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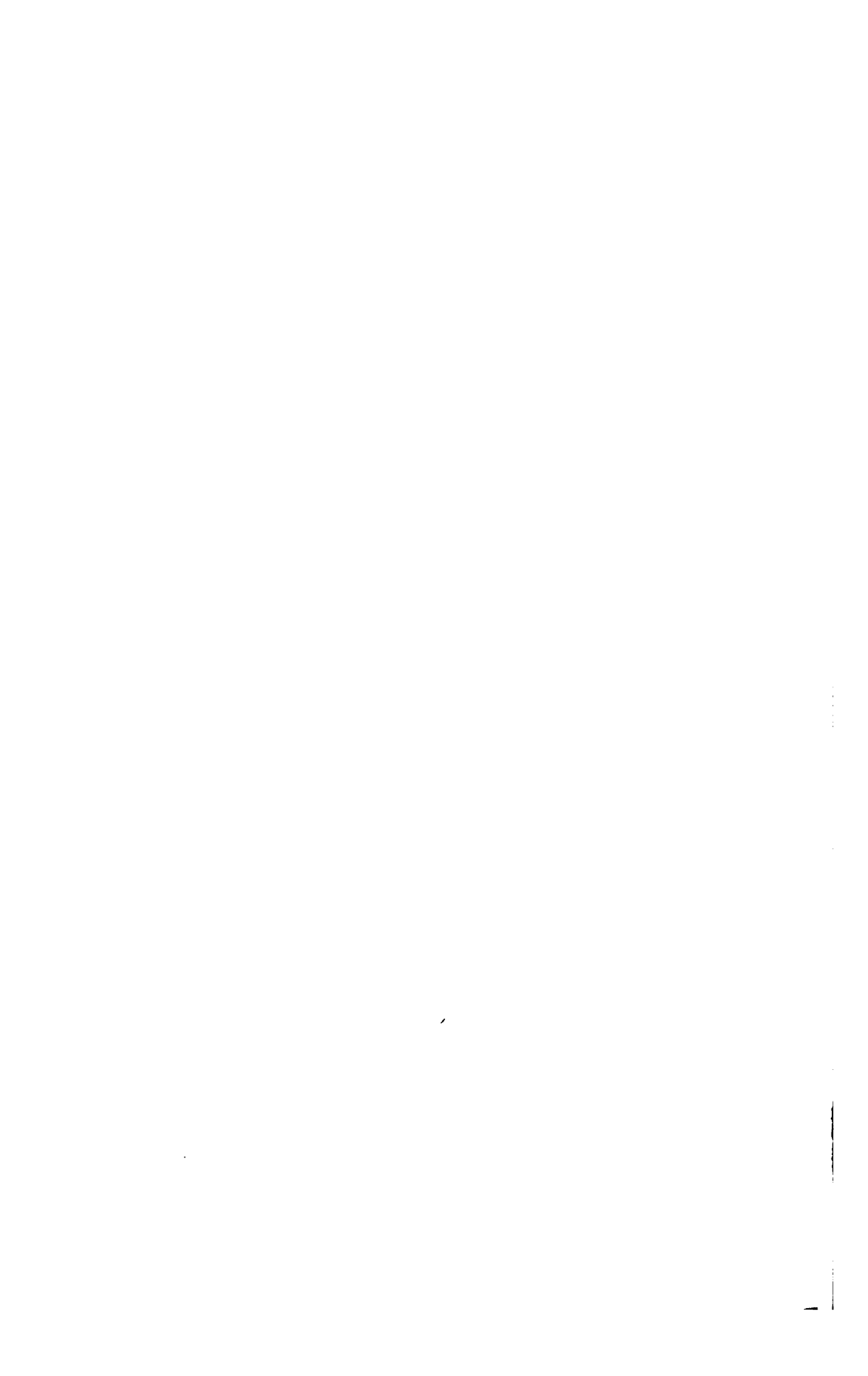
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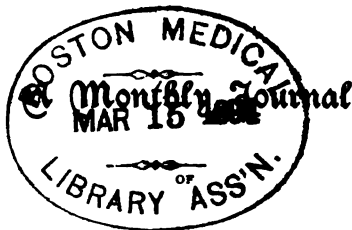








THE  
NEW-ENGLAND  
MEDICAL GAZETTE.



HOMŒOPATHIC MEDICINE.

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*"Die milde Macht ist gross."*

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VOLUME XXVII.

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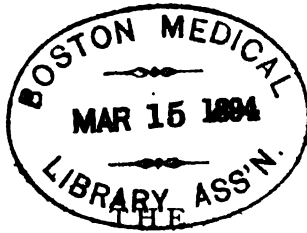
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## EDITORIAL.

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*VOLUME XXVII.*

An old song to a new tune : a new year, a new volume, and yet much the same old words to say ; words of gratitude for the friendliness and support which have been the GAZETTE'S good portion in the year just ended : words of assurance that like friendliness and support are an ever-new need, alike for the year just beginning, and all the years of life which may be granted to the magazine which, as journals go, has already attained a not inglorious prime.

Would-be contributors — and, we would say with an emphasis whose iron, we trust, may deeply enter certain remiss and guilty souls — OUGHT-TO-BE contributors, for whose work the editorial eye, dim with hope deferred, is ever wistfully scanning the horizon, must have found several hints of suggestion and encouragement in scanning the "Communication" pages of the GAZETTE for the twelvemonth past. A chronic self-justification of the ought-to-be contributor, a constant plaint of the would-be contributor is that he can offer "nothing interesting" for the consideration of his fellow-workers. When reminded that every-day successes and every-day failures are, after all, the most fruitful possible subjects for the discussion of every-day practitioners, he vouchsafes only an incredulous smile. Yet proof of this assertion of, as it seems to us, a very striking sort, is furnished by the fact that a brief paper, offering, frankly, only a few "interrogations born of failure," has created the

most widespread and living interest among GAZETTE readers, and brought in a pleasant harvest of comment and reply. Discussion is ever more fruitful than assertion, and discussion briefly and courteously representing much divergent thought, is always most welcome to our pages. Subjects are not wanting. For instance, the pros and cons of "maternal impressions" are by no means exhausted: and we would especially urge upon our readers the forwarding, in the interests of a scientific question of very great moment, all possible data on this subject, whether but a single well-authenticated case, or a tabulation of many such cases. A year's concerted effort in this one direction, with its consequent and wide interchange of opinion and experience might do much to throw light on a shadowy corner of heredity. How many of our readers can supply us with cases where there seems a reasonable certainty that the unborn child has been "marked," physically or mentally, by some experience or emotion of the mother?

The immense interest manifested by physicians from all parts of the country, at the Homœopathic Congress, in the revision of the materia medica, makes it certain that much more is thought and is said in every-day talk, on this most vital matter, than is ever hinted in print. Here, again, are pros and cons to an almost indefinite extent, whose public discussion would quicken the thought and widen the horizon of us all.

We submit, with all recognition of and respect for the excellent work our many local medical societies are already doing, that possibly it might be a very profitable year's experiment to till one small corner of some great field, rather than glean, vaguely and sporadically, over its whole extent. Thus, if one society would set itself as its year's task, divided systematically at the outset among the individual members, to collect and formulate data on some one single point, whether of drug pathogenesis, or general pathology, or therapeutics, or hygiene, there might, when the year's work was brought into connected form, be secured a lasting and definitely valuable contribution to medical facts and literature. We might come nearer certainty as to the value of certain drugs in certain conditions; we might come nearer certainty as to the pathogenetic possibilities of sub-

stances now trusted by certain of us as persistently as they are ridiculed by certain others of us ; a deal of definite fact might be the rich reward of concerted effort directed, for a single twelvemonth, toward a single and limited end. That the GAZETTE would be the richer for the privilege of giving to the profession the results of such work, goes without saying. And in just this connection, the GAZETTE wishes to express its cordial gratitude to the many secretaries who, without repeated and individual solicitation, have furnished prompt, detailed and highly valuable and interesting reports of the meetings of the societies they represent. Such reports are welcome and appreciated, always.

To all our readers, friends and contributors — may the three terms grow, continually toward being synonymous — a Happy New Year !

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#### EDITORIAL NOTES AND COMMENTS.

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DONT'S FOR HOSPITAL NURSES come to us from far Australia, in a neat little leaflet prepared by Dr. Bouton, for so long resident physician at the Melbourne Homœopathic Hospital. They embody, pithily, a great many truths on the disciplinary, and ethical and practical side of nursing, which those entering that honorable profession need early to lay to heart, as golden maxims by which to shape their course. Here are a few of them :

DON'T forget that you are expected to be a lady.

DON'T forget that you are in a position of responsibility.

DON'T allow yourself to be careless in the smallest item.

DON'T forget to study each patient and his individual needs.

DON'T fail to make your authority felt when needed, and don't use authority when kindly suggestion will produce the desired result.

DON'T speak of doubtful subjects before patients.

DON'T converse with patients about their ailments.

DON'T fail, if possible, to immediately answer a call of a patient.

DON'T ever neglect one patient, because he does not complain, for another who does.

DON'T leave medicine or food for very sick persons, or those in delirium, so they can take it themselves.

DON'T fail, if possible, to anticipate the needs and wishes of your patient.

DON'T fill a feeder, cup, or tumbler more than half full when giving a patient a drink.

DON'T give a sick person more than a small quantity of either food or drink at one time. Little and often is a good rule.

DON'T wake a patient to give medicine or food, unless so directed by the doctor.

DON'T compel the doctor (from any carelessness) to repeat his orders.

DON'T give the doctor cause to think you indifferent in respect to any of his directions.

DON'T carry out the doctor's orders without knowing fully what he means.

DON'T fail to note any change in your patient, and report the same to the doctor.

DON'T fail, when sponging or changing a patient, to notice and report to the doctor any sores or unusual appearances.

DON'T ever give a bed-pan or water-bottle to a patient until warmed.

DON'T fail to put some disinfectant into the bed-pan before giving it to a patient in movement of bowels.

DON'T fail to cleanse, as soon as used, any instrument, dish, or appliance.

DON'T shake the register of a thermometer down into the bulb.

DON'T ever taunt a patient with being a pauper—in shame, be it said, such a remark has been made by nurses in hospital practice.

To these we would add :

DON'T forget that cheerfulness is the spiritual sunshine of the sick-room ; and don't allow any personal worry or ill to cloud what should always be the bright and kindly face turned by the nurse upon her patient.

DON'T forget that in these days when the nurse enters the sick-room at the call of and as the ally of the physician, the

noble Oath of Hippocrates is as binding upon the nurse as upon the physician, and therefore —

DON'T fail to commit to memory, and often repeat that fine paragraph of the Oath, which says, "I protest to keep my life and my science purely, sincerely and inviolably, without deceit, fraud or guile. I will not enter into any patient's house, but with purpose to heal him. I will patiently sustain the injuries, reproaches and loathsomeness of the sick. I will not betray that which is concealed or hidden, but keep it inviolable, with silence, neither reveal it to any creature."

DON'T forget that for the nurse to mention either carelessly or willfully "to any creature," any secret of her patient's "mind, body or estate" that her position of trust has brought to her knowledge, is as shameful as for the priest to break his vows, or the soldier to turn traitor to his oath of allegiance.

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THE SEVENTH ANNUAL REPORT OF THE WESTBOROUGH INSANE HOSPITAL does not contain the news, only very lately made public, of the resignation of Dr. N. Emmons Paine from the superintendency of that institution. Dr. Paine's service to the institution at the head of which he has stood since its opening, has been of such inestimable value, so unremitting in its conscientiousness, its keen intelligence, its sound effectualness, that it must ever remain a shining page in what we all trust may be a long and most prosperous history. The good wishes of hundreds of friends and co-workers, immediate and distant, will follow Dr. Paine into whatever field of work he may next enter. Dr. George S. Adams, who has long been associated with Dr. Paine in the work of the Westborough Hospital, will be his well-qualified successor. In his arduous position Dr. Adams will have the cordial good will of his colleagues everywhere.

The report of the past year shows growth and prosperity in all directions. The financial showing indicates nearer approach toward self-support, though efficiency rather than mere economy remains justly the prime consideration of the management. On the clinical side there are many suggestive facts dwelt upon ;

prominent among them the good results attendant on the Weir-Mitchell system of rest, massage, and forced feeding, of which Dr. Paine has made as thorough test as circumstances have permitted.

Concerning epilepsy we have the sad verdict, as tragic as honest, \* \* "No medicines have any effect in curing or improving these incurable cases. \* \* Every means has proved valueless."

The report on the treatment of inebriates is unusually rich in details of great interest. We quote a few paragraphs from it.

The question of the care of inebriates has been much discussed in this State for many years. A step toward hospital care of this class was made in 1885, when they were first sent to the hospitals for the insane, by methods similar to those required for the insane, but excluding criminals from its operation. As the law was effective at the time of opening this hospital, there has been no time without some of these patients. It appears evident that a long residence was anticipated by those who framed this law, and, at first, an attempt was made to carry out that intention. There was no rule established, but individual judgment was exercised in each case. Some were allowed to leave in a few weeks or months, and others were detained for a longer time. It proved impossible, however, to convince inebriates that a detention of one or two years in an insane hospital was a kindness to them. They made constant comparisons of themselves with others, and some became turbulent. As discharge appeared to them to follow more quickly upon frequent protestation of penitence and good resolutions, backed up by the entreaties — compulsory in some cases — of members of their families, the physicians were beset in every way, and in and out of season, for their liberation. For the protection of the insane, the turbulent were allowed to leave, and a rule established for all future admissions. First admissions were to stay three months, second admissions, six months, and third admissions one year. After some years' operation of this rule I know of no reason for changing it.

Three months for the first commitment is quite long enough to break up the habit of daily drinking, and to give a man an opportunity to see his wrong-doing in its proper aspect, — if he has any manhood left. Whether he has learned a lesson — and all claim they have by that time — can only be proved by trial. He then goes home on a furlough, generally, of sixty days, to be returned to the hospital in case of failure. He also is well aware of the rule requiring his stay to be six months if returned, and this is an additional incentive to good behavior. Indeed, the doubling of time with successive commitments is so much dreaded that some old offenders, when recommitted have learned to avoid its enforcement by going to other hospitals, when their stay here would naturally be for a long time.

Some form of work or employment has been required of all inebriates; some have worked all day, and some have had a parole in the afternoons as a result of satisfactory work during the forenoons. During the spring months a group of painters composed of inebriates, but directed by an employé, painted the ceiling and walls of nearly every ward in the hospital. Some have been constantly employed either on the farm or in other departments.

Another experiment was tried during the first two years, of occasionally employing inebriates at regular wages, in order that, when leaving, they could have money enough to board for a time while seeking employment, or to take tools and clothing out of pawn. This was a failure, as the money proved to be a temptation at the start; and the hospital was criticised for employing persons known to be intemperate.

\* \* \* \* \*

As a result of nearly five years' observation and of a total amounting now to 168 persons, I have come to the following conclusions, using the word inebriety broadly to cover dipsomania and habitual drunkenness :

1. That in a very few cases inebriety is a disease. It is then an inheritance, and appears as dipsomania. Moreover, in some if not all of these cases, it would never have been recognized as dipsomania, if the person had not become accustomed to soothing the occasional nervous irritability or restlessness with liquor.

2. That in nearly all cases inebriety is a vice until a late stage.

3. That inebriety becomes a disease in nearly all who persist in the improper use of alcohol.

4. That inebriety is curable in the stage of vice — before disease is established — by means which prevents indulgence in alcohol; *i. e.*, moral means, prohibition, or removal of the individuals from temptation.

5. That the stay in a hospital should be three months for the first commitment, and the time doubled upon each subsequent admission.

6. That inebriates should work, out-of-door employment being preferable.

7. That the surroundings and living should be arranged for each individual in proportion to his labor.

8. That the often-expressed fear that they will become insane from association with the insane is groundless.

9. That they should not be kept with the insane, but by themselves, although that plan also has its own disadvantages.

10. That paroles should be given, placing them upon honor until they prove untrustworthy.

11. That religious influences increase the probability of reform from inebriety.

12. That so-called specific medical treatment has been valueless in a number of our cases, and I have yet to meet an inebriate who has been cured by it.

The last statement takes on great significance in view of the recent stir over a certain so-called "specific" medication for inebriates.

We warmly concur in Dr. Paine's attitude, consistently maintained for many years, that it is very much more helpful and more tonic treatment for the average inebriate to look upon him as committing a wilful and avoidable misdemeanor, rather than as being the irresponsible and picturesquely pathetic victim of heredity or uncontrollable appetite. Humanitarianism now-a-

days goes to queer extremes, and fatalism is as much a fad in matters philanthropic as is theosophy in matters religious. Virile good sense and sound old-fashioned Christian morality such as speak in Dr. Paine's utterances on this subject, are as rare as refreshing.

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"LIGHT FOODS VS. HEARTY FOODS" form the subject of an original and suggestive lecture by Dr. Kellogg, quoted in a recent issue of the *Therapeutic Gazette*. "Things are seldom what they seem," will soon have to become the motto in the hygienic world, where, according to Dr. Kellogg, it is the light foods that are heavy, and the heavy foods that are light; as it long ago was accepted in those other branches of knowledge where the first lesson of the learner is to unlearn appearances, since the earth does not stand still, and the sun does not set. Here are a few of Dr. Kellogg's entertaining facts and deductions:

Charts made up from the best authorities on foods — Dr. Letheby, Dr. Parkes, Dr. Wilson and others — show that the grains and the leguminous seeds have a nutritive value varying from 84 to 87 per cent., say an average of 85 per cent. Rice, with its 87 per cent., is the most nourishing of all. Contrast with these lean beef and lean mutton, which have only 28 per cent. of nutriment, popular opinion to the contrary notwithstanding. In other words, a pound of rice, of corn-meal, of beans or peas, equals in value three pounds of beef or mutton and four pounds of fish. In point of digestibility the grains and legumes take less time than meat. It is clear, then, that if one is to eat for strength, he must choose the grains and leguminous seeds. The strong, hard-working people of the world are not beef-eaters. Although roast beef and John Bull are associate terms, yet the English peasants, the laborers, do not eat much meat.

Some articles of diet are very nourishing and yet their food value is small for the reason that they are exceedingly difficult of digestion. Pork, for instance, has a nutritive value of 61 per cent., but it requires five hours and fifteen minutes for digestion. It literally "sticks by the ribs," as the lumberman declares. Rice, with its nutritive value of 87 per cent., only requires one hour for digestion. It thus represents a very high nutritive value, combined with ease of digestion, giving it first rank as a food. The oyster is very much over-rated as an article of food. According to Payen, its nutritive value is less than 20 per cent., and yet it requires three and a half hours for digestion. So that which is ordinarily termed a "light diet" is, after all, the most strengthening, and so-called "hearty foods" are simply those which are difficult of digestion. The digestive organs need time to rest between their tasks, and if over-taxed by being continually called upon to struggle with food difficult of digestion, especially if taken at frequent and irregular inter-



vals, there will be a break-down some day, when the only recourse will be a "light diet."

With the rapid increase of the human race, the time must soon come when, as a rule, man must eat such food as he can get most easily and with the least expense. England is, even now, drawing upon the world for her beef, and when America becomes densely populated, where will the beef come from for either country? M. de Lesseps was led to a consideration of this question by observing that the laborers upon the Suez canal were vegetarians. According to his figures, it requires forty times as much land to produce a given value of food in the second-hand form of beef as it does to produce an equivalent amount of corn. Thus the large area of land required to raise beef makes it necessary in any densely populated country that the majority of the inhabitants shall be vegetarians. I am quite confident that a twentieth-century bill of fare will be largely composed of fruits, grain and eggs, and that meat will appear in a very small way indeed. It will be the part of wisdom and economy that this shall be so.

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### COMMUNICATIONS.

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#### *A SPIDER BITE.*

BY ALFRED M. DUFFIELD, M.D., HUNTSVILLE, ALA.

On Aug. 28th, at 8.30 A.M., I was called to Mr. B. W——, a robust young man about twenty-two years of age, who had been bitten by a spider, on the dorsum of the penis, just behind the corona, and over one of the large veins. The poison was immediately conducted throughout the system, leaving but very little swelling at point of lesion. It had happened at 7 A.M., and I found him suffering the most agonizing pain and cramps; this aspect reminding one forcibly of bilious colic, which by the way, an allopath, who had been called in at the same time, really thought it was, and insisted on a soap-suds enema and mustard-water emetic, and wanted to give him morphine, but I drew the line there. I had given a dose of nat. mur. 12x. and alternated mag. phos. 6x with it to relieve the cramps, and requested time for my remedies to have a fair chance to act before any opiates were given. There were two old-school brethren there by that time and they both thought he ought to have morphine, but as I had the right of way, I insisted in a quiet manner that they should wait awhile to see the effect of the magnesia phos. which very soon eased the cramping pain and enabled him to keep quiet a few moments longer at a time. The organ was in a state of erection when bitten, but when I saw it was in a semi-erectile state, and very little evidence of the bite was present. I applied aqua ammonia when I first arrived, but it gave only temporary relief.

The abdomen was as hard as a board and the spine very sen-

sitive to touch in the lumbar region. The patient complained of all the pain being in his back and neck. His eyes were partly closed and the cornea was almost insensible to touch. The temperature at 10.30 A.M. was  $97\frac{1}{4}^{\circ}$ , pulse intermittent and very feeble; the pain spasmodic and of long duration with very short intervals. The jaws were partially set, the patient not being able to articulate freely, and he afterwards could remember only part of the condition he had been in.

The knight of the syringe, who had kindly volunteered to remain and see the case through, took advantage of my absence and passed a catheter, and not finding any urine, alarmed the family and started after me, and informed me that I would have to give a dose of calomel to unlock the secretions, as there was suppression of the urine. I smiled and thanked him, and informed him that he wouldn't get any calomel if I knew it. He didn't; but was able to pass his urine at 4.30 P.M., unassisted, thanks to the continued use of the magnesia phos. and natrum mur. As adjuvants I used hot-water fomentations to the abdomen and rubbed his spine with ice, and at the earnest request of the old-school brethren, I was induced to inject a few minims of arom. spts. of ammonia over his spine, which I have been regretting ever since, as it took several weeks for the ulcers that followed to heal. That night his temperature began to rise and I prescribed ferric phosphate 6x, once an hour.

Aug. 29th, patient slept well all night. The pain left, gradually working downwards and leaving by his feet. Gave a hot blanket pack in the afternoon which put him to sleep, and he rested quietly over an hour without waking, then took him out and gave a towel bath and rubbing, and put him to bed again. Gave ferric phos. and kali mur. every hour alternately.

Aug. 30th. Improvement continuing very rapidly, continued same treatment.

Sept. 1. The patient came to my office, having walked six blocks, and was able to look after himself with the aid of a little more kali muriaticum 6x, which he continued for several days.

