treated symptomatically with a medicine whose homœopathicity to the complaint had already been pointed out, and which, even in allopathic hands, had proved curative.

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*SUCCESSFUL TREATMENT OF ORGANIC STRICTURE OF THE DESCENDING COLON.*

BY EDWARD L. MELLUS, M.D., WORCESTER, MASS.

[*Read before the Worcester-County Homœopathic Medical Society.*]

SEPT. 20, 1883. — Mrs. A. E. W., age forty-two, complains of pain in the back: "bearing down" in the pelvis; obstinate constipation; stool small in calibre, and somewhat flattened. She is the mother of two children, the youngest about nine years old. She is about five feet and one or two inches in height, and weighs about one hundred and forty pounds; accustomed to hard work, — her husband a farmer; health generally good, has never had any serious illness; menses regular; some leucorrhœa. Says she came to me about a year ago with precisely the same symptoms, and was relieved by one prescription. *R. Phosphorus*<sup>30</sup>, *pulsatilla*<sup>3</sup>, two doses a day each.

SEPT. 25. — No better. On the 22d had a discharge of pus and blood from the bowels, since which there has not been much pain. Since then she has passed more or less blood and some pus from the bowels each day; tenesmus; the bowels are still constipated, passing but little fecal matter. Made no examination, on account of menses. *R. Colocynth*<sup>1</sup> and *hepar sulphuris*<sup>6</sup> in alternation every four hours.

SEPT. 28. — No change. Made a careful examination *per vaginam et rectum*, but discovered nothing, not even internal piles. Passed my finger well into the sigmoid flexure. No tenderness of the bowels upon pressure through abdominal walls. Ordered a gentle laxative of powdered *jalap* and *senna*, and gave *silicea*<sup>6x</sup> morning and night.

SEPT. 30. — Taken during the night with severe cramps in the bowels, accompanied by cold sweat. I was in doubt whether to attribute this to the laxative taken the day before or to other causes. Relieved by *veratrum*.

OCT. 6. — The laxative gave no very free movement; for several days a looseness; several movements in the afternoon; scanty, and mostly dark, venous, frothy blood; blood precedes every stool; stool followed by great exhaustion; a good deal of dragging pain in the back, unlike any thing she ever felt before, — keeps her awake at night; appetite poor; leucorrhœa getting

very troublesome. ℞. *Hamamelis*<sup>o</sup> and *aloes*<sup>3</sup>, alternate every two hours. Rectal suppository of *hamamelis* and *æsculus*, equal parts.

About this time my patient got discouraged, and I saw no more of her until Jan. 26, 1884, when she came again to my office for treatment. She has had no treatment during the interval, and has grown gradually worse. She now has ten or twelve movements during the day (none at night), composed mostly of blood and mucus; sometimes a substance resembling chopped liver (probably partially decomposed clots); often full of little grains like tallow or rice; always aggravated by movement or eating meat; stools accompanied by sense of heat in anus and abundant discharge of wind, followed by prostration and faintness; complains of chilliness about the abdomen. Whenever fecal matter appears in the discharges, it maintains the same characteristics, — small in calibre, and somewhat flattened. ℞. *Phosphorus*<sup>3o</sup> and *graphites*<sup>6x</sup>, two doses of each daily. For ten days following this prescription the improvement was marked. The blood and mucus gradually disappeared from the stool, and there were only two to four discharges during the day.

FEB. 11. — She reports more blood and pus in the discharges, with a substance resembling shreds of membrane; no fecal discharge for a week; bowels bloat and get hard. During the month that followed she apparently gained, though not steadily; the remedies given being *aloe*, *argentic nitrate*, and *bryonia*. The blood and mucus and shreds would disappear for a week at a time, and then re-appear for a few days; the first discharges containing a good deal, which gradually would grow less, until they disappeared again. During this month she thought the sense of soreness within the bowel, which I found a good deal of difficulty in locating, moved up nearer the transverse colon. On the 15th of March she was taken with violent colic pains, forcing her to bend double. These continued, with varying intensity, for two days, and were followed by chilly sensations, looseness of the bowels, and vomiting of bile. Temperature went up to 102.4° F., and held with but slight intermissions for two weeks. During that time there was a good deal of pain in the bowels, apparently due to flatulence; the stools were often frequent, thin, and watery, sometimes quite offensive; the abdomen quite tender and sensitive to pressure, especially on the left side; vomiting of bile was persistent, and the belching of wind almost constant. By the 1st of April vitality had reached a pretty low point. As the fever subsided, the discharges from the bowels improved somewhat. For some time I had felt pretty sure I had a case of pelvic cellulitis to deal with; and, as the intervals grew longer between the discharges of blood and pus, my cour-

age grew stronger. From April 1 to April 20 she improved quite steadily. At that time the skinny discharges re-appeared for one or two days, accompanied by more or less colicky pain, then disappeared, and did not again return until the 8th of May. After that, I think, she grew quite rapidly worse. All the discharges from the bowels were thin and watery, and accompanied by a good deal of pain; pain was all sharp and cutting; relieved by hot applications; not confined to any one spot, but shifting from one part of the abdomen to another, apparently following the movement of flatus. On the 23d of May I discovered a hard tumor in the left inguinal region, as large as my fist. It seemed to come to the surface and grow hard while she was in pain; very sensitive to pressure; disappearing almost entirely in the absence of pain. At this time tympanitis was marked but not persistent. The movement of flatus was often followed by a gurgling sound in the bowels, like water running from a bottle. During the month of May there was occasional bilious vomiting. On the 27th it was persistent and very troublesome. There had been no stool for a week, and it was not possible to procure one with enemata. It was impossible to throw more than a few ounces of water into the bowel without causing great pain.

On the 28th of May Dr. Gallison of Franklin saw the case, but did not think it encouraging. His prognosis was as grave as possible. I then procured rubber catheters and tubes of various patterns, and tried to pass the point of stricture, but only succeeded in passing considerable length into the rectum by having the catheter double upon itself. One day I thought I had succeeded, and very slowly and cautiously threw some twelve or fourteen ounces of water through it, only to find I had washed out the rectum. The bloating of the abdomen now increased rapidly, and on the 3d of June stercoraceous vomiting took place, and continued for two days. June 4 she was seen by Drs. Nichols and Warren of Worcester. We each tried successively to reach the stricture, but without success. On the next day, assisted by Dr. Nichols, I gave her chloroform, and succeeded in passing a No. 9 flexible steel catheter through the stricture, which we found about four inches in length, beginning just above the sigmoid flexure. Then, withdrawing the instrument until the orifice was nearly in the middle of the constricted portion of the bowel, we undertook to dilate by injecting water through the catheter. This gave so much pain (a half-ounce nearly causing a convulsion, notwithstanding the anæsthetic), we had to desist; but, after withdrawing the catheter, we with some difficulty passed a No. 10 rubber bougie. Am sure we never should have passed the stricture but for the anæsthetic; for we were thus enabled to reach the beginning of the stricture

with the finger, and so guide the instrument, which would otherwise have gone into one of the many blind pockets in the gut. The beginning of the stricture was abrupt, and the opening was surrounded by small knobs or wart-like growths nearly as large as peas. The bowel seemed much thickened all round, or equally on all sides, and was very hard, — felt like scirrhus. We desisted, not because we had accomplished so very much, but merely because we had done all we could then. At Dr. Nichols' suggestion I gave graphites<sup>30</sup> in water every three hours. There was no new development during the day, except that the vomiting was a little less frequent. On the following day toward night she passed a watery stool, not very copious; but on the following day there were several, and the tympanitis began to subside. There was a good deal of pain and soreness of the bowel for some days, which was gradually relieved under the application of *dilute arnica* and *aconite* to the abdomen. The stools increased in number and quantity until June 11, six days after the operation, when I discontinued the graphites; gave *arsenicum*<sup>30</sup> for three days, and then returned to graphites<sup>30</sup>, which was continued without much interruption some four or five months, two doses daily. During the summer there were occasional attacks of pain and some vomiting. During the pain the sore tumor on the left side would become more prominent, but it seemed to gradually diminish in size. There were occasional discharges of mucus and some blood; once or twice some appearance of membranes in the stool. But the stool grew gradually better, assuming some form, and gradually attaining a calibre of a half-inch. The menses, which had not been seen since April, re-appeared in September. About the middle of November improvement ceased, and by the 28th the stools were reduced in calibre to the size of a pipe-stem; the gross amount passed in a day — say, three or four stools — did not exceed a teaspoonful. Those days on which she went to ride she succeeded better. It seemed as if *bryonia* ought to come in well here, and it did. The relief was prompt and permanent. Throughout the year, I think there had been no day wholly free from pain, more or less severe; and in casting about for a remedy which might relieve this pain, and still continue the work apparently so well under way in the resolution or resorption of this abnormal growth, I hit upon one of Schüssler's *tissue remedies*, — probably you can easily guess which. What surprises me more than any other one thing about the case is, that I didn't give it before. About the middle of December I put her on *magnesia phos.*<sup>3x</sup>, a powder, morning and night. In ten days she had no more pain, and has not had very much since. Improvement is still going on, and she is now able to help a little about the ordinary work of the house.

## NOTES ON MATERIA MEDICA.

BY C. M. FOSS, M.D., DEXTER, ME.

[Read before the Maine Homœopathic Medical Society.]

IN order to become good prescribers, it is necessary for us to retain the leading symptoms of the remedies in our minds; and for these purposes the keynote system is brought into use.

There is such a similarity in many of the symptoms of our remedies, that we must have some landmark for each medicine. Now, when we have verified any symptom by a cure or cures, let us make a note of the symptoms that led us to prescribe the remedy; and in this way we may add much of value to our materia medica. I purpose here to give a few symptoms that I have substantiated by cures, with some of the remedies less frequently used.

INDIGO. — Violent itching at the anus, with pin-worms; scanty urination, even suppression; urine turbid, with violent pain over left kidney. (Erigeron.) High fever, and nervous.

F. J., æt. 7. High fever; violent itching at the anus, with discharge of pin-worms; passes but few drops of scalding, high-colored, and strong-smelling urine, with violent pain, which cuts off the breath; the pain extends, from over left kidney, up into left chest; loss of appetite; temperature from  $103^{\circ}$  to  $105^{\circ}$ ; hacking cough. This girl had been sick two or three months, and had become emaciated. I had given her many remedies, but she got worse. *Indigo*<sup>2x</sup> cured this case, and she has remained well two years since. I have cured many cases of pin-worms with this remedy in the 2x trituration. In the so-called worm-fevers, with nephritis, indigo has worked well when aconite and cina have failed.

In a case of a lady at the turn of life, with great nervousness, she informed me that pin-worms aggravated all of her symptoms. A few doses of *indigo* relieved in a few days.

PAREIRA BRAVA. — Violent pain, with strangury; wants to press head against the floor when trying to pass water, and can pass but few drops, with violent pain, even spasms.

Dropsical swelling of feet and legs.

Urethritis, with violent pain when passing water, and discharge of mucus from urethra.

Violent itching in urethra its whole length, with scalding when passing water; distress afterwards, with shooting pain in orifice of urethra.

Urethritis, with any trouble of the prostate.

N. W., æt. 68. An old case of prostatitis; urging to pass water all of the time, with entire inability. I used the catheter from

four to six times in twenty-four hours. His feet and legs were very much swollen, and he continued to grow worse for a number of weeks; so that, when he wanted to pass water, it caused spasms, and he had to be put into a warm bath before I could pass the catheter. I was sent for in a hurry, as they thought he was dying. I found him on his knees, with his head pressed against the floor, and with cold sweat, and in that position had been able to pass a few drops of scalding urine. I at once thought of *pareira brava*; gave it to him in the 1x dilution, with rapid relief of all of the symptoms. Swelling all disappeared from feet and legs, and he has been able to attend to business since, over three years.

E. K. Very much like the first, — enlarged prostate; retention of urine; had spells two or three times a year, when he was in great distress, and had to have water drawn for a week or two. I had used quite a number of remedies, but after *pareira brava*<sup>1x</sup> have not had to draw his water but twice since two years. When he feels this symptom coming on, a few drops of *pareira brava* bring him all right.

Another symptom that *pareira* has helped is dripping of a few drops of water after micturition (Selenium).

XANTHOXYLUM (*prickly ash*). When some pain follows the course of the crural nerve.

Pain better by rest.

Pain and swelling of left knee.

Andrew J. B., æt. 50. Sciatica of many years' standing; worse in right side; aggravated in hot weather, ameliorated by keeping quiet; left knee lame; shooting pain in course of the crural nerve. *Colocynthis* and *bryonia* had ameliorated the symptoms, but he is now much worse. *Xanthoxylum*<sup>1x</sup> helped at once.

Man æt. 30. Swelling of the left knee of six months' standing; very sore and lame; aggravated by motion; pain now shoots from the knee up the anterior part of the thigh to groin. Had given a number of remedies; but, as he grew worse, *Xanthoxylum*<sup>1x</sup> was given. It relieved the pain within twenty-four hours, and cured the knee-trouble.

ÆSCULUS HIPPOCASTANUM. — Pain in the stomach, relieved by eating; comes on two or three hours after eating; constipation, with piles; rectum feels as if full of coarse sand; back-ache low down over sacrum; thick, yellow, excoriating leucorrhœa, with back-ache and constipation.

George M., æt. 32. Gastralgia; violent pain in stomach when food has been taken two or three hours; as soon as he eats, pain is relieved; tongue coated; constipation; unable to attend to business. Tried a number of remedies, but case grew worse. Some pain in stomach all of the time now. *Æsculus hippocastanum*<sup>30</sup> cured rapidly. No return; two years since. Have

cured a number of cases of piles with constipation. If I find the characteristic back-ache, I feel confident of a cure. I have had the best success with the 30x.

*PTELEA TRIFOLIATA* (*wafer ash*). — Violent pain in the region of the liver, which is swollen and sore; better lying on the painful part; aggravates to lie on left side.

Mrs. Brown, æt. 40. Violent pain through right side below the ribs; liver swollen and sore; better to press with hands, and to lie on painful part; when lying on left side, feels as if the liver dragged from that side. *Bryonia*. Was called again in the night, and found patient much worse. *Ptelea*<sup>1x</sup>. Relieved at once.

*ARGENTUM NITRICUM*. — Sore spot at pit of the stomach; pain radiates in all directions; gastralgia, with eructations of wind; aggravation from eating; pain in the region of the left ovary, with yellow, excoriating leucorrhœa. Dreams of ghosts and handling dead people; complaints at the change of life.

Capt. B., æt. 52. Been sick two years; trouble been diagnosed as cancer of the stomach; at the pit of the stomach is a sore spot; cannot bear the slightest pressure; at times violent pain radiates from this spot, with much belching of wind; aggravation from eating; often vomits slimy matter. *Argentum nitricum*<sup>2c</sup> cured the case. Has been well now almost four years.

Mrs. G., æt. 48. Change of life; spinal irritation; pain in spine, extending through to heart and stomach. Dreams of handling dead people, changing them from one place to another. She has had this last symptom every night for weeks. *Argentum nitricum*<sup>3o</sup> cured this symptom, and helped all of the others.

Mrs. F., æt. 35. Violent pain in region of left ovary; at times dull pain, at others extending down into thigh, with yellow, excoriating leucorrhœa; profuse menses, with much bearing down; painful urination; weeping much; knows she will die; thinks nothing can be done for her; can sleep but little at night, with bad dreams; has been sick for years, and taken much medicine. *Argentum nitricum*<sup>2c</sup> In six months gained thirty-two pounds, and calls herself perfectly well. I find it one of the best remedies for gastralgia aggravated by eating, and I have done best with the 2c.

*ARUM TRIPHYLLUM*. — Excoriating nasal discharge, with sneezing; picking nose and lips until they bleed; putrid odor from the mouth; urine scanty or suppressed; voice hoarse; loss of voice; burning pain in throat, aggravated by singing.

Rose Mead, æt. 11. Diphtheria, malignant; putrid odor from nose and mouth; wants to pick lips and nose until they bleed; urine very scanty; lies in a stupor most of the time. *Arum triphyllum*<sup>6x</sup> cured the case.

Mary M., æt. 17. After influenza, loss of voice, with burning itching in throat; excoriating discharge from nose, with sneezing; had not spoken a loud word for six weeks. *Arum triphyllum*<sup>6</sup> cured in a short time.

Henry Frost, æt. 13. At end of third week of typhoid fever, temperature 105°, pulse 140, and thready; mouth and teeth covered with sordes; awful stench from mouth; picking lips and nose all of the time; muttering delirium; urine suppressed; has passed no water for twenty-four hours, and no fulness over the bladder. *Arum*<sup>6</sup> relieved at once, and he made a rapid recovery.

Cora G., æt. 24. Singer. Her voice failed and became uncertain; hoarse all of the time; brought on by a cold and straining the voice. *Arum*<sup>6x</sup> cured her.

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### GYNECOLOGICAL HINTS.

BY D. C. PERKINS, M.D., FAIRFIELD, ME.

[Read before the Maine Homœopathic Medical Society.]

THERE is no class of diseases of a chronic nature which so frequently confronts the busy physician as those embraced under the broad if not indefinite term, gynecology.

Dunghlison says it signifies "the doctrine of the nature, diseases, etc., of women."

With the first clause of the definition, this paper has little to do. Should I attempt any elucidation of the doctrine of the nature of women, I am afraid I should soon get into deep water, possibly *hot* water, and should undoubtedly be glad to "pull for the shore."

The diseases which are met exclusively in patients of the gentler sex are so varied that no report of reasonable length could properly cover the entire ground. I shall therefore confine this study to that form of disease termed leucorrhœa, with such reference to uterine displacements as the intimate relations of the subjects demand.

As a rule, vaginal leucorrhœa is among the most amenable diseases, yielding readily to carefully selected homœopathic remedies. Among these — I might say at the head — stands that wonderful product of the cuttle-fish which we call *sepia*.

The indications for its use are at hand in every *Materia Medica*; a few of the most prominent are leucorrhœa of a yellow or greenish color, either pus-like or watery. It may be scanty or profuse, mild or excoriating, and may occur by night or by day. Accompanying symptoms are headache, backache, constipation



with large, difficult stools, acid eructations after supper, night and morning cough, frequent urging to urinate, yellow broad stripe across the nose, yellow color of whites of eyes, and a host of others.

Following close to sepia in importance are *sulphur, calc. carb., pulsatilla, kali bichromicum, kali carbonicum, natrum muriaticum, lycopodium,* and *nux vomica*. In regard to potency and repetition, I use from the 6<sup>x</sup> to the 2<sup>c</sup>; a dose once, twice, or three times a day.

There are few cases of simple vaginal leucorrhœa which cannot be cured without going outside this short list of remedies.

But when we come to uterine leucorrhœa, with all its complications of an enlarged and displaced organ, ulcerations, inflamed ovaries, disordered digestion, sleeplessness, nervous irritability, and general hypochondriacal condition, we have met a foe which will require all our resources, be they never so abundant, to overcome.

If there be displacement, it must first receive attention. Very probably the prolapsed organ is in a state of chronic congestion, of twice its normal size, and so sensitive to touch, that, when it has been returned to its proper position by finger or repositor, nothing in the way of an ordinary pessary can be used to retain it in place. Under these circumstances what is to be done? If left alone, the uterus loses but little time in making its way downwards, either to embed itself in the floor of the vagina, or become completely prolapsed.

To retain the uterus in position, the best means with which I am acquainted is to take a small, fine sponge, thoroughly cleansed, and enclose it in a linen bag which fits it loosely. To the bag should be attached a bit of tape four or five inches long. The sponge should be dry; but, before use, the linen cover may be well moistened with glycerine. It may now be introduced into the vagina, and placed beneath the repositied organ.

The sponge soon absorbs moisture, and expands, making a most efficient and easy supporter. At the end of twenty-four or thirty-six hours it should be withdrawn by the aid of the tape which was attached for that purpose.

Very likely the sponge will be found filled with offensive discharges which it has absorbed. After some hours the same method may be repeated.

If the uterus refuses to remain in its proper position notwithstanding the means employed to keep it there, the patient must be placed in bed, with the hips elevated upon a pillow, or blocks placed beneath the posts at the foot of the bed, to bring gravitation to our assistance. The time has now arrived for the exhibition of remedies which shall restore the invalid to health

and domestic duties. Shall these remedies be local, or internal? Or shall we resort to both these methods?

If we rely on internal medication, no matter how carefully selected or how prudently and faithfully administered, we shall encounter frequent disappointments. The hypertrophied uterus refuses to return to its normal size; and the debilitating leucorrhœa, and tiresome backache, improve but slowly.

Dr. P. J. McCourt, an homœopathic gynecologist of New York, asserts, that by mixing the indicated remedy in proper quantity with glycerine, and saturating the sponge supporter already described, he effects rapid and permanent cures of the most difficult cases.

Under the head, "New Facts in Gynecology," he describes, in the "United-States Medical Investigator" for March 29, 1884, his method of treatment, and commends it to the profession as a positive advance in medical science.

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#### GLEANINGS AND TRANSLATIONS.