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### THREE CLOVES IN THE LARYNX.

BY D. G. WOODVINE, M.D., BOSTON.

The following case came under my observation during the past summer, and I invited Helen S. Childs, M.D., of Jamaica Plain, the physician in charge of the case, to write its history, thinking that it might be of special interest to the profession in these days when so many different substances have accidentally been lodged in the larynx, or bronchus, with varying results.

"On the afternoon of July 10, 1891, a boy five years old, having three cloves in his mouth, ran and fell, striking the back of his head, and crying drew the three cloves into the larynx. He was immediately turned upside down and pounded upon his back expelling two of the cloves; but all efforts failed to dislodge the third one. He breathed fairly well except upon taking a long inspiration a wheezing sound was heard. He was taken that evening to Dr. W——, who made an examination of the larynx and pharynx, but failed to discover the clove, and advised waiting, thinking the child would cough it up. About noon on the 11th of July, the child complained of feeling tired, coughed a good deal; temperature, 100°; child grew more feverish, thirsty and restless. Evening temperature, 103°; pulse, 120; headache, throat painful. The child grasps the throat with his hands during his sleep, and moans. Aconite 3x given with cold compresses to the larynx and head. Morning temperature, 100°; child bright, fever died away and did not return for two days, when it came on in the morning; temperature, 103°; thirst, headache, throat painful, limbs aching, restless, no appetite; aconite 3x, cold compresses. Towards evening, temperature grew gradually less, and next morning was normal. For more than a week the child continued in much the same condition, fever coming on sometimes at night, sometimes in the morning, the cough continued, the attacks lasting over an hour at times. On the 23d of July, he went out for a while in the morning, but came in about noon, complaining of feeling tired. He coughed a good deal, tossing and moaning in his sleep. Evening temperature, 105°; pulse, 150; respiration, 48; complains of pain in chest near right nipple. Throat very painful, dreadful headache all over the head, especially at the base of the brain. Child coughed, vomited, sneezed and purged. Put cold water on head, throat, and chest, gave bry. 3x. Morning temperature, 101°; very drowsy. A surgeon advised operating immediately; but Dr. Woodvine found the child breathing quietly and advised waiting. The clove could be located all the time by a wheezing sound in the larynx, and the child could taste it for some time, and thought he could feel it all the time. After a long fit of coughing it would seem to be displaced and interfere with his breathing for some time, but would finally settle back, probably into the vocal process. The child grew better after the 24th of July, appetite gradually returned, and aside from occasional fits of coughing he seemed very well, only weak. On the morning of Aug. 13th he awoke coughing, and the cough continued troublesome until about noon, he had a severe cough and expelled the clove, much swollen, somewhat spongy, but still perfect in shape, the round seed at the top never having become

dislodged, the clove having been in the larynx five weeks lacking one day. There was an irritation of the throat and a little cough several days following the expulsion of the clove; but that is all well now, and the child seems to be perfectly well."

The object in giving a detailed statement of the above case is that we might see the result of patient waiting and careful watching. The natural feeling of the parent in such a case is, to have something done that will at once relieve the child of the foreign object in the larynx. The careful and prudent physician feels that it is his duty to give the earliest possible relief without permanent injury to the child. With this thought in mind he seeks to locate the object by making, if practicable, a laryngoscopic examination and to reach the same by means of instruments through the mouth and pharynx. When a careful examination has been made, and the object has not been definitely located, the question that naturally arises is, what is the next best thing to do? The answer to this question will depend upon circumstances. First, what is the condition of the patient? If the patient's life is in immediate danger, and the foreign object can be definitely located, an operation should be undertaken for the relief of the patient, if practicable. If the patient is breathing comfortably then it is better to wait, hoping that the object may be expelled by a paroxysm of cough. The nature and character of the substance lodged in any portion of the air passage, when it does not materially interfere with breathing, will have something to do with encouraging us to wait. When the object is known to be a vegetable substance, although dry and hard, as in the case of the clove, we may expect that the substance will sooner or later absorb moisture, soften and probably be expelled during a fit of coughing. If the object be a tack, pin, needle, button, or bit of bone, then the case does not promise as much from patient waiting. When the object is smooth, there is always a possibility that it may be expelled by the act of coughing. The writer remembers a case in which a young lady went to have a tooth extracted, and after its removal the tooth was dropped accidentally into the throat and she supposed that she had swallowed it; soon after, she was taken ill with pneumonia, and during this sickness, while coughing expectorated the tooth. Another case occurs to us; that of a man who, unfortunately, while eating, drew a piece of bone into the larynx; he, however, was not aware of this fact at the time; he did not know what it was that was lodged in the larynx; this was before the days of laryngoscopy. His was considered a peculiar case of laryngeal phthisis, which after two years of severe suffering terminated in death, after which an examination was made and a piece of

chicken bone was found lodged in the larynx. We have no doubt that the latter case might have been saved in these days with the use of improved appliances. We are pretty well convinced that where the object has passed into the bronchial tube it is far better to leave the case to the efforts of nature for expulsion than to undertake to remove by cutting down upon the parts. We believe that the chances are decidedly in favor of waiting. It may be that the patient will die; but how many have died within the last year or two from the effects of the attempt to remove what the physician was not able to locate definitely; the shock of the operation to the nervous system proving too much for the patient to bear. We feel that too much haste to operate where foreign objects are lodged in the larynx may result either in injury to the vocal organs, or in death. We believe that it is practical to lash such patients to a properly prepared board and invert them, and when in this position, raise them a little distance from the floor and suddenly let the board drop, recommending them to cough at the same time. The reason we have for recommending this experiment is, the fact that during the act of coughing, the object would be more likely expelled than when sitting, standing or lying.

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*A "QUIZ CASE."*

BY E. I. HALL, M.D., BRISTOL, VT.

If the readers of the *GAZETTE* are not tired of "quiz cases," I should like to submit for their consideration, a case which is unique in my experience, and the counterpart of which I have been unable to find in any text-book.

Was called Nov. 16th to see H. L.—, a young lad of sixteen years, The previous night he retired feeling perfectly well, and was awakened in the night with pains in his bowels.

Next day I found him suffering apparently from an attack of indigestion — no fever, pulse very slow, 64; tongue coated, nausea and vomiting, pain in lower abdomen — more intense in right inguinal region, intense thirst, and a feeling of great prostration.

The peculiar feature of the case was the extremely slow pulse. I prescribed *bryonia alba* 3x, and in the evening all the symptoms seemed better. He passed a very restless night, having more or less grumbling pain in the bowels.

In the morning the pain was better, the pulse remained at 64, and the temperature was still normal. While at dinner I was hastily summoned, and found my patient suffering agony from

pain in the right inguinal region. The abdominal walls were drawn spasmodically inward, and were very hard. The arms and hands were also in a state of spasmodic rigidity, and the perspiration stood in drops upon his face and body. I immediately administered an hypodermic injection of morphine  $\frac{1}{4}$  gr., but the pain did not abate in the least until another had been given, and then only became less intolerable, and he was put upon colocynth 3x for the afternoon. This with the constant use of the hot-water bag made him more comfortable, though he passed another restless night, and the next morning the temperature was  $102^{\circ}$ , and the pulse 80, and the right inguinal region was so tender that the hot-water bag could no longer be tolerated, though the abdominal walls were still retracted and hard. My remedy was changed to acon. 3x, and the day passed with very little pain, but in the evening the boy's father gave him a piece of ice, "only as big as my thumb," with the almost immediate effect of bringing on another attack of that same cramp-like pain in the right inguinal region, though it was not as severe as the first and was subdued by colocynth 3x, frequently given.

That night a profuse diarrhoea set in, of the kind that patients call "clear bile," and was attended with griping pains. Merc. sol. 6x trit. was given and finally podo. 3x. The stools were frequent and exhausting for three days, but finally the bile began to disappear and the stools to lessen in frequency, while the face and conjunctive — which became intensely icteric at about the time the diarrhoea began — gradually assumed their natural color, but the tenderness of the abdomen persisted so that for some days the young man could not bear the weight of his hand upon his body, and moved with the greatest caution for fear of jarring the tender spot.

It was easy to determine on account of the retracted abdomen that there was no enlargement in the region of the ileocæcal valve, which if found might have explained the persistence of the pain and tenderness there. It was noticed as the diarrhoea abated and the period of convalescence began, that the act of urination was followed by a dull aching pain which extended through the region of the bladder to the back, and this continued as did also the sunken, hard condition of the abdomen, until Dec. 3rd, when both seemed to disappear suddenly and together. The urine was somewhat turbid and yellow, but has cleared and seems perfectly normal.

During the entire illness the abdomen was not once distended, and only once did the temperature stand above the normal. He received bry., acon., merc. sol., podo., colocy., and at last ant. crud., and is now convalescing slowly.

Will some one kindly supply a name which shall suggest a

solution of this puzzle of (to me) contradictory symptoms? I think I hear more than one reader exclaim "simple enough," but I am sure if they will carefully consider the case, they will conclude wisely that it is not one favorable for a "snap-shot" diagnosis.

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*AXIOMS FOR CONSUMPTIVES.*

BY T. C. DUNCAN, M.D., CHICAGO, ILL.

In the study of the subject of climate cure in all of its bearings, there have come to be current among specialists in the treatment of consumption, certain truths that are recognized and regarded essentially as axioms.

*AXIOM I. — That a change of climate offers the best chances for the cure of this disease.*

The usual immediate mortality of this disease is about 38 per cent. Some schools claim to lose ten per cent. less. Some physicians think that diet will overcome climate, but the sudden cool changes in the atmosphere of the "consumptive belt" has led to the formation of this Axiom I.

Put the consumptive or person with weak lungs in the best climate with the best local surroundings. Change of climate is usually imperative.

*AXIOM II. — Change of climate should be made early in the disease.* Climate has been looked upon as a *dernier ressort*. It has often so proved, but that does not change the force of the axiom.

*AXIOM III. — The change should be directed by the best informed on the subject.*

Especially is this true when the disease is well advanced. Where to go cannot be decided by the patient himself, for the well-informed medical adviser knows that all cannot go to the same place with benefit. On this great continent there are various climates and localities from which to choose. The selection is of the most vital importance and should be made after careful inquiries.

*AXIOM IV. — Those with weak lungs should be under medical supervision wherever they are.*

This would seem to the sensible, self-evident; yet people with weak lungs are often both reckless and headstrong. They often unnecessarily expose themselves. Many more might be cured at home if they always acted under medical advice. When they make a change they often act on their own judgment to their detriment. It is the general opinion of those physicians who have these cases to direct, that the best results

are obtained after a change of climate, when the persons are under medical supervision as to exercise, diet, etc.

AXIOM V. — *They should be out of doors as much as possible in the sunshine, and busy at something.*

Sunshine has much to do with the cure of consumption. Where the shade temperature is nearly 60°, as on the seacoast, it is especially important to keep in the sun. The shade extracts the already deficient caloric and lowers the vitality of the consumptive. To be busy at some employment that will keep the patient in the sun is the great need. "Cowboy" life and fruit raising have been wonderfully beneficial. The great object is to divert the mind from self and not to overdo — mild outdoor employment.

AXIOM VI. — *Consumptives cured by climate may not be able to return to their former place of residence to remain with safety.*"

Experience has proved that in many cases where the disease has been arrested by climate and treatment, it may again become active, if the person returns to where the disease originated. The second enkindling of the disease is often more difficult to subdue because the person is weaker, and, second, because the hope is not so buoyant. A short trip home may not be dangerous, but "get into business and remain" is the advice that should be heeded.

AXIOM VII. — *Consumption being hereditary, children, whose parents have succumbed to it, should not be allowed to grow up subject to the same climatic conditions that developed the disease which swept off the former generation.*

AXIOM VIII. — *"The change to the southwest (south and west) has given the best results in the largest number of cases of lung diseases."*

"The great question among Eastern physicians and Eastern people is where to send consumptives. Minnesota, which was the resort twenty years ago, has been disappointing, except to a few and at certain seasons. The Pacific Coast and Florida have also been disappointing except for certain cases. There is too much moisture. And the eyes of all have been turned to the southwest."

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WHITE OF EGG IN THE TREATMENT OF SORE NIPPLES. — F. Van Allen, M.D., writes to the *New York Medical Journal* of three cases in which he found white of egg painted on sore nipples several times a day entirely healed them in a few hours.

The albumen may best be applied just after nursing, while the nipple is still moist from the baby's mouth. As somewhat of a thick film is formed, it is well for the nipple to be moistened with a soft cloth dipped in water just before the baby is again put to the breast. The efficiency of the albumen is heightened by allowing it to dry on thoroughly before drawing the clothes again over the breast.

— Ex.



## A CASE OF NICOTINE POISONING.

BY GEORGE P. SWORD, M.D., WORCESTER, MASS.

[Read before the Worcester County Homœopathic Medical Society.]

Two years ago, Mr. P——, an intimate friend, came to make me a visit of a few days, and, as he expressed it, his last visit. He felt certain he could live but a short time, and if he must suffer as he had been suffering, he did not care how soon the end came.

His business had been, up to about ten years ago, buying and selling tobacco. Since he retired he has been farming for pleasure.

In conversation he gave me the following history. Age, 58 ; height, 6 ft. ; usual weight, from 175 to 190 lbs., but at that time 140 lbs. Had had but one sickness and that about twenty years ago. He said with the exception of now and then a "bilious turn," had never had any trouble until the previous March, when he was taken while walking on Main street, in Springfield, suddenly very sick. Could not describe his first feelings, but in a few minutes everything began to whirl, and if he had not succeeded in getting hold of a post would have fallen. This lasted from fifteen to twenty minutes before the dizziness passed off. When it did it left him in a very weak condition, but as soon as he was able to walk he went to a friend's office, where he remained several hours. He said his heart felt as though it had stopped beating, and he was cold. On his arrival home they immediately sent for the doctor. He pronounced it biliousness complicated with malaria, and not being one addicted to the use of "sugar pills," he gave him a "blue" pill instead, and quinine. This treatment he thought would bring him out all right in a few days, but we are all subject to disappointments, and so it proved in this case ; for instead of his getting better he grew worse, and in a few days another one of these violent ill turns made its appearance. This was followed by more pronounced weakness than the first. Again the doctor was called. He now being fully convinced his diagnosis was correct, ordered the same treatment continued with the addition of an infusion of thoroughwort, and he ordered *larger doses repeated oftener*. By this time the patient was unable to walk more than a short distance ; said his legs would not go, they seemed to give out. Could not go up stairs without sitting down on account of his heart "pounding" so. Said it felt to him as though it was trying to pump itself out. Could not or did not dare to eat much, because the food seemed to lie in the stomach undigested. Up to this time he had been sleeping fairly well, but now he began not to sleep. He said when he would lie down his heart would

beat so hard, he had to sit up. Then he began to be nervous, could not bear to see anybody. Did not care to talk to anyone. All he wanted was to be left alone. Tired of the sight of home surroundings and fully satisfied he had to die, and with the urgent request of his faithful doctor, he decided to see if change of scene would not rouse him from that state of gloomy anticipation, irresolution, and low spirits. While giving the history of what he passed through, and was passing through, I think he smoked as many as four cigars, if not more. When I said to him, "you smoke a good deal," his answer was, "Yes it is the only comfort I have, and when I get so nervous I must fly I find solace in my cigar." He said he had used the weed for thirty years and had been so faithful to it that when he was not smoking, he was chewing.

On examination of his pulse, I found it to be feeble, irregular, and intermittent. I found the heart's action irregular and rapid, and he complained of very distressing palpitations. I also noticed a peculiar twitching of the orbicular muscle of the eye, and in fact there seemed to be a tremor of the muscles of both the upper and lower extremities. There was marked contraction of the pupil. On examination of his throat, I found what appeared to me to be a congested condition of the mouth and fauces. The throat seemed to be swollen, and I could see what I should say were congested veins all over it. There was also increased amount of saliva. He said he wanted to spit all the time. Respirations were short, quick and anxious in character. There was a peculiar dark condition of the skin, and the hands presented a cold, clammy feeling to the touch. The whole picture was one of nicotine poisoning.

When I told him I thought if he would only give up his smoking he would come out all right, he grew almost insanely excited. "Why, doctor," said he, "My tobacco is the only comfort, in this life, that I have; and I can't believe *that* is the trouble!" So sure was I that it was at the bottom of his whole trouble, I told him I was going to have a brother physician come in and see him; so I called in Dr. Warren, and he also told him he thought the tobacco was the cause of most of his trouble. He then wanted to know if he must stop smoking. I told him if he would, that I believed within a year he would be well. The same old story; he could not live without it; but finally he said he would use but three cigars a day, one morning, noon and night. So I gave him *ignatia* to take, and he smoked his three cigars. The following day he went back home, told his doctor what was said to him, and what he had agreed to do. I am afraid the encouragement he received was not just what he wanted, for he told me the doctor said he had thought of nico-

tine, but felt sure that malaria was the real cause of the mischief, and thought if he would only go to the salt water for two or three months he would be all right. He went, but only to return no better, but in fact, worse. He then wrote me and said, if I would send him some "little pills," he would stop smoking. I did so, and within six weeks he wrote, he wanted more pills, and that he thought he was somewhat better. From that time on, he has been steadily improving, and to-day he says, "I can once more sleep and feel refreshed when I awake." He weighs over 180 lbs., can now walk as well as ever either up stairs or down, and with the exception of a weakened stomach, he says he is as well as ever he was.

I think that none here will doubt that nicotine was the cause of this man's suffering, and his case is, I believe, only an example of hundreds of cases which come under physicians' care every day, only, as it was in this case, they are treated for dyspepsia or other troubles secondary to the real cause.

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[Continued from Dec. No.]

*THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.*

SERVICE OF NATHANIEL W. EMERSON, M. D.—FOR QUARTER ENDING SEPTEMBER 30TH, 1891.

MAMMARY TUMORS.

There were but three breast cases operated upon, although several others presented themselves in which operations were not advised. The dry method was employed, hemorrhage being controlled by pressure and packing with gauze, and as few arteries as possible were ligated. These cases were as carefully rendered aseptic by preparation the day before the operation as if they were laparotomies. In case two no drainage tube was used, and case one would have done as well without the tube. Case three was an unfavorable one, and the return of the growth is expected; the operation will, however, comfortably prolong life for several months.\*

CASE I. Mrs. G—; age, 26. Admitted July 14th. Diagnosis, cysto-ademoma mammæ.

Had been generally well until the birth of her last child, several weeks ago, since which time she had been "tired and

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\* Nov. 12th. Case III. seen to-day, and the wound is entirely healed, with no appearance of return. There is no pain, although the arm is almost useless from the shoulder to the elbow, because of the mutilation of the shoulder muscles.

weak." Has not nursed her baby because of a growth in her right breast which appeared about sixteen months ago. It was circumscribed, movable, about as large as a small orange, and had caused her no discomfort. Indistinct fluctuation could be determined at one point. The glands were not involved.

July 15th. Patient was etherized. The tumor was found to be a cysto-adenoma, and the entire breast was removed. On the fifth day the wound was dressed. There had been considerable oozing, the bone drainage tube had collapsed, and the wound was healed, except at the point where the tube had been brought out through the lower flap.

July 23rd. The wound was entirely healed and the patient was discharged on the 28th.

CASE II. Mrs. —; age, 59. Admitted Sept. 15th. Diagnosis, cysto-adenoma mammæ.

Two years ago first noticed left breast was a little sensitive, and upon pressure there was a slightly bloody discharge from the nipple. Eighteen months ago a small nodule appeared on the sternal side of the breast, which gradually increased in size, and was somewhat painful. At present time it is movable, circumscribed, only involves the inner side of the breast, is about as large as a goose-egg, and non-sensitive. Family history good. The glands are not involved.

Sept. 16th. The patient was etherized, and the tumor, with the inner half of the breast and nipple, were removed. The wound was closed with catgut and silk-worm-gut without drainage. The tumor was a cysto-adenoma. The wound was dressed on the sixth day, found healed, and she was discharged on the tenth day.

CASE III. Mrs. W—; age, 40. Admitted Sept. 18th. Diagnosis, carcinoma mammæ.

Two months after the birth of a child, in May, '90, she first noticed a small bunch in the left breast: this grew slowly, was painless, and gave her very little discomfort. In December last it was aspirated, and one-half pint of colorless fluid was withdrawn. The aspiration was repeated three times at short intervals, after which the tumor broke down and discharged. In June the breast was amputated, silk was used for ligatures, and the latter were left dependent from the wound. Ten days ago, when the patient first presented herself here, the ligatures still remained, and were removed by the attending surgeon, leaving a fistulous tract.

When examined, there was an extensive growth, involving the pectoral muscles, and extending as a solid tumor high up in the

axilla. It was slightly movable at its base, but firmly adherent to the integument over the more prominent upper portions of the tumor. Although the early history did not point to a carcinoma, the appearances indicated that this was the nature of the growth. An operation was not advised, but the probable results were carefully stated if the growth were allowed to take its course, on the one hand; and if removed, on the other; and the final decision left with the patient. She returned on the above date, requesting the operation.

Sept. 19th. Patient was etherized, and the growth found to be very extensive, extending beneath the latissimus dorsi and muscles between the scapula and the humerus, as well as involving both pectoral muscles. It was thought that the patient and her family did not realize the extent and gravity of the operation, which was deferred in order to consult further with them about it.

Sept. 26th. The patient was etherized, and the growth excised, only after the most careful dissection, however, necessitating the removal of the larger portion of the pectoral muscles, a portion of the latissimus dorsi, and all the tissues down to the chest walls. The upper portion of the tumor was in relationship with the great vessels of the axilla, and its separation from them, although they were carefully excluded and not injured, caused such extreme shock, that collapse was feared before the operation could be completed. Her pulse reached 160 on the table, and repeated hypodermics of brandy were necessary. She recovered from the ether well, but her pulse continued high — 150 to 160; and her temperature that evening was 95°. Brandy diluted was given occasionally by the mouth until evening, when she slowly began to rally, and before morning her temperature went up to normal, and her pulse gradually declined.

Sept. 27th. Evening temperature, 100½°; pulse, 100. From this on she made good progress, pulse falling to 80, and temperature normal. The wound healed throughout, except a small place as big as a split pea, which had not healed when she was discharged, Oct. 21st..

Microscopical examination showed the growth to be a carcinoma. (See foot-note, p. 19.)

#### AMPUTATIONS.

There were eight amputations during the quarter, six of which were capital ones. In those of the thigh, that of the forearm, and the first one of the leg, the combined flap and circular method was used. In the last two of the leg the method was adapted to the special needs of the case. In all, serviceable

stumps were obtained. Bone drainage tubes were used, and answered the purpose to perfection. One of those of the thigh was a case of Dr. W. S. Smith's, and was operated upon by him, with most happy results.

CASE I. Mr. —; age, 70. Admitted July 22nd. Diagnosis, senile gangrene.

Ten weeks ago he had an attack of erysipelas in the left foot, which had been similarly affected several times before, and he had always treated it himself with iodine and poultices. This time, under the same treatment, it grew worse, the disease beginning in the second toe, and gradually extending to the others. He had been addicted to the moderate use of alcoholic liquors, and lately had taken considerable opium in the form of laudanum, from sixty to seventy drops a day. The pain had been very severe, and his general health was much reduced. The toes were quite mummified, although there was still movement at the metatarso-phalangeal articulations. The line of demarcation was well defined across the middle of the metatarsus, and above that the tissues were healthy. The sloughing extended further up on the dorsal than on the plantar surface. Examination at all accessible points showed that there was a general calcification of all the arteries; the radial artery was a rigid non-compressible tube.

July 25th. Patient was etherized. Amputation had been previously advised through the tarsus, but it was deemed wiser to remove above the ankle. The foot was amputated at the junction of the lower and middle thirds of the leg, by the combined flap and circular method. The arteries presented a most peculiar and interesting appearance, the muscles retracting from them leaving them projecting from the surface of the wound, hard and rigid, like twigs; when forceps were applied to an artery and compressed, it crushed with a sound audible twelve or fifteen feet away. The hemorrhage, however, was slight and easily controlled. The periosteum was drawn over the ends of the bone and sutured, the muscles were brought together by a continuous catgut suture, and the stump so dressed that there could be no pressure upon its end. During the operation the pulse was very weak.

The dressings were changed on the 27th, and the wound was looking well. On the third day there was much œdema of the stump, with ecchymosis of the margins of the flaps, and, altogether, it did not promise favorably. It was carefully dressed so that there could be no pressure, either upon the stump or upon the leg immediately above. There was much less pain, and the patient was comfortable. On the fifth day the wound began

to discharge pus, and by August 9th the stump was gangrenous.

August 10th. The patient was etherized, and the leg was again amputated at the junction of the middle and upper thirds. Long lateral flaps of both skin and muscle were made down to the bone, the periosteum was divided and reflected for about an inch, and the bones were squarely sawn off, the fibula about one-half inch shorter than the tibia. The skin and muscle flaps were thus made so that they could be opposed naturally, and without the slightest traction at any point. The vessels were found in a condition similar to that of the preceding operation. The periosteum was sutured over the ends of the bone with fine catgut. The flaps were brought together and held in position by three or four silk-worm sutures passed transversely, from side to side, through both flaps and secured at either extremity by large lead plates and bullets. A drainage tube was brought out at the posterior angle of the wound, the edges of which were brought together by interrupted silk-worm sutures, introduced one-half inch from the margin of the flaps, and so carefully tied as not to cause strangulation and yet hold the flaps in apposition. As few as possible were used.

Although he slept but little, there was much less pain following this operation. At infrequent intervals he had one-half gr. morph. sulph. hypodermically, late in the evening. On the third day the stump was dressed and was looking well. On the fifth day, part of the transverse sutures were removed, and the wound was satisfactory. It was dressed daily after this, and syringed with peroxide of hydrogen.

Soon he began to complain much of the right foot, the circulation in the toes of which was very much impaired, and it was seen that this was about to follow the course of the left one. By August 16th, gangrene was well defined in the second toe, and rapidly extending to the others. The pain was continuous and excessive, appetite poor, and sleep most unsatisfactory, so that it was felt that the success of the previous operation was much endangered by the results incident to the condition of the right foot. The pain extended into the thigh, and was particularly severe about the knee.

August 29th. The stump of the left leg was looking well, and, although there was some suppuration at one or two marginal stitch wounds, there was no appearance of gangrene. It was decided to remove the right foot as giving the patient the best chance for life, and, under ether, the leg was removed at the middle, in the manner of the preceding operations. The arteries were found as before. Although the hemorrhage was light and easily controlled, the patient was very weak and well-

nigh in a state of collapse, the temperature sinking to 95°. Hypodermic injections of brandy were given twice.

August 30th. There had been good reaction, temperature normal; considerable pain;  $\frac{1}{2}$  gr. morph. sulph. hypodermically. On the following day the pain was still severe. The stump was dressed and looking well. After that the pain became an insignificant feature of the case.

Sept. 4th. The temperature again went down to 95°, and he again had hypodermic injections of brandy. Conium 3x was given and continued.

Sept. 6th. The left stump was thoroughly healed, and had lost much of its sensibility. In the following days he had much pain in the right leg, which did not present a satisfactory appearance, and there was an increasing discharge of bloody pus from it. He also complained of sharp, catchy pains in the cardiac region. The flaps were undermined, were unhealthy in appearance, and were discharging a great deal, but still were not gangrenous. He was now given, twice a day, an egg-nog with four teaspoonfuls of brandy, which he duly appreciated.

Sept. 11th. The stump was looking much better — healthy in fact, the discharge was less, the appetite improved, and he really began to gain in general health. Since that time he has continuously improved. The left stump was entirely and soundly healed; the right one was almost healed and in a healthy condition.

CASE II. Mr. —; age, 32. Admitted July 18th. Diagnosis, osteo-malacia. He is Irish, unmarried, a weaver by occupation. Case represented as "exostosis of tibia."

About ten years ago the tibia was injured by a blow from a piece of iron. This was followed by a thickening of the tibia throughout its middle third, which was very painful and compelled him to give up his work. When at rest the pain was lessened, but upon resumption of work or use of limb the pain returned. Two years after the injury was received, the leg was operated upon, and the front of the tibia for about two-thirds its length was removed. He was confined to the hospital for six months, and it was eighteen months before he was able to resume work. For about four years after the leg healed it gave him little or no trouble. Then it again became sensitive and painful, and compelled periodical resting to enable him to continue his work. The tibia thickened in all its diameters throughout the middle two-thirds and was constantly painful. When admitted to the Hospital the leg was swollen, smooth, shiny, and reddened, very exquisitely sensitive to the touch, especially anteriorly; the tibia was broadened and the front of



it had lost all semblance to normal shape. It appeared like a sub-acute periostitis of long continued duration. The scar of the former operation was noticeable.

The patient was put to bed and the leg frequently bathed and wrapped in compresses as hot as could be borne. After two weeks, although the leg looked better and was much less painful, it was not materially improved, and so it was decided to operate, with a view to removing the diseased bone, if possible.

Aug. 1st. Under ether, an incision was made over the tibia, when the skin and the periosteum were found so inseparably blended into one membrane that they could not be differentiated. The periosteum readily separated from the bone. With the trephine, several openings were made deeply into the bone, which consisted of a very hard shell externally, containing within a yellowish mass of much softer consistency. The anterior and lateral walls were cut away for about eight inches of its length, and nothing at all approaching the appearance of normal bone being found, the operation was discontinued for the purpose of advising further with the patient. The cavity was packed with iodoform gauze, and dressed aseptically. The dressings were removed the next day, because of the oozing of so much serum and blood, and the cavity syringed with peroxide of hydrogen. Pain not mitigated by the operation.

Aug. 5th. The consent of the patient having been obtained, the leg was amputated three inches above the knee by the combined lateral flap and circular method. After sawing the femur, examination showed a condition similar to that existing in the tibia, as having begun. The centre of the bone was yellow, soft, and very oily. The periosteum was sutured over the end of the bone, the muscles drawn together with catgut, and a continuous suture applied to the surface wound. Two silk-worm sutures were passed transversely through the flaps and muscles, and fixed on either side by lead plates and bullets. Drainage. Dressed aseptically.

On the third day the dressings were changed. There had been considerable oozing of blood and serum, but the wound was progressing finely. On the next day the tube was shortened one half, and on the following day, five days after the operation, it was removed entirely. After this the stump was dressed daily. The flaps united at once, with the exception of a small fistulous opening posteriorly, through which there was some discharge of blood and serum admixed with liquid fat. He made a good recovery with a useful stump, well shaped for the application of an artificial leg.

This case is particularly interesting, because representing a condition which is rare. Eichhorst says: "Osteo-malacia is a

rare disease, hardly more than 170 cases having been reported hitherto." There are two forms of the disease, and this is the rarer of the two, and appears as a fatty degeneration of the bone corpuscles, with softening of the matrix. John Hunter, as quoted in Coakley's Pathology, gives the best description of it. He says: "The component parts of the bone were totally altered, the structure being very different from other bones, and wholly composed of a new substance, resembling a fatty tumor, and giving the appearance of a spongy bone deprived of earth, and soaked in soft fat."

This description exactly characterizes the above case. The outer parts of the bone were abnormally hard, consisting only of a thin shell containing the very soft tissue. On removing a button with the trephine, the bottom of the cavity was bright yellow in color, and looked as though composed of congealed fat; slowly an oily fluid, mixed with blood, oozed into the depression, and on the surface of this fluid, transparent globules of fat, of some considerable size, were plainly discernable. The whole of the tibia was affected.

CASE III. Mr. J——; American; occupation, carpenter; age, 60. Admitted Aug. 30th. Diagnosis, epithelioma of leg. Recovery. (Operated on and reported by Winfield S. Smith, M.D.)

History of two large ulcers on right leg below knee in early life.

Thirty-one years ago small pustule appeared on skin over middle front of "tibia;" sloughing ensued until an extensive area was affected. Ulceration continued up to fifteen years ago, but at intervals during its development — under internal and local treatment — it was checked and almost entirely healed.

For the past fifteen years the disease has gradually developed, until he was obliged to abandon his business on Dec. 1, 1890. On Sept. 1, 1891, a denuded surface, having points of unhealthy, excessive granulations and of deep ulcerated pits, encircled the leg and extended from just below the knee to the malleoli. There was considerable discharge of a very offensive odor, which no local or internal treatment seemed to influence in the least degree.

Sept. 2nd. Leg amputated at thigh about 2½ inches above condyles of femur. Lateral, "pyramidal" flaps. Periosteum and muscles drawn together with buried catgut sutures. Edges of integument of flaps united with continuous catgut and two deep silk-worm-gut sutures. Bone drainage tube. Dressed with aseptic gauze and cotton. Extension was applied in a similar manner to that employed in fracture of the thigh bone — about seven pounds being used at first and gradually decreased for ten days.

This traction seems, in great measure, to control the spasm of the strong thigh muscles and allows the cut surface to adhere and heal at once. The recovery was uneventful, the patient steadily improving until he was discharged, cured, on Sept. 28, 1891.

Microscopical examination by Dr. Beninga disclosed a "typical epithelioma."

#### THREE CASES OF HYDROCELE.

The radical operation for hydrocele gives such permanently good results with such a minimum of danger in its accomplishment that, unless some marked contra indication is present, we always advise it. If complicated with hernia, the latter should be relieved at the same time. Tapping does not cure; the fluid almost invariably re-accumulates. Injection of iodine, or carbolic acid is not only unsafe sometimes, but the percentage of relapses is a considerable one. There is much anxiety attending it also, with pain and discomfort to the patient, and even sloughing of the scrotum. The seton is obsolete in these cases. Drainage is a slow and unsatisfactory method.

Incisions of the scrotum, and removal of a part of the sack, however, offers the surest and safest method of cure. A longitudinal incision is made through the scrotum down to the sack. This, while distended, is partly enucleated. It is then opened, the fluid evacuated, and the interior two-thirds or parietal portion of the tunica vaginalis is drawn through the opening in the scrotum, separated from the scrotal connections, and cut away with the scissors. As this portion is drawn through the scrotal wound, the scrotum contracts, and obliterates all semblance of a cavity as a result of the loss of fluid. The wound is closed with catgut, dressed aseptically, and, in many cases, no drainage is used.

When finally closed, the scrotum is normal in appearance. Case one healed in ten days; in the second case, it was healed the first time it was dressed, and the patient was discharged on the ninth day; while in the third case—a complicated one—a few days sufficed for perfect healing.

CASE I. W. G—; age, 61. Admitted July 24th. Diagnosis, hydrocele.

Gave a history of inguinal hernia on the left side, which had continued for three years, and for which he had worn a truss, until about two months ago.

The scrotum was very much distended and tense, and contained a well-defined tumor which gave out an indistinct fluctuation. The upper margins of the tumor could be differentiated,

while behind it and entering the ring could be found the cord. By means of a tube and artificial light, perfect illumination could be obtained, and a diagnosis of hydrocele was made.

July 25th. Patient was etherized. Incision was made through the scrotum down to the tumor, the anterior portion of which was isolated before it was punctured. It was then opened, the contents, a clear, straw-colored fluid, was evacuated, the greater portion of the sack was entirely removed, a drainage tube inserted, and the wound closed with catgut. There was no pain following the operation although the scrotum became quite oedematous.

On the fifth day the tube was removed, and on the tenth day the wound was entirely closed. He was discharged on Aug. 7th.

After the reduction of the hydrocele, careful examination, both at the time of the operation and subsequently, failed to show the external ring open or distended.

CASE II. H. T. M —; age, 63. Admitted Sept. 5th. Diagnosis, hydrocele.

About one year ago had considerable pain through the right spermatic cord, at times severe, and the scrotum began to enlarge until it was much distended. It was not sensitive to manipulation, except upon deep pressure at one point, which indicated the location of the testicle. The tumor could be illuminated, and gave forth indistinct fluctuation. It had been diagnosed as sarcoma of the testicle, and he came to the Hospital expecting the testicle to be removed.

The patient was etherized, and a small incision made through the scrotum down to the tunica vaginalis. The sack was found to be exceptionally thin and delicate, and was opened and the contents evacuated. The greater portion of the sack was dissected out, drawn through the wound, cut away, and the wound closed with catgut, without drainage.

It healed immediately; the patient was up on the fifth day, and discharged on the ninth.

CASE III. N. L —; age, 69. Admitted Aug. 30th. Diagnosis, indirect inguinal hernia of the right side; hydrocele of the left; phymosis.

This patient came to the Hospital because of inability to urinate, passing but a few drops at a time, which caused almost unbearable pain, while the desire was very frequent. Both sides of the scrotum were enormously distended, so that the penis was retracted and much tension put upon the prepuce. The irritation had resulted in an hypertrophy of the prepuce,

with a contraction of its orifice. It was eroded, inflamed, and exquisitely sensitive to touch, all of which was materially heightened by the continual moisture from the urine which was passed almost drop-wise. The pain was so severe at the time of his admission that Dr. May etherized him at once, and found the opening of the prepuce so small that only a fine probe could be entered. Previous to etherization the attempt had been made to pass a catheter, but he could not bear it. The prepuce was forcibly dilated, the catheter passed, and considerable urine found in the bladder. He was comfortable the next day and passed urine without further trouble.

Examination discovered on the right side a large swelling completely distending the scrotum, which could readily be diagnosed as an indirect inguinal hernia. It was soft and doughy; and the contents of a well-defined sack could be returned to the abdomen through the ring, but the slightest impulse on coughing brought it back to the scrotum and was communicated to the tumor.

The left side was distended almost as much as the right, and the tumor was well defined and resistant, extending up the cord to the ring, but deep pressure showed that it did not communicate with the ring, and that its upper limitations were oval in shape, like the small end of an egg. Skin was tense, fluctuation was indistinct, and no amount of careful detail could give the slightest degree of illumination. Deep pressure at the lower and inner side of the tumor gave testicular sensitiveness. It was diagnosed as a hydrocele, and a radical operation advised.

Sept. 5th. The patient was etherized. The hydrocele was first operated upon by an incision through the scrotum to the sack, the anterior portion of which was freed from its connections. The sack was opened, and its contents, consisting of a very dark-colored fluid, was allowed to escape. The color of the fluid was what prevented illumination. The walls of the sack were very thick and the inner surface was highly congested, which accounted for the dark color of the fluid, there having been some hemorrhage into it. A drainage tube was inserted, and the wound closed with catgut.

On the third day the tube was removed from the scrotum, and this quickly healed in a satisfactory manner. The hypertrophied condition of the prepuce has entirely disappeared.

#### THREE CASES OF TUBERCULAR GLANDS IN THE NECK.

This condition of enlarged, inflamed, cervical glands, which used to be called a scrofula, or struma, but which is now classed

under the head of tuberculosis, is interesting if for no other reason than that it is so common. If left to themselves, or until abscesses form and are ready to open, these cases pursue a slow and protracted course, requiring months before pus forms, and months more before they heal after pus has formed, while unsightly, contracted eschars are left behind as a decided disfigurement.

The following cases illustrate the difference between leaving them to form abscesses, and totally extirpating the offending glands, thus anticipating their sluggish course. At an early stage of development the enlarged gland is freely movable and can be enucleated with comparative ease. At a later stage this is well-nigh impossible, because the inflammation so extends to adjacent tissues and incorporates them with the gland, that they cannot be differentiated. Total extirpation at this period cannot be accomplished satisfactorily.

In case one, an abscess formed and was opened, and, although it was supposed the curette had removed all products of the disease, the second operation found much cheesy material, which had prevented healing after the first operation. Altogether, forty days were required to obtain complete healing, leaving then an unsightly condition about the neck.

Case two was even more protracted than case one, for there had been a suppuration going on for over a year. The final operation was thoroughly done, and the wound healed in thirteen days, but the neck was the seat of offensive scars which will never be effaced.

In case three, which proved to be rather unfavorable for an operation, because of the deep location of some glands, the wounds were healed in ten days, leaving a scar which will hardly be noticed in a short time, as well as avoiding the months and months of disagreeable suppuration.

CASE I. W. J. C.—; age, 12. Admitted July 10th. Diagnosis, tubercular abscess of the neck.

Mother gave history of a similar trouble when a child. About a year ago the glands of the right side of the neck began to enlarge, and have increased more rapidly during the last three months. At no time had there been pain, but there was distinct fluctuation revealed by examination.

July 11th. Patient was etherized. The abscess was opened, pus evacuated, and the cavity thoroughly curetted. The incision was partially closed with catgut, a drainage tube inserted, and the wound dressed with aseptic gauze and cotton.

On the third day, removed the tube and poulticed it. It continued to discharge until the nineteenth day, when the patient

was again etherized, the sinus still remaining open, and the whole thoroughly curetted, bringing away considerable cheesy material. The cavity thus made was packed with iodoform gauze, which packing was changed daily. It progressed favorably from this time, and she was discharged Aug. 21st, with the wound all healed, although there was still much thickening and induration of that side of the neck.

CASE II. N. B—; age, 16. Admitted Sept. 8th. Diagnosis, tubercular abscess of the neck.

Family history a bad one; mother died of tuberculosis, father died of cancer. A year ago a broken down gland in the right side of the neck was opened. Since November last, three others have formed abscesses and spontaneously ruptured, but have never healed. They were not painful, and the general health has been good, but the neck continued to discharge a yellowish, bloody pus.

Sept. 9th. The patient was etherized. The old sinus was opened, thoroughly curetted, and the edges trimmed, after which the cavity was packed with iodoform gauze.

It progressed favorably, was entirely healed on the thirteenth day, and she was discharged on the sixteenth.

CASE III. L. M—; age, 11. Admitted Aug. 29th. Diagnosis, enlarged cervical glands; tubercular.

The glands of the right side of the neck began to enlarge about a year ago, and have continued to do so, until at the present time there are apparently two large glands beneath the anterior portion of the sterno-cleido-mastoid muscle. These are readily movable, are not now and never have been painful. Respiration and deglutition are not disturbed. The family history is one of tuberculosis.

Sept. 2nd. Patient was etherized. An incision was made over and parallel to the anterior margin of the sterno-mastoid muscle, extending down to the prominent gland beneath. This was easily enucleated and removed; its removal brought to view a second lying higher in the neck, deep down beside the carotid at its bifurcation. By extending the incision upward this also was removed intact. Below and posteriorly at the base of the neck was still another, so an opening was made over the posterior border of the sterno-mastoid, beneath which muscle the gland lay. This, too, was readily removed, when still another one was discovered, so deeply placed as to have been unnoticed. With patience, this one, with several smaller glands, ranging in size from a pea to a small bean, were successfully enucleated, only to find one more, as large as a pullet's egg, lying deep

down behind the subclavian and carotid arteries. It was decided best not to disturb this one, since its low position was doubtless due to pressure from those above, and now that that pressure was removed, it would ascend into the neck, so that it could easily and without danger, be removed at some subsequent operation. The hemorrhage was trifling. The wounds were carefully closed without drainage, healed throughout by first intention, and at no time did he experience any pain and discomfort. He sat up on the third day and was discharged on the eleventh.

The gland which had been left had already so ascended into the neck that it could easily have been removed, but it was decided to leave it in the hope that it would retrograde and disappear.

#### A CASE OF ENLARGED INGUINAL GLAND.

Miss — ; age, 21. Admitted Sept. 1st. Diagnosis, enlarged inguinal gland.

This patient was admitted as having a strangulated hernia. Two weeks ago, noticed a pain in the right groin over the internal ring, which rapidly increased, became exquisitely sensitive, was accompanied by nausea, vomiting and constipation, and finally a small lump appeared which has gradually increased until it was the size of a hen's egg. Efforts were made to reduce it, upon the supposition that it was a hernia, but were unavailing.

Sept 2nd. Patient was etherized. The swelling simulated exactly a strangulated hernia, and all the subjective symptoms supported this theory. Careful examination showed, however, that the tumor was closely adherent to the integument by the surrounding inflammation, and was harder, and more resilient than a hernia could be. Upon incising down to it, it was found to be an inflamed inguinal gland, which was removed. The next day she suffered much pain in the wound, with severe headache, but upon the following day, she markedly improved, and continued to do so, until she was discharged, cured, Sept. 19th.

#### A CASE OF VENTRAL HERNIA.

Mrs. — ; age 50. Admitted. Diagnosis, ventral hernia.

She has had eleven children, the first when she was twenty years old ; the last one, still-born at full time, eight years ago. Twenty-four years ago, when about four months pregnant, she took a long ride in a country stage over a very rough road, immediately following which a small lump, about as large as one's thumb, appeared at the umbilicus. This has increased in size, especially in the last three years, during which time she



has grown very fleshy. At times there has been anasarca. The hernia is a pendulous tumor hanging quite to the knees when in an upright position, and reaching to the knees and resting upon the thighs when the patient is sitting. By the thinning and distention of the abdominal walls, what was originally an umbilical hernia, has now become a ventral hernia.



The measurements are as follows :

Around the hips, over the greatest prominence of the tumor, 73 inches; circumference of the tumor, 30 inches; from pubes to ensiform cartilage, 37 inches; bust measure, 40 inches; circumference of thigh, 33 inches; height, 5 feet, 3 inches; weight, 319½ pounds.

Sept. 2nd. The attempt was made to etherize the patient, in order to perform an operation for the reduction of the hernia.

She took the ether badly, however, and long before a stage of anæsthesia sufficient to operate was obtained, she became seriously asphyxiated, and it was the unanimous opinion of those present that it would be unsafe to continue the ether. Very reluctantly, therefore, the operation was given up. She had suffered so much, was so brave and patient, and so eager to obtain even a measure of relief, that it was with the greatest regret that the operation was abandoned.