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CARBOLIC ACID IN THE TREATMENT OF ACUTE EARACHE. — Hewetson ("Lancet") advocates this as almost a specific. He uses the glycerite of carbolic acid, which, in the British Pharmacopœia, is of the strength of one part to four. It gives almost immediate relief to pain, often averts threatened inflammation, and may be used with safety, even where the membrana tympani has been perforated. It should be allowed to trickle slowly into the external meatus, to enable the bubble of air to escape; otherwise it may not come in contact with the membrane. Weaker solutions he has found of much less value. The strength used is not strong enough to be caustic. In the pains of chronic otorrhœa the relief obtained was not so immediate nor so permanent: it was, however, a useful mode of treatment, even in these cases. — *Archives of Pediatrics.*

COCAINE IN THE TREATMENT FOR SORE NIPPLES. — Herrgott, in the "Annales de Gynecologie," sums up his experience as follows ("New-York Medical Journal"): —

1. All the women with sore nipples who came under observation were able to give suck without pain after a four per cent solution of cocaine hydrochlorate had been applied to the nipple.
2. The condition of the nipple was improved; and, where the cracks were not deep, they disappeared rapidly.
3. Cocaine should be used whenever the nipples are sensitive, in order to prevent fissures, the latter being often due to a shrinking move-

ment on the part of the mother whenever the child seizes the breast. — *Weekly Medical News.*

DRY TREATMENT OF BURNS. — The "Journal of the American Medical Association" quotes the following: "Dr. Géza Dulácska recommends that burns should be dressed with soda sprinkled on cotton-wool, bandaged to the wound. The pain may be severe for a short time, but it goes off in half an hour. In an hour the effect is quite perceptible, the reddened skin having regained its natural color, and the pain being gone. In three days the epidermis comes away, leaving a healthy corium below, without pain or suppuration." — *British Medical Journal.*

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## SOCIETIES.

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### REPORT OF THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY'S MONTHLY MEETING.

THE October meeting of the Society was held at the college-building, East Concord Street, Thursday evening, the 22d; president Horace Packard in the chair.

The records of the last (June) meeting were read by the secretary, and approved.

The following candidate was elected to membership: Anna B. Taylor, M.D., Charlestown, Mass.

The following names were proposed for membership, and referred to the Board of Censors:—

A. H. Powers, M.D., R. H. Eddy, M.D., Emma C. Geisse, M.D., Martha E. Mann, M.D., Fannie M. Morris, M.D., Myra F. de Normandie, M.D., F. M. Humphrey, M.D., Clara E. Gary, M.D., Sarah S. Windsor, M.D., Rhoda A. Lawrence, M.D., Boston.

The following officers were re-elected for the remainder of the year:—

President, Horace Packard, M.D.; vice-president, W. H. White, M.D.

A. L. Kennedy, M.D., reported a very interesting case of dystocia due to pelvic deformity, and desired the opinion of members as to probable cause. Dr. Boothby believed it due to exostosis of the body of last lumbar vertebra. Discussion was continued by Drs. Talbot, Southwick, and Packard.

Dr. Packard presented two very important post-mortem cases; one a tumor of large size, enveloping the kidneys, taken from a child four years of age.

CASE 2. — Showing the bladder and kidneys removed, post-

mortem, from a man. The bladder-wall was greatly thickened, the cavity entirely filled with stones varying in size from the smallest to that of a walnut: the kidneys were much diseased also.

As guests of the evening, we were honored by the presence of Dr. Scriven of Dublin, Ireland, late surgeon of London Homœopathic Hospital; also Drs. Von Gottschalk, Budlong, Hay, and Hasbrouck, of Providence, as delegates from Rhode-Island Homœopathic Medical Society.

Remarks from these gentlemen added greatly to the interest of the meeting.

Dr. Von Gottschalk gave us, in his usual humorous vein, some of the difficulties they had surmounted in starting a homœopathic hospital in that city.

Success, however, has crowned their efforts: we trust it has *not* turned the doctors' brains.

They have purchased a stone building, together with five acres of land and building, well arranged for the purpose. And I am sure the whole meeting voiced Dr. Talbot, when, in his hearty and encouraging manner, he bade them go on with the work hopefully, in the full faith that *all* they desired would be forthcoming, and speedily too. His long experience in successful hospital matters added weight to his words, and carried conviction to the Rhode-Island hearts present; and the meeting adjourned with a general good feeling, after enjoying a social cup of coffee, etc.

A. J. BAKER, M.D., *Secretary.*

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*REPORT OF THE SEMI-ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

THE semi-annual meeting of the Massachusetts Homœopathic Medical Society was held in the Upper Association Hall, in the building of the Young Men's Christian Association, corner of Boylston and Berkeley Streets, Wednesday, Oct. 14, 1885.

The president, C. L. Nichols, M.D., called the meeting to order at 11.10 A.M. After the reading and approval of the records, the following candidates were elected to membership, there being no opposition:—

W. P. Defriez, M.D., Woburn; W. G. Hanson, M.D., Everett; S. G. Bailey, M.D., Lowell; Jane S. Devereaux, M.D., Marblehead; Humphrey M. Brackett, M.D., Boston; J. Herbert Moore, M.D., Haverhill; W. O. Ruggles, M.D., Neponset; L. B. Ballou, M.D., Concord; James B. Bell, M.D., Boston; P. Bender, M.D., Boston; George H. Earl, M.D., Wareham; E. O'N.

Eckert, M.D., Marshfield; Ellen S. Getchell, M.D., Boston; Frederick W. Halsey, M.D., Boston; L. B. Holbrook, M.D., Graniteville; N. Emmons Paine, M.D., Westborough; Lucy J. Pike, M.D., Lynn; Emma M. E. Sanborn, M.D., Andover.

Certain physicians of wide repute having been recommended by the Board of Censors, with the approval of the Executive Committee, for honorary and corresponding members, it was moved, seconded, and carried, that the candidates for honorary and corresponding members, as proposed to the Society, be elected to membership.

In accordance with this vote, the following physicians were declared honorary members:—

Dr. R. E. Dudgeon, London, Eng.; Dr. William Tod Hel-muth, New York, N.Y.; Dr. R. Ludlam, Chicago, Ill.; Dr. J. J. Drysdale, Liverpool, Eng.; Dr. Richard Hughes, Brighton, Eng.; Dr. Alfred C. Pope, Tunbridge Wells, Eng.; Dr. P. Jousset, Paris, France; Dr. Bernardino Dadea, Turin, Italy; Dr. W. H. Holcombe, New Orleans, La.; Dr. Alvin E. Small, Chicago, Ill.

Also the following physicians were elected as corresponding members:—

Dr. J. P. Dake, Nashville, Tenn.; Dr. S. H. Talcott, Middle-town, N.Y.; Dr. John N. Eckel, San Francisco, Cal.; Dr. John A. Rockwell, Norwich, Conn.; Dr. F. H. Orme, Atlanta, Ga.; Dr. J. S. Mitchell, Chicago, Ill.; Dr. H. R. Arndt, Grand Rapids, Mich.; Dr. T. F. Allen, New York, N.Y.; Dr. H. C. Houghton, New York, N.Y.; Dr. A. R. Wright, Buffalo, N.Y.; Dr. D. H. Beckwith, Cleveland, O.; Dr. S. S. Lungren, Toledo, O.; Dr. J. C. Budlong, Providence, R.I.; Dr. E. A. Farrington, Philadelphia, Penn.; Dr. F. G. Oehme, Staten Island, N.Y.; Dr. A. Claude, Paris, France.

Dr. Conrad Wesselhoeft, chairman of the Committee on *Materia Medica*, next presented, on behalf of his committee, two provings of *xanthoxylum fraxineum*, made by two students, now physicians, of Boston University School of Medicine. Dr. Wesselhoeft very highly commended these provings, saying that great courage and perseverance had been shown in carrying them out. He thought they deserved a permanent record, and that they were, perhaps, the best development of this drug we have.

Dr. Wesselhoeft then gave a synopsis of a paper prepared by himself on the method of proving, attaching the very highest importance to the manner in which a proving is conducted.

In the discussion which followed, Dr. H. L. Chase said that he, with others, had proved the drug years ago, and was glad to see it again brought to notice.

Dr. G. R. Southwick, under whose auspices the recruit provings were made, related several interesting cases which had been helped by the use of *xanthoxylum fraxineum*.

Dr. W. H. Lougee thought the peculiar pains described came from the mouth and neck of the uterus rather than from the ovaries.

Dr. D. G. Woodvine spoke of the benefit derived from this drug in certain forms of dysmenorrhœa, accompanied by a very profuse flow, and stated that in one case permanent relief was maintained by the use of this drug.

This bureau having been closed, Dr. H. K. Bennett, chairman of the Committee on Gynecology, presented the following papers for his committee, some of which were read by title only:—

1. "Influence of the Ovaries in Health and Disease," by Adeline B. Church, M.D., Winchester.
2. "Medicine *versus* Surgery in Gynecology," by W. H. Lougee, M.D., Lawrence.
3. "Laceration of the Cervix Uteri and its Effect," by L. A. Phillips, M.D., Boston.
4. "Psycho-Therapeutics in the Treatment of Uterine Diseases," by A. J. French, M.D., Lawrence.
5. "Laparotomy for Diagnostic and Therapeutic Purposes, with Three Cases of Ovariectomy," by A. Boothby, M.D., Boston.
6. "Gastric Disturbances in Women," by H. K. Bennett, M.D., Fitchburg.

At 1 P.M. the meeting adjourned to the Lower Hall, where an hour was pleasantly spent over lunch.

At 2 P.M. the afternoon session was opened by the president, who introduced Dr. Walter Wesselhoeft as the orator of the day. Dr. Wesselhoeft then delivered an oration on "Science and Rationalism in Medicine," which commanded the most marked and interested attention.

Upon the completion of the oration, the meeting returned to the report of the Committee on Gynecology, they having been interrupted at the time of adjournment to lunch.

In the discussion which followed, Dr. Phil Porter, delegate to the meeting from the Michigan Homœopathic Medical Society, spoke very interestingly upon the several papers which had been read.

Dr. Boothby asked Dr. Porter if he ever performed ovariectomy for any other condition than some disease of the ovaries.

Dr. Porter replied that he did not. If the ovaries were diseased, and not amenable to treatment, he removed them, usually with good results.

Dr. Lougee asked if Dr. Porter had ever removed an ovary for hysteria, and found, upon examination, a healthy ovary.

Dr. Porter replied that in one case he removed the ovaries, but did not relieve the hysteria, and found the ovaries healthy.

Dr. A. J. French considered that many cases could be cured by removal of the ovaries, and cited a case where both ovaries were removed, and a complete and perfect cure obtained, all nervous symptoms abating.

Dr. Bennett returned thanks to the members of the committee for their interest and assistance in the report. This bureau was then closed.

The Committee on Surgery, through the chairman, Dr. Horace Packard, offered the following schema. All the papers were not read, a lack of time preventing; but those which were offered proved very interesting.

#### SCHEMA: PLASTIC SURGERY.

1. Introductory Paper, by Horace Packard, M.D., Boston.
2. "Modern Improvements in Methods of performing Plastic Operations," by J. K. Warren, M.D., Lowell.
3. "Skin-Grafting, Sponge-Grafting, and Transplantation of Tissue from Lower Animals to Man," by W. L. Jackson, M.D., Boston.
4. "The Healing of Large Surface Ulcers without the Use of Skin-Grafting," by David Foss, M.D., Newburyport.
5. Reports of Cases.

The Committee on Ophthalmology and Otology presented the following papers, the chairman, Dr. H. P. Bellows, representing them:—

The paper of Dr. Bellows proved very interesting; and, as Dr. Payne was not present, his paper was read by title only.

1. "Reflex Disturbances due to Irritation of the External Auditory Canal," by H. P. Bellows, M.D., Boston.
2. "Method of operating in Atrophy of the Optic Nerve," by J. H. Payne, M.D., Boston.

Dr. F. H. Kerebs, chairman, presented the following papers for his committee, only one of which was read, in consequence of the late hour:—

1. "The Fungus—Theory and Homœopathy." Translated from the German of Dr. Adolph Gerstel of Vienna by F. H. Kerebs, M.D., Boston.
2. "Erysipelas: its Etiology, Prophylaxis, and Treatment," by F. A. Warner, M.D., Lowell.
3. "Sixty-five Consecutive Cases of Scarlatina successfully treated by Homœopathic Remedies," by J. H. Osgood, M.D., Boston.

No report was made for the Committee on Climatology, the chairman, Dr. E. W. Jones, having retired, although Dr. Jones was prepared to give the results of his investigations under the title of "Ozone Observations," by E. W. Jones, M.D., Taunton.

The report of the Committee on Pharmacy took the form of suggestions outlining the work for the future.

There being no further business, the meeting adjourned at 4.55 P.M.

N. W. EMERSON, M.D., *Recording Secretary.*

## REVIEWS AND NOTICES OF BOOKS.

LECTURES ON CLINICAL OTOTOLOGY. By Henry C. Houghton, M.D. Boston: Otis Clapp & Son, 1885. 260 pp.

This exceedingly readable book contains a course of twelve lectures, in which the pathology, diagnosis, and treatment, in full, of the various diseases of the ear, are ably, systematically, and interestingly presented. The summaries of remedies are rich in suggestion, and the remedies clearly and well differentiated. The power of homœopathic treatment over many serious and troublesome affections of the ear, as illustrated in the numerous clinical cases cited by Dr. Houghton, will doubtless be a pleasant revelation to many students and practitioners. It is to be hoped that such encouraging revelations will act as a stimulus to students of materia medica, urging them to closer investigation and individualization of the power of remedial agents, the necessity of which is more than hinted at, in the volume before us, by the author's remark, apropos of certain remedies for which marked indications are given, that these indications are the result of "clinical experience rather than of pathogenetic knowledge."

Constitutional treatment is insisted upon; and the judicious use of local applications under proper circumstances is advised, since it would certainly seem that success justifies their use, until internal medication shall be sufficiently elaborated to supplant them.

On p. 17, under the indications for *chamomilla*, we read "extreme tolerance of pain;" "intolerance" doubtless being the word originally written.

The "Repertory," of about sixty pages, small type, is worthy of especial commendation for its careful preparation, originality, and practicality. The book, as a whole, will doubtless take the place it so well merits, both by its own unquestionable value and the distinguished reputation of its author, as a standard homœopathic authority on diseases of the ear. It is richly and substantially gotten up, and among its many excellent illustrations number two handsome full-page chromo lithographic plates. Price \$2.75.

A LECTURE ON HOMŒOPATHY BEFORE THE BOYLSTON MEDICAL SOCIETY. By C. Wesselhoeft, M.D. Boston: Otis Clapp and Son, 1885. 46 pp.

That a representative homœopathic physician should be courteously invited to deliver a lecture on homœopathy before a



society connected with the allopathic medical school of which Oliver Wendell Holmes is a professor *emeritus*, is a fact sufficiently significant, in the history of medical sectarianism, to demand the preservation in permanent form of the lecture delivered on that occasion, even were it a far less worthy and delightful production than in this instance it proves to be. The GAZETTE has already had the honor of presenting the lecture to the profession by publication in its May and June issues, since which presentation it has, however, been carefully revised and corrected. It takes the form of answers to fourteen fair, comprehensive, and intelligent questions put by the members of the Boylston Society, — advanced students of the Harvard Medical School, — through their secretary, to the lecturer. These answers present, in their brief, succinct, and forcible paragraphs, such a clear and satisfactory exposition of the principles upon which the practice of homœopathy is based, as might have been looked for by those familiar with the views, ability, and modes of expression of their author, which is assuredly very great praise. The principles deal with the acquisition of *positive* knowledge concerning diseases and drugs; the use of the single remedy in a “reasonably” expanded or diluted dose; the safety of the patient being dwelt upon as no unimportant recommendation of the homœopathic method of practice. Comparative statistical tables are given, demonstrating the clinical superiority of new-school treatment; and, in a word, homœopathy is shown, theoretically and practically, to rest on solid foundations. No semi-supernatural origin is claimed for it, and no wild declamations concerning its infallibility and its scope are indulged in. The “law of similars” is treated as a rule to guide in prescribing, not as a theory to account for the curative action of remedies. No mooted question is avoided: the points at issue are squarely met. The style is terse and scholarly; but here and there, through the grave and ordered words, one feels rather than sees peeping the lecturer’s humorous appreciation of the fact that homœopathy, in the best of health and spirits, stands as an honored guest, a possible teacher, before students whose immediate predecessors, if not, indeed, whose very selves, have listened to more than one acrimonious funeral oration over its supposed lifeless body by those who decidedly were “come to bury Cæsar, not to praise him.” Homœopathy is sincerely to be congratulated on being so worthily represented in the lecturer, and so ably expounded and defended in the lecture.

The publishers testify their devotion to homœopathy, and their appreciation of the value of Dr. Wesselhoeft’s lecture as a means for its promulgation, by offering the pamphlet for sale at the low price of ten cents; thus making it available for the missionary work which it is capable of so efficiently performing.

SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS. By C. G. Raue, M.D. Third edition. Philadelphia: F. E. Boericke, 1885. 1094 pp.

There are probably but few books better known to, or more frequently used by, the students and practitioners of homœopathy than Raue's "Therapeutic Hints," as it is popularly known, whose third edition is now before us, the first two editions having been quickly exhausted by an eager demand. Its popularity is doubtless due to its essentially practical character, eminently fitting it for ready reference. The objection has frequently been made, however, to former editions, that the lists of remedies recommended were too often perplexing from their length, making selection and differentiation a time-consuming task. Dr. Raue himself has felt the force of this, and says, in the preface to the present volume, "These formidable lists appeared to me always as pretty hard lumps, that needed some aid for digestion." An excellent and efficient "aid" is supplied, in the edition before us, in the shape of a "digest" to all chapters, which present a list of therapeutic hints of three pages and over. These "digests" form the chief point of difference between this and the preceding editions. They are well described by the author when he says, in his preface, "My 'digests' are not alphabetical repertories: each single one has been arranged with reference to the requirements of each single chapter. What belongs naturally together, or what is nearly related to each other, has been put together, in order to facilitate comparison and choice between the different remedies. These digests further contain only what the preceding therapeutic hints contain, and are not made up artificially from the materia medica or existing repertories. They are not meant to present any thing more or less than the preceding hints worked over, and arranged methodically for ready use."

The labor necessitated by the preparation of these repertories is something which every physician who has tried to construct but a single repertory on a given subject, for his own use, must regard with awe; regarding the laborer with admiration. Their very great addition to the value of the work is unquestionable.

The author adheres closely to his original plan of giving only special pathology, diagnostic and therapeutic hints; adjuvants, diet, hygienic and preventive measures, which in ordinary textbooks are so largely dwelt upon, receive here but slight attention.

The "special pathology" is admirably "up to date," clear and concise. We note, that, in the chapter on sunstroke, space is given to the surprising theory of Dr. R. Gregg, that sunstroke

is due to "a development of gas or steam in the brain." If this is the case, it would suggest surprise that more medical theorists are not sufferers from sunstroke. Apropos of this chapter, we find it headed by the term "Insulatio," which also is found in the table of contents and in the index; doubtless an odd typographical error, the word intended being "Insolatio." Typographical errors are less rare than might be desired in so admirable a work; "pathognomic" for "pathognomonic" (p. 83), "exitor" for "excitor" (p. 451), being instances in point.

On p. 394, when considering "pulmonary consumption," the author says, "When a well-selected remedy is allowed to act, it manifests itself . . . generally in one of the following symptoms, which are *favorable*. . . . 4. The *materia peccans* rises from within toward the outside, contrary to the air, which passes during respiration from without, inward," etc. The fact stated is not to be challenged; but something in the phraseology of the explanation savors, as it seems to us, too strongly of the theories of the "humorists," disease being apparently referred to as an entity, a material thing to be "driven out" of the body. The book, as a whole, is a credit to its author and to homœopathy; and the form in which it appears is a credit to the publishers.

A TEXT-BOOK OF MATERIA MEDICA: CHARACTERISTIC, ANALYTICAL, AND COMPARATIVE. By A. C. Cowperthwaite, M.D., Ph.D., LL.D. Third edition. Chicago: Gross & Delbridge, 1885.

In this substantial volume of nearly seven hundred pages we have presented characteristic and clinically verified symptoms of no less than two hundred and forty-four drugs. What the author designates as "grand characteristics" — that is, symptoms of frequent occurrence in pathogeneses, and frequently verified clinically — are printed in *Italics*. A short analysis of physiological action precedes, and hints as to the therapeutic range follow, in each case, the symptoms of a drug arranged after the conventional anatomical schema. The text is also enriched by the insertion, against the marked symptoms, of the name or names of remedies having an analogous symptom. A pronouncing index is an unquestionably useful addition to the work.

The fact that a third edition should be demanded at so short an interval from the appearance of the first, witnesses satisfactorily to professional appreciation of Dr. Cowperthwaite's labors. The value of the work from a pathogenetic stand-point would be very appreciably increased were the purely clinical symptoms differentiated by being printed in selected and uniform type.

The success of the book is, on the whole, an excellently well-deserved one. The publishers' work has been thoroughly and satisfactorily done.

A SYSTEM OF PRACTICAL MEDICINE BY AMERICAN AUTHORS. Edited by William Pepper, M.D., LL.D., assisted by Louis Starr, M.D. Vol. iii. Philadelphia: Lea Brothers & Co., 1885. 1032 pp.

Careful reading of this admirable and elaborate volume only deepens the conviction inspired by its worthy predecessors, — that American "rational" medicine has no reason to blush for itself when brought into comparison with that of any country whatsoever. Originality, independence of thought, closeness of clinical observation, courage and faithfulness in pathological research and experimental investigation, are borne witness to in this, as in the preceding volumes of Dr. Pepper's "System of Medicine," by their results, set forth in clear and graceful form by representative writers. Nowhere are these results more apparent than in the papers, found in the present volume, on "Pseudo-membranous Laryngitis," by Abraham Jacobi, M.D.; on "Tracheotomy," by George M. Lefferts, A.M., M.D.; and on "Croupous Pneumonia," by Alfred L. Loomis, M.D., LL.D. Among the contributors to vol. iii., besides those already referred to, we notice such distinguished names as those of Drs. Agnew, Da Costa, the late Dr. Louis Elsberg, Drs. Austin Flint, William Pepper, and others.

The subjects treated are included under "Diseases of the Respiratory Organs," of the "Circulatory System," and of the "Hæmatopoietic System."

The treatment recommended is, in the majority of cases, conservative and simple, though heroic remedies are occasionally suggested. Empiricism and theory still hold their place as sole torch-bearers along the rather rugged ways of clinical necessity; though suggestion as to their possible untrustworthiness is not wanting in the tendency, evident and commendable, to weigh and scrutinize the results of the clinical experience of even the most distinguished practitioners.

The publishers' work, it is perhaps needless to add, is fully up to the high standard established by the preceding volumes.

THE DELSARTE SYSTEM OF ORATORY. From the French of M. L'Abbé Delaumosne and Mme. Angélique Arnaud. Second edition. Albany: Edgar S. Werner. 116 pp.

What is known as the "Delsarte system" has long since passed from the realm of theory and experiment. It stands to-day, among the recognized sciences, as pre-eminently the sci-

ence of self-culture ; not, as is sometimes superficially thought, the culture of certain faculties to certain ends, but that of the entire personality to all the ends of life. Whoever has mastered the Delsarte system has gained that precious possession, *self-control*, in its widest sense, and is in so far master, not only of the emergencies, but the affairs, of life. The present presentation of the system is from the French of two pupils of Delsarte. It is a handsomely gotten-up volume. Careful study of its pages will both inspire and reward thought.

COCAINE AND ITS USE IN OPHTHALMIC AND GENERAL SURGERY. By H. Knapp, M.D. New York and London : G. P. Putnam's Sons, 1885. 87 pp.

This interesting little monograph is reprinted from the "Archives of Ophthalmology," and supplemented, in its present form, by contributions by Drs. Bosworth, Hall, Keyes, Knapp, and Polk. The history of the introduction and rapid growth in popular favor of the now well-known drug cocaine is briefly traced from the initial experiments immediately following the reading of Dr. Koller's paper, which called attention to the anæsthetic properties of the drug in ophthalmic surgery, to its definite establishment — largely to their credit, be it said, through the work of American surgeons — in its present honorable place in ophthalmology, otology, rhinology, pharyngology, laryngology, gynecology, obstetrics, genito-urinary and general surgery. Investigations of the properties of the drug have by no means reached their limits, and its sphere of usefulness will doubtless be both largely extended and more clearly defined. The present volume gives encouraging testimony to the enthusiastic readiness of the profession to inquire into and adopt new and useful agents.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. By Alfred Vogel, M.D. Translated and edited by H. Raphael, M.D. Third American from eighth German edition. New York : D. Appleton & Co., 1885. 637 pp.

Dr. Vogel's work must be regarded, not only as an authority, but as a classic, having been translated into most of the languages of the civilized world, and a new edition, in the original language, being demanded at intervals of less than two years. The book deserves its wide reputation, being able, scholarly, and modest. Its pathology is fully up to date, its symptomatology accurate, and its treatment, though that of the "old school," is simple and humane. Polypharmacy is distinctly deprecated ; lancing the gums during dentition, and "bleeding" in pneu-

monia, are strongly discountenanced. The author, with exemplary candor, refrains from recommending any treatment in diseases where old-school treatment has ever proved inefficacious; as, for instance, in acute angina tonsillaris and hypertrophia tonsillarum, — diseases where, we rejoice to remember in passing, homœopathy possesses such effectually remedial agents as *belladonna* and *mercurius* in the one case, and *baryta carbonica*, *calcareo carbonica*, and *sulphur* in the other. We read with half-amused pleasure, on p. 137, that, to the author's "great surprise," five drops of *creosote* in five ounces of *mucilaginous vehicle* suddenly arrested vomiting of mucus. No homœopathic practitioner could be found to share this "surprise;" such being, fortunately, familiar with the power of *kreasotum* in small doses in like exigencies. Indeed, as we read, the reflection constantly forces itself upon us, that, if indications for homœopathic treatment had found place in its pages, Dr. Vogel's books, as an ideal authority on the subject treated by him, would leave little to be desired. In its present form, it is most instructive and pleasant reading. Dr. Vogel is evidently an unusually close and accurate clinical observer, and his pages abound with those "minor hints" so invaluable to the physician called to the treatment of those little patients whose ills are so often understood rather by a trained and sympathetic intuition than by any knowledge born of laborious study.

The publishers have sent forth the book in a form worthy of its high merit, and of the conspicuous place it is sure to occupy on library shelves.

ON RENAL AND URINARY AFFECTIONS. By W. Howship Dickinson, M.D. Cantab., F.R.C.P. New York: William Wood & Co., 1885. 343 pp.

This volume is issued as the August number of Wood's Library. Dr. Dickinson, who has done so much to elucidate diseases of the kidneys, treats, in the present work, of "miscellaneous affections of the kidneys and urine." This volume, taken in connection with the author's treatise on albuminuria, published in Wood's Library for 1881, forms a most valuable and exhaustive work on renal diseases, and of itself would establish Dr. Dickinson as an authority on this important subject.

THE October issue of the POPULAR SCIENCE MONTHLY contains an abstract of an exceedingly interesting paper, by Tommasi-Crudeli, on "The Reclamation of Malarious Countries," in which he holds that the cutting-down of forests is among the most effective means of ridding a country of this dreaded scourge. Other contributions of value sustain the high standard of the magazine.

THE NORTH-AMERICAN REVIEW for October offers Cardinal Manning's testimony on "Inhuman Crimes in England;" gives instructions, through Gen. Porter, "How to Quell Mobs;" has a suggestive paper on "George Eliot's Private Life," by Edwin P. Whipple; and much other entertaining reading on the customary variety of subjects.

The CENTURY for October has several delightful papers on Gen. Grant, Gen. Porter's "Lincoln and Grant" standing, perhaps, foremost among these; Brander Matthews contributes a clever though rather fragmentary short story, called "Love at First Sight;" there is a charmingly illustrated article on "The Summer Haunts of American Artists;" an anonymous writer, in a few "Notes of a Professional Exile," out-James James in languid compassion for Americans abroad; and the poems are many and graceful.

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*BOOKS AND PAMPHLETS RECEIVED.*

THE MANAGEMENT OF LABOR AND OF THE LYING-IN PERIOD. By Henry G. Landis, A.M., M.D. Philadelphia: Lea Brothers & Co., 1885.

A TREATISE ON NERVOUS DISEASES: THEIR SYMPTOMS AND TREATMENT. By Samuel G. Webber, M.D. New York: D. Appleton & Co., 1885.

THE USE OF THE MICROSCOPE IN CLINICAL AND PATHOLOGICAL EXAMINATIONS. By Dr. Carl Friedlaender. Translated by Henry C. Coe, M.D., M.R.C.S., L.R.C.P. (London). New York: D. Appleton & Co., 1885.

FOWNES'S MANUAL OF CHEMISTRY, THEORETICAL AND PRACTICAL. A new American from the twelfth English edition, embodying Watts's PHYSICAL AND INORGANIC CHEMISTRY. Philadelphia: Lea Brothers & Co., 1885.

RATIONALISM IN MEDICAL TREATMENT; OR, THE RESTORATION OF CHEMISM. By William Thornton. 3 Hamilton Place, Boston, 1885.

MILK ANALYSIS AND INFANT-FEEDING. By Arthur V. Meigs, M.D. Philadelphia: P. Blakiston, Son, & Co., 1885.

THE ESSENTIALS OF HISTOLOGY. By E. A. Schäfer, F.R.S. Philadelphia: Lea Brothers & Co., 1885.

THE DUTY OF THE STATE TOWARDS THE MEDICAL PROFESSION. An address delivered before the Medical Alumni Association of the University of Michigan by Conrad George, M.D. Reprinted from "The Physician and Surgeon," July, 1885.

THE MICROSCOPE: ITS REVELATIONS OF THE INFINITE. An essay read before the Danbury Scientific Society.

THE ANATOMY AND PHYSIOLOGY OF BACTERIA, AND THEIR RELATION TO HEALTH AND DISEASE. Read before the California State Homœopathic Medical Society by J. M. Selfridge, M.D.

A FEW THOUGHTS ON INFLAMMATION, CONSIDERED IN THE LIGHT OF PATHOLOGY AND PATHOGENESIS. By Professor E. C. Franklin, M.D.

TABULAR STATISTICS OF ONE HUNDRED CASES OF URETHRAL STRICTURE TREATED BY ELECTROLYSIS WITHOUT RELAPSE. By Robert Newman, M.D. Reprinted from "The New-England Medical Monthly."

A CHART OF TUMORS, giving in parallel columns the classification, definition, characteristics, diagnostic features, prognosis, and treatment, of tumors. By G. F. Shears, M.D., 202 Thirty-first Street, Chicago.

PERSONAL AND NEWS ITEMS.  

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THE GAZETTE hopes to have the pleasure of presenting to its readers, in the near future, a series of papers on "The Therapeutics of Small-Pox," from the pen of Dr. Thomas Nichol of Montreal, whom a wide experience has admirably fitted to deal with this subject.

ANY one having treated cases of *purpura* which they can report in detail, showing the homœopathic applicability of any remedy, are respectfully urged to send same to Dr. Winterburn, editor of "The American Homœopathist," 29 West Twenty-sixth Street, New York.

DR. C. WESSELHOEFT, having given up his office on Tremont Street, will now be happy to see patients and receive messages at his house, No. 302 Columbus Avenue, from 8 to 9.30 A.M., and from 3 to 5 P.M.

DR. FREDERIC N. PALMER has removed from Hotel Huntington to No. 226 West Chester Park. His office-hours are till 9 A.M., from 2 to 4 and from 6 to 7 P.M.

DR. F. D. STACKPOLE has removed his office from 282 Marlborough Street to No. 118 Mount Vernon, corner of Charles Street, Boston. His office-hours are from 8 to 10 A.M., and 2 to 4 P.M.

DR. S. J. DONALDSON has removed to No. 72 Madison Avenue, New-York City.

DR. H. K. BENNETT, who, we understand, has been quite successful in treating diseases of the eye and ear, is in New York taking a special post-graduate course at the Ophthalmic Hospital with private instruction, with a view to perfecting himself in this department of practice.

J. E. LUSCOMBE, M.D., Class '85, Boston University School of Medicine, has located at Fitchburg, Mass.

CLARA E. GARY, M.D., Class '85, Boston University School of Medicine, has located at 767 Tremont Street, Boston.

MARTHA E. MANN, M.D., Class '85, Boston University School of Medicine, has located at 184 West Canton Street, corner of Warren Avenue, Boston.

L. B. HOLBROOK, M.D., Class '84, Boston University School of Medicine, has removed from Graniteville to Milford, Mass.

DR. W. S. HOWE has removed from Pittsfield, Me., to No. 135 Ash Street, Lewiston, Me.

DR. A. J. ATWOOD, Cleveland Homœopathic Medical College, has located at Townsend, Mass.



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EDITORIAL.

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*TWO NOTEWORTHY EVENTS OF 1885.*

IN casting a hasty backward glance over the year which, through short December days, is rapidly hastening to its close, two events in its medical history are seen to stand forth with a prominence which dwarfs the importance of all others. These events may be differentiated as relating to a great physical anæsthetic, and a great social irritant; namely, the muriate of cocaine, and the controversy over the International Medical Congress.

The immense possible usefulness of the muriate of cocaine has been acknowledged theoretically and practically almost from the moment when its powers as an anæsthetic were first called to the notice of the profession. But the far-reaching sphere of that usefulness, as partially developed by a year of experimentation, could hardly have been foreseen, even by those most familiar with the energetic willingness of modern times to profit by the hints of science. In almost every department of general and special surgery, the drug has, within the year just passed, been made to demonstrate its efficiency as that long-sought *desideratum*, an effective local anæsthetic with no injurious influence on the general system; possessing toxic properties only in exceedingly "heroic" doses, and of lethal dose yet to be discovered. To no branch of practice should the uses of cocaine be more cordially welcome than to midwifery. To lessen by any means harmless in themselves the agony of labor, is to take a very appreciable if seemingly indirect

step toward a most important end; namely, changing the present relative decrease to a relative increase of the native population, by demonstrating maternity to be attended by fewer of the pains and perils, contemplation of which daunts so large a proportion of high-bred and cultivated women from duties they would else undertake. The phenomenal success of muriate of cocaine should evidence encouragingly to scientific workers that they need not look forward to waiting tedious years, as would once have been the case, for the dull seed of humble experimentation to blossom into the white flower of fame, since, as under the hands of an Indian necromancer, the seed is scarcely planted before the ripened fruit hangs ready to the hand.

Concerning the matter of the controversy over the International Medical Congress, what is to be said? Doubtless it is true, as is widely claimed, that many of the distinguished physicians whose resignation from proposed office is a protest against the unmanly bigotry of the persecution of "new code" supporters, are far from being in sympathy with the "new code," or tolerant of the method of treatment whose practitioners the new code virtually admits to professional fellowship: their protest is simply on behalf of liberty of personal action. Grant this, and the question is yet pertinent, Since how many years would consultation with a homœopathist have been regarded as coming within any recognizable sphere of liberty of personal action, rather than within that of unprofessional, unethical, nay, immoral, license? No: it is homœopathy, and no other "dreadful shape," — homœopathy, so often dead, so often accorded most *un*-Christian burial, — which has stalked, Banquo-like, into the feast of the American Medical Association,

. . . "broke the good meeting  
With most admired disorder,"

and sent the guests fleeing in all directions down the unseemly paths of discord and personal recrimination. Well may the Association, gazing on the apparition, recalling the past, and forecasting the future, cry with Macbeth, —

"Take any shape but *that*, and my firm nerves  
Shall never tremble."

The experimentation with muriate of cocaine has resulted in immense benefit to medicine in general. The controversy over the Congress cannot but result in good to homœopathy in particular, if only by teaching certain honorable though hitherto somewhat intolerant adversaries of ours that a man is not necessarily either a fool or a charlatan because ostracised by the majority for an honest opinion's sake.

It is with a great measure of satisfaction, therefore, that we may look back upon the two noteworthy medical events of 1885.

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*THE MIDDLETOWN INSANE-ASYLUM.*

ALTHOUGH the more formal Annual Report is not yet issued, we are credibly informed, to our very great pleasure, that the fiscal year of the Middletown Insane-Asylum, which year ended on the last day of last September, was as successful as the most earnest friends of the institution and of homœopathy could wish. The percentage of recoveries has been 50.33, the largest in the history of the hospital, and a showing of which homœopathy may well be proud. Deducting the deaths of patients brought to the Asylum in an absolutely moribund condition, the death-rate of the ordinary population has been about four per cent; *apropos* of which a local journal—"The Middletown Mercury"—remarks, "While the Asylum population is composed of those who are sick, and in need of medical care and treatment, the death-rate is but little higher than that of many cities where the population is supposed, as a rule, to be healthful."

New day-rooms and dormitories for the accommodation of fifty patients are now in process of building, and, from the constantly increasing number of applications for admission, will be brought into use immediately on their completion.

We rejoice to believe that the year is not far distant when our Massachusetts Homœopathic Asylum for the Insane will offer to the profession statistics equally to the honor of the humane and rational method of treatment which it represents. That our belief is well founded, all physicians participating in the pleasant occasion of the late "basket picnic" held on the Asylum grounds at Westborough, will readily admit; since on that occasion the evidence afforded of the energetic, generous, and sensible prep-

arations going forward for the near reception of patients was encouraging indeed. Equally to be commended is the wisdom shown by the trustees in appointing to the superintendency of the new Asylum a gentleman whose experience at Middletown under Dr. Talcott, most eminent of homœopathic alienists, eminently fits him for the responsibilities of his position.

Homœopathy in this field of labor has a bright past and a brighter future.

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#### HOMŒOPATHY IN ENGLAND.

IN his presidential address<sup>1</sup> delivered before the *British Homœopathic Medical Society* at its last meeting, Dr. Dyce Brown gives a very timely and welcome account of the present status of homœopathy in England. And, while we of America must always feel the most fraternal interest in homœopathy and homœopaths everywhere, it is very natural that we should feel an especial warmth at heart when reading of the work and welfare of those brethren of ours united to us by historical ties, speaking our familiar language, and whose brains and hearts a kindred Anglo-Saxon blood moves to sympathetic oneness of aim and methods of work. As we read the facts so modestly set forth in Dr. Brown's address, we feel an ever-deepening affectionate admiration for the pluck, the energy, and ability of that small band of workers — "a little band indeed, scarcely able to make good our death-losses!" as Dr. Hughes so pathetically said in his never-to-be-forgotten farewell speech of June, 1884 — who to-day uphold the banner of homœopathy in England.

We rejoice to be assured, that, in the main, the past year has brought success and well-being to these honored fellow-workers of ours. The always pleasant and harmonious meetings of the Society have been well attended: and the papers read have been of a variety and value which should serve as a most eloquent and, it may be, slightly reproachful example to our own medical societies; the more when we consider that the number of possible contributors — that is, of practising homœopathic physicians — is there but little in excess of three hundred. The hospitals

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<sup>1</sup> See *Annals of the British Homœopathic Society and of the London Homœopathic Hospital*, August, 1885.

are reported to be in a most flourishing condition, the London Homœopathic Hospital having increased the number of its beds. Of the three journals, the BRITISH JOURNAL OF HOMŒOPATHY has, as we have already taken occasion to regretfully note, closed its honored career: but the REVIEW and the WORLD still hold their useful and successful way; and enthusiastic work is going forward toward establishing a JOURNAL OF MATERIA MEDICA, to be in some sort a successor to the BRITISH JOURNAL. Of the medical school alone, the year's news is somewhat sombre. The attendance, encouraging always rather from the quality than the number of the students, has so far decreased as to necessitate the suspension of the school until such time as others shall care to avail themselves of its proffered advantages. Doubtless an explanation of this is found in the fact sensibly and cheerfully brought forward by Dr. Brown to account for the small number of physicians who come forward from year to year to avow themselves homœopathists; namely, that a physician has no longer to openly profess himself a seeker after the truths of homœopathy, to profit by their teachings, or to profess himself a believer in those truths, before feeling at liberty to practise according to them. The bastard homœopathy of Ringer and Phillips — sired by homœopathy, but damned by hypocritical claim to originality, as one may say — is now so easily available and so reputable, not to say distinguished, in practice, that the young seeker after recognition and success not unnaturally prefers its adoption to that of the noble original, if ostracism must be the price of the latter adoption.

We offer most cordial congratulation to our English brethren on a successful year. And so a MERRY CHRISTMAS to them, and to all true hearts and unselfish workers for a noble cause!

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### COMMUNICATIONS.

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#### *DR. FOUSSET ON CHRONIC GOUT.*

BY DR. SCHEPENS OF GAND, BELGIUM.

[*Translated for the "Gazette" from the "Revue Homœopathique Belge."*]

IN a recent clinical lesson at the Hospital St. Jacques, Dr. Jousset, in speaking of chronic gout and its treatment, began by

pointing out the nosological differences between gout and rheumatism. He admitted that the course of poly-articular gout much resembled that of acute articular rheumatism, and that mono-articular rheumatism has many points of similarity to gout. On the other hand, the two typical forms of gout and rheumatism have widely distinct differences.

That form of gout which may be called the "classical," attacks men about forty years of age, who have been good livers, and perhaps somewhat abused their culinary cheer. The attack commenced at night, with an agonizing pain limited to the great toe, which becomes red and indurated. The pain disappears at daylight; and the patient considers himself cured, until night brings an access of agony even more severe than the initial one: and so matters continue from four to eight days. When the attack is over, the patient quickly recovers his usual health, seeming sometimes even better than before his illness; the troublesome stomach symptoms, in particular, which usually precede the attack, being completely relieved. The malady, however, continues to show itself at shorter and shorter intervals: tophi invade both lesser and greater articulations; and the case goes on to the gouty cachexia, and visceral gout.