## MISCELLANEOUS CASES.

CASE I. Mr. —; age, 66. Admitted July 2nd. Diagnosis, rheumatic iritis.

When he came to the hospital, the sight of the right eye was entirely gone, and he suffered excruciating pain through the right eye and orbit, extending to the back of the head. The eye was undergoing a rapid degenerative process, with constant and increasing pain.

July 13th. Patient was etherized, and the eye was removed. The operation completely relieved the pain, the wound healed without incident, and he was discharged on July 23rd.

CASE II. Mrs. —; age 40. Admitted July 21st. Diagnosis, glaucoma.

Last March had a severe attack of neuralgia over the left eye and through to the back of the head. This continued for several weeks, when there was some remission, followed by another attack, and then she discovered that the sight of the left eye was entirely gone. The pupil was widely dilated, and the ball was very tense. There had been some pain over the right eye, the pupil was somewhat dilated, and there was a crescent of opacity over the upper and nasal portions of the cornea. She could see only with the outer half of the eye.

Dr. L. H. Kimball was invited to see the case. He advised an operation, and on July 31st, under ether, performed iridectomy on the right eye, removing a section from the upper portion of the iris.

It required much care and patience to administer the ether, as both lungs were in a state of phthisis, considerably advanced.

Aug. 3rd. Bandages were removed, and she could see better with the right eye; the left still continued to pain her. The right made an uninterrupted recovery.

Aug. 28th. Under ether, Dr. Kimball removed the left eye. She made a rapid recovery after this operation, although the ether caused considerable irritation of the lungs. The pain was

relieved, and the extent of vision very markedly increased. Discharged Sept. 9th.

CASE III. Miss —; age, 62. Admitted Aug. 21st. Diagnosis, movable bodies in the knee joint.

Twenty-five years ago, the right knee first troubled her by reason of rheumatism. Gradually small bodies formed in the joint and protruded beside the patella, causing acute pain. Sometimes one or more would slip into the joint between the bones, but had always been able by manipulation to move them into such a position that she was not incapacitated by them, until the day before coming to the hospital, when one persisted in remaining in the deeper portion of the joint. Besides rendering her helpless, this caused her such severe pain that she came to the hospital for relief.

Aug. 26th. Patient was etherized. Several movable bodies could be found within the joint at the outer side, and above the patella. An incision was made over these, and down to the capsule; by pressure the movable bodies were fixed, and the joint opened directly above them. Three bones varying from  $\frac{3}{4}$  of an inch, to  $1\frac{1}{4}$  inches in diameter, somewhat flat, oval, lobulated in appearance, and having no attachments whatever, were removed. Also several pieces of bony growths, attached to the margins of the patella and tibia, were removed forcibly. The whole margin of the patella was covered with smaller growths, most of which, however, were so firmly attached, that it was not deemed wise to keep the joint open long enough, nor to use sufficient force, to remove them, as they were evidently permanently incorporated with the patella.

The wound in the capsule was carefully closed with a fine catgut suture, after which the external wound was closed and the limb put upon a straight posterior splint. There was very little pain following the operation. The splint was removed upon the fifth day, and there was no impairment of the movements of the joint. The knee recovered without incident.

The following summary includes only the hospital cases and private cases of the attending surgeon, and does not note the private cases of other members of the staff.

## SURGICAL CLINICS OF THE MASS. HOM. HOSPITAL.

## SUMMARY.

CASES.	OPERATIONS PERFORMED.	No. of Operations.	Cured.	Improved.	Not Improved	Remaining.
Abscess of scalp; necrosis of occipital bone...	Opened and curetted.....	2	1			
" " thigh.....	" " ".....	1				1
" " neck, tubercular.....	" " ".....	3	2			
" " pelvis, tubercular.....	" " ".....	2				1
Bursa of hand.....	Extirpation.....	1	1			
" " foot.....	" " ".....	1	1			
Dislocation of femur.....	Opened joint; fixation.....	1				1
Epithelioma of face.....	Extirpation.....	1	1			
" " hand.....	Amputation.....	1	1			
" " leg.....	" " ".....	1	1			
Fistula in ano.....	Opened and curetted.....	1	1			
" " urethra.....	" " ".....	1	1			
Glaucoma.....	Iridectomy.....	1		1		
Hemorrhoids.....	Whitehead's operation.....	5	5			
Hernia, direct inguinal.....	Radical operation.....	1	1			
Hydrocele.....	Extirpation of sack.....	3	3			
Hypertrophied toe nails.....	Extirpation.....	1	1			
Inflamed inguinal gland.....	" " ".....	1	1			
Ingrowing toe nails.....	Partial extirpation.....	1	1			
Laparotomies for.....						
Cystic degeneration of both ovaries.....	Extirpation.....	1	1			
Fibroma uteri and cystic ovary.....	Supra-vaginal hysterectomy.....	1	1			
Indirect inguinal hernia.....	Radical operation.....	1	1			
Multiple fibro-cystic tumor of the uterus.....	Supra-vaginal hysterectomy.....	1	1			
Ovarian cysts.....	Extirpation.....	1	1			
Reinverso uteri.....	Ventral fixation.....	2	2			
Salpingitis and cystic ovary.....	Extirpation.....	2	2			
Salpingitis, ovarian cysts, and parovarian cyst.....	" " ".....	2				1
Sclerosis of ovary.....	" " ".....	1	1			
Movable bodies in knee joint.....	" " ".....	1	1			
Necrosis of inferior maxilla.....	Curetting.....	1				1
" " tibia.....	Trephining and curetting.....	1	1			
Osteomalacia.....	Amputation.....	1	1			
Ostitis of inferior maxilla.....	Trephining and curetting.....	1				1
Phimosis.....	Dilatation.....	2	2			
Rheumatic iritis.....	Extirpation of eye.....	1	1			
Senile gangrene.....	Amputation.....	3				1
Septic wound of finger.....	Amputation.....	2	2			
" " knee.....	Opened and curetted.....	3	1			
Tumors.....						
Carcinoma mammae.....	Extirpation, with axillary glands.....	1	1			
Cysto-adenoma mammae.....	Extirpation.....	2	2			
Na-al polypus.....	" " ".....	1	1			
Tubercular cervical glands.....	" " ".....	1	1			
Varicose ulcer of leg.....	Extirpation of veins.....	1				1
Women, Diseases of.....						
Carcinoma of cervix uteri.....	Curetting.....	2				1
Complete rupture of perineum.....	Perineorrhaphy.....	1	1			
Cystocoele.....	Anterior colporrhaphy.....	1	1			
Lacerated cervix.....	Trachelorrhaphy.....	17	14			3
Metrorrhagia.....	Curetting.....	4	4			
Polypus uteri.....	Extirpation.....	1	1			
Rectocoele.....	Posterior colporrhaphy.....	1	1			
Retained placenta.....	Curetting.....	1	1			
Ruptured perineum.....	Perineorrhaphy.....	11	9			2
Sub-mucous uterine fibroid.....	Extirpation.....	1	1			

Total number of operations performed, 104.

No deaths.

## SOCIETIES.

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, 264 Boylston street, Thursday evening, Dec. 3rd, 1891. President Geo. B. Southwick, M.D., in the chair. The records of the last meeting were read and approved. Drs. Wesselhoeft and Talbot not being present, the discussion upon Typhoid Fever was opened by Dr. J. Heber Smith. His experience with this fever had been mostly with the neurotic type, and the remedies used the cerebro-spinal, as arsen., hyos., and where extreme nervous excitement, opium  $\Theta$ , one drop to one half glass of water, and in teaspoonful doses; one drop of the tincture producing results in twelve hours, while the third decimal required from twenty-four to forty-eight hours. Agaricus where the pulse was 120 to 130, given in ten to fifteen drops of the tincture in water did good service. Baptisia not specially indicated since well-water had been done away with.

Diarrhœa in both private and hospital practice was infrequent, and was due to faulty nutrition.

Where the cerebral symptoms are prominent, milk with, or in alternation with barley gruel in tablespoonfuls every two hours, was the diet, as it never produced vomiting. The treatment from the beginning should be sustaining, not expectant.

Dr. Lougee thought baptisia supplemented by arsen. and rhus tox. was a good remedy now. The type of fever, now prevailing in his vicinity, was peculiar. In one case the cerebro-spinal symptoms predominated, in the next the abdominal, while in a third the stomach seemed the most effected.

Dr. French quoted Dr. Alonzo Clark as saying, "You could not break up typhoid fever, but must carry it along upon hygienic principles." You want a good nurse, good air, bathing freely, and a milk diet. Milk warm, and from four to six ounces every two or three hours. Hot milk in most cases stimulated better than whiskey. If diarrhœa occurs, use arsenicum; but do not start in with vigorous treatment.

Dr. Packard exhibited a new method of ether inhalation, vaporizing the ether instead of saturating anything to cover the patient's face. The air inhaled was charged with ether by pumping the air through the ether and so producing surgical anæsthesia. By this method the patient returns to consciousness in a few moments, and with only slight nausea.

Dr. W. S. Smith also exhibited an ether inhaler consisting of a perforated tin cylinder into which etherized air was forced

by an atomizer, producing anæsthesia in a few moments, with the use of a small amount of ether.

Dr. H. C. Clapp said, in speaking of pneumonia, that he did not approve of poulticing. The odor was objectionable, the constant changing exhausting, and the weight impeded the motion of the thorax. Cotton-batting was much to be preferred. Cold compresses were very satisfactory when properly applied, and the temperature was high. Great care should be taken when used upon old people. Stimulants at or near the crisis when heart failure is apprehended, tides over and often times helps where nothing else could.

The question of the contagiousness of pneumonia is still an open one. Dr. Clapp considers it a constitutional disease with local manifestations.

Dr. Lougee strongly advocated the use of cold-water compresses.

Dr. Boothby preferred hot-water compresses to cold.

Dr. Farnsworth endorsed the cold compresses, and suggested keeping the feet warm.

The meeting adjourned at 10 o'clock.

M. E. MANN, M.D., *Secretary.*

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*MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL  
SOCIETY.*

The annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Crawford House, Boston, Wednesday, Dec. 9, 1891, the President, J. K. Warren, M.D., in the chair.

The following candidates upon the recommendation of the executive committee were elected to membership:

W. N. Emery, M.D., of East Boston; F. A. Davis, M.D., of Boston; J. B. Hines, M.D., of Roxbury; Elizabeth A. Brackett, M.D., of Dorchester; George A. Tower, M.D., of Watertown.

The report of the Treasurer, Dr. J. H. Sherman, showed the finances of the Society to be in a prosperous condition with an increasing balance on hand.

The following officers were unanimously elected for the ensuing year:

President, Dr. C. R. Brown, of Lynn; First Vice-President, Dr. W. B. Perkins, of Malden; Second Vice-President, Dr. W. E. Batchelder, of Danvers; Secretary Dr. L. A. Phillips, of Boston; Treasurer, Dr. J. H. Sherman of South Boston.

Amendments to the By-Laws, presented by Dr. G. R. Southwick at the last meeting, proposing an increase of the annual

dues, were opposed by Drs. Sherman, Foss and others, and were voted down. Adverse action was also taken upon the project to found a scholarship in Boston University School of Medicine.

Dr. W. P. Roberts exhibited a full line of cupping instruments, and explained their successful use in a wide range of cases treated by him. Dr. W. H. White showed rheostat with the most recent improvements for controlling the electric current.

A committee upon the President's address, consisting of Drs. Whittier, Tobey and Allen recommended the adoption of its suggestions, viz.: The executive committee shall appoint a bureau for each meeting, which shall have entire charge of the discussions. The subjects shall be a single disease or class of diseases, being restricted to those contemplated in the organization of this Society.

Dr. W. H. White presented a paper upon the "Electrical Treatment of Uterine Disease," including observations recently made in person at the electrical clinics of Paris and Vienna. The best results are obtained from cells and batteries of the largest size. Vetter's dry Leclanché batteries were recommended as among the best of that type. Use great caution at the first treatment to not cause alarm or pain to the patient. Do not employ at first trial a current of more than ten milliamperes. Repetition permits an increase, fatigue compels a decrease, of electrical dosage.

"Cystotomy," by Dr. J. W. Hayward, presented the report of an interesting and difficult case of vesical calculus relieved by the median perineal operation. He advised in all cases of doubtful diagnosis, a thorough examination under ether. In a discussion participated in by Drs. Boothby, Roberts, Lougee, Morse and others, great stress was laid upon the difficulty of diagnosis.

The paper of Dr. W. B. Perkins upon "The Relation of Gynæcology to Insanity" expressed the opinion that too little attention was paid to the general condition of the insane. No physician should be eligible to the position of superintendent of an insane hospital, who had not been in general practice ten years, having a reasonable amount of experience in operative gynæcology.

Dr. F. C. Richardson in his paper on "Phantom Tumor" alluded to the paucity of literature on the subject. These curious swellings are found most frequently in nervous or hysterical patients. Complete anæsthesia was necessary for a satisfactory diagnosis. Dr. Boothby questioned the existence of such tumors, thinking the characterization a misnomer. Dr. Hayward mentioned a case in which the eminent surgeon Dr. Kimball, of Lowell, was called in consultation. The several physi-

cians present, after deliberation, agreed in the diagnosis of abdominal tumor. Every preparation was made for laparotomy, when to the surprise of all, the tumor completely disappeared under etherization. Dr. Southwick referred to the difficulty of differentiating foetal movements from the irregular contractions of abdominal muscles, notably the rectus.

Dr. F. W. Elliott read a paper upon "The Use of Electrolysis in the Removal of Superfluous Hairs and Other Facial Blemishes," describing the operation at length and citing a series of successful cases. Dr. Powers emphasized the importance of always employing the negative electrode in operations upon the face.

Dr. A. H. Powers made some remarks upon "Tendon and Nerve Suturing."

An excellent collation was served by "mine good host" Goodwin, plates being laid for fifty.

Adjournment at 9.30, after a session largely attended and of unusual interest.

L. A. PHILLIPS, M.D., *Secretary.*

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN  
MASSACHUSETTS.*

The regular quarterly meeting of the Society was held at Cooley's Hotel, Springfield, Dec. 16, 1891. Meeting was called to order at 11 A.M. by the President, Dr. J. P. Rand, of Worcester. The minutes of the previous meeting were read and approved, after which the regular business was transacted. The Bureau of Surgery and Zymotic Diseases reported the following papers: "The Local Treatment of Wounds," J. H. Carmichael, M.D.; "Anæsthesia," Horace Packard, M.D.; "Surgical Cases," G. F. A. Spencer, M.D.

On account of the enforced absence of the chairman, Dr. Spencer, the scientific session was presided over by President Rand.

Dr. Carmichael read the first paper, upon dressing wounds.

The doctor used the usual dressings with the addition of a preparation consisting of boracic acid, one drachm, glycerine and calendula, each one ounce, sterilized water, one pint. This solution may be used for fresh wounds, bruises, as a dressing for burns, or as a wash in cleansing abscesses. When it is used in wounds he seldom sees suppuration as it prevents the entrance of bacteria.

Drs. E. P. Colby and Horace Packard, of Boston, were present by invitation, and were now invited to take part in the discussion.



Dr. Packard thought that absolute cleanliness was of more importance than the kind of dressing. Not only should the wound itself be kept clean, but everything about the wound; hands, dressings, instruments and ligatures.

Dr. Colby spoke of the trouble he had formerly had in treating wounds of the scalp. He almost invariably used a wet dressing, usually a solution of calendula, and suppuration was a very common result. Erysipelas even was not rare. He now uses dry dressings, shaves and cleanses the scalp thoroughly, uses sutures at pleasure and rarely gets any pus.

Dr. Packard was asked what was the proper treatment for wounds of the hand in woolen-mill operatives. The hand and forearm were usually covered with machine oil and wool and great difficulty was experienced in preventing suppuration. Dr. Packard said the patient must first be etherized. It would be impossible to thoroughly cleanse a wound without anæsthesia, as patients would not submit to the severe scrubbing necessary. The ordinary ligatures, sutures and dressings were then to be used, the secret of asepsis being thorough cleaning.

The discussion then drifted to the relative value of different germicides. Dr. Colby thought it was sometimes difficult to get pure carbolic acid. The ordinary acid found in the shops contains cresylic acid which is not soluble. Calvert's No. 1, is the best and with it a perfect 5% solution can be made.

Dr. Colby here made some very interesting remarks upon the preparation of silk-worm-gut. It is broken and strung out by the hands, and then fastened at the ends by pins and allowed to dry and harden in the sun. In drying it becomes very rough. It is then given to girls who run it through the teeth until it becomes perfectly smooth. These girls are usually from the lowest classes and extremely filthy. During the process of smoothing, the lips become sore and bleed, thus making great possibilities of future contagion.

After dinner Dr. Packard gave a very interesting lecture upon his new method of anæsthesia. The old method has been for a long time very unsatisfactory, and the discovery of Dr. Packard promises to revolutionize the administration of ether. Briefly—for the full account will soon be published—the anæsthesia is produced by inhaling air after it has passed through a column of ether. Its two special advantages are the rapidity of its action and the small amount of ether required. Complete surgical anæsthesia has been produced with three drachms of ether, and an operation of over an hour's length by three and a half ounces.

P. R. WATTS, M.D., *Secretary.*

## REVIEWS AND NOTICES OF BOOKS.

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A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By T. Gaillard Thomas, M.D., LL.D. Sixth Edition. Enlarged and Revised by Paul F. Mundé, M.D. Philadelphia: Lea Bros. & Co. 826 pp.

This substantial and in every sense weighty volume offers to the profession the united wisdom, so to say, of the old time and the new. All that made Thomas' "Diseases of Women" a classic and a household word among medical students, a quarter of a century or so ago, is retained in this, its sixth edition; and to it is added, by the new collaborator, many modern instances and modern theories. When the opinion of the original author chances to differ from that of his editor on a given point, both views are given, with appended initials to show for which view each writer is responsible; and the liberty of choice thus given is stimulating to the reader's thought and study. Dr. Mundé has added several entirely new chapters; as, for instance, on Electricity, Hermaphroditism, Diseases of the Urethra and Bladder, and Diseases of the Female Breast. The sections on the etiology of diseases of women are exceedingly full and uncommonly plain-spoken, and the wearers of the corset are dealt with in no measured terms. So graphic and uncompromising are the author's pictures of what evils follow fashionable dress, that one is lost in wonder, considering the universality of the sin, so many apparently escape its consequences.

In all the difficulties treated of, the student is offered a wide choice of resources. The author's attitude is the most frankly scientific one imaginable; at moments, startlingly so; as in the concise statement that at his own request, he was allowed to be present during sexual intercourse between a hermaphrodite and his wife; and again—a fact stated without apparent consciousness that it could, in the reader, inspire other emotions than scientific interest,—the remark that in two cases of sterility submitted for treatment, "we dilated the uterus, curetted for endometritis, and caused an intra-uterine stem to be worn for a number of months, under the impression that the canal was too narrow and too bent for conception; and we subsequently discovered that the husbands of our patients were entirely impotent." (!!)

The book is a thoroughly up-to-date treatise, full, intelligent, and admirably written. The text is supplemented by the great number of 347 illustrations. The binding is durable and attractive.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., LL.D., F.R.S. Sixth edition. Part IV. London: Macmillan & Co.

The present volume concludes the issue of this finely gotten-up edition of a popular and authoritative text-book, with the exception of the appendix, which is promised, as a separate and additional book, at an early date. The volume under consideration deals with Sight, Hearing, Taste and Smell, Special Muscular Mechanisms, Reproduction and Death. The work is in *édition de luxe*, with broad margins and print which is restful to tired eyes. There is no attempt at condensation, every subject being dealt with in full and minute detail. The chapters on Tactile Perceptions and on Color Sensations are especially fascinating reading. Foster has been so long in the front rank of authorities in his chosen field, that no new word can or need be said in praise of his accuracy, the catholicity of his knowledge, and his admirable English style. The work in its present form will enrich and dignify the library of any physician.

INTERNATIONAL CLINICS. October, 1891. Philadelphia: J. B. Lippincott Co. 372 pp.

The quarterly issue of clinical lectures by well-known medical instructors and specialists has proved so popular a venture, that the substantially bound volumes of Lippincott's admirable series are now pleasantly expected, and sure of their welcome. The present book contains forty-two articles, by such well-known authorities as — to cite but a few — Drs. Weir Mitchell, Henry G. Piffard, Francis Minot, J. A. Wyeth, J. M. De Costa, H. C. Wood, and others. They report and generalize upon a wide variety of cases. The paper on "Permanent Headaches," by Dr. Weir Mitchell, is of great interest, and the candor of the great neurologist is something to note and imitate, when he says, "the most enduring of this class of headaches remain for me to-day as complete puzzles as they were twenty years ago"; and again, "there is always an unknown quantity in our therapeutic equation." A suggestive hint is dropped by Dr. Mitchell, to the effect that even when eye-strain is the cause of chronic headaches, correcting the difficulty may not always result in cure of the headache; since "the mischief may have lasted long enough to leave in the brain-tissues some lasting result of the too protracted strain." Another interesting hint is that on hysterical headaches, curable by suggestion. Among other notably valuable papers are those on "The Examination of the Sputum for Tubercle Bacilli," by Dr. Percy Kidd, pathologist to the London Hospital, and "Adult Chorea," by F. X.

Dercum, M.D. The volume as a whole is rich in shrewd theorizing and records of well-digested experience, recorded in forcible and graphic English.

THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By George M. Beard, A.M., M.D. and A. D. Rockwell, A.M., M.D. Eighth edition. New York: Wm. Wood & Co. 788 pp.

We have the assurance of Dr. Rockwell, the only surviving author of this now standard work, and sole editor of most of the editions through which it has passed, that more care has been expended on the preparation of the present edition, than on any other since the second. An entirely new and very timely and practical chapter on "Dosage of Electricity," has been added. "Now that electricity has become popular in medicine" — justly, says Dr. Rockwell, — "there is in some quarters, a tendency to treat all cases alike, by routine, mechanical applications, regardless either of the disease or the idiosyncrasies of the patient. The dosage of electricity is a special study."

The clinical chapters of this work naturally represent, with every edition, a wider experience. The book is an exhaustive treatise on its important subject, and by study of its text and numerous excellent illustrations, the non-specialist can obtain all necessary knowledge on how to use a highly valuable therapeutic adjunct.

HANDBOOK OF OBSTETRICAL NURSING. By Anna M. Fullerton, M.D. Second edition. Philadelphia: P. Blakiston, Son & Co. 222 pp.