Acute articular rheumatism attacks patients who are exposed to cold and dampness, and are insufficiently nourished. Its inception is characterized by an intense fever, and all the articulations are rapidly invaded. The disease never lasts less than a fortnight, and sometimes is prolonged three or four months. The malady often returns, but with less fatal effect than the gout, and, unlike the latter malady, disappears with advancing age.

Rheumatism is exceedingly prevalent in certain countries, and unknown in others; it comes and goes with the seasons: gout, on the contrary, belongs to all countries and all seasons.

In gout, the pain is local and circumscribed; it is worse upon pressure, and after midnight; a considerable muscular atrophy is discoverable above and below the articulation which is attacked with œdematous swelling. Rheumatism has but one class of complications, those of the serous membranes,—pericardium, pleura, and meninges. In gout, the complications are extremely varied,—hemorrhoids, asthma, cardiac affections, angina pectoris, sciatic and other neuralgias, skin-diseases, bilious or urinary calculi, and, above all, the dyspepsia which is unknown to rheumatism.

Dr. Jousset concludes, that apart from acute, febrile articular rheumatism, and the more or less chronic arthritides which sometimes follow it, arthritides and myalgias, muscular pains, like lumbago and torticollis, are manifestations of gout.

The principal remedies for chronic gout are, *china*, *ledum*,

*colchicum*, *salicylate of soda*, *iodide of potassium*, *lycopodium*, *sulphur*, and *plumbum*. Of this series, *china* and *ledum* must be regarded as of prime importance. *China* meets almost the totality of the symptoms of chronic gout, since it is capable of producing two varieties of pain,—a sharp, tearing pain which allows of no movement, and is aggravated by the slightest touch; and, also, a dull pain, worse from pressure, and ameliorated by movement.

*Ledum* answers to lancinating pain, aggravated by touch, and by the heat of the bed; this pain has its seat chiefly about the articulation of the great toe; it is accompanied by œdematous swelling, and renders the part cold to the touch.

Dr. Jousset uses these two remedies in alternation,—giving, of the third trituration, five centigrammes morning and night; giving one remedy for a week, and the other for the week following. He claims for this treatment the very best results.

*Colchicum* has a rapid action on the pains of acute arthritis: it is pre-eminently the medicine of a crisis.

*Salicylate of soda* has a marked effect on the agonizing pains of acute gout; but, apart from its liability to cause fatal accidents, the *salicylate* only acts as a palliative; and the pain returns in all its force on cessation of its use. In cases of nodular gout, *salicylate of soda* is capable of producing a very substantial amelioration.

*Iodide of potassium* and *plumbum* have never yielded in practice the good results which might have been theoretically expected from them.

*Lycopodium* is useful in chronic gout, when the nocturnal pains are alleviated by the warmth of the bed.

*Sulphur* responds well to the general cachexia, when there are present tophi, dyspepsia, anorexia, flatulence, and a marked distaste for food. An impetuous and choleric character is an indication for this remedy.

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## A PROVING OF CURARE.

SUPERVISED AND EDITED BY C. WESSELHOEFT, M.D., CHAIRMAN, IN BEHALF OF THE COMMITTEE ON MATERIA MEDICA.

### INTRODUCTION AND SUMMARY.

[Extracts reprinted from the Advanced Sheets of the Forthcoming "Publications of the Massachusetts Homœopathic Medical Society."]

#### Introduction.

THE object of this proving was, first, to re-prove a substance of which the hitherto printed records are unreliable; and sec-

ondly, to employ certain principles which, in the estimation of your committee, quite contrary to the spirit of Hahnemann's instructions, have never been properly obeyed.

The proving of drugs is a vastly more difficult process than most persons imagine: about all we have learned in the past eighty years is how not to do it. It is true that anybody may take a drug, or what is supposed to be one, and to note every sensation that follows; but to proceed properly is as difficult as to produce a meritorious work of art or skill. Most of the provings, as hitherto made, differ from what we really need as much as the scratching on a violin by a beginner differs from the rendering of a sonata by a master-hand.

Now, though none of us may justly claim to be masters in the art of proving, we should unremittingly strive in the direction of mastery. With this view, we have put to the test, and adhered to, a few firm rules; hoping thereby to obtain results perfectly reliable, at least as far as their being the result of the tested drug is concerned. Having determined the fitness of provers, of the drug, etc., the provers, or those having charge of them, should proceed to discover the *efficient dose*; i.e., that quantity after which a sufficient number of symptoms arise which are *alike in all provers*. *Results which are all different, after careful comparison of repeated trials, are to be regarded as valueless.* A thousand symptoms, all differing, will not outweigh one which is constant in all provers. The differing symptoms constitute the bulk of our present materia medica; but they have been in this, as they should be in all future provings, rigidly excluded in the preparation of practical guides or handbooks, to leave room for that alone which is constant, and hence reliable under the rule of similars. For this purpose, control-tests of a most rigid nature are indispensable, especially control-tests by comparison and by repetition.<sup>1</sup> These are the rules we have followed as closely as possible in subjecting the subjoined provings to critical analysis, resulting in a summary of all reliable symptoms, also appended.

A few remarks concerning our provers are in place here. The four female provers were all students of medicine, healthy, ardent in their desire to accomplish practical work, and highly conscientious as well as industrious. Regarding their temperaments, we may be permitted to say that the first three (T., N., and B.) were of rather sensitive, perhaps imaginative, character, which features, under great watchfulness, would not invalidate the results of their efforts; but as they were most industrious students, unremittingly engaged in the anxious duties

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<sup>1</sup> See Counter-Tests and Drug-Proving, New-England Medical Gazette of February and March, 1884.



of the last course preparatory to their examinations, this may have added certain elements to their provings which needed careful critical culling and testing by control-tests. Opportunity for making these was offered by a third female prover (L), who was less imaginative, of calm and strong mind and sturdy physique. This prover not only repeated the doses of the previous provers, but, in a truly heroic spirit, volunteered to test the strongest doses repeatedly. Dr. J. P. Sutherland and the writer also subjected themselves to the drug in its strongest preparations. While Mrs. L. had few symptoms as compared with the three other female provers, Drs. J. P. S. and C. W. had scarcely any.

In the light of this experience, and considering that the strongest doses were used by us, only those pathogenic effects which were *constant* in the six provers are deemed by us as practically available. They are to be found in the "Summary;" and the reader is requested to compare this with the appended complete arrangement, by parts, furnished by Dr. Sutherland, to whose industry and accuracy your committee are especially indebted.

The curare here proved was prepared in the pharmacy of E. Merck of Darmstadt. Of this, Messrs. Otis Clapp & Son prepared the second, third, and fourth decimal triturations: while the writer himself prepared a series of triturations in the proportion of ten grains of curare to two hundred and fifty of saccharum lactis, and another in proportion of ten grains of curare to a hundred and sixty of saccharum lactis, equal to one-twenty-third and one-sixteenth grain of curare to each grain of the trituration; thus making it easy to give one-eighth and one-fifth grains if necessary.

The provers were kept in ignorance of what they were taking, — an indispensable precaution in the proving of drugs.

The reason for selecting curare was, that we possess no reliable proving for therapeutic purposes; for the results as obtained in the physiological laboratories thus far have no therapeutic value.

That which is contained in "Allen's Encyclopædia" as Houat's proving, appears so unreliable,<sup>1</sup> and so entirely out of harmony with what careful toxicological experiments have established, that we cannot accept that symptom-list as authoritative.

There we find recorded effects like the following: Paroxysms of insanity impelling him to attack himself, — cerebral tuberculosis. Frequent attacks of dizziness, and congestion of blood to the head, with vibrating, pulsating pains, loss of consciousness,

<sup>1</sup> As freely admitted by Dr. Allen himself in an answer to a letter of inquiry concerning the origin of the symptoms in the Encyclopædia.

with hemorrhage from mouth, eyes, nose, and *ears*; head bent back with stiffness of neck, — cerebral hemorrhage. Teeth decay and fall out; enormous swelling of liver, with general dropsy; abscesses and concretions in the liver; hard tumors, like scirrhous, in the breast; large abscesses on the breast; excessive emaciation; deficient circulation, with *concretions* in the nerves.

By what dose, or manner of administration, such terribly destructive effects were obtained, is not stated in the "Encyclopædia;" and I deem it right to state, in this connection, that the omission of the statement of the manner in which such a fearful array of signs of agony was produced, should cause any publication of that kind to be rigidly excluded from forthcoming records.

Curare was selected because it is a substance of great energy, of which we have no proving for practical therapeutics, but also for the purpose of illustrating certain peculiarities in the method of proving as adopted by us.

It is an important question, as yet undetermined, whether the more violent phenomena resulting from large doses by subcutaneous injection, or the milder ones obtained by introduction of safe if not small doses, are most available for therapeutic purposes. It appears to us, that though the results obtained by large doses from animals may map out, as it were, the sphere of action of this drug, and the organs and functions mostly affected by it, the doses by which such effects are produced are not available for therapeutic purposes; and hence the whole result thus obtained would not be useful under the homœopathic or any other therapeutic rule, unless the coarser results are supported by, and agree with, the lighter and bearable effects which we have obtained by such doses as courageous provers were willing to take, and able to endure.

The appended brief synopsis will show whether there exists an agreement between the provings here presented and the effects of curare as described by Dr. Hermann. When we recall the results of physiological experiments resulting in general paralysis, while the heart remains active, the increased secretion of urine, saliva, and tears resulting from paralysis of nerve-endings, and when we compare these with the effects of our proving, resulting in weariness, numbness, tottering gait, palpitation, flushes of heat, pulsating of arteries, and disturbance of the menstrual function, we cannot fail to see that these effects, though less intense, are to be attributed to the same effect which curare produced in large doses subcutaneously administered to frogs and warm-blooded animals.

One other point cannot be insisted on too strongly: it is, that there must be a stage of effect, before paralysis sets in, and

which is preparatory, and leads up to it, during which the noticeable phenomena are not so pronounced, and, as yet, well tolerated by the subject of experiment, whether animal or human. It is at this stage only that phenomena (symptoms) occur which the physician can utilize in making therapeutic use of the drug which produced them. The more violent (lethal) effects, of which the useful milder effects are mere forerunners, cannot be used under the rule of similars or any other rule; and it is wrong to incorporate the symptoms characterizing the dying agony of animals or of human beings in our symptom-lists, as has too often been done.

Although it is doubtless true that the poison is rapidly eliminated by the kidneys, thus preventing rapid and serious toxic effects when administered by the stomach, yet enough is retained to produce a sufficient array of symptoms for practical purposes. At the same time, it is probable that some of us would have experienced severe if not serious effects had we made use of one-fifth-grain doses subcutaneously injected. This we dared not do nor recommend.

#### *Summary of Symptoms for Practical Use.*

It must be borne in mind that the preceding long array of provings was obtained mostly from women, the results obtained from men (Dr. J. P. Sutherland and the writer) being almost negative. While there is evidence that the symptoms noted by women are genuine, the scarcity of symptoms in men, who are less apprehensive, should make us cautious in accepting them all. The evidence of the genuineness of the pathogeneses rests upon carefully compiled tables (too long to reproduce here), showing firstly the number of times each symptom occurred in each prover, and secondly the number of times these symptoms corresponded in each prover. This was the work of many hours, of which we have only space to reproduce the substance.

In the following Summary, only those symptoms are given which occur repeatedly (from five to eleven times nearly) in each prover during the different series. This applies chiefly to the symptoms of the head and those of the heart and arteries. Those which follow occurred from three to five times in each prover, and the last-named in only one prover. This permitted great brevity in preparing the Summary, at the same time giving only what may be considered reliable; following the rule given in the Introduction, that only those symptoms should be considered as reliable which occur in every prover, and in each series of experimental tests undertaken by each prover.

For the sake of greater completeness, a very accurate symptom-

list, carefully prepared by Dr. Sutherland, according to the regions of the body, is appended:—

The prover is tired all day, sleepy, stupid, and weak; the limbs (thighs) are weak and heavy; the eyelids feel heavy; and this is sometimes accompanied with trembling of the limbs. Heaviness of legs, hips, and knees.

Next in order follows *headache*, chiefly in the left side of the head; also in the forehead, vertex, and temples; also in the occiput (in some provers sharp pains darting down the spine). The pain is dull in the forehead, mostly accompanied by nausea and salivation, sometimes with palpitation of the heart. At other times the head feels full and large, with confused feeling, and also as if bound by a tight band. (There are a few instances of hunger with the headache, and of its aggravation after eating.)

The sleep is "broken;" or there is sleeplessness before, and till some hours after, midnight. Early waking.

The temperature and pulse are not very perceptibly affected; but all provers noted palpitation, increased on lying down, accompanied with short breath, throbbing of vessels of the head, palpitation on going up-stairs. Faintness about the heart.

A dull heaviness of legs (thighs, hips, and knees) appears independently, or accompanied by the above symptoms; stiffness and drawing of the muscles of the neck and shoulder, chiefly on the right side, also pain in left shoulder and elbow, in the night.

Abdominal symptoms are: pain in the right side of the abdomen; darting pain in the morning; uncomfortable feeling; a pain in the groin low down on right side, with heaviness of legs while walking.

Severe pain in the stomach; nausea in the morning and on retiring; foul taste in the mouth, and yellow-coated tongue; bitter taste (of medicine); pain and fulness of stomach, as if from gas; nausea accompanies these gastric pains, also the headache; sharp needle-like pains in abdomen.

Flashes of heat are very marked (over body and face), increasing as the day advances, and lasting for three days at a time: they come in the morning and evening. Other provers felt it in the nature of pulsation of blood-vessels from occiput down the neck and along the spine. Ringing in the ears, chiefly the right ear (S.).

Three provers (B., T., and N.) experienced sharp pains through sternum and chest, shifting to bowels (T.), and to heart after waking and walking (N.).

The menstrual function manifested anomalies as follows: Profuse menstrual flow *at night* of bright-red blood; painless, scanty, and colorless in the daytime: relieving headache and nausea.

Cessation of menses was followed by irritating leucorrhœa. In the cases of four provers (B., T., N., and L.), the menstrual flow appeared from one week to eight days too early, with absence of usual menstrual pain in one case, scanty and dark flow in another, in three cases pressure and fulness in the vagina.

Urine much increased and urgent (L.), scanty and with sediment after having been frequent (after menses); bladder feels distended.

Looseness of the bowels (L.). Diarrhœa at night, with pain. White stool in the morning.

A few desultory symptoms not peculiar to all provers, nor particularly prominent, may be mentioned as follows:—

Severe itching on arms and lower extremities (B., T.), anus, and all over.

Pain and burning of callosities; tenderness of feet (T., N.)

Disposition irritable and forgetful (no ability for mental work); tears, laughter, depression of spirits, despondent, with tiredness and pain of the back, bruised feeling and numbness of leg, right or left; numbness of arms; numbness and tingling.

Cough hollow, jarring; bronchitis, jarring head and bowels; constriction of chest, and fever; temperature 101°; pallor; chilliness down the back. (These symptoms occurred only in one prover (T.), who probably had taken cold.)

### *Clinical Suggestions.*

There is little doubt that a careful consideration of the pathogenic results obtained by us will point to the class of morbid conditions, not to say diseases, which curare is capable of producing, and hence of curing under the rule of similars; but we are not so sure that we would be perfectly correct in our conclusions were it not for the more unmistakable phenomena afforded by the tests upon animals, recorded above.

From the conjoined results of the latter and our own provings, it becomes evident that curare should be therapeutically applicable, and we hope curative, in certain forms of paralytic affections, — those, e.g., tending to enfeebled respiration by paralytic affections of the respiratory organs, when the action of the heart remains unaffected; also in paralytic muscular affections when it can be ascertained that paralysis is eccentric; possibly in the incipient stages of tabes dorsalis, and in all affections where there is absence of patellar reflex. It should be remembered, however, that these broad pathological hints will prove unavailing unless the choice of curare is also determined by reference to the detailed results of our provings, — such as the peculiar form of headache, the palpitation, the flashes, and arterial pulsation;

where these and their minor characteristic details are present in paralytic affections, it is more than probable that curare will prove a useful remedy.

We have not failed to apply it in practice in a variety of cases, — such as inveterate hemicrania of seven years' standing, also in cases of enfeebled respiration in elderly people, — but with uncertain results, the provings not having been completed or sufficiently studied; but your committee hope, that by their efforts, and the indefatigable efforts of their heroic provers, they have given the profession a useful medicine.

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### *A CASE OF DYSTOCIA DUE TO PELVIC DEFORMITY.*

BY A. L. KENNEDY, M.D.

[*Read before the Boston Homœopathic Medical Society, Oct. 22, 1885.*]

IN May, 1878, I was called to attend Mrs. G. in confinement.

She was a plump little woman, somewhat under the medium height, of ruddy complexion, rather scrofulous habit, and belonging to the humbler class of society. She had passed through the period of gestation with very little if any disturbance of her general health. She informed me that she had been always well, not knowing what it is to be sick

Upon examination, I found that labor had already begun, as evinced by the partially dilated os. In a short time I was enabled to determine the presentation as vertex, first position.

This, together with the fact that the pains were occurring regularly and with evidently increasing power, naturally led me to await with confidence the, as it seemed to me, probable result. Finally, after watching the case for several hours, but becoming more and more anxious as to the result of the labor, I discovered, that, while the os was fairly well dilated, the head would not engage, but remained at the brim, being pressed down at each pain, only to lift again as the pain subsided. Fearing it would be impossible for labor to terminate without the aid of the forceps, though as yet unaware of any thing unusual to retard delivery, I called in consultation Dr. Alonzo Boothby.

Dr. Boothby, after examination, thought, with me, that the head could not pass without help; and accordingly the patient was etherized, and the forceps applied. And although we used our utmost strength, making repeated attempts, both singly and unitedly, all our efforts proved unavailing: we could not make the slightest impression upon the case.

Pausing now to take breath, and consider what next should be done, a more careful exploration of the pelvic cavity revealed

what up to this time had escaped our attention; viz., a projection, of the nature of an exostosis, at the promontory of the sacrum, decreasing considerably the conjugate diameter of the pelvis (in fact, it could scarcely have exceeded two inches and a half, though exact measurements were not taken), and greatly increasing our fears of the impossibility of removing the child alive.

After again repeated attempts at extraction, we finally concluded that the life of the child must be sacrificed.

This being decided, we proceeded at once to perform craniotomy. This was accomplished by means of "Smellie's scissors." Perforation being effected, the contents of the cranial cavity were broken up, so that it could be more easily evacuated. The forceps were once more applied, and forcible traction made, but, as before, without avail.

Thinking, that, if we could bring into action in the case a little more muscle, we might the more readily accomplish our purpose, we called to our assistance Dr. Joseph Chase. Renewed efforts were now made; Dr. Chase taking hold with us in a manner calculated to inspire confidence, and assure us of the speedy fulfilment of our purpose. Nevertheless, we were again doomed to disappointment, for not the least advance was effected.

It now became evident, that although craniotomy had been performed, and the contents of the cranium in part removed, the cranial bones were of such firmness as to resist to some considerable extent the pressure of the ordinary forceps. We therefore decided to allow the patient, who had been now for some time under the influence of the anæsthetic, to recover from its effects, while we in the mean time could procure the necessary instruments. Drs. Talbot and Ahlborn were called in to aid us, as we had become somewhat exhausted.

Dr. Talbot was detained, but Dr. Ahlborn came at once. The patient being again etherized, the heavy forceps were applied; and while Drs. Ahlborn and Chase exerted their united strength towards extraction, Dr. Boothby and I held the body of the patient. Even now it was not till several attempts had been made by our combined effort that resistance was overcome, and a fœtus weighing about eleven pounds removed.

As might be expected, there resulted a partial rupture of the perinæum, in which two or three stitches were taken, and the patient made comfortable in bed. Arnica was administered at this time, and subsequently other remedies as respectively indicated. The patient did well, and in due time was discharged, with the injunction to never allow to recur the necessity for a repetition of the above. Unfortunately, however, in less than

six months from that time, I, being summoned, found her again pregnant.

In view of the circumstances attending her previous confinement, we believed it best not to permit gestation to go on; and accordingly at about the third month, in consultation with Dr. Boothby, abortion was induced by means of the uterine sound.

Our former words of caution were now repeated, but in a tone of decided warning, not unmingled with threats as to our probable action should the summons on a similar errand again occur.

In less than a year and a half from that time the woman became for the third time pregnant, and again called upon me for advice. Disliking exceedingly to resort again to abortion, yet confident that delivery at full term could not be safely effected, we decided to allow gestation to go on till we could feel assured of the viability of the child; at which time premature labor could be induced, and another opportunity afforded for determining the possibilities in the case. Accordingly, in January, 1881, at about the eighth month, labor was induced.

The pains came on regularly; the os became dilated; presentation as in first confinement. After labor had continued several hours without any progress being effected in the way of expulsion, ether was administered, and the forceps was applied, resulting in the delivery of a six-pound still-born male child; the death of the child being due to the fracture of the frontal bone in its obstructed descent into the pelvic cavity.

There were present with me at this time Dr. Boothby of Boston, and Dr. Leeds of Chelsea.