This little book appeals alike to mothers and nurses, and is rich in information valuable to both. The seal of popular appreciation is set upon it, by so prompt a demand for a second edition. It deals clearly and concisely with the signs, management and accidents of pregnancy; with the duties of the nurse during labor, and in its possible accidents and emergencies; with the care of the lying-in woman and the new-born infant; and closes with a few hints on the ailments of early infancy. The chapter on the care of new-born infants has been re-written, with additions, since the first edition of the book appeared. There are thirty-four excellent illustrative cuts, showing all the apparatus in use in the lying-in room, the methods of applying bandages, producing artificial respiration and the like. The little volume is substantially bound.

TEXT-BOOK OF MEDICAL CHEMISTRY. By Elias H. Bartley, B.S., M.D. Philadelphia: P. Blakiston, Son & Co.

We must briefly give the second edition of this practical and excellent work the far too tardy praise of being worthy the

popularity it has attained. Several additions have, in it, been made to the original work ; the chapter on poisons has been enlarged, and a description of urinary tests incorporated in the present volume. The illustrations are many and suggestive. Concise and accurate ; the student of medical chemistry will find the book an excellent companion.

The most noteworthy story in the January *CENTURY* is "Bentley's System," a capital sketch of a familiar type of newspaper man, by Viola Roseboro'. A sorrowful interest attaches to the Kipling-Ballestier serial, by the sudden death of its gifted junior collaborator since the last instalment appeared. The story of "Custer's Last Battle," is told by Capt. E. S. Godfrey. Among the charming bits of verse is "An Old Belle," by Lizette W. Reese, and "A Garland," by Frank D. Sherman. New York : The Century Co.

In the January *POPULAR SCIENCE MONTHLY*, pages of especial interest to physicians, are "Tail-Like Formations in Men," a compilation of observations from the writings of Ecker, Bartels, Ornstein and others, and the third contribution on "Our Population and Its Distribution," by Dr. Andrew D. White. Among other contributors are Horace D. Martin and M. G. Trouvé. M. Guillenim writes interestingly on "Communication with the Planets." New York : D. Appleton & Co.

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#### GLEANINGS AND TRANSLATIONS.

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**COFFEE AS A CAUSE OF PRURITUS ANI.**—A correspondent thus relates a personal experience : "For many years I suffered from the most aggravated form of pruritus ani, which refused to yield to any one of the many remedies applied for its relief — nothing seemed to have the slightest effect in ameliorating the torture to which the intense itching subjected me. After exhausting the pharmacopœia I began to abstain from certain articles of food ; one after another was dropped from my dietary for several weeks, but without effect until coffee was reached. An abstinence for a period of over two or three weeks resulted in complete relief from the distressing symptom. As a matter of experiment the use of coffee was resumed for several days with the effect of reproducing the pruritus ; the experiment was tried several times with the same result. A year without coffee has been to me a year without pruritus." — *N. Y. Med. Jour.*

## PERSONAL AND NEWS ITEMS.

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DR. L. A. PHILLIPS will remove early in January, to the Woodbury Building, corner Berkeley and Boylston Streets, Boston.

DR. H. P. BELLOWES will remove early in January, to the Woodbury Building, corner Berkeley and Boylston Streets, Boston.

DR. JOHN L. COFFIN will open a Boston office, early in January, in the Woodbury Building, corner Berkeley and Boylston Streets, Boston.

DR. GEORGE A. SUFFA, from the New York Ophthalmic Hospital, will locate in the Woodbury Building, corner Berkeley and Boylston Streets, Boston.

AMANDA C. BRAY, M.D., B. U. S. of M., class of 1891, has settled at 49 Pleasant Street, Worcester. Office hours: until 9 A. M.; 2 to 4 and 7 to 8 P. M.

DR. JOHN H. CLARKE, editor of "*The Homœopathic World*," has removed from 34 Harrington Road to No. 30 Charges Street, Piccadilly, London, W.

H. A. GIBBS, M.D., has settled at 15 Wayland Street, Boston. Dr. Gibbs is associated with Dr. J. T. HARRIS, of 136 Warren Street. Office hours: until 9 A. M.; 1 to 3, 6 to 7 P. M. Telephone.

A VERY pleasant reception was given to the Hahnemann Club of Nashville, at the residence of Dr. J. P. Dake, 216 N. Vine Street, Nov. 11th, 1891, in honor of the Southern Homœopathic Medical Association and the Homœopathic Medical Society of Tennessee.

THE homœopathic physicians of Melbourne, Australia, have made great strides into popular favor by their marked success in dealing with a recent epidemic of the grippe. Individualization of cases and careful selection of remedy produced results which compared brilliantly with old-school theorizing over "germs" and dosing with quinine and alcohol.

DR. D. S. C. KAVALGIAN, of Adapozar, Asia Minor, a graduate of B. U. S. of M., class of 1875, sending his annual subscription toward the support of a scholarship in "our most beloved Alma Mater," adds these pleasant and hearty words:

"Please give my regards to all our dear 'boys' of '75-'76-'77, as you meet them, and to all our venerable teachers. How happy they are that can see each other by dropping to 10 Park Square! I wish I could do the same at least once in my life. O, how I long to see them!

Don't forget me altogether!"

A LETTER has just come from our old friend and contributor to the GAZETTE, Dr. G. Oehme, now of Roseburg, Oregon. We met him first at the centennial celebration of Hahnemann's birth, in the little town of Meissen. Soon afterwards he came to this country and practised for a time in Concord, N. H., and later, for several years, in Plymouth, Mass. The New-England climate proved too severe, and, some twenty years ago, he went to Staten Island, N. Y. In each of these places he had a successful practice and many friends; but failing health again compelled him to move, and on the western slope he has found renewed health and delightful society. He is enthusiastic not only in regard to the climate and the future of the rapidly-growing State, but also about the prospects of homœopathy there, and the great demand for well-educated physicians. He desires very much to have a good physician at South Bend, Washington, a place charmingly situated, and which has grown in the last year from 800 to 3,500 inhabitants. Many of the people are from New England, and demand homœopathic treatment when sick. Dr. Oehme would gladly assist any one well recommended.. I. T. T.

THE final measurements of the head of H. L. Norcross, the New York bomb-thrower and would-be murderer of Russell Sage, were taken at the morgue, by Coroner Messemmer, assisted by Drs. Landon, Gray and Dunham. The head is egg-shaped, has a retreating forehead, and is high above the ears. The distance between the base of the nose and the occipital protuberance is 19½ centimetres, and

13 centimetres from the tip of the chin to the base of the nose. The facile angle is about 65 degrees.

The skull is five millimetres thick at the parietal bone and ten millimetres in the occipital region. Thirteen centimetres is the greatest transverse diameter internally. Fourteen and a half centimetres is the distance from the lobe of the ear to vertex, and fifteen centimetres from the posterior border of the foramen magnum to the vertex. Sixteen centimetres is the greatest antero posterior diameter internally. The head measures 190 millimetres from the back to the front.

Dr. Zuckerkaudel (the German authority) says the maximum of the skull is 197 millimetres or 19 centimetres. The bomb-thrower's skull is pretty large. There is nothing abnormal about it. The circumference is 53 centimetres and five millimetres. The distance from the occipital to the vertex is 16 centimetres. The skull is considerably above the average in the capacity of the contents it will hold.

—Record.

## OBITUARY.

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THE death of Dr. CARL HERMANN HORSCH, of Dover, New Hampshire, is widely mourned, as removing an able and untiring worker, a popular practitioner, and a thoughtful and scholarly disciple and defender of homœopathy.

DR. MARY J. SAFFORD. — No death that has ever removed a beloved member of the homœopathic fraternity, has been more widely, more deeply, more tenderly mourned than that, which on the eighth of December, called Dr. Mary J. Safford from this world's work and sunshine. It is many years since Dr. Safford, in search of the health she never fully found, abandoned her arduous and fruitful labors in our immediate midst, and made her home in the far South. Yet the years have in no wise chilled or dimmed the tender respect, the living affection of those who were privileged to be her friends, patients or co-workers in the city so long her home. Her untiring energy, her delicate skill, her sensitive faithfulness to duty, her gentle, sympathetic, womanly atmosphere will linger long in cherished memory, and their loss is a loss indeed.

The following admirable sketch of Dr. Safford's life and work is borrowed from the *Boston Transcript*:

"About half a century ago there was born among the green hills of Vermont a little child who was destined to influence thousands for good. Her parents were among those brave-spirited pioneers who moved Westward, and helped to build up the civilization of the newly opened lands. As the child grew she received an excellent education, partly in Canada, where she acquired the ready use of French and the ability to do exquisite needlework. Travel in the United States and the West Indies was followed by a quiet life with her brother in Cairo, Ill., for a time. But within the slight frame was a heart that responded to every cry of need, and a restless, active mind that demanded some more serious work than following the dull round of life of a woman in society. With the generous coöperation of her brother, she opened a free school in Cairo, and taught till the outbreak of the war. A personal friend of President Lincoln and of General Grant, it was easy for her to secure permission to carry succor to the wounded; and it is said that she was the first woman in the United States to administer relief on the field of battle. Before the echoes of the guns had died away she would tie her handkerchief to a stick, and, accompanied by a colored man bearing supplies, would seek out the wounded, and give such aid and comfort as were possible till the surgeons arrived. She went up and down the river in the transports, assisted in the hospitals, and in every way threw life and time and means into the service. All through that part of the country she was idolized by the soldiers, many of whom still recall her name with tender gratitude.

Before the war was over the terrible mental and physical strain proved too much for her; and almost a wreck, she went abroad to try once more for life and vigor. For five years she sought them in almost every European land as well as in Egypt and the Orient, filling her mind with rich stores of knowledge and experience and winning back by degrees the blessed boon of health.

On her return from Europe, Miss Safford spent three years in New York study-

ing medicine; and after her graduation she applied to the medical faculty of the University of Vienna for permission to study there. It was readily granted, and she at once returned to Europe, and for nearly three years studied in Vienna and other places, having exceptional opportunities, though in every place where she was received she was the first woman to study these branches.

As a physician, Dr. Safford practised in Chicago and Boston. In the latter city she also taught for years in the medical department of the Boston University. With the skill of the accomplished physician, she united the fidelity of the friend, and in the sick-room her very presence was the stimulus of sunshine, and the gentle touch of her hand was a benediction. Dr. Safford was one of the first women in Boston to be elected to serve on the public school committee, and here as everywhere she was faithful in the highest degree. She was warily interested in all movements of reform and in efforts to better the condition of working girls. No human being could come to her for sympathy or help without meeting quick response. Only those who were constant inmates of her family knew how incessant were the calls made upon her in this direction, and how unceasing were her generosity and devotion.

Again the brave little woman succumbed to overwork and cares far too great for her strength; and several years ago the pleasant Boston home, whose hospitable doors had been always so wide open, and round whose board gathered many a group of congenial friends, was broken up, and she gathered under her wing the two little girls whom she had adopted, and sought a balmy climate and more restful life in Florida. Since then she has made only fitting visits to the North; but those who had once known and loved her could never grow cold or forgetful. Whenever she came to Boston, she was welcomed to a hundred homes where she was claimed as an honored guest. Years came and went, leaving their traces on her gentle face; but through it all shone ever the light of love, the cheery spirit that never knew defeat.

So many years had she been frail that no one should have been surprised to know that the silver cord had at length been loosed; yet it was with a shock of keen sorrow that her friends received the message that death had claimed her on the eighth of December. There will be mourning in Florida, where her sweet influence was widely felt; there will be mourning among the mountains of North Carolina, where she often summered; there will be heartache on the Illinois prairies, while over the Vermont hills the sad news will break in tears that the little child born there so many years ago has passed beyond the sight of those who knew and always loved her."

We are permitted to quote from a private letter this tribute to Dr. Safford's worth and influence. The letter is dated from Tarpon Springs.

"Dr. Safford was buried yesterday. She returned from North Carolina about three weeks ago, took at once to her bed, with but little hope in herself I think, and has gradually faded away. Her brother was very sick, often thought to be dying, and he seemed to grasp all the resources at hand, and but a few seemed to realize how sick the dear little woman was, always so quiet and modest where self was concerned, until too late to do anything for her. The funeral was very sad. Every one seemed to have lost a dear friend. She was certainly a wonderful woman, and she really wore herself out in her constant work for others."

We cannot refrain, in conclusion, from quoting the following touching and beautiful paragraph from the *Boston Saturday Gazette*:

"The death of Dr. Mary J. Safford, late of Boston, which has been so generally noticed by the press, is a sad blow to the little town of Tarpon springs, Florida, where she had lived since leaving her Boston home, and to whose inhabitants she had endeared herself by a life of loving helpfulness as friend, neighbor, and physician. She had hundreds of friends in Boston, to whom her death is a personal sorrow; but in her Southern home, where her gentle influence had been, perhaps, most widely felt, her loss has affected the entire community. (On the funeral day, December 10th, all business in Tarpon was suspended, that all might pay a last tribute of respect to a noble life. A lavish and magnificent floral display was made at her home, the church, and at the grave, which was lined with palmetto leaves and roses. A carpet of palmetto leaves was also spread for a wide space around the lot, which is shaded by stately Florida pines; blacks and whites uniting in this work of love."



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EDITORIAL.

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*LAST WORDS ON THE INDIAN "AGE OF CONSENT" BILL.*

Certain of our friends in "farthest India" seem to think that we have not presented, altogether fully and fairly, the Hindu side of that very great question, the "Age of Consent" bill. In consequence of which we have received, *via* the GAZETTE'S very faithful friend and correspondent, Dr. D. N. Banerjee, of Calcutta, a full copy of the long and interesting memorial presented by a Hindu committee, appointed at a great public meeting called to protest against the measure then under consideration by the English government. This document — which space forbids us to reproduce in detail — is amazingly interesting from every possible point of view. It is overflowing with race, with Orientalism; to read the lines and between the lines is to enter into the very atmosphere of a civilization so foreign to our own that we are bewildered out of the belief that this is the wide-awake, the nineteenth century, and that enlightenment everywhere is making advance, and progress is everywhere holding sway. As a bit of special pleading, it is very skilful, subtle and curious; as an absolutely *naïf* revelation of points of view and motives of action which (in modified form indeed) obtain in other parts of the world as surely as, existing, they are denied and concealed, it is of unique and lasting interest. Indeed, perhaps its most interesting aspect, after all, is not the points of incredible difference it presents between Orientalism and Occidentalism, but the points of resemblance it presents;

points which, looked squarely in the face, whisper an ironical question as to how far there survives, in our boasted perfection of civilization, the taint of frank, world-old barbarism.

We regret, in attempting to consider the matter, that neither this memorial, nor the "Terrible Memorial" of the medical women of India, published in our issue of August last, bears a date. It is therefore impossible to know whether the medical women's memorial had been made public at the time the one now under consideration was issued. In any case, the memorial of the medical women is bitter and conclusive — does away with the statement contained in the Hindu memorial, that cases of rape upon child-wives are practically unknown. The signed testimony of many Hindu physicians is here offered, to the effect that not one of them in his practice has ever seen such a case. In face of the four or five cases cited in the women's memorial, this testimony, so far as weight is concerned, suggests the Western lawyer's argument that his client could not possibly have committed the murder; for whereas the state attorney could produce but three witnesses who had seen his client fire the shot, he could produce twenty witnesses who had not!

Summarized, the Hindu argument against the "Age of Consent" Bill, runs as follows: It is directly contrary to the commands of the Hindu religion, which enjoins the marriage of all girls before the age of puberty, and the consummation of the marriage within four days after the appearance of the first menses. As the menses frequently appear before the age of twelve, — which is that named in the bill — religion and law here come into sharp opposition. This is the whole matter, stated in a sentence; but a score or more of pages are devoted to ingeniously setting forth the beauties of the old *régime*, the impossibilities of any serious abuses under it, the perils and sorrows that must follow any changes in it. Curiously and interestingly enough, every argument brought forward by the defence, promptly, to Saxon interpretation, arrays itself on the side of the plaintiff. Take, for example, this delightfully candid paragraph:

"The result will be disastrous to the Hindu society inasmuch

as the girls having arrived at their maturity, will not submit to their parents in the choice of their husbands, and thus the Hindus will have to give up their zenanas, castes, etc., and introduce courtship and other customs of the West, to meet the new requirements of their society. Then, again, once the father is absolved from the sacred and onerous duty of marrying his daughter and allowed to be lax and careless, the girls of the country will be deprived of the disinterested, devoted and intelligent services of their best friends in the world, so absolutely necessary for their welfare in the peculiar circumstances of the country, and will thus have to shift for themselves to find a home and husband. It will thus be evident that the different parts of the Hindu social fabric are so delicately related to one another, that any slight violence to one is sure to destroy the whole fabric."

To the Saxon apprehension this possibility, which seems to the Hindu mind so calamitous, presents itself as a consummation devoutly to be wished: namely, that the women, the mothers of the race, should arrive at maturity free to think for themselves, choose for themselves, act for themselves. And yet, — we must in honesty ask — how much of just this spirit survives in the claim, not unknown in emancipated America, that there are safer and more competent judges of woman's sphere than woman herself?

There is something as subtly ingenious as there is essentially revolting, in the following bit of argument:

"Your memorialists further beg to point out the material difference between rape and premature cohabitation by the husband. In the offence of rape, there are two elements, of which undoubtedly the graver one consists in outrage and insult to the feelings of the ravished party, and those of her dear and near relations as well as of the society at large; the other consisting in the physical injury inflicted on the subject of the offence.

That the severity of the punishment for rape, namely, ten years' rigorous imprisonment or transportation for life, is provided for mainly on account of the moral rather than the physical injury, is evidenced by the fact that severe punishments are inflicted even in cases of rape, but it is where the offence of

hurt is altogether absent. In the case of premature cohabitation by the husband with his wife, the graver element of insult and outrage to the feelings is absolutely wanting. It is only the minor element; namely, the physical injury of which he may be guilty. Your memorialists submit that, the Penal Code, as pointed out above, provides for the punishment of all palpable shapes of physical injury that a husband might inflict upon his immature wife.

It has been said that the Penal Code, as it stands, ignores the distinction between the two classes of cases by making a husband guilty of rape by reason of intercourse with a girl-wife below ten years of age. As regards this, your memorialists submit, that though there might be some excuse for this extraordinary departure from the recognized principle of legislation considering the extreme character of the case, the framers of the Code introduced the provision evidently with great hesitation, as is seen from the fact that, in the original draft of the Code, it was distinctly laid down that "sexual intercourse by a man with his own wife is in no case rape."

Terrible enough, this, in view of all one reads between the lines; but has our society risen sufficiently far above the standpoint on which such argument rests, to judge it very severely? How generally is it recognized and acted upon that a husband is more culpable and more despicable in using means of coercion, whether physical or mental, upon the wife whom he has sworn to honor, and whom the law gives almost unreservedly to his mercy, than upon a stranger whom the law protects from him? Until our civilization reaches this point in its upward growth, let us judge others but sparingly.

The memorial is, throughout, a curious confusion of manifest self-contradictions. It protests that the shameful crime which the new legislation aims to suppress, is practically non-existent; and yet it claims that the law, enforced, would cause widespread hardship and misery. It claims that laws already exist to punish that crime; and admits that appeal is so rarely made to these laws that they are practically dead letters. It claims that with the first appearance of the menses a girl is fitted for wifehood and motherhood; a statement which would be indig-

nantly denied by enlightened and unprejudiced medical science the world over.

If evidence were wanting that the "Age of Consent" Bill and all other forms of possible and practicable legislation looking toward the emancipation and protection of the enslaved women of India, are bitterly needed, such evidence would be furnished by the memorial before us. For the light it throws upon Hindu domestic ideas and customs, we shall all follow with intense interest, with more living and intelligent sympathy, the efforts of Saxon civilization to bring freedom and purity to the women of India. An earnestly-cherished religion should not be lightly meddled with; but when religion lends itself as a cloak, to cover awful cruelties to the hidden and helpless, no true man may hesitate as to how far it can command respect. Until our Hindu friends can authoritatively deny the facts set forth in the "Terrible Memorial," the Age of Consent Bill, in India, will have the rejoicing support of every Saxon mind and heart.

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#### EDITORIAL NOTES AND COMMENTS.

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KEEPING IN STEP WITH NATURE — more and more we realize that this is the secret of bringing the sick to health, as we earlier recognized it to be the secret of keeping the healthy healthy. Time was when there was uncommonly little recognition paid to nature, still less consultation with her, on the part either of theology or of medicine. The former pronounced human nature to be deceitful and desperately wicked, until made over into something quite unrecognizable, by some patent theological process or other. The latter tacitly declared that nature was altogether powerless to make repairs in the organisms it is her business to keep in order, and proceeded to outrage, defy and overthrow her by every diabolic device known to ancient medical ingenuity. But modern theology has decided that work along the lines of unalterably established human needs and impulses is the only effective work; and modern medicine is learning, in wholesome humility, to stand with bared head before Mother

Nature, only too gratefully profiting by her lightest hint. A very great theologian once said that righteousness was only keeping in the current of Divine Providence. The correlative medical axiom might be that health is only keeping in step with nature. The old-fashioned doctor, called to a sick-bed, was wont to mount some hobby of theory, whose gallop too often ended by the patient's open grave. The new-fashioned doctor follows respectfully, on foot, the silent couriers of sign or symptom that nature sends out for his guidance. Instead of drastic dosing with purgatives for constipation, to-day's doctor orders free drinking of water; instead of perilous anodynes for outcrying nerves, he feeds them with the fats, their natural and too-long-denied foods, for which they were crying; instead of whip and chain for the mentally diseased, he gives them long rest, full nourishment, the books, the society, the out-door work which, as best suited to the individual case, shall restore with healing, gentle touch the lost balance. Instead of exhausting bleeding, in febrile conditions, continual and refreshing applications of cooling water and ice. Assiduous search to discover just where nature, through hereditary defect or otherwise, is unable quite to have her way, and to aid her, judiciously and gently in getting her way; this is the rational, the merciful tendency of modern medicine. To do this with the least expenditure of force, and along the simplest and most obvious lines, is to be the most progressive and the most certainly successful of practitioners. Not to scorn nature, but to keep in step with her, — that is the secret of medical advance, to-day and forever.

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MORAL REFORM MADE EASY, — Surely to put it thus, is not to characterize too flatteringly a system that promises full moral reform, by easy and pleasant means, used quite unknown to the patient under treatment, and given without money and without price. This millennial state of things obtains — as we learn, through a recent issue of *L' Union Homœopathique*, — in the city of Lyons, France; where, at the dispensary of Dr. Gallavardin, "Psychic Homœopathy" cures — so reads the doctor's card, in the daily papers of Lyons, — "passions, vices, defects of charac-

ter and of intelligence," on Monday mornings, from 9 to 11 o'clock, at No. 11 Rue de Plat.

We know of the gentleman named Pasteur, who by his original process cures our mad-dog-bites and insures us against hydrophobia ; we know of a gentleman out West, who by another original process cures us of our taste for liquor and insures us against delirium tremens, — when we don't die of them, as one of his best advertised patients did, the other day. But the drawback in both these cases is that both these healers are mercenary enough to pocket a fat and pretty fee, before applying their process to our needs. But we have only to make the journey to Lyons, and Dr. Gallavardin will rid us forever of our tendencies to "libertinage, jealousy, envy, rage, revengefulness, gambling, selfishness, miserliness, lying, thieving, laziness and melancholy," — we quote, in literal translation, the doctor's own statement — and never charge us a sou !

Brethren, this is not a merry jest. It is a sorrowful, ridiculous fact ; and it is one of the facts that help to explain why homœopathy's claim to being an exact, rational and scientific system of treating the sick, is, even to-day, in so many quarters laughed to scorn. Here is a so-called homœopathic physician, who advertises, by homœopathic medicines administered in high potencies, to cure nearly every purely moral evil to which human nature is liable. He announces that it is not necessary for the sufferer from jealousy, libertinage, lying, or the like, to apply for treatment in person : some friend or relative can state the case, and be furnished with the appropriate homœopathic remedy, which can be dropped into the patient's food or drink and swallowed, "unbeknownst" : after which the tendency to gambling, jealousy or libertinage will speedily disappear. Dr. Gallavardin writes to the editor of *L' Union Homœopathique* that he looks upon this as a blessed means of propagating the truths of homœopathy.

Perhaps it is. But in contemplating the logical sequence of "psychic homœopathy," one awful question makes us stand aghast. Do certain drugs cause libertinage, gambling, thieving, lying and jealousy ? Naturally they must, or how, on the homœopathic principle can they cure them ? Brethren, pause be-

fore it is too late. The highest potencies may work their effects upon him who but sniffs at the bottle containing them, or holds the bottle in his hand. Is not the moral evident?

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“THE DISCOVERER OF WEAKNESSES:” Some such Stocktonian-sounding name ought to be bestowed, as a sub-title, on the strange malady which, for want of a more distinctive name, we call La Grippe. In itself seemingly harmless enough, — presenting scarcely more serious symptoms than those of the familiar “bad cold” which New-Englanders look upon as an unavoidable winter visitor — it seems gifted with diabolic power to recruit into the army of disease every physical weakness inherited or acquired, familiar or unsuspected, which lurks in the organism of its unhappy victim. Whether the weak link in the chain of corporeal being be situated in lungs or nerves, in kidneys or heart or brain, la grippe seems gifted to search it out and put just that added strain upon it that makes its weakness evident and perilous. The coming of la grippe is as the coming of a sort of physical day of judgment; and he who can abide it, without unwelcome revelation as to where his weak points lie, has reason to congratulate himself on a happily balanced organism. Grippe as — not a cause, but — a discoverer of latent disease of many kinds, is an aspect of our recent and formidable epidemics which has not been sufficiently dealt with. It will bear and reward serious scientific investigation.

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#### COMMUNICATIONS.

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#### *REFLEX DISTURBANCE ARISING FROM THE OCULAR MUSCLES, WITH CURE.*

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

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

I have here a case to report that came under my observation and treatment, that illustrates the profound disturbance of the general nervous system, that may follow a want of harmony in the action of the ocular muscles. It is only a single case, but one in which the immediate results of treatment were so pronounced as to leave no doubt of the source of the disturbance.

A young business man of this city, age, 26, called upon me



by advice of his physician, on March 4, 1889, for an examination of his eyes relative to relief from intense occipital headaches. Their inception dated some years back, while studying for admission to college. He subsequently received a sunstroke that disabled him for a time. Of late his headaches have increased rapidly in frequency and intensity; and an inability to use the eyes for even a few moments, without inducing a mistiness of vision and an uncomfortable pain at occiput has driven him to consult me. He has been under the care of a homœopathic physician who has given him gels, during these attacks with but doubtful relief. His symptoms now are, a general feeling of nervousness and apprehension. Feels that he will lose his mind. His memory is defective. He can not read a short paragraph in the newspaper and remember the first portion of it when he has reached the last. There is also a lack of comprehension. He sees the words but cannot understand their meaning. The act of reading becomes purely mechanical. He will read the passages over several times and will not then comprehend their meaning. Associated with this is a mistiness of vision, a throbbing sensation in the eyes, a desire to strain them open, and a dull aching at occiput. Has to carry the book away from him at arm's length, and to incline the head to one side in his efforts to see clearly. Soon will follow a numbness of the occiput gradually creeping into the mouth and all over him, and a loss of memory for words and events. These symptoms will continue long after he has ceased to use his eyes. He describes this feeling as if one portion of his brain were paralyzed, and that he could comprehend names and events from one side and not from the other. For instance, he will get into a carriage to be driven to his home, and will be unable to remember his street and number. When the name is suggested to him he will not recognize it. He knows that he wishes to reach his home, and will say that he "wishes to be driven to —," and then his memory will become confused. Likewise for past events; on reaching home, perhaps the inquiry will be made, "Where have you been?" "On whom have you been calling?" He cannot answer in full. "I have been calling on —," and there his memory will cease. "Was it a man?" "No." "A woman?" "No." "On whom then?" "On the other kind of a man." (Meaning a woman.)

This symptom seems to be described in a measure by the term "amnesic aphasia," which has been defined as "an incapacity for the recollection of words, although the idea is present and the articulation is at the service of the word," and is supposed to be caused by pathological lesions of the frontal lobes. During these attacks he retains the power of locomotion, but

feels as if on stilts, with a numbness and puffed feeling of the soles of the feet, similar to that described by a person who has taken an overdose of laudanum. His heart beats irregularly and there follows a terrific blinding occipital headache. Has now from two to three attacks a week.

To recapitulate, his prominent symptoms are, speech difficult, memory defective, movements uncertain with numbness of extremities, irregular heart action, occipital headache and asthenopia.

An examination of the eyes revealed the following condition : refraction normal, left eye tending above the other  $\frac{1}{2}^{\circ}$  (left hyperphoria), a divergence of the eyes of  $1^{\circ}$  for distance, and  $2^{\circ}$  in accommodation (exophoria). Under the influence of the proper correction by prisms he rapidly developed a left hyperphoria of  $3\frac{1}{2}^{\circ}$ , and an exophoria of  $10^{\circ}$  in accommodation. On March 20th, I performed a Stevens terotomy on the left superior rectus, bringing the left eye down to within  $\frac{1}{4}^{\circ}$  of level, which I subsequently entirely corrected by a similar operation on the inferior rectus of the right eye. He had then remaining his exophoria, for the correction of which I operated (Stevens method) on the rectus externus of the right eye. Since the correction of the hyperphoria, he has experienced complete relief from all headaches and confusion, and is able to use his eyes freely by natural and artificial lights without the least inconvenience, and without the necessity of wearing glasses. He reports to me, a year after the operation, that he is still perfectly well. During the time of treatment that I have described, he took no medicine or drug of any kind.

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#### A UNIQUE CASE OF MALARIA.

BY G. H. WILKINS, M.D., PALMER, MASS.

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

The patient is a photographer, aged about fifty-five years. I was first called to see him Aug. 5, '91, and found him suffering from severe neuralgic pain in the region of the spleen. There were no objective symptoms. I prescribed spigelia 3x.

During the afternoon the pain gradually subsided, and he passed a comfortable night.

Aug. 6th. He had another severe attack of pain, of same character, and at the same hour, 9 A.M. I prescribed colocynt 3x. The pain subsided and again he passed a comfortable night.

Aug. 7th. Again he was attacked with the pain, at 9 A.M., this time with a feeling of coldness lasting half an hour. It was very clearly a case of malaria. I prescribed quinine 6 gr.

to be taken at 9 P.M., or about twelve hours before the next paroxysm, and arseniate of quinine, 2 grains of the 1x trit. every three hours.

Aug. 8th. Paroxysm about the same in character, came on at same hour. Treatment was continued.

Aug. 9th. Pain very slight.

Aug. 10th. No return of the trouble. I prescribed arseniate of quinine 1x trit., four powders daily, and advised a vacation to the mountains or sea.

About Aug. 20th, he went to the seashore, but having a return of the pain two days afterward he returned to his home. At the solicitation of kind neighbors, an old-school physician was now called, under whose treatment he continued about four weeks constantly growing worse. And then some other kind neighbors told him of a "second-sight doctor," in an adjoining town, who could "see right through him," though ten miles distant, could tell him just what was the matter, and send medicine for one month's treatment, all for the small sum of ten dollars, payable in advance. The money was sent, and the prompt reply by mail contained the startling information that an "examination" had been made, revealing "the fact that the fluids of the body were very much deranged."

This was very lucid. A package of medicine was forwarded by express, supposed to last a month and set the "fluids" right. It was also stated that an "examination" would be made at the end of each week, and results reported.

But before the end of the second week the patient became so much worse that he decided to ignore his neighbors, have his own way, and return to his first love. Accordingly I was called in again, Sept. 26, and found the worst case of malaria it has ever been my lot to treat. I think it was somewhat unique, too, as to the frequency of the paroxysms. He had had four distinct chills during the preceding twenty-four hours, each lasting about an hour, and followed by fever and sweat.

My first visit was on Friday at 8 A.M. He was then having a hard shake which lasted over an hour. During the chill there was intense nausea with vomiting of mucus. The fever lasted about two hours, and the perspiration was profuse for an hour. The patient was very anæmic with marked cachectic look. The abdomen was bloated, the spleen very much enlarged, the free border being distinctly felt about half way from the margin of the ribs to the umbilicus and nearly as low as the crest of the ilium. Bowels were constipated and urine scanty and high colored. Arsenic 3x was prescribed with three grains of quinine to be given after each paroxysm.

My second visit was at 9 P.M., and I learned that he had had

a paroxysm beginning at 2 P.M. and was then having another, which began soon after 8 P.M.

During the next day, Saturday, the paroxysms came a little earlier and the cold stage lasted longer — over two hours in some of the paroxysms. He also felt cold during the sweating stage. The quinine was increased to four grains after each paroxysm and aranea diadema substituted for ars.

Saturday at midnight he began to shake and continued to shake, without any intermission, till Sunday noon, twelve hours.

At 6 P.M. he began to shake again and said to me, "Doctor, I shall shake all night again unless you stop it."

I felt that it would be wrong to allow him to shake all night again, if I could possibly prevent. I felt but little confidence in my ability to do so, but proceeded to administer morphine  $\frac{1}{2}$  grain and atrophine  $\frac{1}{16}$  grain hypodermically. The effect was most gratifying. In less than ten minutes he ceased to shake. In half an hour he fell asleep and had a good night's rest, the first for several weeks.

I had not expected more than temporary relief from the hypodermic injection, but to my surprise the patient had no chill from the time it was given till the following Saturday. Arseniate of quinine and citrate of iron and quinine were given during the week.

Saturday the patient complained of coldness. Sunday he had a slight chill and much nausea. I gave ipecac  $\text{ix}$  and quinine, ten grains of the latter, to be taken early Monday morning, if he was not having a chill.

Monday came and with it two very severe chills. Again I gave morphine  $\frac{1}{2}$  grain, hypodermically, and again it stopped the chill and there was no return for nearly a week, arsenicum being the principal remedy given. But he seemed doomed not to pass a Sunday without a chill, and it came on early Sunday morning. I determined to give more quinine than I had done before, and he took twenty-four grains that day, with no buzzing in the ears. The next day it was increased to thirty-six grains, and the next to forty-eight grains, still with no symptoms of physiological effect. I had given it in two-grain pills, gelatine coated. The stools had been watched by the attendant, but I presume not very carefully, for the next morning after the twenty-four were given, most of them were found to have passed from the bowels undissolved. No wonder that ears did not hum and chills did not cease. I then gave tablet triturates  $\frac{1}{6}$  grain of arseniate of quinine, twenty-four each day. About this time a communication was received from the "second-sight doctor," stating that an "examination" had been made, and that the case was progressing satisfactorily, and the "fluids of

the body were in better condition." This was very encouraging, but as the "doctor" with his "second sight," could not see his patient shake, nor see that he had been under a physician's care for more than two weeks, we did not attach much value to the information. He also suggested in his letter that it would be best to take another month's treatment, for which the charge would be the same as before, (ten dollars).

The arseniate of quinine was continued about two weeks during which time the patient improved so as to get out of doors occasionally. Since then he has had arsenic 3x, or citrate of iron and quinine 2x, as remedies.

He now gets out every day and is regaining his strength. The spleen has decreased in size, and color is coming back to the cheek.

Three facts impress themselves upon me in connection with this case.

1st. In intermittent fever, the paroxysms may recur as often as every six hours, though I am unable to find any mention of a greater number than two in a day, the double quotidian type.

2nd. While morphine is a remedy much abused, I believe that if carefully and properly used it is a remedy that we cannot afford to wholly discard, if we have any regard for the comfort as well as the recovery of our patients. I do not think that it would ever cure a case of intermittent fever, but in this case it certainly gave the patient immediate relief, and suppressed the paroxysms long enough for other remedies to act.

3d. Gelatine-coated pills are most uncertain things in some cases at least. I used pills from the same lot in another case with good results. I suppose the trouble in this case must have been in the "fluids of the body," as pointed out by the doctor blessed with "second sight."

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*THE BASE OF THE TONGUE IN ITS RELATION TO MANY  
THROAT TROUBLES.*

BY JOSEPH CHASE, JR., M.D., EAST WEYMOUTH, MASS.

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

In presenting this paper I wish to call your attention, briefly, to the results of a few observations made during the last year and a half. My attention was first attracted to the subject, while attending Dr. Hooper's clinic at the City Hospital.

A woman presented herself, stating she had swallowed a piece of an onion, and since then she felt as though it had lodged in the throat, and that she could neither get it up nor

down. She was in a state of nervous excitement lest she should choke to death in consequence.

Examination revealed nothing but an enlargement of the glands at the base of the tongue, so that they touched and overhung the edge of the epiglottis, having probably existed there in this state for some time, and her attention had been especially called to it by the irritation caused by the onion and the nervous fears arising therefrom.

By touching the parts with a cotton-covered probe the spot was located by the patient, and was the seat of the greatest hypertrophy. The treatment advised was the removal of the growths. I never learned whether the patient submitted to it or not; but was assured by Dr. Hooper, that it would be attended by entire relief, as had been many other similar cases.

The symptoms were such as cover a large number of cases which come to the general practitioner. The patient has either swallowed something and it has lodged, or else something is growing, or at any rate there is a feeling as of a lump in the throat, sometimes more apparent in the morning when the patient will "hawk," and "spit," and "gag," in his vain endeavors to dislodge it. For this condition, *kali bichrom.*, or some other more appropriate remedy is prescribed, and the patient is assured that the cause is due to a nervous habit and he should avoid the hawking, as it only irritates and insures the continuance of the trouble.

This treatment may relieve, in a great measure, many similar cases while others it will not. We know the base of the tongue is studded with glands just anterior to the epiglottis and laterally they become continuous with a chain of glands, which extend up the sides of the pharynx including the faucial tonsils, meeting again at the vault of the naso-pharynx and there forming the tonsil of Luschka; this circle of glands is known as the circle of Waldeyer. They become hypertrophied in some individuals locally, according to age. In childhood, the tonsil of Luschka, forming the annoying adenoid growths with the ensuing troubles, and the enlarged faucial tonsils with concomitant abscesses and follicular inflammation. These undergo more or less of atrophy after the age of puberty, and when they have done all the harm possible, interfering with the general development of the child in its growing years, and oftentimes greatly impairing, if not totally destroying the hearing. In later years the glands in the lower segment of the circle are affected, causing the symptoms above mentioned.

It seems, however, that those are not all the symptoms which enlargements of the glands at the base of the tongue are responsible for. Many obstinate coughs owe their perpetuation to the

same cause. For the tickling, itching, and smarting in the throat-pit, with cough and raising of frothy, glairy or purulent sputa, we prescribe acon. bell., bry., phos., etc., and later, hepar, kali bichr., merc., and such remedies, which we have relied on, and with good reason, to produce a cure; still in many cases the length of time required is objectionable; and again only temporary relief is obtained, as in the cases of large hypertrophies, that at best only remain in quiescence ready again to be the source of trouble on the earliest occasion. As these glands become hypertrophied and their functions become destroyed thereby — it is the proper thing to remove them at once. Still it is not always that a hypertrophic condition exists as the cause of many of the symptoms spoken of, more especially those of a more acute nature. In such cases there seems to be a congestion about the base of the tongue and also the epiglottis itself, with dryness and other symptoms of inflammation without extending to the larynx itself, though to which oftentimes the symptoms have wrongly been referred.

It is here, however, that homœopathy has shown to advantage, for by the definite symptoms in each case it gives the particular remedy, without the knowledge of the exact locality; yet this knowledge is of advantage in enabling us to apply remedies directly to the affected parts as an aid to a more speedy cure. This is done by wiping the parts with a laryngeal probe around which is firmly twisted a piece of absorbent cotton wet with a 4% solution of cocaine or nitrate of silver, (ten grains to an ounce). This last has been used with great advantage in the more chronic cases, when there is not sufficient hypertrophic tissue to warrant its removal, or when for other causes it would be deemed inadvisable. The trituration of guiac and solution of corrosive merc. have also been used with beneficial results.

There were three cases, which came under my observation, where a considerable hemorrhage occurred, and which seemed to come from the base of the tongue, one of which was quite alarming and the attending physician called it a pulmonary hemorrhage, and the patient was doomed to an early grave. He, however, recovered and is now in robust health. He had later attacks of the same symptoms which precede the hemorrhage and by making the application of cocaine, and later of nit. of silver sol. he was immediately relieved of them.

In these cases the base of the tongue and surrounding parts were covered by a network of blood vessels, many of which were enlarged and somewhat varicosed.

I cannot positively say that the hemorrhage came from this locality; but still the indications strongly pointed in that direc-

tion, and I only speak of it that some of you may have an opportunity to either verify or explode the idea.

I will here give you a few cases illustrative of the foregoing :

CASE I. Mrs. S—; aged fifty years; had a constant feeling as of a lump in the throat-pit, or something there which she wishes to hawk up; more annoying at times than at others. Examination with the throat-mirror revealed large glandular hypertrophies at the base of the tongue, which were removed at two sittings, followed by complete relief of the annoying symptoms.

CASE II. Mrs. P—; aged about forty years; whenever she took cold always had a long-lasting and severe cough; had been treated by an old-school physician, receiving no benefit, the cough wearing off with the approach of warmer weather. I was called during one of these attacks and succeeded in relieving her by the proper homœopathic remedies. In about a year from that time I was again called, this time an unusually severe attack, lasting for a month or two, and had been treated by the family physician (old school) during that time, without benefit; the cough kept her awake nights and extremely busy during the day. I prescribed and succeeded in only ameliorating. Examination discovered two large hypertrophies on each side of the tongue; applications of nitrate of silver sol. afforded some relief, but not lasting. I then advised the removal of the growths, and, with her consent, did so in two sittings, almost immediately curing the cough.

CASE III. A lady of about twenty-eight or thirty years of age, had a cough for a long time; throat became irritated and raw; she was losing flesh and was gradually assuming a cachectic appearance. Examination of throat revealed slight congestion of the laryngeal mucous membrane, while the base of the tongue was highly congested and raw in patches slightly with two small hypertrophies on either side of the median line, touching the epiglottis. This case I treated with nit. solution, and after about four applications the cough entirely disappeared, improving rapidly with the first application.

There are many cases with which I might continue, but I will simply say that I have rarely met a case that has not received almost immediate relief, and in many a second application was not needed. By this means, I have been enabled to cut short cases which would have undoubtedly required a much longer time by medication alone. In cases of great hypertrophies, the applications only relieve for a short time, and the only way to permanently and speedily relieve is by their removal.



**COMPOUND FRACTURE OF THE TIBIA AND FIBULA: A CASE.**

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

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

I hope no one has inferred from my title that I intend to give a general resumé, or enter into any discussion, of the literature relating to this subject. For your sakes I will forego all the advantages that such a course would be to myself, and only ask your attention to the brief report of a case which has been of unusual interest to me.

Memorial day in Monson, as elsewhere, is a legal holiday, and Monson boys, like others on such occasions, are more likely to be engaged in rollicking sports than in the recollections of departed heroes.

P. W.—, aged eight years, with his companions had been thus enjoying the day. Everything had passed off happily, and as night approached, he with a lad of his own age and an older brother were leisurely enjoying themselves upon an old-fashioned see-saw, commonly known as a "teeter." The older brother could outbalance the two smaller boys, and so had everything his own way. He amused himself by sitting on the ground and holding them aloft, until the thought occurred to him that it would be great fun to slip off and let them suddenly drop. He did so, and his little brother unfortunately came down with the right foot under the end of the plank.

The blow broke both bones just above the ankle, their rough ends lacerated flesh and stocking, and that of the tibia was driven into the dirt. His companions took him up and, placing him on a rude seat, made him as comfortable as possible. Here I found him with his foot turned out at nearly a right-angle from the leg. With the help of the boys I succeeded in finding a narrow strip of board, to which, with our handkerchiefs, I bound the broken leg as firmly as possible. We lifted him into a carriage and took him home. I asked for assistance, and Dr. F. W. Ellis, a friendly surgeon in the place, responded to the call.

Having placed our patient under the influence of ether, we removed his clothing and proceeded to extract from the wound the remaining fragments of bone. We then washed out the cavity, together with the protruding tibia, with a solution of carbolic acid. By making steady traction upon the foot and exercising moderate force in manipulating the fractured bones, we were surprised at the facility with which they slipped back into their normal position.

Iodoform was thoroughly applied and the wound closed, except at its most dependent part, with silk sutures. No drainage tube was used. Ahl's felt splints, well padded with oakum,

were applied, and extension obtained by means of weight and pulley. As soon as possible we exchanged the mode of extension for an especially devised apparatus consisting of a long side splint, foot-rest and fracture box; the extension being made by the long splint, above from the perineum and below from the foot.

We anticipated that inflammation and suppuration would necessitate much careful attention on our part, and frankly told the parents that there was yet a possibility that the leg might have to be amputated.

We watched for surgical fever, but the temperature never arose above  $100^{\circ}$ , and as there was no excessive pain or other evidence of trouble, we waited sixteen days before disturbing the dressings. On removing the anterior splint the upper part of the wound was found to be entirely healed, and we took out the stitches. This did not expose the lowest part of the laceration; yet, as there had been no signs of suppuration, we allowed the posterior splint to remain unmolested for seventeen days longer. Its removal at that time revealed the fact that there had been quite a little discharge of pus which, having dried, had caused the oakum to adhere to the skin, and it was perceived that at one point a slight discharge still continued.

After a few days this had ceased and a small collection of pus had gathered at the point where the provisional callus approached most nearly the surface. This discharged, however, but a short time, and gave no further trouble.