The patient, having become a resident of Chelsea, now came under the care of Dr. Leeds, whose account of a *third confinement* he has kindly furnished me, and which I give in his own words: "May 24, 1882. Premature labor induced at seventh month; os readily dilated by the use of hot-water injections, and fingers. Transverse presentation; dorso anterior; head to left. Turned and delivered body; but the head refused to enter the pelvic canal, being firmly fixed above the brim. The long forceps was applied, and traction commenced, when suddenly something gave way. On removing the forceps to re-adjust them, the fœtus came with them, followed by what had been the contents of the skull. On examination, it was found that the sudden giving-way was caused by the rupture of the scalp, and collapse of the skull, resulting from a cleft extending from the angle of the mouth through the left orbit to vertex. Sex of fœtus, male. Time from commencement of dilatation to end of labor, twenty hours. In attendance, Drs. Charles Leeds, C. H. Walker, and C. G. Brooks."



A brief history of the patient, for which I am also indebted to Dr. Leeds, is substantially as follows: Her father was born in England, and her mother in St. John, N.B. Both were strong and healthy. She is one of a family of ten children, eight of whom are living and in good health. Her mother's confinements were all very easy, she being in labor not much over one hour.

She has one sister married, who has given birth to one living child. Three subsequent labors were very difficult, and the children still-born.

Mrs. G. was born in St. John, N.B., and resembles her father. In height she is about five feet, and weighs a hundred and twenty-five pounds.

She attended school until twelve years of age, from which time until her marriage, at twenty, she was employed at general housework. From childhood she was very strong, and in the habit of lifting heavy weights. She never was sick a day until her first confinement. Does not remember that she ever met with an accident.

She came to the "States" at the age of fifteen, and has always enjoyed perfect health, even during her pregnancies. In outward form this patient presented no abnormal appearance, save, possibly, a slight tendency to lumbar lordosis.

To a single condition accompanying her first confinement, I desire, in closing, to call your attention.

For the period of nineteen days she had no stool. During the last ten days of the time the patient ate heartily three times a day, and has assured me that she felt perfectly comfortable. Upon visiting her one day, she greeted me with, "Doctor, I have something to tell you." — "What is that?" I asked. She replied, "I have had three movements from the bowels." Upon inquiry, I found that the stools had been in every way normal in character, save, possibly, slightly in excess, and had occurred at intervals of about half an hour.

She received no enema, and no medicines save such as were homœopathically indicated. Suffice it to say that from each and all of these experiences the patient made a good recovery, exhibiting no ill effects resulting from the terrible ordeals through which she had passed.

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### ON DIETETICS.

BY G. F. FORBES, M.D.

[*Read before the Homœopathic Medical Society of Western Massachusetts.*]

It may be well for us occasionally to pause in the midst of our inquiries after symptoms and medicines, and give a little

time to a discussion of the proper diet for the sick and well adult, as well as child. I am the more inclined to consider this subject now, as, at the moment when called upon to furnish a paper for this meeting of the society, I was feeling very indignant over the barbarous bill of fare to which I had lately been obliged to sit down. Being called from my own tea-table in haste to attend a patient, I was, after a while, invited to take tea with the family; after doing which, I wondered at not being called oftener to attend the different members of the family: the bill of fare included hot griddle-cakes, doughnuts, hot mince-pie, and Japan tea! I visited another family every day for two weeks at about their dinner-hour; and they had fried salt pork and potatoes, and mince-pie! I was called one day about 11 A.M. to see a lady who was threatened with typhoid fever. After my prescription, the husband asked what he should give her for dinner. I said, "Gruel or weak tea." — "What!" he said: "can't she have sausages? I have just been to the market, and I got some for her." I once attended a young man sick with dysentery; and, after the violence of the attack had been subdued, his nurse left: and a new one, being directed to make some gruel for him, stirred up some Indian meal in hot water, and boiled it five or six minutes, and gave it to him in that raw state. The next day he was worse, of course; and the second day he died. Naturally I was blamed.

But I need not multiply cases. We all become indignant, I imagine, every day of our practice, at the gross and wilful ignorance which exists in regard to proper diet and cooking, both for the well and the sick. We use our best skill and most reliable remedies on cases of dyspepsia, and fail, because the patients are meantime starving on hot biscuits, cake, pastry, and saleratus bread at home. We descant to them on the excellence of well-made, honest bread at least a day old, rare roast-beef and beef-steak, graham and oatmeal puddings, but all to no purpose. Our patients are "joined to their idols." As one typical patient said, they would rather "eat half a mince-pie at dinner, and take two of Ayer's pills after it, than go without the pie." I was once called to attend a lady with a large carbuncle on each thumb. Her husband had bad-looking sores on his legs; one daughter had had three successive attacks of quinsy; one son had had seven boils on his arm at one time. Being summoned, early one morning, to lance one of the carbuncles, I was urged to share their breakfast, which I found to consist of fried pork and potatoes, and buckwheat cakes fried in butter. I asked if the buckwheat cakes were an habitual dish, and was told that they had them for breakfast every morning, and ate them cold at dinner! After the death of the mother from phthisis, I felt like suggest-

ing that they might eat buckwheat cakes for supper, also, and so the sooner follow her across the bourne from which no traveller ever returns.

Not stopping to give details of an instance when I made a lifelong enemy of a good woman because I refused to allow an infant sick with gastro-enteritis to be fed with *hard-boiled* eggs ; not stopping to relate how a young man dying with phthisis was persistently fed on yellow-streaked biscuits and mince-pie, and when I remonstrated with the family about this diet I was informed that I was no longer needed, and when a little later they laid him away the friends claimed it as a mysterious dispensation of Providence, — I must hasten on.

Regular habits and the laws of hygiene are more neglected even than dietary rules, especially with children. Who of us has not seen on our streets fond mothers and nurses leading their children out with the thermometer at zero, gayly and warmly clothed with furs, except a few inches at the rounded knees and the plump neck, which were entirely bare ? At such a sight, the medical man mechanically runs over in his mind the best remedies for croup, acute catarrh, and pneumonia. While walking with an old physician, twenty-eight years ago, on the streets of Philadelphia, we saw such a sight as the above ; and the good doctor exclaimed, “ There, that will be a case of croup to-night ! ” In my inexperience, I was about to question him, when the anxious mother, who had heard the remark, hastened back to ask the doctor’s reasons for this assertion. I remember he then and there gave this good woman one of the severest lectures I ever heard on such follies of dress and exposure of children. I profited by his remarks, if the mother did not. The frequent cool days and evenings of our New-England summers furnish too many temptations to nurses and mothers to exhibit to the public gaze the pretty necks and limbs of their darlings : hence we are called to numerous cases of acute catarrh of the stomach and bowels, sometimes degenerating into summer complaint, colitis, or gastro-enteritis, or, again, into actual cholera-infantum. A mother becomes heated with household work, and, taking up her child for a moment’s rest, sits down in a draughty doorway, or crosses to a neighbor’s yard for a chat, never remembering an extra wrap for the child ; and not until the child begins to sneeze, does she adopt the precaution, too late to avoid serious consequences. Following such a carelessness, we may have one of those cases of acute catarrh, with more or less diseased mucous surfaces, and complications, which sometimes baffle our best skill for an entire season. I recommend the wearing of an extra flannel bandage over the bowels of young children, perhaps oftener than any other single means for the prevention of in-

fantile diarrhœa. We cannot preach to mothers too often, the paramount importance of keeping the legs and feet of young children continually warm, and the head reasonably cool.

“What shall we give the baby to eat?” is an important question we hear on all sides. It is, perhaps, *the* most important question in the treatment of children, far surpassing the mere giving of medicines. Without *proper* nourishment, the best medicines in the world fail to cure, or even relieve, the sufferer. Vast strides have been made, mostly in the right direction, within a few years past, looking towards the perfection of numberless articles of artificial food for invalids and children. Some of these foods are worse than useless; some of them absolutely deleterious and monstrous failures; but, on the whole, there is great improvement in the artificial foods for infants. But I need not enter into the entire list of the varieties of *foods*, as it is hoped there will be ample discussion of this subject by those more fitted to speak upon it than the writer. Twenty-five years ago we relied mostly on goat’s milk, and the like, for artificial food in the case of children afflicted with summer complaint and cholera-infantum. We were then also advised to rely on rice-water, arrow-root, bread-crumbs, gruel, etc. How many cases of marasmus have actually been starved on arrow-root and rice-water! And other starchy foods more recently given are nearly as bad. We must bear in mind that the child cannot digest starch, or starchy foods, in any form until the salivary glands and the pancreas are developed, later on. These varieties of food should be strictly avoided; as they only irritate the digestive canal, and are never assimilated, or make blood. Probably cow’s milk is the most common, as well as the best artificial, food for infants, unless there is present some acute catarrh, or some form of gastric disease; when, to properly support the system, some other aliment must be resorted to. Just what this shall be, has puzzled, and will continue to puzzle, nurses and physicians. Not all infants like, or are able to retain, Murdock’s or Liebig’s, Mellen’s or Ridge’s, food. I have now, and have had for many weeks, a child under treatment who could not retain its mother’s milk, medicine, or any artificial food that we have tried; and these have been many. The child has been kept alive only by enemas of Liebig’s extract of beef. The prognosis of the case is at present somewhat hopeful; though the child at four months old weighs only seven pounds, and is exceedingly feeble. Now, this child could not have been kept alive a week on the old mode of dieting, even with the aid of the best-selected homœopathic remedy. As to condensed milk, this should be said, that, while it contains too great a quantity of sugar to be unobjectionable as an article of infant diet, it is pure milk; since, by the very

process of condensing, impurities are eliminated or neutralized. One visiting the factory while the condensing process is going on, can easily, if he be possessed of a sensitive nose, catch odors of turnip, garlic, or cabbage, which the child would, of course, have been called upon to assimilate had the milk been administered in its natural state.

So we may conclude, that, where pure cow's milk cannot be obtained in city or country, condensed milk is not undesirable. Duncan says, in considering the adaptation of food to the infantile organism during the occurrence of cholera-infantum, as in all intestinal diseases in which there are frequent and morbid discharges, it should always be remembered, that, "1st, However agreeable and nutritious any diet may be to-day, rotation of the bill of fare is sure to be required at some time, or disgust, indigestion, etc., will follow. 2d, The food must be composite, nitrogenous as well as carbonaceous, to supply at once flesh, fat, and animal heat. 3d, It must not appear in the stools undigested, or be vomited. Quality or quantity, either one, may be at fault, and must be rectified; and to this end, a personal inspection of stools should be made." While I greatly respect Duncan, and consider him authority on such matters, I have always practised, and without harm, continuing the same—absolutely the same—articles of food, adding to their quantity from time to time, as long as the child seems to thrive and be properly nourished; and that is sometimes during the whole of the first two years of its life, without rotation of food. A child is now under my care for summer complaint, who thrives, and has thrived for some ten months, on oatmeal gruel with a little cream added. I am not in the habit of prescribing oatmeal; but, as this child has done well upon it, will it not be good policy to continue the food as long as it agrees with the patient? We cannot be successful in the management of children unless we make sure that they are properly nourished. I may say, that, during the summer of 1884, I did not lose a child from disease of any sort; which fact, to be sure, may be owing to the remarkably cool weather which prevailed during the months of July and August, as well as to my ever-increasing attention to sanitary precautions and foods.

While the adult body contains only about sixty-eight per cent of water, the infant organism contains about eighty per cent of water; and, as water undergoes no change, it is frequently demanded by the child. Ninety per cent of some milk is water, and the best and richest milk contains eighty-five per cent of water. In a little book entitled "How to be Plump," we find these words: "The main bulk of the water taken in does not simply pass through the bowels, but is taken up by the mucous

membrane, and enters the circulating fluid. As it appears in the secretions, it brings with it various ingredients. When it is finally discharged, it is mingled in the urine and fæces with salts and excrementitious matters which it holds in solution, and in the cutaneous and pulmonary exhalations with animal vapors and odoriferous materials of various kinds. In the perspiration, water also contains minerals, sulphates, and chlorides, which it leaves behind on evaporation." Duncan says that children are like plants: they need much water, and thrive best in moist climates, seasons, and countries, as Great Britain, Canada, and Germany.

The substance to which the term "casein" was formally applied, and which is so abundant in milk, has lately been shown by a French physician to be only a combination of albumen with soda, the albumen playing the part of an acid. This casein is soluble in some of the alkalies, and by common salt. Therefore salt should be always added to milk when it is difficult of digestion, or is vomited, or is seen in the fæces undigested. According to Steiner, at first cow's milk should be diluted with one-third water; in the second month, only one-fourth water need be added; and after the fourth month, pure, warm milk only be used. Sebert says, "I must declare as an abuse, the dilution of milk for infants usually with equal parts of water, or sugar and water. Cow's milk contains only three per cent more of solid constituents than woman's milk. A slight dilution with water would be advantageous; but the child," he says, "easily digests cow's milk when pure, provided it is of good quality, and comes from an animal well fed." Many prefer the top of the milk, which, as fresh as possible, is allowed to stand two or three hours, and then the upper third of it used, adding two to three parts warmed water or barley water. I am particular to have the nurse use only boiled water where there is any disease, or tendency thereto, of the stomach or bowels, as summer complaint, or gastric derangement.

### *DYSMENORRHŒA IN ITS RELATION TO NEURALGIA.*<sup>1</sup>

BY FREDERICK J. NOTT, A.M., M.D., NEW YORK.

IN reviewing the subject of dysmenorrhœa, my attention has been called to the following remark in Quain's "Dictionary of Medicine," in the article upon disorders of menstruation: "It cannot be said that neuralgic dysmenorrhœa never exists: at the same time, it is of such rarity that it should be diagnosed with the greatest hesitation."

<sup>1</sup> Read before the New-York County Homœopathic Medical Society, June 10, 1885. Reprinted from the North-American Journal of Homœopathy, September, 1885.

It is my purpose to show that this opinion, which is held by probably a large majority of medical men, is one which is not substantiated by clinical observation, and, therefore, ought not to be regarded as a trustworthy guide to treatment. My own belief, which I may as well avow at the outset, is, that, in the great majority of cases, dysmenorrhœa is neuralgic.

In the statement as above quoted from Quain, and the context, the idea seems to be this: neuralgic dysmenorrhœa was credited by most physicians up to within a few years; but, since the recent great advances made in the pathology of the uterus, medical science is no longer dependent upon so vague a term as neuralgia to explain a condition in which the uterus is involved, and in which pain is the predominating symptom. In other words, we are to understand, that, the more carefully the pathological condition of the uterus has been investigated, the fewer have become the cases of neuralgic dysmenorrhœa. Just here let me call attention to the natural inference to be drawn from such a statement. It is that the uterus is, *par excellence*, the seat of disease in dysmenorrhœa. This reminds me of Dr. Emmett's iconoclastic statement that "mechanical dysmenorrhœa is, as a rule, a myth, because it almost always depends upon some defect in nutrition, apart from the uterus." Now, I have the greatest respect for pathology as collateral to, or inherent in, medical science; but whenever the teaching of the laboratory or dissecting-room becomes antagonistic to, or attempts to supersede, accurate clinical observation, then it seems to me to be time for the practitioner to return to his symptomatology. In the practice of medicine, Hahnemann is a safer guide than Virchow. For I think we are much more likely to err in therapeutics if we depend upon a pathological theory, however deduced, as to the nature of a disease, rather than upon its symptoms, subjective and objective. Such a statement may seem supererogatory in this presence; but I think all will agree with me, that, in all schools, scientific medical effort is chiefly expended in an endeavor to harmonize conditions of disease with some theory, rather than by the analysis of the various manifestations of disease to elucidate its essence. The present relation of the germ theory to cholera will suffice as an illustration of my meaning.

To return to my quotation. It is easy to see that our author is addicted to the obstructive theory of dysmenorrhœa as a bad habit. For after saying that dysmenorrhœa is divided into five varieties, viz., mechanical, or obstructive; congestive, or inflammatory; neuralgic, sympathetic, or spasmodic; membranous and ovarian; after saying that the mechanical is doubtless the most common; and after quoting the opinion that dysmenorrhœa

cannot exist without obstruction to the flow of blood from the uterus ; and after mentioning that various authors (Simpson, Sims, and Hewitt) have located the seat of obstruction variously at the "os tinæ," at the "os internum," and at the point of a flexion, — his honesty compels him to admit, —

First, That the testimony is insufficient to prove that these so-called obstacles are capable of producing dysmenorrhœa in the majority of cases ; and,

Second, That dysmenorrhœa more generally depends upon the quality of the discharge rather than upon the condition of the genital canal.

Thus, it would seem the author refutes himself. If most of the cases of obstructive dysmenorrhœa arise from a vitiated menstrual discharge, then the neuralgic theory may help us to a satisfactory explanation of the apparent paradox. It must be granted that a "defect in the integrity of the menstrual canal, which would prove no obstacle to a healthy discharge, might be obstructive to an impure flow." But here it is admitted that any disease of the genital passage acts as a complicating, and not as a primary, cause of pain.

This idea, that dysmenorrhœa is obstructive, is the result, illegitimate if you choose, of pathological effort. As exponents of this theory, I need refer to none more authoritative than Dr. Graily Hewitt of England, and the late Dr. Marion Sims. Dr. Hewitt says, "Of late years the balance of opinion has been strongly in favor of the view that dysmenorrhœa is the result of an obstacle to the escape of the menstrual fluid ; the pain is due to the attempts of the uterus to expel its contents, the uterus contracting, and being thrown into a state of spasm (uterine colic) ; the large majority of cases of dysmenorrhœa are really cases of menstrual retention." He continues, "The clinical evidence in favor of this conclusion is overwhelming, for the pain always undergoes mitigation or complete arrest when procedures are taken to provide a more easy passage for the menstrual fluid from the uterus." In his article upon this subject in Reynold's "System of Medicine," Dr. Hewitt says nothing about neuralgic dysmenorrhœa. His opinion is, that uterine flexion is the cause of the disturbance ; and so convinced is he that this is the case, that he explains the efficacy of gin and water as a remedy for the pain, by saying that "it increases the secretion of urine, distending the bladder, and thus (*sic*) helping to straighten the uterus." An hypothesis that needs to be bolstered up by such an absurdity is hardly worthy of criticism. That this theory can, at best, have but a limited application, is evidenced by the fact that the treatment recommended to overcome the flexion is not essential in a large number of cases.



For he concedes, that in "young women, in marked cases, when the uterus is soft, and nutrition low, the very best effects result from a general restorative system of treatment. But, on the other hand, when the patient is older, and the uterus harder, general measures are useless from a curative point of view. The uterine canal must be straightened, either by dilatation or bilateral incision." This distinction between young and old women during the years of menstrual life, and the insinuation that by the time a woman is thirty-five her uterus must be hard and tough, seem somewhat strained. We are not told how he ascertains the exact age of his patient, nor by what standard he measures the degrees of uterine sclerosis. I do not think the distinction can hold good. Dysmenorrhœa, according to my experience, is quite as difficult to cure in the very young; and a "general restorative system of treatment" is quite as efficacious in those who are older.

I have referred to the late Dr. Sims as an advocate of the obstructive theory of dysmenorrhœa. A very few years ago Simpson's bilateral and Sims's antero-posterior operation for the division of the uterine cervix in cases of dysmenorrhœa were among the most popular of gynecological procedures. This popularity was in large measure due to Dr. Sims's influence. Thousands of women were submitted to this treatment, — a treatment not only of doubtful utility, even in the most appropriate cases, but dangerous, both to general health, and even to life. The operation resulted fatally in so many cases, that, in 1876, Dr. Barker of New York made the statement that he knew of sixteen cases in New York alone that had never been published. Its object was and is, to overcome cervical obstruction to the menstrual flow, a condition which, in a pathological sense, appeared to be of necessity a certainty, but which, as is now shown, does not, and did not, exist.

Now, in the proceedings of the "American Gynecological Society" for 1883, there is a paper by Dr. Palmer of Cincinnati upon this subject. Please note the difference between his conclusion and that which I have quoted from Quain. Dr. Palmer says in substance, that, though there does exist such a condition as obstructive dysmenorrhœa, it is comparatively rare; and says that it is not only erroneous in theory, but pernicious in practice, to regard all dysmenorrhœa as practically obstructive. His definition of dysmenorrhœa is that it "is a functional disorder of the uterus, and its essential and modifying nature is a neurosis." In the discussion which followed the reading of the paper referred to, the sense of the society seemed to sustain this point. Dr. Chadwick of Boston said that during the six or eight preceding years he had rarely found a case of dysmenorrhœa in which

incision was desirable, except when the narrowing was limited to the external "os." Dr. Barker said that obstruction is the cause of dysmenorrhœa in but a small per cent of cases.

In "Braithwait's Retrospect" for January, 1885, there appears a report of a paper upon this subject by Mr. I. E. Burton, surgeon of "Liverpool Woman's Hospital," which well illustrates how fallacious pathological reasoning may be, and upon what insufficient basis a pathological hypothesis may be constructed.