In just six weeks and two days from the time of injury the box and extension splint were removed, and the little fellow allowed to sit up and move about. From that time until the present the limb has been constantly improving.

I saw him last Monday, and he was going without his crutches although he had not entirely discarded their use. His legs are now of exactly equal length, and the broken one is rather the straighter of the two. I do not mean to intimate that it is better than the other, or as good as it was before, but that the application of the splints has reduced the natural curve of the tibia is evident. He has perfect use of the ankle, and the extent of the deformity in any way is scarcely noticeable.

Doubtless some of you older surgeons would have considered this case too ordinary to justify so extended a report. But it was the worst mutilated limb that either Dr. Ellis or I had ever seen saved, and we congratulate ourselves upon having been able to assist in restoring it to so nearly its normal condition in form and usefulness.

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A CAREFUL PHYSICIAN.—Rich patient (wearily)—Doctor, do you think I'll be well very soon? Doctor (absent-mindedly)—Not if I can help it.—*Washington Post.*

## THE SCIENTIFIC AND PHYSICAL BASIS OF HOMŒOPATHY.

BY A. F. MOORE, M.D., WEST SHREWSBURY, VERMONT.

*(Read before the Vermont Homœopathic Medical Society.)*

Not all diseases are dynamic. It has been proved that bacteria do cause at least some diseases, if not all. And it has been found that they do it by means of poisonous products of fermentation, called ptomaines, which they form and excrete in their life processes. Thus, as the yeast organism forms alcohol (and carbonic acid), so there are at least eight varieties of bacteria which are capable of producing lactic fermentation in milk, sterilized; that is, they produce the ptomaine, lactic acid. These are the micrococcus lacticus, bacterium lactis aërogenes, bacterium coli commune, staphylococcus pyogenes, (further divided into aureus, albus and citreus by their manner of growth under cultivation), streptococcus pyogenes (of erysipelas), and the bacillus of pneumonia. Brieger found "that the pneumococcus of Friedländer and Frobenius is capable of producing formic and acetic acids and alcohol from carbohydrates." Pouchet isolated from the watery and almost colorless fæces of cholera patients an alkaloid, very poisonous even by inhalation of its vapor, which was identical with that found in cultures of Koch's comma bacillus of cholera. In the dirt of old gardens and dust and mould of old buildings is found an "anærobic bacillus capable of producing symptoms of traumatic tetanus in animals, in cultures of which two alkaloids were found by Brieger endowed with similar physiological action. And the same were found in cultures bred, by Rosenbach, of the same bacillus from a wound of a man who died of tetanus. Both these alkaloids, or ptomaines, produce tetanus." The bacillus tuberculosis has been demonstrated to be the cause of tuberculosis. And Prof. Hermann M. Biggs, of Bellevue Hospital Medical College, says the disturbance of nutrition in this disease is due in part to the long continued fever, "but probably to a far greater extent to the action of a chemical poison resulting from the life processes of the tubercle bacilli. This latter view has received great support in an experimental way from observations in which it has been shown that there is a progressive loss of weight and strength, with anorexia, gastric irritability, etc., produced in various animals by the daily injections of increasing quantities of an alcoholic extract of the sputum from cases of pulmonary tuberculosis. The symptoms produced are proportionate to the amount of the extract employed, and finally, if the injections are continued, death results." Of course no tubercles are produced because no bacilli are injected to cause them, but the emaciation and death follow, the same as in consumption, for

the ptomaine formed by the bacilli is in the fluid injected. Incidentally we may remark that it is not the tubercle which kills, but the ptomaine, — (paratoloid or tuberculin of Prof. Koch), produced by the bacillus tuberculosis, which causes death in tuberculosis unaccompanied by purulent formations, as may be inferred from the above. Finally, to conclude our list for the purpose in hand, cheese sometimes becomes very poisonous when certain microbes have begun the work of putrefaction in it; and if such cheese is eaten, it causes a violent cholera-morbus. These microbes are of the class called spirillum, to which the comma bacillus of Prof. Koch belongs, and they are called spirillum tyrogenum. It has been pretty clearly demonstrated that the comma bacillus produces cholera. And Brieger obtained from cream-cheese which had undergone complete putrefaction through the agency of spirillum, tyrogenum neuridene and trimethylamine. Vaughn obtained from cheese which had caused symptoms of poisoning, a crystalline substance which caused, when placed upon the tongue, a sharp, burning sensation, dryness of the throat, a sense of discomfort, and diarrhoea." This substance was given the name of tyrotoxon, said to be probably a diazobenzol; and a similar substance has been found in milk, capable of producing "nausea, vomiting, dryness of the fauces, a sense of constriction of the throat, colic, purging, and a tendency to collapse in some, in others a tendency to stupor," when taken with the milk; and when isolated, caused "nausea, dryness of the fauces, and headache in the human subject, and purging and vomiting in a dog." But all the poisonous symptoms of this ptomaine are easily and quickly removed by the homœopathic remedy.

The writer was once one of a number badly poisoned by such cheese, and had all the symptoms detailed above as caused by tyrotoxon. They were all cured in his case, in a few hours, by lobelia inflata 3x. But how did it cure? Of course because it is able to produce symptoms similar to those which tyrotoxon causes; hence must have similar chemical constitution and physiological action, for no two chemically dissimilar substances have been proved to produce exactly the same "totality of symptoms." Again, cod-liver oil has been found to be the best antidote for the progressive wasting and chilliness of tuberculosis. And it is not because of its food propities, for it is equally or more efficient in the 1x potency, made according to Neidhart's rules, in Hale's *Materia Medica*, than when taken in bulk, as the writer has proved in many instances. But the proving of cod-liver oil in Hale's *Materia Medica* shows that it is capable of producing the same progressive loss of weight and strength, anorexia, dyspepsia, and constant chilliness, with dis-

position to catch cold on the least exposure, which the poison of the tubercle bacillus causes. (The suppuration of the lungs in tuberculosis is caused by another microbe, a micrococcus producing another poison, and requiring the hypophosphites and phosphorus, hepar sulphur, silicea, or merc. cor., among other remedies. But the time to cure tuberculoses, like that of many other diseases, is in its incipency, before complications like supuration set in.)

Traumatic tetanus is, as has been shown, caused by ptomaines produced by Brieger's bristled bacillus; and many cases in horses and men have been cured by the use of the Calabar bean, according to Trousseau and Pidoux and Allen's *Hand-book of Materia Medica*. But it cures by reason of being able to cause a similar tetanus, as its pathogenesis shows. Hence it must be a poison very similar to the ptomaines produced by the small bristled bacillus. T. Mitchell Prudden has proved pretty conclusively that diphtheria may be caused by several different species of bacteria acting in concert, through Loeffler's bacillus (about the size of the bacil. tuberc., and often club-shaped) is probably the prime mover in all cases. So that different cases, varying in the qualities of their ptomaines, would require different remedies to antidote these poisons. Cholera infantum is caused by, at least, three different bacilli and their ptomaines, hence, is not always cured by the same remedy. And so on, *ad infinitum*.

But *how* do these remedies antidote the disease and the poison producing it? And here comes the strangest part of the story, in the fact that it seems to be proved that no living organism can maintain life and action when pervaded by too large a percentage of its own excretions. This is well known as a sanitary law with no exceptions. Thus, colonies of pure cultures of bacteria will not grow beyond certain limits in their culture medium because it becomes infiltrated with their poisonous products. And Koch's "tuberculin," injected in cases of lupus, stops the action of the bacillus tuberc., not so much by producing "necrotic tissue" as tuberculinized tissue.

The alcohol produced by the yeast organism stops the action of the yeast when its strength reaches 18 per cent. in the fermenting liquid; and, also, lactic acid prevents the action of the bacteria engaged in its production when it reaches a strength of 0.08 per cent. The chain-like bacilli, which oxydize alcohol into acetic acid, "are sensitive to their products, and cannot acidify their soil beyond a certain degree," and, says Prof. H. Gradle, M.D., of the Chicago Medical College, "Like all higher beings, bacteria produce substances as the result of their issue change, which, when they accumulate, are injurious to them.

In the case of the putrefaction of albumenoids, indol, skatol, and phenol (carbolic acid), substances of distinctly antiseptic properties, are among the terminal products in an amount sufficient to check further bacterial activity. Hence the growth and decomposing activity of micro-organisms cease in many instances before the soil in which they grow is completely decomposed or fully exhausted as food. This self-limitation of bacterial activity does not, however, occur in all instances." But it is the bacteria that work in albumenoids which are pathogenetic, and hence the pathogenetic bacteria *are* thus self-limited.

Here, then, is the solution of the whole matter. The remedy which is able to produce symptoms like those of the ptomaine causing the disease, is able to limit the action of the micro-organism producing it the same as does the ptomaine itself, for it is a similar or identical poison. Indeed all the effects said by Dr. Fraenkel to be produced upon the tubercle bacilli by Koch's lymph (which is now known to be made from the ptomaine produced by the bacillus itself), namely, "they dwindle in size, become crooked, with swellings at the extremities, and then become disintegrated and converted into shreds and minute globules," I have seen produced by the action of cod-liver oil 1x, on "discs," and phos. 1x to 3x or the same in connection with the use of drosera 1x. In fact, no action has yet been produced on the *bacillus* by Dr. Koch's lymph which has not been also produced by the homœopathic remedy. Also, lobelia and arsenic poison the bacteria of putrefying cheese, just as their ptomaine tyrotoxon does; and the Calabar bean so poisons the tetanus-producing bristled bacillus of Brieger. So arnica or silicea, hepar sulph. or phytolacca, may obstruct the action of the pus-producing micrococci, and abort or heal abscesses. So merc. cor. 2<sup>c</sup> cures and aborts quinsy or suppurative tonsillitis, and suppurations generally. We know, by actual experiment on pure cultures, that it will kill the pus microbes, and so, as a remedy, it stops their formation of poisonous ptomaines and likewise the disease caused by those ptomaines. The most efficient remedy I have found for the hectic and night-sweats of some cases of suppurative tuberculosis of the lungs, has been the internal administration of merc. cor. But it is able to produce all those symptoms it cures. Thus, bromide of potash stops the action of the bacilli of cholera infantum, and cyanuret of mercury cures some of the worst cases of diphtheria because it is able to produce a facsimile of the diseased condition caused by the excretions of the various bacteria which originate the disease, and hence is able to poison and kill them or stop their excretory processes, when the ptomaines left by them are soon eliminated from the system, and the patient gets well. Now it

has been proven by animal experiments with the bacillus diphtheriæ of Loeffler, that the application of pure cultures of the germ to wounded mucous surfaces, produces on them a pellicle analogous to the pseudo-membrane of diphtheria, also that the poison developed in the cultures of the germ is capable of producing "delayed paralysis and other toxic symptoms." And a large number of control examinations, by various observers, have established the fact that this virulent bacillus is rarely, if ever, found in the body except in the local lesion of diphtheria, and is almost never present in any other disease or in health." (See article on The Etiology of Diphtheria, second series, by T. Mitchell Prudden, M.D., in the *Medical Record* for April 18, 1891. Also, Reference Hand-book of the Medical Sciences, vol. 6, p. 339.) In 302 cases of diphtheria out of 316 examined by different observers, the bacillus of Loeffler was found. Probably cyanuret of mercury is the nearest analogue we have to the poison of Loeffler's bacillus diphtheriæ, alone. But an important point is, that too large a dose of the remedy adds *too much* to the ptomaines already in the system, and the disease is aggravated; while a small dose has more effect upon the micro-organisms than upon the patient, and kills or modifies them so that the leucocytes, or living cells, soon dispose of them; no more ptomaines are produced, and the patient gets well.

We might "run the gamut" which we have started, and proved to be true in a number of instances, until we had included all diseases known to be of bacterial origin, and we suspect that all the rest, or most of them, would be found to belong to the same category and susceptible of the same explanation, if exact experiments were made like those which demonstrated the truth with regard to those mentioned, and some others.

The above shows why no other *certain* rule *could* be followed by which to find the remedy in disease, except to ascertain what drug would produce symptoms similar to those caused by the ptomaine originating the disease, for in no other way would we be able to find a substance sure to stop the action of, or to kill, the bacteria which excrete the ptomaine. Only by provings of drugs on the healthy can we find substances pathogenetically similar to the ptomaines excreted by bacteria.

It shows, also, why some diseases are self-limited. It takes a certain number of days to saturate the system with bacterial products so that they shall limit microbic action, but when this is done, the patient will recover if he, himself, is not also too badly poisoned. In these self-limited diseases, the true homœopathic remedy often shortens the normal time, by bringing the saturation of the system up to limit sooner than would be done by the bacteria, themselves. Thus Boeninghausen claims to

have cut short variola by the use of *thuya occidentalis*, and we have seen many cases of pertussis cut short in most of the symptoms by carbolic acid 3x; also, the writer saw one case entirely aborted after two coughing spells in which the "whoop" was plainly discernable, by lachesis; and the patient has remained free from it for thirteen years, though she has passed through several epidemics of the disease, one of which affected two younger members of her family with whom she constantly associated. Scarletina, measles and pneumonia are much modified by remedies, and the last named is often somewhat cut short, according to Raue's Therapeutics, and we think sometimes cured at the start. All these are zymotic diseases, and cured in accordance with the facts herein laid down. It is Pasteur's hobby that inoculation with attenuated ptomaines of a disease will give immunity from the same. We claim that the *exact* homœopathic remedy will do as much and for the same reasons.

How often is the tendency to quinsy, or granular pharyngitis, to catarrhs, to boils and abscesses, to colic, to dysmenorrhœa, or menorrhagia, to diarrhœa, to cutaneous eruptions, to rickets, to scrofulous swelling of the glands, even to tuberculosis itself, and many other diseases, some *known* to be microbic in their origin, removed entirely by the persistent use of the homœopathic remedy! Hence the true and scientific interpretation of *similia similibus curantur*, the German theory of disease, will yet prove the truth of homœopathy, and demonstrate the basis on which it rests.

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*ON BRONCHITIS AND ITS COMPLICATIONS IN CHILDREN.\**

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The children's ward of the London Homœopathic Hospital affords us some excellent opportunities of studying both the clinical features and the treatment of the various diseases of children, for we have not here, as in many hospitals, set a restriction upon the ages of patients admitted, but have a certain number of cots set aside for the reception of infants.

Now with a disease such as bronchitis, which is as prone to attack the younger members of humanity as those of riper years, and which in the former is often apt to show itself in its most severe and dangerous forms, this non-restriction is evidently of the greatest advantage both to the public in general as well as to us who have the medical charge of them.

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It has so chanced that during my residence here the number of such cases has been very large, and recognizing their importance, and having by experience learnt how much with careful treatment we may do for this disease, I have paid to it all the attention I could possibly spare.

I propose, then, to bring before you to-night a few of the facts which the study of this disease at the bedside has taught me, supplemented by some which I have gathered from the extensive literature on the subject.

And before commencing it would be as well for me to give you some idea of the limits which I have set for myself.

In the first place, I propose paying but little attention to the pathology of the complaint, and I shall only touch upon those points in its ætiology which may have some bearing upon the treatment, it being my chief object to bring before you the more important symptoms and complications, and the treatment which I have found to be the most successful in each.

With regard to the ætiology the more important predisposing causes are, dentition, rickets, measles, whooping-cough and intestinal catarrh. That the first is certainly a most common one is sufficiently shown by the fact that the majority of cases occur during the first and second years of life, that is, whilst dentition is in its greatest activity. Parents themselves often notice the connection, and commonly tell us that such and such a child "cut a tooth with bronchitis." Intestinal catarrh, though perhaps not such a common predisposing cause as the first mentioned, is still a fairly common one. It seems to bear the same relation to the time of year as does bronchitis, each appearing most frequently in the early spring and autumn. In hand-fed infants, diarrhœa is common in the autumn when the food of the cows is being changed, and thus it is as well to be on the alert for this, and to change the diet if any signs of intestinal catarrh present themselves. Rickets is admitted by all to have a certain influence in producing bronchitis; certain it is that its presence is often a bar to perfect recovery; moreover, in a few cases I believe I have seen bronchitis to be actually the starting point of rickets, a state of debility being left after an attack in which the symptoms of commencing rickets present themselves, and this I believe is the more likely to occur if there has been much exhausting diarrhœa.

As I have said before, spring and autumn are the most common periods in which this disease is apt to occur; for in them the severest thermometric fluctuations take place. My own data being taken only during the summer, autumn and winter months, I am not able to give any statements upon the point, but within the above time the majority of cases were admitted

into the hospital during the month of October. It may be here interesting to remark, as showing how dependent this disease is upon thermometric fluctuations, that during a few cold days in the middle of August, three cases of very severe capillary bronchitis were admitted into the wards, two of which ended fatally.

The above are only a few of the more interesting points in the ætiology of the disease, and may be classed as predisposing causes. The exact exciting cause is not always such an easy thing to determine in individual cases. Most commonly the child does what is usually called "catching a cold;" and although this is only begging the question, still is very often the only explanation we can give. How a cold is caught, has received many explanations, one of the most plausible being Rosenthal's, whose experiments tend to show that after being for some time in a heated atmosphere the cutaneous capillaries become paralysed and dilated, thus causing a rush of blood to the surface which, in its turn, leads to an increased loss of heat and prevents the temperature of the body from rising to any great height. If now the skin is suddenly exposed to an atmosphere of normal temperature, the vessels still remain dilated, and with the considerable difference between the temperature of the body and that of the atmosphere, much more heat is lost than would be the case if the vessels were in an undilated condition. The blood which was previously flowing through the subcutaneous tissues, is now driven to the internal organs and cools these off much more rapidly than it would do had the body been simply exposed to cold without the previous influence of heat.

If the organs are in a good condition, and not in any way predisposed to inflammation, no harm may result; but in many cases one or other of them is the *locus minoris resistentiæ*, and so an attack of enteritis, nephritis, hepatitis or bronchitis occurs.

Perhaps under the heading of exciting causes may be classed the presence of injurious substances in the atmosphere. Just as the lungs of coal-miners, needle-grinders, and stonemasons become irritated by the fine dust present in the air of their workshops, so does the tender bronchial mucous membrane of children become irritated by the foul atmosphere of the homes in which many of them live. In the small ill-ventilated rooms of the poorer classes, in which, in not a few instances, several families live, eat and sleep all the year round without a window being once properly opened, the air must be teeming with organisms of all forms, which, though perhaps unable to act upon the more hardened bronchial mucous membrane of the adults,

finds a convenient soil in those of the younger members of the family. It should be, then, our first aim in treatment to remove them from this vitiated and poisonous atmosphere to the purer air of the hospital.

We now come to the study of the disease itself, of its signs and symptoms, and this may be best done by taking a typical case of simple bronchitis.

Harry W—, aged 2½ years, was admitted on July 11th, under Dr. Clarke. History of several previous attacks of bronchitis, and there was a family history of consumption. On admission his temperature was 99.8°. He was a delicate looking boy, but there was no sign of rickets. Examination of chest gave no indications of any patches of dullness, but there were bubbling and cooing râles to be heard all over the chest. Dyspnoea was not a marked feature, and there was only a slight amount of retraction of the soft parts of the chest walls on inspiration. There was very free perspiration. The child was given a hot bath and put to bed, and antimonium tartaricum second centesimal, gtt. ii., alternately with the same amount of phosphorus third centesimal every three hours was ordered. A steam kettle was also used. The next morning the temperature was 99°, and a few coarse crepitations were to be heard over both lungs, but there were no signs indicative of any collapsed or pneumonic areas. A peculiar symptom was present in this case, which is not altogether uncommon. The worst attacks of coughing were accompanied by a spurious kind of crow. It was not exactly of the nature of a "whoop," nor did the child vomit after each attack of crowing. The child progressed favorably, and in six days all the moist sounds in the lungs had disappeared, only a few dry râles being left, and in nineteen days he was discharged cured. During the whole of the attack the pulse and respiration ratio was but little disturbed.

The above, apart from the crow, of which symptom I shall have occasion to speak later on, was a fairly typical case. In uncomplicated cases the temperature does not usually reach any great height, in this one it never rose above 100°, F.; the dyspnoea is seldom extreme, and the pulse and respiration ratio is but little disturbed. It is otherwise, however, when the inflammation of the tubes has spread down to the smallest ramifications. In such cases there is often much fever, the dyspnoea is very urgent and the cough is constant; the pulse and respiration ratio is also usually disturbed, and this without there necessarily being any pneumonic complication. Added to these there is more or less cyanosis, and other signs indicative of the hindrance of the oxygenation of the blood.

We will now consider the treatment of uncomplicated cases of bronchitis.

In slight ones, all that is necessary is to put the little patient to bed after having given a warm bath. I think that this latter point should never be neglected, it not only has the effect of making the cough easier, but it also removes the restlessness and uneasiness which, especially in infants, is often such a very distressing symptom. The bath should be about  $110^{\circ}$ , F.; this carefully given should not tend to produce any collapse or faintness. The patient may be left in the bath from five to ten minutes, and sponged well all over, taken out, dried quickly and put into a flannel gown, or in the absence of this, between blankets. The effect of the warm bath and after application of flannel will be to produce a relaxation of the cutaneous capillaries which, in about half an hour, will be followed by free perspiration with immense relief to the patient, who will probably fall into a quiet sleep and awake afterwards with all the symptoms much relieved.

Future examinations can be easily made by means of applying the ear to the child's chest without removing the flannels, so as to avoid exposure. One remark about the sleeping coverings of infants and young children may not be out of place here. If you watch one in a restless sleep you will find that in spite of all your efforts to prevent it, the child will invariably get his legs outside the bed clothes, and thus stand the chance of catching a fresh chill. This cannot be prevented, and the best way to prevent any mischief coming of it is to have a flannel combination drawers and vest made for the child, and these should fasten by means of tapes round the ankles and wrists.

With the above precautions no harm will come from keeping the window open day and night, for I consider this another important item. The fresh air will never do harm provided the temperature of the room be kept at about  $68^{\circ}$ , F., by means of a fire. Of course the cot should not be placed directly in the line of the draught from the window. A thermometer should be hung in the room to ensure the maintenance of the equable temperature. In tiny children a swing cot with head curtains is of great advantage, and the thermometer may be hung at the cot's head.

In all but the mildest cases, but most especially in those in which there is either an absence of secretion from the bronchial tubes as shown by the dry cough and dry râles, or in which the secretion is tenacious and difficult of expectoration, — I do not mean actual expectoration from the mouth, for children under five nearly always swallow their sputa, but when the mucous seems to hang about the bronchial tubes — one or other of the

various kinds of steam bronchitis kettles is of great service. By the use of this, the air around the patient will be kept moist, and at an uniform temperature, and this will not only have the above-mentioned effect upon the secretion, but will also tend to relieve any spasm of the tubes which may be present.