After reviewing the theory of obstructive dysmenorrhœa, and avowing his inclination to believe in it, the author says, "As it appeared to me a matter of some importance, from a practical point of view, to ascertain what the actual facts were, I determined to inquire for myself in the hospital for women. It seemed to me that the only way was to examine the cases with the sound at the time the actual paroxysmal pain or spasm was at its height. If closure of the canal at either 'os' were present, causing retention of menstrual blood, and distending the uterine cavity; or if spasm of the uterus or internal 'os' existed without closure of the canal,—it seemed to me that either condition ought to be readily detected by the sound. . . . The result was totally different from what I expected. Instead of obstruction of the canal from some cause, spasm or flexion, I *found nothing of the kind*. . . . So far from there being constriction or spasm at the internal or external 'os,' there was actual dilatation at these parts; and the canal was actually more patent from one end to the other than at any other period of the month. It is really easier to pass the sound at this time, notwithstanding pre-existent flexion and spasm, than at any other period. . . . The question may now arise, Whence the pain, then, if there be neither obstruction nor spasm? . . . I should imagine that the congestion that is undoubtedly present is quite sufficient to account for pain, from pressure on the nerves. At any rate, it is not more difficult to account for the pain in dysmenorrhœa than for that of the various forms of neuralgia, hemicrania, or sciatica; and we all know that nerve-stretching in other parts of the body than the uterus is not infrequently successful in curing neuralgia when all other methods of treatment have failed."

Thus, to explain the pain incident to menstruation, we turn to the neuralgic theory.

Again, Dr. Tilt, in his "Uterine Therapeutics," says that "in general, constitutional dysmenorrhœa seems to me to depend on some derangement of their nervous endowment in imperfectly vitalized sexual organs,—a condition that may cause neuralgia or spasm."

Hysteralgia has long been recognized. The *irritable uterus*

of Gooch, a condition whose existence modern pathology is inclined to deny, is clinically and not infrequently demonstrated. "The volume and mobility of the uterus remain unchanged, there is no rise of temperature, but acute sensitiveness and agonizing pain may be developed."

Rosenthal's definition of neuralgia seems to describe the pain of dysmenorrhœa pretty well. Thus, "Neuralgia is pain which appears in the various segments of the nerves, and which usually develops in paroxysms, either spontaneously or after pressure upon certain points. . . . The periodical return of neuralgia may be due to the fact that the internal organic stimuli act at intervals." To this let us add Trousseau's opinion, that most all neuralgias have a peripheral origin, and that the existence of painful points along the course of the affected nerve, and cutaneous hyperæsthesia over the region of its superficial distribution, are features peculiar to neuralgia. Now, the venous stasis granted to exist in many cases of difficult menstruation is, by reason of its nerve compression, a sufficient cause for neuralgia; the very nature of menstruation explains the periodicity of the pain; and, as to the painful points and hyperæsthesia, I myself can testify to their presence in some prolonged cases of dysmenorrhœa. It is a fact, that, during menstrual life, women are particularly predisposed to neuralgia, affecting especially, perhaps, the intercostal and trigeminus. We also know that neuralgia may arise from the effect of vitiated blood acting upon the nervous system, as in anæmia, tuberculosis, and the rheumatic diathesis; and we know, that, in such conditions, a very slight cause seems sufficient to excite the pain. Thus, Trousseau says, that, "in a woman of robust constitution, chronic inflammation of the uterus may exist for a long period without exciting neuralgia. The least irritation of those same parts will, in a chlorotic female, bring on neuralgia of the thighs, groins, etc."

Suppose, now, the case of a woman of nervous temperament, whose general health has been undermined, whose blood has become vitiated, as the result of malarial disease, dyspepsia, exposure, personal indiscretions, or what not: is it not fair to believe, that, in such a patient, the act of menstruation, during which the neurotic susceptibility is highly developed, is quite sufficient to induce an attack of neuralgia in those nerves which are more or less closely connected with the genital apparatus? The stimulus may be conveyed through the sympathetic nerve-supply of the uterus and ovaries to the lumbar and sacral plexuses, and thence be reflected along the spinal nerves to the iliac and hypogastric regions, and even to the hip, thighs, and knees.

Another fact in favor of the close relations existing between neuralgia and dysmenorrhœa is, that the most efficacious and

palliative and curative remedies in the one are those that are similarly useful in the other. What drugs are more commonly employed in dysmenorrhœa than *aconite*, *belladonna*, *chamomilla*, *cimicifuga*, *colocynth*, *iron*, *opium*, *pulsatilla*, *quinine*? and how can we explain their well-known efficacy if we allow that dysmenorrhœa is dependent upon stenosis of the cervical uterine canal? Is it to be supposed that a sitz-bath, or the local application of heat to the lumbar region, will either straighten out an anteflexed uterus, or remove an organic cervical stricture? and yet, what measures are more likely to promote the comfort of our patients? These same remedies, when exhibited in pains of the same or a similar character, whether arising from the same or a different predisposing cause, in other nerves, are equally valuable.

Without going much into detail, I wish now to refer to three cases, to a certain degree typical, in which, by pursuing a course of treatment based upon the neuralgic theory of dysmenorrhœa, a satisfactory result has been obtained.

The first is that of an unmarried woman, of about twenty, very thin and quite anæmic, of a phthisical family, who has suffered for several years with severe lumbo-abdominal and crural pain during the second day of menstruation, which is regular as to time. Accompanying this pain she has intense hemicrania. Any excitement, worry, or over-exertion serves to aggravate the distress, under which she is very impatient, and at times hysterical. Of the condition of the uterus, I am ignorant. Nothing has helped this patient so much during the paroxysms as a generous allowance of hot brandy and water. The iodide of iron, one grain at a dose, administered three times each day for two weeks preceding each menstrual period, combined with proper hygienic measures of a stimulating character, has practically cured her.

The second case is that of a nulliparous married woman of middle age, who for seven years has been subject to metrorrhagia and menorrhagia, and to intermittent uterine colic (so called), frequently associated with intercostal neuralgia. The uterine discharge is profuse, dark and clotted, lasts for about seven days, and is renewed every two weeks. In this case, there is degeneration of the endometrium. The uterus is enlarged, and readily admits a probe to four inches. She is a victim to miasmatic blood-poisoning. Iodine and secale have not only relieved her of pain, but have also apparently cured the hemorrhagic habit, and controlled the febrile condition.

My third case is that of a recently widowed woman of thirty-five, muscular, plethoric, and inclined to bilious disturbances. Her pain is almost entirely abdominal, and is attended by great

flatulent distension. In this case, the lady physician who examined her, reported a retroflexion, and considerable perimetric sensitiveness. *Aconite* and *colocynth* palliate the acute pain, and *belladonna* and *collinsonia* given during the entire interval have proved remedial.

The result in these and other cases has been as satisfactory as in any in which I have practised dilatation of the cervix as part of the treatment. That dilatation is a very useful remedy, I firmly believe; but that it acts much in the same way as does the same procedure in neuralgia or spasm of the urethra, or spasmodic stricture of the rectum, or as acupuncture does in sciatica, I am just as firmly convinced.

My conclusion is, that the pain of dysmenorrhœa is a neuralgia directly dependent upon a perversion of the menstrual habit. My notion is, that to this perversion every woman is more or less predisposed by any derangement of the general health, and that it is excited by any functional or organic condition which interferes with the regularity of the pelvic circulation.

The treatment of dysmenorrhœa, in general, should be divided into two parts, — the immediate or palliative, and the secondary or curative. During the first stage, the knowledge of the pathological condition of the genital organs is as unimportant as it is desirable during the second. During the first part of the treatment, it is our duty to remove or suppress pain; but we can only hope to cure the disease by removing the predisposing and exciting causes.

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#### GLEANINGS AND TRANSLATIONS.

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APPLICATIONS OF CORROSIVE SUBLIMATE AND GLYCERINE IN EPITHELIOMA OF THE CERVIX UTERI. — In "The British Medical Journal," March 28, Dr. Biddle says, "There are few things in the way of palliative treatment that have given me greater satisfaction than the use, in a case of epithelioma of the cervix uteri, of a lotion or injection containing one-fourth of a grain of corrosive sublimate and half an ounce of glycerine, to a pint of water. Before using it, a patient of mine had for seven or eight months been subject to paroxysms of agonizing pain, and frequent hemorrhages, which were occasionally profuse. Immediately upon its employment, and for the last three months of her life, the hemorrhage became merely nominal; and, instead of agonizing pain, there was simply the distress consequent upon irritation (by the tumor) of the bowels and bladder, the latter of which became perforated a week before death. I attribute the bene-

ficial change to the very marked reduction in the amount of infiltration. The lotion was used continuously, with very few exceptions, twice a day during the three months; and I shall certainly adopt the same treatment in the next case I have, even before recovery is despaired of. In the case referred to, it was not tried until the curative effect of chromic acid had been tried in vain." — *Fort Wayne Journal of Medical Sciences.*

A SIMPLE EXPEDIENT IN THE MANAGEMENT OF STRANGULATED HERNIA. — Dr. S. H. Hurd of Long Branch, N.J., writes to "The Medical Record," —

"Under the above caption, Dr. C. A. Stewart of Chicago calls attention, in 'The Record,' to a simple expedient he has resorted to successfully in five cases of strangulated hernia after taxis had failed. It consisted of dilatation of the constriction which produces the strangulation at the abdominal ring, by passing the finger along the inguinal canal, carrying the integument before it, until the constricting ring is felt. The finger is then gently insinuated into the opening; and, if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring, until it is felt to give way, when a resort to taxis again will ordinarily result successfully. Last year I called the attention of the members of our county society to this plan, and its happy results in several cases." — *Weekly Medical Review.*

PEDIATRIC APHORISMS. — The following aphorisms of Professor Letamendi are quoted in "El Dictatum" of May 10, 1884:—

1. Children are like the mob: they always complain with reason, although they cannot give the reason why they complain.

2. Always look at the lips of a pale and sickly child: if they are of a deep-red color, beware of prescribing tonics internally. At the outset you will congratulate yourself, but in the long-run you will repent of having employed them.

3. As a general rule, a sad child has an encephalic lesion; a furious child an abdominal one; a soporific child has both, though indistinctly defined.

4. An attendance on children produces on the mind of an observant physician the conviction that the half, at least, of adult transgressors are so through morbid abdominal influences.

5. A sunny living-room, a clear skin, and an ounce of castor-oil in the cupboard, — these are the three great points of infantile hygiene.

6. To dispute the clinical value of tracheotomy in croup is a waste of time to no good purpose. Croup or no croup, if there

be a positive obstruction to respiration in the larynx, it is but according to reason to open a way for sub-laryngeal respiration. In the days of more knowledge and less nonsense, tracheotomy will be ranked among minor surgical operations.

7. Dentition is the true multiple pregnancy in which the uterus and its fœtuses become petrified in proportion as they grow. It is not the direct or the eruptive pressure, but the lateral pressure of all together, that is the most dangerous. It is from this that so many cerebral symptoms appear which can in no way be relieved by incisions of the gums. The only resource against the danger of this transverse pressure is to give the child more nourishment, in the hope, that, as the general condition is bettered, the local condition will also improve.

8. If the incisors of the first dentition are serrated, it is bad ; but if those of the second formation are the same, it is worse. It foretells a number of lesions arising from the deficiency of mineral salts in the tissues. There is only one exception, and it is an important one. When the serrated incisors are seen in the strong children in whom the fontanels have closed early, it is a sign of robust constitution. Instead of a number of small and sharp dentitions, there are a few large, blunt ones.

9. To regard the eruption of the teeth as the sole factor in the general process known as the first dentition, is to perpetrate a set of medical synecdoche. Children get their first teeth because they are at the same time getting a second stomach and second intestines.

10. The body of a child possesses such a degree of "acoustic transparency," that, in cases of necessity or convenience, auscultation may be practised with the hand, converting it into a telephone which will reveal as much to the physician as even his ear could do.

11. In practice it is well to distinguish with decision a case in which disease is due to lumbricoids, from one in which lumbricoids are due to disease ; for in the former case anthelmintics are of service, but in the latter they do harm.

12. Since, until a child is able to talk clearly, his relations with the physician are clearly objective, it is very necessary that he should study as carefully as do the veterinarians the exact correspondence between lesions and the expression of the patient.

13. If you wish to cure rapidly and well joint-diseases in infants, you must treat them as you would a conflagration, — douches, douches, and more douches, until you have succeeded in extinguishing them.

14. The entire system of the moral relation between children and adults should be changed. To speak to them incorrectly, merely because they cannot pronounce well ; to excite their fears,

and arouse their weird imaginations, simply because they are easily frightened and impressionable ; to stimulate their vanity because they are naturally inclined to be vain, — these and other similar actions are not only wrong, but absurd.

15. There is, finally, a danger to women of contracting a vice as yet unregistered in the annals of concupiscence, — mastomania, or the sensuality of nursing. When this physiological act degenerates into a vice, nursing becomes so frequent as to be almost continuous ; and the result is ruin to both mother and child. Finally, the physician must here, as always, be at once wise, discreet, of good judgment, and firm. — *Birmingham Medical Review* ; quoted in *Journal American Medical Association*.

RAPID CURE OF DYSPHAGIA. — The “*Revue Homœopathique Belge*” quotes the following case, reported by Dr. Goullon to the “*Populäre Zeitschrift für Homöopathie* :” —

“The patient, who presented himself at my office, showed signs of acute suffering : he was pale and exhausted. His first words were, ‘I have been fasting for two days.’ Fifteen days before applying to me, he had had difficulty in trying to swallow a bit of tough meat : the food had stuck in the throat for a time, since which he had suffered from a feeling of pressure in the throat, and swallowing had grown more difficult from day to day. The patient was sixty-seven years old.

“I diagnosed the trouble as a sort of spasm ; but the localized pain, aggravated by pressure, and the heavily coated tongue, suggested an inflammatory affection accompanying the mechanical lesion. Taking this into account, I ordered *belladonna*<sup>6x</sup> and *nux vomica*<sup>6x</sup> to be taken in alternation ; a teaspoonful every two hours, beginning with the *belladonna*. I had under consideration, also, the application of a blister ; but the patient, having much faith in homœopathic treatment, begged me to defer all adjuvants until the medicine had been tried. . . . The following morning I had occasion to take the train for Erfurt. Imagine my surprise at seeing my patient of the day before promenading the platform of the railway-station, apparently in the best of spirits. He hurried up to me with the joyful exclamation, ‘It is all right with me, doctor : I am able to eat and drink again ; I am completely cured.’ Apparently, a single dose of *belladonna* had accomplished this longed-for result after a fortnight of suffering. My patient assured me that he had had no occasion for the second remedy. He had passed the night with friends, and now, restored and happy, was *en route* for his own home.”

BACTERIA IN THERAPEUTICS. — Professor Cantani of Naples has taken advantage of the well-known antagonism of certain



forms of bacteria to each other in cultures, to make a novel experiment in therapeutics. After satisfying himself of the harmlessness of the bacterium termo when injected beneath the skin, or inhaled, or taken into the stomach, of animals, he proceeded in a case of phthisis to attack the bacillus tuberculosis with this common and vigorous micro-organism. The case was one with an extensive cavity in the left upper lobe, high fever, and copious expectoration, in which there were elastic fibres and numerous tubercle bacilli. Animals inoculated with the sputum became tuberculous. The case had resisted the ordinary methods of treatment, and was getting steadily worse. On the 4th of May inhalations of a spray of a pure culture of bacterium termo were begun, with the effect of rapidly reducing the amount of expectoration, and diminishing the number of the tubercle bacilli. The fever subsided, and the condition of the patient rapidly improved. On the 1st of June the tubercle bacilli could no longer be found in the expectoration, only the bacterium termo; and inoculation of the sputum in animals failed to produce tuberculosis. It is not to be supposed that the bacteria destroyed the deep-seated tubercle bacilli; but in recent cases of slight extent, and superficially situated, the method may prove of some service, though the difficulty of carrying out the details is a serious objection to it. — *Medical News.*

A NEEDLE IN THE BLADDER OF A BOY OF FOUR YEARS SIMULATING STONE; REMOVAL BY LITHOTOMY; RECOVERY ("Lancet"). — The patient was seen in November, 1884, with symptoms of bladder-irritation, which had existed since August, 1883. There had been much pain: occasionally blood was present in the urine, but this had ceased. He had been frequently sounded for stone, but nothing was found. Phimosis was next blamed for the symptoms; and he was twice circumcised, also without relief. Under chloroform, a sound was passed into the bladder, and produced a grating noise. As this could only be obtained at one point, and as the rectal examination was negative, an embedded phosphatic calculus was diagnosed, and lateral lithotomy performed. On opening the bladder, a sharp body was felt, sticking in the anterior part of the prostate, lying obliquely over the trigone, and resting against the posterior surface of the fundus. It was incrustated with calcareous matter. After some little difficulty, a small-sized "darning-needle," measuring  $1\frac{5}{8}$  inch in length, was extracted. The deposit was  $\frac{3}{8}$  inch in thickness, and included the point; while the eye-extremity for  $\frac{3}{8}$  inch was free from deposit, and smooth. He made a good recovery.

The mother insisted that a needle, such as was removed, had

been swallowed in May, 1883. No other facts could be elicited from the history bearing upon the case. — *Archives of Pediatrics.*

DISCOVERY OF THE CIRCULATION OF THE BLOOD. — The history of the discovery of the circulation, recapitulated, divides itself naturally into a series of epoch-making periods: 1. The structure and functions of the valves of the heart: Erasistratus, 304 B.C. 2. The arteries carry blood during life, not air: Galen, A.D. 165. 3. The pulmonary circulation: Servetus, 1553. 4. The systemic circulation: Cæsalpinus, 1593. 5. The pulmonic and systemic circulations: Harvey, 1628. 6. The capillaries: Malpighi, 1661. — *Popular Science News.*

PRACTICAL SUGGESTIONS. — Dr. Pretsche, in the "Bibliothèque Homœopathique," makes the following practical suggestions:—

"1. Before a homœopathic physician begins the treatment of a case which has been in the hands of an allopathist, he should allow several days to elapse without administering remedies, in order that drug-symptoms may disappear, and the patient return to his fundamental type.

"2. He who uses the greatest variety of drugs, may well be the least scientific physician: he who is thoroughly master of the action of eighty to a hundred remedies, will rarely have occasion to meddle with little-known and imperfectly proved agents.

"3. *Nux vomica*, even in comparatively high dilutions, if given at night, is apt to produce insomnia, troubled sleep, nightmare, and uncomfortable dreams.

"4. A tablespoonful of generous wine should be administered to an invalid before lifting him from the bed to a chair for any purpose." — *Revue Homœopathique Belge.*

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## SOCIETIES.

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### *AMERICAN OBSTETRICAL SOCIETY.*

AN association of medical practitioners was organized on Oct. 28, and incorporated under the laws of the State of New York as the AMERICAN OBSTETRICAL SOCIETY.

It is the purpose of this society to engage in the study of the art and science of obstetrics in a systematic manner, with the hope of making its practice more exact and satisfactory. With this object in view, it is deemed desirable to include within the membership every physician who is especially interested in the development of this department of medical practice. The

society has already seventy-nine members, located in twenty-one States, with the following officers elected to serve until the annual meeting in June next:—

President, George W. Winterburn, M.D., of New York. Vice-presidents, Henry Minton, M.D., of Brooklyn; Professor Sheldon Leavitt, M.D., of Chicago; Professor Walter Wesselhoeft, M.D., of Cambridge, Mass. Secretary, Everitt Hasbrouck, M.D., of Brooklyn. Treasurer, Clarence M. Conant, M.D., of Orange, N.J.

Meetings will be held as often as practicable, the first of which will be in New York on Dec. 10, and of which further notice will be issued at a later date. The annual meeting for 1886 will be held at Saratoga, in connection with the meeting of the American Institute of Homœopathy.

The annual dues are two dollars for the first year (this includes the certificate of membership), and one dollar for each subsequent year. It is hoped that plans for an equitable dissemination of papers and discussions may be evolved which shall promote the largest benefits to the membership. The transactions of the society, including all the papers and a stenographic report of the discussions, will, for the present, be printed in full in the "Homœopathic Journal of Obstetrics."

A cordial invitation is extended to any one interested in the objects of the society to communicate with the secretary.

E. HASBROUCK, 253 *Thirteenth Street, Brooklyn, N.Y.*

#### WORCESTER-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of the Worcester-County Homœopathic Medical Society was held on Wednesday, Nov. 11, at No. 13 Mechanic Street, Worcester. Dr. Charles L. Nichols, president, presided.

The election of officers resulted as follows: President, Dr. O. W. Roberts of Ware; vice-president, Dr. N. W. Rand of Monson; corresponding secretary, Dr. G. A. Slocomb of Millbury; recording secretary and treasurer, Dr. E. L. Mellus of Worcester; librarian, Dr. C. Otis Goodwin of Worcester; board of censors, Drs. Brick, Warren, and Spencer.

Dr. Luscombe of Fitchburg was elected to membership. Drs. L. W. Atkinson of Cherry Valley and N. Emmons Paine of Westborough were proposed for membership.

After several incidental matters had been disposed of, the presentation of papers was in order. Dr. O. W. Roberts of Ware presented a paper on "The Use of Chloroform in Normal Labor."

At 12.30 o'clock the Society adjourned to the Bay State House for dinner.

At the afternoon session the paper of Dr. Roberts was discussed at length. Dr. A. M. Cushing of Springfield read a paper on "Fluor Albus." Questions of an allied character, coming forward for discussion, induced a lively interchange of opinions, which was alike interesting and profitable to the large number of physicians present.

Dr. N. Emmons Paine, superintendent of the new State Homœopathic Insane-Hospital at Westborough, was in attendance, and received the closest attention while addressing the Society.

The following resolution was introduced, and passed by a unanimous vote:—

*Resolved*, That this Society do make it the duty of its members to acknowledge and credit the authorities of material collated or abstracted, either to form the substance of, or become incorporated into, any written article presented to this Society.

G. A. SLOCOMB, M.D.,

*Corresponding Secretary.*

*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

ONE of the most interesting meetings in the history of the Society was held at Cooley's Hotel, Springfield, Nov. 18; the president, N. W. Rand, M.D., in the chair. The censors reported favorably upon the applications of B. A. Sawtelle, M.D., of Wales, and G. F. A. Spencer, M.D., of Barre; and, by vote of the Society, they were admitted to membership.

The resignation of Dr. L. Macfarland, on account of inability to be present at meetings, was accepted; and, by vote of the Society, he was elected to honorary membership.

An amendment to the by-laws was proposed, changing the time of the annual meeting to the third Wednesday in March, and quarterly meetings to June, September, and December.

A committee consisting of Drs. A. M. Cushing, J. M. Barton, and G. H. Wilkins, was appointed to propose further revision of constitution and by-laws.

Andrew S. Oliver, M.D., was proposed for membership.

The Bureau of Surgery and Zymotic Diseases having the meeting in charge, the following subjects were presented: "Scarlet Fever," by Dr. B. A. Sawtelle; "Some Rare Surgical Cases," by Dr. A. M. Cushing; "Causes of Malaria and Typhoid Fever in Berkshire County," by Dr. C. W. Stratton; "Diseases of Refraction," by Dr. J. M. Barton; "A Clinical Case," by Dr. O. W. Roberts.

The paper upon "Scarlet Fever" elicited a very interesting discussion. Belladonna is used as prophylactic by most of the members, but with varying results.

The use of sulpho-carbolate of sodium as a remedy, or a gargle in cases where the throat is much involved, was highly recommended by several members, though some have seen only negative results from its use.

Gelsemium<sup>o</sup> in case of convulsions, and ailanthus in malignant cases, have proved valuable remedies.

Dr. Stratton spoke of the disappearance of typhoid fever from his section of the country upon the advent of malaria, and now that disease also has taken its departure; while, so far as can be determined, the local surroundings all remain unchanged. The question "why?" remains unanswered.

Dr. Roberts's patient took a "header" from his bicycle, striking upon the left side of his thorax. Shortly after, a pleuritic effusion showed itself, and three and one-half quarts of straw-colored fluid were withdrawn by the aspirator. *Iodine*<sup>2x</sup> dilution has been given internally, and his recovery seems probable.

Dr. C. A. Beldin of Jamaica, L.I., was a welcome guest of the Society.

Adjourned at 4 P.M.

G. H. WILKINS, *Secretary*.

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## REVIEWS AND NOTICES OF BOOKS.

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RATIONALISM IN MEDICAL TREATMENT; OR, THE RESTORATION OF CHEMISM, THE MEDICINE OF THE FUTURE. By William Thornton. Boston: Published by the author, 1885. 46 pp.

This little volume, coming to us in the name of science, is gotten up in a style more befitting a "Rhyme à la Mode," or a "Ballade of Beauty," and affects one much as would the spectacle of a dress-suit, *boutonnière*, and opera-hat, worn at a medical-society meeting. Its contents prove to be scarcely less puzzling to science than is its form. A careful reading seems to classify it as a clever and striking announcement—certain of its phrases would almost justify one in saying advertisement—of a magnificent forthcoming something, not too clearly specified. The author tells us of having left England for America, that he might have a larger and less obstructed field for the development of his theories; but certainly no theories are "developed" in his present literary venture. A single theory is dogmatically stated; namely, that disease is the evidence of the absence, or

reduction in normal quantity, of the chemical elements composing the body; and health is to be restored by the introduction into the body of certain "compatible" chemicals. Vague and imposing references are made to a discovery of the curability of cancer and Bright's disease; but nothing scientific, or particularly intelligible, follows these dark hints, to explain or justify them. As it now stands, the book is rather a conundrum; and one cannot but entertain grave doubts, whether its forthcoming solution will redound to the credit of its author.

**HEADS AND FACES, AND HOW TO STUDY THEM.** By Nelson Sizer and H. S. Drayton, A.M., M.D. New York: Fowler & Wells Company, 1885. 184 pp.

This little manual gives a clear and concise summary of the laws of phrenology and physiognomy as expounded by their more intelligent supporters. It is enriched by woodcuts of many distinguished men and women, whose faces illustrate the various types of character treated of in its pages. We observed with especial interest the fine head of "Christopher North," — a face which suggested that its owner might say of the prizes of life as, when he was a lad, he once wrote in his journal on examination-day at school: "To-day the prizes were distributed. I took 'em all."

**INEBRIISM: A PATHOLOGICAL AND PSYCHOLOGICAL STUDY.** By T. L. Wright, M.D. Columbus, O.: William G. Hubbard, 1885. 222 pp.

This work is an intelligent and scientific study, from a medical stand-point, of the effects of alcohol upon the physical and psychical nature of man. Its object is "to discover, if possible, the usual and most common causes of alcoholic inebriety; to determine the pathological nature and associations of the inebriate constitution; to observe the laws of its dissemination among individuals, and of its descent in varying forms through heredity." The drift of the author's conclusions is perhaps overmuch toward fatalism, — a shifting of personal responsibility to the progenitors to whom is due the morbid craving, the unbalanced nervous system, which work such frequent and fatal overthrow. The effect of alcohol upon the brain of the inebriate is studied in the light of recent pathological research; and this study, with the discussion of the establishment of the "neurotic temperament," and of that terrible neurosis dipsomania, its effects upon the mental and moral nature ultimating in the evolution of the actual criminal, naturally and logically lead up to the question of the inebriate's legal and moral responsibility.

The work is a highly interesting and valuable contribution to the literature of a most important subject, and may be read with profit alike by physician and lawyer, theologian and philanthropist.

THE ESSENTIALS OF HISTOLOGY. DESCRIPTIVE AND PRACTICAL.  
By E. A. Schäfer, F.R.S. Philadelphia: Lea Brothers & Co.,  
1885. 245 pp.

The text of this really fascinating book is divided into forty-two lessons, the first of which describes the microscope, and gives directions for its use, while the remaining lessons describe the various tissues and organs of the human body. The illustrations to the work are numerous and exceedingly helpful; and the instruction embodied in the text is entirely sound and reliable. By its aid the student is enabled to pursue a systematic course of study, arranged by one whom ability and experience have admirably fitted for the task. An appendix contains general directions for preserving and hardening tissues and organs, for preparation of sections, for staining and mounting specimens, etc. The importance of the study of microscopical anatomy, and the absorbing delights of histological investigation, need no commendation to the student of science. To all especially interested in these, this book will be a welcome companion and instructor.

OUR BODIES; OR, HOW WE LIVE. By Albert F. Blaisdell,  
M.D. Boston: Lee & Shepard, 1885. 285 pp.

This volume is an elementary text-book of physiology and hygiene, "designed for use in the common schools, with special reference to the effects of stimulants and narcotics on the human system." It gives, in an easy and comprehensible style, with admirable aptness of simile and illustration, information which it is of great importance to the young to acquire. We see no reason why it should not very successfully fulfil its purpose, and, by instructing the rising generation concerning the bodies in which they live, help to render their tenancy of those bodies more prolonged and comfortable than would otherwise be the case.

MILK ANALYSIS AND INFANT-FEEDING. By Arthur V. Meigs,  
M.D. Philadelphia: P. Blakiston, Son, & Co., 1885. 102 pp.

The author of this highly valuable and interesting little work has given years of effort to the search after a food thoroughly adapted to the needs of those unfortunate infants who must be "brought up by hand." His plan of work had been to ascertain, as exactly as possible, the composition of human milk, and to

discover by this aid a food as closely as possible resembling it. The results of his extensive, practical, and praiseworthy investigations are here summarized. He ably criticises the methods of analysis heretofore in ordinary use, and offers an improved method, which promises more accuracy, especially in determining the quantity of sugar and casein present in milk. He furnishes convincing testimony that human milk contains only about one per cent of casein; and — an important fact to establish — that cows' milk has an acid re-action, while the re-action of human milk is alkaline. Other marked differences between human and cows' milk are pointed out, and conclusions drawn concerning the best substitute for human milk. Certain formulæ are given, which promise a great improvement in infant dietetics. Besides being the most recent, this is certainly the most satisfactory, treatise on its practical subject known to us; and no general practitioner can afford to be ignorant of the facts it concisely sets forth.

**A TREATISE ON NERVOUS DISEASES: THEIR SYMPTOMS AND TREATMENT.** By Samuel G. Webber, M.D. New York: D. Appleton & Co., 1885. 415 pp.

After a brief introductory chapter, in which certain diagnostic points are referred to, Dr. Webber methodically treats of diseases of the nervous system under the ordinary classification: "Diseases of the Brain;" "of the Spinal Cord;" "of the Peripheral and Sympathetic Nerves." He refers as "unclassified" to such diseases as vertigo, chorea, epilepsy, hysteria, neurasthenia, etc. The terse and practical teachings presented are well adapted to the needs of the student and general practitioner who desire to escape from the confusion of minutiae. The treatment recommended is often somewhat vague and general in character, as for certain phases of disease, "sedatives," "narcotics," "tonics," "electricity," or the like. From the stand-point of "rational" medicine, Dr. Webber's therapeutics would doubtless, however, be found satisfactory. The type of the book is refreshingly clear and pleasant, and its general "make-up" in every way creditable to its publishers.

**CANCER: A STUDY OF THREE HUNDRED AND NINETY-SEVEN CASES OF CANCER OF THE FEMALE BREAST, WITH CLINICAL OBSERVATIONS.** By Willard Parker, M.D. New York and London: G. P. Putnam's Sons, 1885. 61 pp.

Of the immense service to the medical profession which can be rendered by a careful, intelligent, and conscientious observation, extending over a series of years, of any single class of cases coming under the care of the medical practitioner, no better evi-



dence could be asked than is afforded by a thoughtful reading of this little book. In it we find recorded the results of the clinical observation of over half a century. Three hundred and ninety-seven cases of mammary cancer, which came under the personal care of the author, are here classified, tabulated, and studied with especial reference to causes, history, means of prevention, and (though subordinately) means of treatment. Dr. Parker's deductions, especially in regard to causes and hereditary influences, are original and well founded; heredity being demonstrated to be but a very slight factor in producing the disease. Complete clinical history is shown to be of much greater use in determining the causes of carcinoma than is histological investigation. The book is deserving of the most careful reading by physicians and surgeons, and must command all respect as a worthy and dignified memorial of a long and useful professional life.

A TREATISE ON ANTISEPTIC MEDICATION; OR, DÉCLAT'S METHOD. By N. Francis Cooke, M.D., LL.D. Second edition. Chicago: Gross & Delbridge, 1885. 96 pp.

Those physicians not already conversant with the comparatively recent and very important "departure" in practical medicine known as the "Déclat method," or antiseptic treatment of diseases of known bacterial origin, may quickly and intelligently familiarize themselves with it by a reading of this little book. Of the method itself, it can only be said that it must be more widely tested in practice, and the results of the tests made known, before we can pronounce justly upon its really immense claims as a conqueror of disease. But the fact of its enthusiastic acceptance, after trial, by such physicians as Dr. Cooke and the co-workers whose experience and testimony he here offers us, would seem to make it incumbent upon every conscientious physician to satisfy himself as to the possibilities of antiseptic medication. We need reports of "illustrative cases" less hastily prepared, and reported more in detail, than the majority of those here published by Dr. Cooke.

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS: THEIR DIAGNOSIS AND TREATMENT. By Lionel S. Beale, M.D. Philadelphia: P. Blakiston, Son, & Co., 1885. 356 pp.

A new work from the pen of Dr. Beale is always an occasion for self-congratulation to the reading medical public, and the self-congratulation on the present occasion must be quite as cordial as usual. The classification of subjects in the volume before us is made rather from a chemical than from the usual

clinical stand-point; i.e., the excess or deficiency of normal constituents of urine, and the presence in solution of substances not found in healthy urine, are taken as starting-points from which to consider the abnormal conditions producing these changes. The "hints on treatment," however, given by the author, are very often based upon clinical facts rather than upon the results of analysis of the urine. The author's literary style is easy and conversational, though always dignified and scholarly. In treating of derangements of the sexual functions, as evidenced by urinalysis, Dr. Beale makes a most earnest, manly, and ringing appeal to the medical profession in the interests of public morality and social purity, dwelling eloquently on "the besetting trial of our boys." Such wise and timely utterances cannot fail of their effect with physicians who are humanitarians rather than mere money-getters.

The work is wholly worthy of a wide and genuine success.

**POISONS: THEIR EFFECTS AND DETECTION.** A manual for the Use of Analytical Chemists and Experts. By Alexander W. Blyth, F.C.S., M.R.C.S., etc. Vols. i. and ii. New York: William Wood & Co., 1885.

These two volumes form the issues of Wood's Library for June and July. The work opens with an historical sketch of old poison lore, and a review of the growth and development of modern toxicology. The scope covers the field of animal, vegetable and mineral poisons, classified chemically and in natural groups. In an appendix is to be found a brief *résumé* of the latest methods for the identification of blood-stains, and an alphabetically arranged list of the more common poisons, with brief directions for their treatment. The value of the work is far from confined to the "chemists and experts" mentioned on its titlepage, since no student of materia medica can look upon his literary equipment as complete unless his library contain some such authoritative work on toxicology as the one now under consideration.

**A SYSTEM OF OBSTETRIC MEDICINE AND SURGERY, THEORETICAL AND CLINICAL.** By Robert Barnes, M.D., and Fancourt Barnes, M.D. Philadelphia: Lea Brothers & Co., 1885. 884 pp.

The medical profession has offered to it, in this handsome octavo volume, the results of the united labors of a father and son whose names are eminently identified with the art of obstetrics as practised to-day. The senior author, Robert Barnes, stands beyond challenge as one of the few living obstetricians whose writings and teachings have in great measure helped to mould

and make the obstetric practice of which the science of medicine is proud, as of one of her most nearly perfected branches. The profession has good reason to congratulate itself that theories and experience so valuable have taken form in such a complete and systematic treatise as the one before us. In order to leave themselves freer to deal with the subjects of which they are especially masters, the authors have committed the chapter on embryology to the editorship of Professor Milnes Marshall; and that on teratology, — “with especial reference to classification and clinical practice,” — to that of Mr. Noble Smith. Both gentlemen have fulfilled their tasks in a manner which leaves little to be desired. The authors have thus devoted their entire energies to subjects congenial to their experience, such as the history of gestation, of puerpery, of the mechanism of labor, of hemorrhage, the prophylaxis of puerperal diseases, the description of operations, etc.

We have, unhappily, no space for detailed analysis of the methods recommended by the authors. It must suffice to say, that they have handled their theme in a manner worthy of it, and of their own distinguished reputations. The book, speaking with the voice of unquestioned authority on a subject second to none in importance, is predestined to success. No *accoucheur* can look upon his library as complete, while it lacks a copy of Barnes’s “Obstetrics.”

The authors have reason to congratulate themselves on the thoroughly fine form in which the publishers have presented their work to the profession in America.

MANUAL OF THE DISEASES OF WOMEN : BEING A CONCISE AND SYSTEMATIC EXPOSITION OF THE THEORY AND PRACTICE OF GYNECOLOGY. By Charles H. May, M.D. Philadelphia : Lea Brothers & Co., 1885. 357 pp.

This, the latest publication on the theory and practice of gynecology, is made up of what might be called “key-notes” of the etiology, diagnosis, symptoms, complications, and treatment of diseases of women; chiefly compiled from the writings of Thomas, Emmet, Mundé, Simpson, Barnes, Playfair, Tait, Schroeder, Fritsch, and other American and European authorities. It is designed especially for students, but will be welcome and serviceable to the practitioner desiring to rapidly refresh his memory at a moment when study of an exhaustive work is impracticable. It may be said to skim the cream of the literature of the subject, and offer it in condensed form, to be diluted for use by the practitioner’s common sense and previous knowledge, and by the exigencies of the case in hand.

SMALL-POX AND ITS PREVENTION. By Thomas Nichol, M.D., LL.D., B.C.L. Montreal: W. Drysdale & Co., 1885. 33 pp. Price 15 cents.

This pamphlet is the second of the "Montreal Tracts on Homœopathy." The circulation among the laity of useful and practical information in the present very available form, is an excellent one, and worthy of wide adoption. The present tract is admirably well written, giving in terse and easily comprehensible pages, an accurate history and vivid picture of the fearful plague which is now going far toward decimating the population of Montreal. The practical fact, distinctly insisted upon, and substantiated by ample statistics, is the necessity of employing the one method known to science of absolutely preventing and checking an epidemic of small-pox; namely, vaccination, preferably by the use of bovine lymph. A careful reading of the pamphlet cannot fail to lessen existing prejudice against vaccination in the mind of any one capable of receiving the testimony of fact. Montreal stands much in need of just such plain teaching, and the laity everywhere would profit by it.

WITH its September issue, the NORTH-AMERICAN JOURNAL OF HOMŒOPATHY, in its new form and under its new directorship, makes its salutation to the medical profession. We extend to it a most fraternal welcome, and wishes for the best possible success; which success, judging from the energy, good sense, and scholarship evidenced in its initial number, it can hardly fail of attaining. We testify to our appreciation of the good things it offers us by reproducing elsewhere, at length, one of its articles for the benefit of our readers.

MESSRS. J. H. CHAMBERS & Co. of St. Louis announce, as soon to be published by their house, a valuable treatise on "Diphtheria, Historically and Practically Considered: Including Croup and Tracheotomy," by A. Sanné, well known in connection with the hospitals of Paris; translated, annotated, and the surgical anatomy added, by Henry C. Gill, A.M., M.D., LL.D. The work will be enriched by thirty-six illustrations and a full-page colored plate.

OTIS CLAPP & SON'S VISITING-LIST AND PRESCRIPTION RECORD. Boston and Providence: Otis Clapp & Son.

The ever-widening popularity of this visiting-list, which in point of practical utility falls little short of the ideal, is excellently well deserved. The book contains records for daily engagements, obstetric cases and vaccinations, and special memoranda for ad-

dresses of nurses, etc. It gives, also, an obstetric calendar after Schultze, pulse-tables, hints concerning respiration, dentition, and thermometric indications, rules for disinfection from the circular of the National Board of Health, list of poisons and antidotes, Marshall Hall's and Sylvester's methods of treating asphyxia, and a list of remedies, abbreviated and numbered for convenient entry in the prescription-record. It is of most convenient size, and admirably printed and bound.

Price, for 60 patients, \$1.50; for 30 patients, \$1.25.

**THE HOMŒOPATHIC PHYSICIANS' VISITING-LIST AND POCKET REPERTORY.** By Robert Faulkner, M.D. Second edition. New York and Philadelphia: Boericke & Tafel.

This visiting-list and prescription-record will, by its usefulness and beauty, commend itself to the physician at sight. The presence of a condensed repertory will doubtless often prove of much service to a perplexed and weary memory. In addition to the record of daily engagements, which is "perpetual" in character, the book contains special memoranda, yearly and obstetric calendars, list of poisons and antidotes, Marshall Hall's treatment of asphyxia, and Carpenter's pulse-table. It is handsomely bound in morocco, with leaves of well-finished gilt-edged paper. Price \$2.

**THE PHYSICIAN'S VISITING-LIST FOR 1886** (Lindsay & Blakiston's). Philadelphia: P. Blakiston, Son, & Co.

An experience of thirty-four years in supplying the needs of the medical profession has enabled this well-known firm to offer a visiting-list in every respect "up to date." Its dose-table, revised according to the latest pharmacopœial standards, will be found extremely serviceable by the prescribers of "palpable" doses. The book is conveniently dated for use in the forthcoming year.

**THE NORTH-AMERICAN REVIEW** for November continues Admiral Ammen's entertaining "Recollections of Grant;" publishes a symposium, by well-known writers, on "Shall Silver be Demonetized?" and offers, in other respects, an exceedingly readable table of contents. New York: 30 Lafayette Place.

**THE POPULAR SCIENCE MONTHLY** gives in its November issue a highly interesting and suggestive account of the famous "Free Colony of Lunatics" at Gheel, Belgium; discusses "The Motor Centers and the Will," by the pen of Mr. V. Horsley, F.R.C.S.; and offers much other valuable reading. New York: D. Appleton & Co.

THE CENTURY for November offers a literary feast over which one may well smack the lips of his mind. There are delightful short stories by Mary Hallock Foote, Helen Hunt Jackson, and Frank Stockton; the latter of whom proves conclusively, by the mouth of a darkey preacher, the startling thesis that every woman is possessed of seven devils. There are poems by Emma Lazarus, Helen Jackson, and Edith Thomas; essays by Lyman Abbott and E. E. Hale. The "Story of the Battle of Chattanooga" is told from the personal memoirs of Gen. Grant. There is an engraving of Gen. Grant at Mount MacGregor; and he must be unsensitive indeed who can look at it without being haunted by that grave, pathetic face, with the sternness of its manhood sweetened and spiritualized by great suffering and heroic patience. New York: The "Century" Company.

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*BOOKS AND PAMPHLETS RECEIVED.*

- EPITOME OF DISEASES OF THE SKIN. By Louis A. Duhring, M.D. Reported by Henry Wile, M.D. Philadelphia: J. B. Lippincott Company, 1885. 130 pp.
- HISTORY OF HOMŒOPATHY: ITS ORIGIN, ITS CONFLICTS. By William Ameke, M.D. Translated by Alfred E. Drysdale, M.B. Edited by R. E. Dudgeon, M.D. London: Published for the British Homœopathic Society by E. Gould & Son, 59 Moorgate Street.
- INORGANIC CHEMISTRY. By Ed. Frankland, Ph.D., D.C.L., LL.D., and Francis R. Japp, M.A., Ph.D., F.I.C. Philadelphia: Lea Brothers & Co., 1885.
- TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Session of 1885. 717 pp.
- THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, jun., M.D. Fourth edition. Philadelphia: Lea Brothers & Co., 1885.
- A TREATISE ON THE BREAST, AND ITS SURGICAL DISEASES. By H. I. Ostrom, M.D. Second edition. New York: A. L. Chatterton & Co., 1885.

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MISCELLANY.

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THE BROMIDE OF ETHYL AS AN ANÆSTHETIC IN LABOR.—Dr. Montgomery, reviewing the various anæsthetics, said chloroform is objectionable, in that it causes inertia-uteri and tedious labor, and increases the danger of post-partum hemorrhage. The relatively infrequent fatal cases under its use in surgical practice, and the still more rarely serious results from its use in obstetrics, forbid its habitual use. The use of ether in natural labor is infrequent, because to relieve pain the patient must be profoundly etherized. Partial etherization but destroys the ability to bear pain without obtunding sensation. Besides, Tait has demonstrated that ether passes rapidly into the circulation of the fœtus, endangering its existence. The mixture of nitrous oxide and air, advocated by Klikowitsch, requires a special apparatus, and is unwieldy. The ideal anæsthetic is one that is safe for mother and child, certain in its effects, rapid in relieving pain without producing loss of consciousness, and whose effects pass off quickly. All these demands are met by the bromide of ethyl. He enumerated a hundred and twelve cases in which it had been used, twenty-nine of which were in his own practice: none of the mothers died, and but three of the children.

In none of the latter could death be attributed to its use. It was administered during the second stage of labor, by placing a napkin, wet with a few drops of the ethyl, over the face of the patient, at the advent of each pain, and withdrawing it as the pain subsided. Unless a dram was used, the sensation of pain was obtunded without arresting consciousness. The process of labor was carried forward vigorously and quietly, the patient ready to exert or withhold voluntary aid as her attendant might direct; and the expulsion of the head was attended by no greater pain than accompanies the evacuation of obstinately constipated bowels. His experience did not lead him to believe that its use would induce inertia-uteri, or increase the tendency to post-partum hemorrhage. — *Maryland Medical Journal*.

GARDENING FOR INVALIDS. — It is a common advice of physicians to invalids of various classes, to spend as much time as possible in the open air, to ride out, or take long walks, and give the fresh air free circulation in their houses. Now, the advice is oftener easier to give than to follow. The theory is good; but I have seen a poor consumptive drag herself out morning after morning, for a long, wearying, up-hill walk, returning more exhausted than she went. As one has said, "It is enough to make a well man sick to swing for an hour daily a pair of dumb-bells to the tune, —

" ' I am doing this for my health,  
For my health,  
I am doing this for my health.' "

What an invalid wants is fresh air, with a motive for taking it. Nothing supplies this better than light gardening. A lady who was given over by her physicians, and not expected to live out the summer, was still able to walk about, and, as a recreation, thought she would try cultivating a few tomatoes: they would be of use to others, if not to herself. She took a great interest in the growth of the plants. The first thing in the morning she would look after them, and give them a little culture with her light garden-tools. Some she trained fancifully over a lattice to such height that it was a curiosity to all who saw them. The frost lowered and set, and still she lived on; and in time she saw the red appear on the full-grown fruit, and ate them with a relish she had never known before. Her health had so improved by fall, that she did not need a physician. No doubt, the fresh air had done much for her, but the mental employment had probably done as much more.

It was a maxim with old-time physicians, "The second-best remedy is the best if the patient likes it better." It is worth a good deal to have a patient like his medicines. Possibly a measure of the success of our homœopathic brethren may be due to this principle. Interest an invalid in gardening, and see that he practises it with discretion, not exposing himself in rough or unfavorable weather, and, if the fresh-air cure can reach his case, he will be a well man. Walking, "for the sake of a walk," needs a very charming, entertaining companion to make it effective. A row of small-fruits, a grape-vine or two, and perhaps a garden-bed, will often make life take on another look: when it is also a matter of profit, if only slight, it seems to double the interest. A man who was advised by his doctor to work in a garden for his health, tried it one summer, but with little interest in it. The next year he was directed to try it for a share of the profits, and found it far more beneficial. — *Farm and Garden*.

A NEW METHOD OF DIAGNOSING PREGNANCY IN THE EARLY MONTHS. — The sign on which Professor Hegar comments ("Ann. de Gynec.," September, 1884) is a peculiar softness, a certain subtileness, and a thinning of the lower segment of the uterus; i.e., of the part of the uterus which is immediately above the insertion of the sacral uterine ligaments. This condition can be easily verified, not only when the uterus is resistant, as is usual, but still more so when it is elastic and soft. Even in these cases it is possible, by depressing the lower part of the uterus, to distinguish it from the superior portions and from the rigid cervix. The softness of this part is such that one might imagine that the cervix was simply in contact with a pelvic or abdominal tumor. We do not know what pathological condition of the womb can present such symptoms. The cause of this remarkable sign exists in the fact that the inferior segment of the uterus becomes, during pregnancy, the finest part, the softest, and the most elastic. It thence results, that, in practising the rectal touch with abdominal palpation, it is possible to feel between the fingers this portion of the uterus, with the characters it presents. — *Medical and Surgical Reporter*.

DOCTORS' INCOMES.—It is said of the first Sir Henry Halford, the grandfather of our rifle-shooting friend, that he made the largest income ever known in the profession at his time. It is, however, reported that he and Dr. Baillie, who were the two fashionable physicians of the day, were posting down to Windsor to attend on royalty, and they compared their annual incomes: Halford had made 9,500 guineas; Baillie, 100 guineas more. Sir Henry Halford's family name was Vaughan. His father, Dr. James Vaughan, was an eminent physician at Leicester, who had five sons, and devoted the whole of his annual professional income to their education; and they all became distinguished in their callings. Sir Henry Halford, Bart., whose professional income is said to have reached £11,000 a year, was physician in ordinary to four successive sovereigns. Almost every member of the royal family, from George III. to George IV., had been under his professional care. His patients were the court guide.—*American Druggist.*

WHAT'S IN A NAME?—A young woman from the Emerald Isle occupies the position of a domestic in a mansion in the vicinity of the Homœopathic Hospital in this city. A few days ago a friend called, when the following colloquy ensued: "And aren't yez homesick, Bridget?"—"Homesick! No; why should I be homesick?"—"Bein' away from home, and every thin' so strange loike."—"Faix, then, it's the same as if I was at home, I feel. Isn't the fine hospital, the Home o' Patrick, close on there beyant?"—*Boston Courier.*

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### PERSONAL AND NEWS ITEMS.

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DR. W. K. KNOWLES has removed from Bangor, Me., to Everett, Mass. His office and residence is at No. 36 School Street, opposite Oakes.

DR. J. M. PRILAY has taken the practice of Dr. Knowles at Bangor, Me.

CORA JOHNSON, M.D., has removed from Gardiner to Skowhegan, Me.

DR. W. E. RICHARDS has removed to Newtonville, Mass. He will retain his office and practice in Boston.

MARY MOREY, M.D., Class '85, Boston University School of Medicine, has located at No. 1670 Washington Street, near Worcester Square, Boston.

DR. L. HOUGHTON KIMBALL, recently of Bath, Me., has formed a copartnership with Dr. Joseph P. Paine of Boston Highlands. In connection with general practice, he will give especial attention to the treatment of diseases of the eye and ear. Office and residence at Hotel Putnam, 93 Warren Street, Boston.

DRS. F. W. PAYNE and L. HOUGHTON KIMBALL have instituted a department for treatment of diseases of the ear and eye, in connection with the mission of St. Paul's Church. They will hereafter be at No. 6 Tyler Street each Monday afternoon from 3 to 5 o'clock, thus necessitating a discontinuance of their respective office-hours on that afternoon.

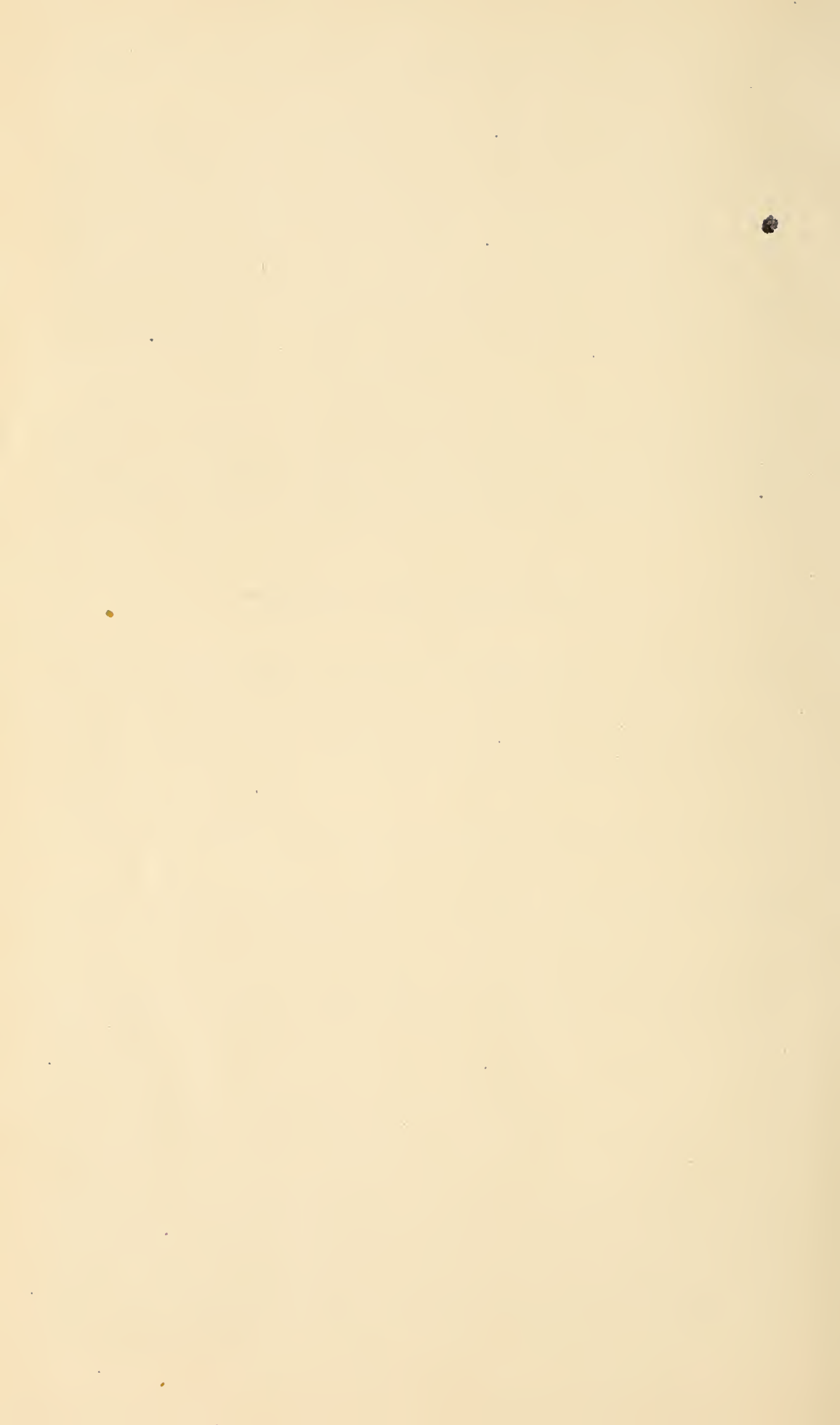
DR. GEORGE B. LANGMAID has opened an office at No. 9 Hancock Street in Boston. He retains his residence and practice in Melrose.

A HOMŒOPATHIC physician is wanted in the beautiful town of Bristol, Vt. For particulars address Mr. W. S. Howden, Bristol, Vt.

WE learn from the "Revue Homœopathique Belge" the encouraging fact that the Homœopathic Medical School at Calcutta is attended at present by no less than seventy-five students. Lectures are given in English on materia medica, therapeutics, diseases of women, the practice of medicine, and hygiene. From the same journal we hear that homœopathy is making very satisfactory progress in Mexico, as evidenced by the recent formation of the Mexican Homœopathic Circle, numbering already twenty-eight members, and publishing a journal, "La Réforma Médica." We cordially join the "Revue" in wishing long life and prosperity to our new journalistic *confrère*.



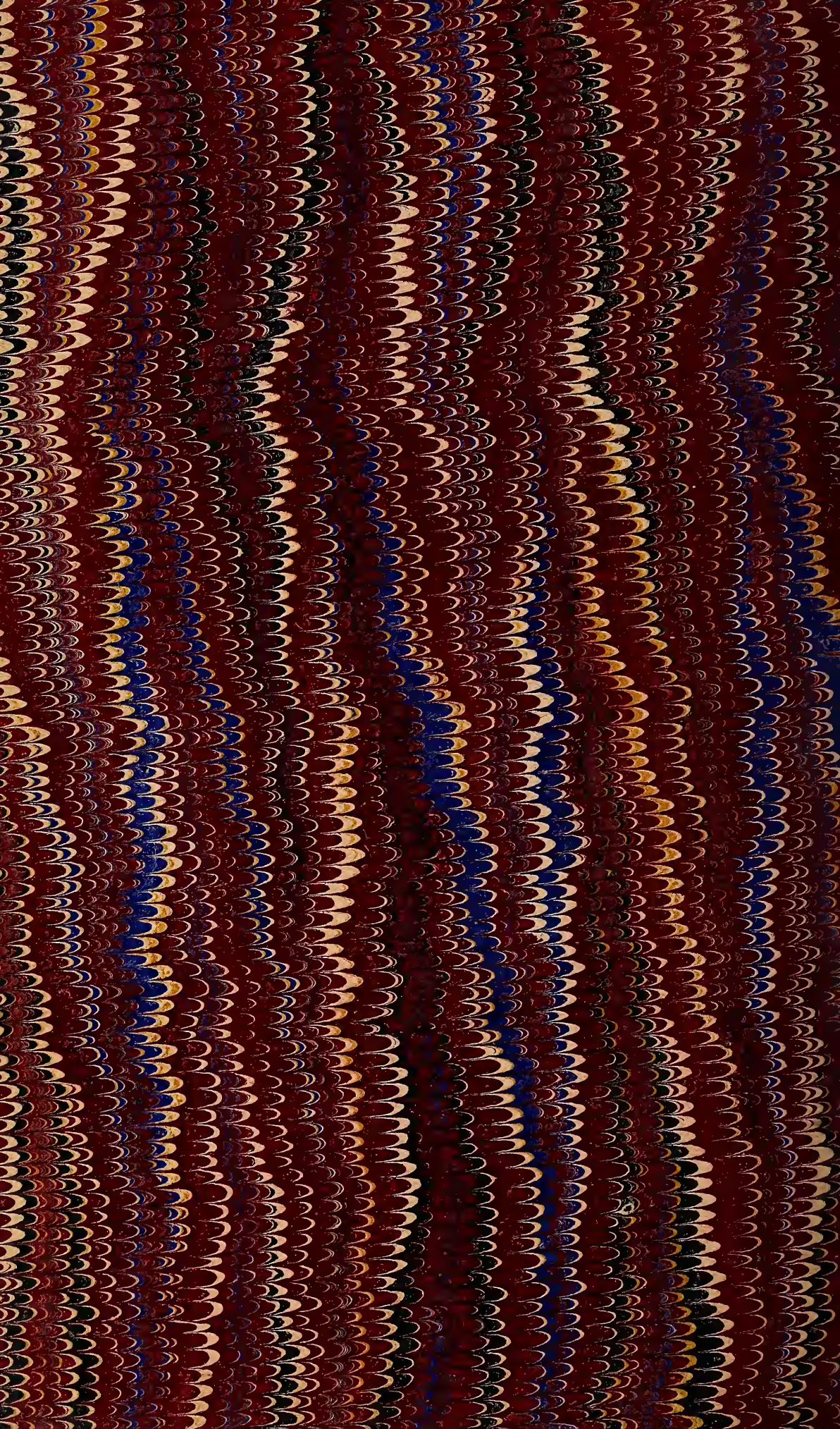


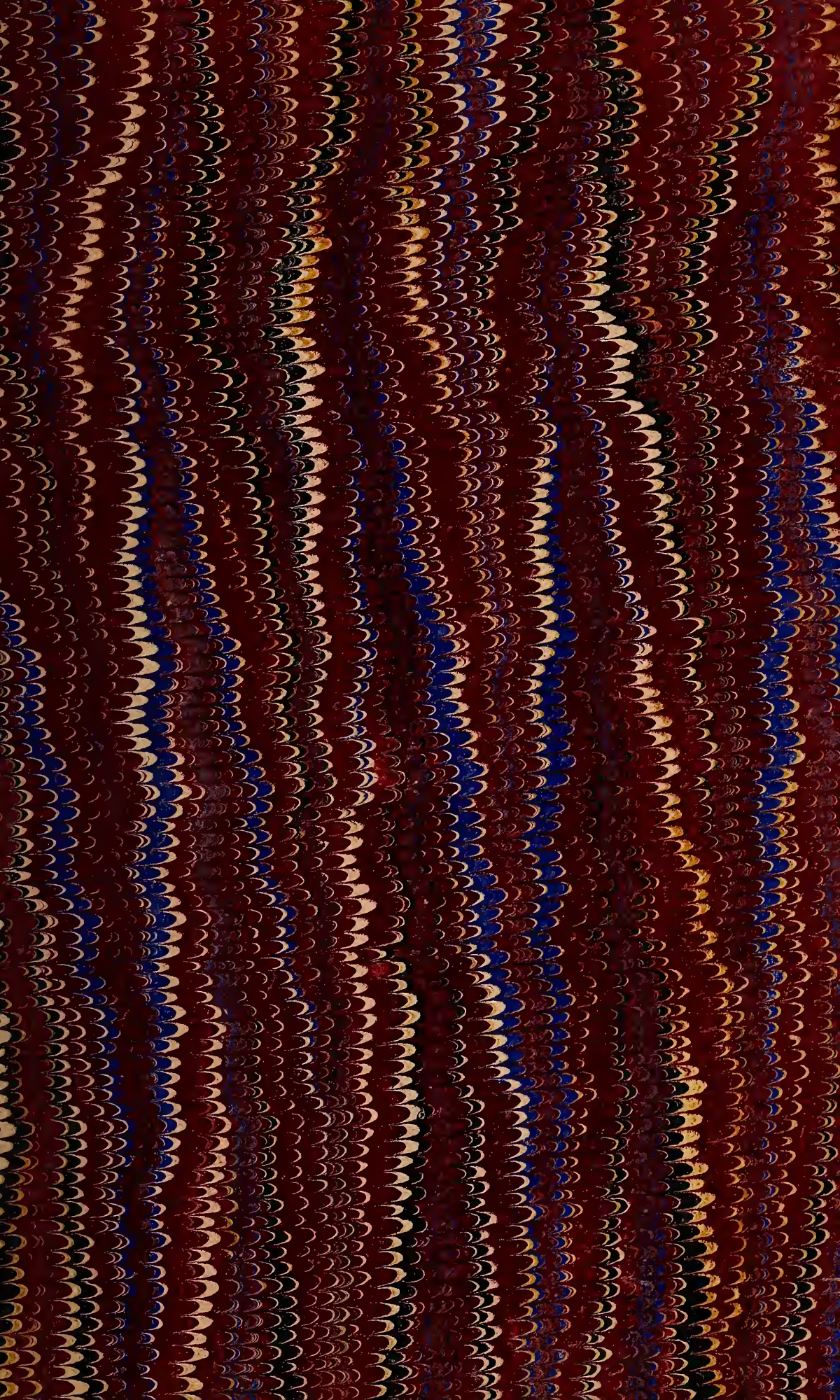


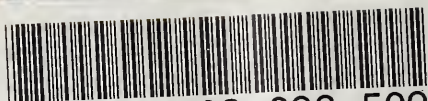












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