Spasm of the tubes in the course of an attack of acute bronchitis is much more common than is supposed, and it may appear even when the attack is slight, making it, for the time, appear to be of great severity; indeed, it is the more or less sudden occurrence of this spasm which often leads mothers to bring their children to the hospital for the relief of a bronchitis, which would otherwise have been left to take its own course at home untreated. We constantly meet here with cases of the following type: The child has had a slight cough for a few days; suddenly for some unknown reason the breathing becomes difficult and perhaps attended with crowing, for the spasm may affect the glottis as well as the tubes themselves. The child soon becomes cyanosed, and it may seem as if suffocation were impending. On examination one expects to find marked capillary bronchitis with possibly one or other lung complication, but instead of this only a few dry râles are heard, the breath sounds being very feeble. These are just the cases in which a hot bath will remove all the difficulty and speedily set matters to rights, and more especially if it be followed by a dose of aconite or spongia.

With regard to the medicinal treatment of an uncomplicated attack of bronchitis, no drug seems to succeed so well as anti-monium tartaricum. The majority of cases treated here had this medicine, though some had aconite in alternation. For myself I prefer the former alone unless there is great restlessness, quick pulse and high temperature, when the alternation may be beneficial. No other medicines are, as a rule, required unless some complication sets in, and I now propose to take up a few of the most common, and the one to which most of you would give the first place is the spreading down of the inflammation to the minuter tubes, and the supervention of patches of catarrhal pneumonia.

One of the worst cases of this nature I have seen in this hospital was that of Albert P—, aged nineteen months, who was admitted under the care of Dr. Blackley for a very extensive and disfiguring nævus of the left ear and temporal region, which had received great benefit from repeated application of the galvano-cautery. Just before the child was to be discharged he developed an attack of measles. The usual catarrhal symptoms appeared at the commencement of the illness, and remained of only slight character for the first week. But as the rash was

disappearing the cough became worse, and the temperature, which had not gone above  $101.4^{\circ}$ , suddenly rose to  $104.8^{\circ}$ . By physical examination patches of dulness with minute crepitations were found at the back of the right lung and catarrhal pneumonia was diagnosed. Aconite  $1x$  gtt.i, every half hour was ordered. The temperature still rose, and the next day was  $106.6^{\circ}$ . The same evening it fell to  $103.6^{\circ}$ , and finally rose to  $105.8^{\circ}$  and remained about this height for the next few days, when the child died. On post-mortem examination extensive pneumonia was found in both lungs, more especially in the right, the lowest lobe of which was solid, so that isolated portions sank in water.

In this case there was practically no difficulty about the diagnosis. The physical signs, together with the sudden rise in temperature, were sufficient to establish the diagnosis of catarrhal pneumonia. Many cases, however, are not so easily determined as this. The commonest sign of pneumonic consolidation is stated to be a sudden rise of the temperature, with aggravation of the symptoms, the temperature afterwards often showing an evening rise and morning fall so long as the condition lasts, but I have seen not a few cases in which physical signs alone were the only guide to the diagnosis.

Such a case was that of Daisy W—, aged eight weeks, admitted under Dr. Blackley with rather severe bronchitis, which had invaded the capillary bronchi, and in whom Dr. Blackley and I both diagnosed, a few days after admission, pneumonic patches at the left base from the following signs:—retraction of the soft parts of the chest walls on inspiration, with rapid breathing and marked dyspnoea. A patch of comparative dulness at the left base with harsh breathing and small crepitations to be heard with inspiration; added to this there was increased vocal resonance at this spot whenever the child cried, and the heart's sounds were abnormally conducted to this area, and yet with all the above signs present, which in themselves were pathognomic of catarrhal pneumonia, the temperature never went above  $101^{\circ}$ , and I have seen few other similar cases. So, in my own mind, the changed physical signs are the only reliable indications upon which to diagnose the presence of patches of pneumonia.

To pass on to the treatment of this condition. Except the child's temperature on admission be very high, there is no reason why it should not have a hot bath. The child should then be put into a tent cot, and a steam kettle used to moisten the atmosphere, and this is kept working day and night until all the signs have passed away and the child is well over the attack.

If the patient is not below one year of age a jacket poultice

to the chest is a good thing. It should be made as light as possible and never too hot (the best test is to see if one can bear its heat against the cheek). In the place of a poultice, hot fomentations or spongio-piline may be used with advantage. In children under one year of age the application to the chest of wool, or better a jacket made of "Gamgee tissue" with some camphorated oil or a few drops of turpentine sprinkled on, is preferable, as they are often unable to bear the weight of a poultice, which may increase the difficulty in breathing and even be a direct cause of death. It is as well to sprinkle the camphor only on that part of the jacket which is in contact with the back, for its odor—which to some people, and therefore possibly to children, is very unpleasant and liable to embarrass the respiration—is less likely to make itself perceived than it would if the liniment were sprinkled on the part of the wool in apposition to the front of the chest.

In some cases mustard poultices made with one tablespoonful of mustard to four or five of linseed, do a great deal of good. Mixed in this proportion it may be kept on three or four hours without causing more than slight redness of the skin.

In the majority of cases, some stimulant will be needed. If the case be one of catarrhal pneumonia when admitted, and if, as is usually the case, there is great collapse with subnormal temperature, some form of stimulant is imperatively called for, and it is in these conditions that I have found small doses of carbonate of ammonia preferable to brandy. The action is much more speedy and I believe that it lessens, if not entirely removes, the spasms of the tubes which is nearly always present. With regard to the dose of the ammonia, I generally order  $\frac{1}{4}$  to  $\frac{1}{2}$  of a grain every one or two hours in a teaspoonful of water. If it appears to be causing any irritation of the intestinal tract it should be stopped directly, and it is seldom necessary to give more than three or four doses, when its place may be taken by brandy, which, in infants, can be given in ten-minim doses every one or two hours, and in older children half teaspoonful every hour, or more frequently if necessary. Its effects must be watched, if it is doing good it will slow the pulse, diminish the number of respirations, and probably help to lower the temperature slightly.

The diet must be strictly attended to, and all articles carefully avoided which are likely to cause diarrhœa. To this end milk and barley or lime water to children under one year, and milk, custard and chicken broth in older children may be administered. With regard to medicines, the treatment which has succeeded most in this hospital is that of giving antimonium tartaricum so long as there is no very high temperature. If the

temperature goes above 104° something else will have to be done. Aconite often succeeds now, but even this will sometimes fail, and it is in such cases that we find so much benefit ensue from the external application of cold in one form or another. In infants a bath at 100°, F., gradually reduced until the temperature falls, is the best method. In older children tepid sponging or the application of cold compresses to the chest are the best. The latter is especially useful, the first application causing the patient to take several deep inspirations which in themselves do a great deal of good.

The application of ice to the chest wall, which has been so successful in the treatment of acute lobar pneumonia of children when there is hyperpyrexia, does not seem to be suited to cases of catarrhal pneumonia.

During the sponging or bathing, the general condition must be carefully watched, and if any sign of collapse appears the treatment had best be suspended, and stimulants given if necessary; but I have never seen any trouble follow.

Intestinal catarrh with profuse diarrhoea is another very serious complication, and not an uncommon one. Some explain its occurrence by saying that it is due to the patient having swallowed the expectoration, but in any case, in children, there is generally a good deal of congestion of the intestinal mucous membrane, and any slight irritation will bring on a profuse diarrhoea which is usually sooner or later complicated with hyperpyrexia.

I had occasion, in the earlier part of this paper, to refer to spasm of the bronchial tubes. In not a few cases the spasm affects the glottis and then appears the characteristic breathing. Whilst the child is quiet perhaps there is but little to be noticed, but if it coughs, each inspiration between the expulsive expirations is attended with a crow, not unlike that of whooping cough, only differing from it in the fact that there is no preliminary series of expiratory efforts before the prolonged "whoop" comes, and the attack is not usually followed by vomiting.

And in connection with this, I have noticed that an ulcer may appear on the frænum linguæ, showing that it is not in pertussis alone that this complication is liable to occur, but in any case in which the tongue is shot forward during the cough and the frænum rubbed against the projecting lower central incisors.

In treating this spasm, a hot bath will probably set matters to rights. If the case becomes urgent, as it is apt to do when it comes on suddenly in the night, we generally have a certain remedy in the inhalation of a little chloroform or ether. For more chronic cases, in which the spasm is of moderate severity and liable to come on every night, aconite, spongia and causti-



cum are three medicines which I believe I have seen do good.

I will now devote the last few minutes to the consideration of the chronic form of bronchitis as it occurs in children. The following is a case :

Ada S—, aged eight years, had been in the hospital several times before, under Dr. Moir, with attacks of the acute form, and once with pneumonia of the base of the right lung, two years ago. When last seen she had the aspect of a patient suffering from chronic bronchitis, with cyanosed lips and face, and clubbing of the finger ends, with cold moist hands and feet, and dilated external jugular veins. The chest itself was barrel-shaped and had a transverse constriction on either side. There was deficient expansion of the right side, and emphysema was indicated at both bases behind, by retraction of the intercostal spaces during respiration and a hyper-resonant percussion note. There was some slight dullness at the left apex. The vesicular murmur was very indistinctly heard on the right side, probably owing to the emphysema, and over the whole chest, but more especially on the left side, coarse bubbling and crepitant râles were to be heard. The apex beat of the heart was displaced downwards and outwards, and there was evident enlargement of the right ventricle with epigastric pulsation.

There was a constant hacking cough with expectoration of muco-pus which occasionally had a foetid odor.

This was evidently a case of chronic bronchitis and emphysema, with probably some dilated bronchi as evinced by the expectoration.

With regard to the treatment of such cases, the scope here for the use of medicines is enormous, and cannot possibly be discussed now ; but I should like to mention one form of treatment which I have seen extremely successful in Dr. Blackley's hands, namely, the daily inhalation, for about an hour, of the vapor of pumiline obtained as follows :

℞  
 Olei pumilionis, . . . . . ℥ lxxx.  
 Mangesiæ carbonatis, . . . . . ℥ ii.  
 Aquæ, . . . . . ℥ ij.

The first two ingredients should be rubbed well together, and the water added afterwards. If two teaspoonfuls of this be added to four tablespoonfuls of water, and this put into the inhaler containg half a pint of boiling water, the pumiline vapor will come off, and may be inhaled by the patient.

This has succeeded so well in adults that I see no reason why it should not do good in the case of children.

Our attention should be directed to the hygienic treatment of

these cases, which consists in allowing plenty of fresh air, daily tepid sponging whilst standing in warm water, so as to give a general tone to the circulation, and thus possibly ward off chills, and friction to the skin, especially over the thorax. Flannel should be worn next to the skin, both day and night, and great care should be taken to prevent the child from being exposed to chills.

Cod-liver oil, alone or with maltine, after breakfast, in teaspoonful doses, will probably be found of much benefit, or it may be rubbed into the skin, though, from the unpleasant odor hanging about the child, this is generally objected to.

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*TAIT'S OPERATION; COMPLICATED BY A DISEASED  
APPENDIX.*

BY W. J. WINN, M.D., CAMBRIDGEPORT, MASS.

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

Mrs. M—; American; thirty-three years of age; three children; oldest twelve years, youngest three. Never has been well since the birth of her second child, eight years ago; a breech presentation that required operative interference. She has had trouble in her right side ever since. Says that she was examined at that time and told that there was trouble in the right ovary. Has been very constipated and flowed most of the time since. Severe headache all the time and much trouble with her stomach and eyes. When I first saw the patient, in consultation, over a year ago, I found extensive lacerations of cervix and perineum. These I repaired without any apparent benefit to the general condition.

In February of this year, I was called to attend her in an attack of pelvic inflammation which went on to a severe local peritonitis. Close questioning at this time developed the fact of several similar attacks, one immediately following the severe labor spoken of above. A careful examination showed trouble with the appendages on both sides, and a laparotomy was advised.

May 11, 1891, she entered the Massachusetts Homœopathic Hospital. May 13th, I operated, assisted by Dr. J. E. Briggs and the hospital corps. The great thickness of the abdominal fat made the work more difficult than usual. The uterine appendages were bound down by adhesions in a mass behind the uterus, with quite extensive attachments to the intestines. The breaking up of the adhesions caused a troublesome hemorrhage. The tubes and ovaries of both sides were ligated with catgut and removed. Adherent to the mass was the vermiform

appendix which was also ligated with catgut and removed. A double drainage tube was inserted and the wound closed with catgut and silk-worm-gut. The drainage tube was removed on the eighth day, the patient doing well with no rise in temperature up to this time. Later an abscess formed in the track of the drainage, and a fresh tube was put in. The recovery was uninterrupted from this time. At the present date the patient is perfectly well and free from all pain. On inspection, both ovaries were cystic, and pus was found in both tubes. The perforation in the appendix vermiformis was an old affair, and was protected by the adhesions. It would be interesting to know what was the origin of the trouble. The history seems to point to a septic infection at the time of the birth of the second child. She has told me lately that when eighteen years old she was given up to die with an attack of dysentery.

In my reading I have been unable to find any reference to this complication in connection with Tait's operation. On Oct. 22, 1890, I assisted Dr. Horace Packard in a laparotomy, at the Massachusetts Homœopathic Hospital, in which he found the vermiform appendix so adherent to the uterine appendages that he was obliged to remove it. This case also made a good recovery. I report these cases as a matter of interest from the unusual complication, and the desire to have them recorded.

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## SOCIETIES.

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### *AMERICAN INSTITUTE OF HOMŒOPATHY.*

The Transactions of the Fourth International Homœopathic Congress and of the Forty-Fourth Session of the American Institute of Homœopathy, will be issued about the first of February, in a single volume of 1150 pages, octavo, and handsomely bound in cloth, similar in style to the recent publications of the Institute. The delay in issuing the work was due to the unusual amount of editorial and mechanical labor involved. Copies will be promptly mailed to all members of the Institute not in arrears, and to all foreign homœopathic physicians who contributed, in any way, to the success of the Congress; besides which, the usual copies will be sent to homœopathic journals and colleges, and to the public libraries designated by the Institute. It is requested that any homœopathic journal in the world failing to receive a copy will notify the undersigned.

After retaining copies sufficient to supply the Institute membership, etc., there will be some twenty-five or fifty copies left over. These, the Executive Committee will offer for sale at

seven dollars each. Purchasers will please remit the amount to the Treasurer, Dr. T. Franklin Smith, 264 Lenox Avenue, New York City, and the book will be forwarded by mail, postage free.

PEMBERTON DUDLEY,

*General Secretary A. I. H.*

15th and Master Streets, Philadelphia, Pa.

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The annual meeting of the Boston Homœopathic Medical Society was held at Hotel Thorndike, Jan. 7, 1892, at 6 o'clock, President George R. Southwick presiding.

The records of the last meeting were read and approved. Thomas W. Greene, M.D., of Chelsea, was elected to membership. George B. Rice, M.D., of Wollaston; Georgiana W. Harris, M.D., Julia L. Woodward, M.D., Thomas M. Strong, M.D., F. P. Batchelder, M.D., of Boston, were proposed for membership.

The Treasurer reported that during the year there had been collected from annual dues \$211.30. The expenditures for printing and necessary expenses had been \$124.58.

The Treasurer was authorized to notify the members of the Society who were delinquent in the matter of Society dues, that if not paid before March their names would be dropped from the list of members.

A committee of three was appointed, Drs. I. T. Talbot, Mary Swain and H. C. Clapp, to draw up resolutions upon the death of Dr. Mary F. Safford.

It was voted that the place of meeting of the Society should be the same as that of last year, the Women's Industrial Union, Boylston Street.

The officers for the ensuing year are, President, Henry E. Spalding, M.D.; Vice-President, Harriet H. Cobb, M.D.; Secretary, Martha E. Mann, M.D.; Treasurer, Maurice W. Turner, M.D.; Censors, W. J. Winn, M.D., A. H. Powers, M.D., W. H. White, M.D.

After the election of officers the members of the Society and friends adjourned to the supper room, and enjoyed a bountiful supply of good things, after which they listened to music by a quartette of members of the Society. The music was followed by recitations by Miss Julia King, who gave, with much feeling and intelligence a story by Elizabeth Stuart Phelps, Edwards' quaint lullaby, "Mammy's Little Boy," and several minor selections. Addresses followed from Dr. George R. Southwick, Dr.

I. T. Talbot, who gave many pleasant reminiscences, Dr. J. Heber Smith, who spoke for "Our Hospital," Dr. J. W. Clapp, who gave interesting statistics of the growth of the Dispensary, and Dr. T. M. Strong, the newly appointed superintendent of the Massachusetts Homœopathic Hospital, who gracefully acknowledged the cordial welcome to Boston extended to him by the Society.

Adjourned at 11.30 o'clock.

M. E. MANN, M.D., *Secretary.*

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### GLEANINGS AND TRANSLATIONS.

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**HERACLEUM LANATUM (MASTERWORT — COW PARSNIP) IN EPILEPSY.** — This is not the European specie, *imperatoria ostruthium — divinum remedium* — of European countries, but the *pentandria digynia* of this country, which it resembles. It is an annual umbelliferous, with a perennial root of a strong pungent smell, throwing up a hollow, thick furrowed, branching stem, three to five feet high, of one to one and a half inches at the base, leaves are downy, supported on downy footstocks, the flowers are white, in large umbels, followed by orbicular seeds, fruit compressed, oval, with a broad, flat margin. This plant grows in moist meadows from Labrador to Alabama. The recent leaves and root when placed in contact with the skin irritate and inflame it, and are very poisonous, owing their effects to an active alkaloid.

It is an active cerebro-spinal poison, affecting both the brain and spinal-marrow directly and the heart indirectly.

The poisonous effects of this plant may be well illustrated by two cases of poisoning, by eating the leaves, given in the language of the parties who saw them, May 25, 1890:

About eleven o'clock Sunday evening, John Cass and James Cummings, two well-to-do and highly respected farmers residing just across the Tennessee River from Stevenson, Ala., both men of families, strolled along the river bank, smoking and chatting as they walked. Near the edge of the river they plucked what they thought to be spignet, a kind of herb which the natives have from time immemorial used with success in kidney troubles. They were chewing contentedly on the harmless-looking, five-leaved herb, when a moment later another farmer, a neighbor, came up. He, too, started to nibble the leaves as the others were doing, but suddenly spat out what he had in his mouth, saying: "Why, that isn't spignet; that is cow parsnip!" Cow parsnip, or masterwort, is a deadly poison.

Glancing up, the third farmer saw that his companions were apparently in great agony. Their faces were convulsed, their frames shook with tremulous agitation, their teeth were clinched tight, and the cuticle of their faces was rapidly tinging with a blackness that quickly convinced him his companions were poisoned.

Suddenly the two men gave vent to agonizing shrieks and fell prostrate to the earth. They tossed about in convulsive agony, gnashing their teeth and evincing symptoms akin to hydrophobia. The third farmer was powerless to aid them, and started off for assistance. As he did so, Cass crawled to the water's edge, lapped up a few mouthfuls and suddenly fell back on the edge a corpse. Cummings was writhing on the ground in great agony. In his convulsive state he bit half his tongue off and completely crushed out all the front teeth in his head. It was a pitiable sight.

I have used during the past year an alcoholic infusion of the leaves in two cases of epilepsy which have improved and I am in hopes of curing. I desire to call the attention of the profession to this remedy, thinking that the proper dilution may prove of value.—Dr. H. N. Avery, in *Med. Times*.

ETHER-DRINKING IN NORWAY.—We learn from *Sundhets-bladet*, a Norwegian health journal published in Christiania, that with the falling off in the consumption of alcoholic intoxicants, ether-drinking is becoming quite common in certain districts. The farmers buy it in considerable quantities, especially at Christmas time and on other festive occasions, and they treat each other and get drunk in the same way that they formerly did on potato or barley brandy. It is said to be drunk by young and old, men and women, in the palatial homes of the wealthy and the miserable hovels of the poor. We had supposed that ether-drinking was almost wholly confined to Ireland, in certain parts of which it has long been a national vice, and we were hardly prepared to hear that it had enslaved the stern and hardy dweller in the land of the midnight sun.—*N. Y. Med. Times*.

THE SENSE OF TASTE IN THE LARYNX.—For many years it has been known to histologists that the specific end-organs of taste, namely, the taste-bulbs, occur on the posterior or inner surface of the epiglottis, but up till now the physiological proof of the existence of the sense of taste in the epiglottis has not been forthcoming. Michelson, under Langendorff's direction, made a number of experiments which show that the inner surface of the epiglottis is endowed with taste. A Schroetter's laryngeal sound, tipped with a solution of quinine or saccharine,

was introduced into the larynx, and the drop of the sapid substance was cautiously brought into contact with the inner surface of the epiglottis. Positive results were obtained, which were controlled by the sensation — electrical taste — known to be produced by electrical stimulation. It seems, therefore, proved that a part of the nerve fibres passing to the larynx are nerves of taste. — *Am. Practitioner and News.*

**DIETETIC TREATMENT OF EPILEPSY.** — Whether the theory of explosion of nitrogen in the brain substance as the cause of the epileptic seizure be true or not, certain it is, according to John Ferguson (*Therap. Gaz.*, Dec. 15, 1890), that the malady is aggravated in patients subjected to a nitrogenous diet. This fact seems to have been confirmed by clinical experience and actual experimentation. Ferguson, therefore, has subjected his epileptics to a strict vegetable diet, and has even dispensed with the use of drugs. This method has given, in his hand, excellent results, especially in well-marked cases of status epilepticus. In these cases a non-nitrogenous diet alone has rendered better service than the bromides without restriction in diet. — *Med. Times.*

**TREATMENT OF PLEURODYNIA.** — *Bryonia* is indicated when pains are aggravated by motion and by expiration; ameliorated by pressure over a large area, and particularly by lying on the affected side.

*Nux vomica.* — Contrary to the former is indicated when the patient cannot lie on the affected side. This drug is more often indicated in the intercostal neuralgia than in the true pleurodynia.

*Actea racemosa* is highly recommended by R. Hughes. Most suitable in women and when there is a weak feeling springing from the epigastrium.

*Ranunculus bulbosus* according to R. Hughes is indicated when the pain is very intense and prevents the patient from moving. The pains are aggravated by motion and by pressure. This drug has proven especially successful in the pleurodynia of the right side.

*Colchicum.* — This drug, so efficacious in gouty pains, should necessarily be tried in pleurodynia. Its indications are: tearing and lancinating pains, excruciating pains on one side of thorax, aggravated by breathing and by pressure.

*Arnica.* — Pains are of contusive character; much aggravated by pressure and by motion.

*Pulsatilla* is indicated when pains are ameliorated by motion, also when lying on the affected side. Patient feels better when she gets up from the bed. Dose: The first dilutions and the  $\odot$  are generally preferable. The doses should be repeated

three to six times a day, according to the intensity of the pains. — Dr. P. Jousset, in *L'Art Medical*. — *Hah. Monthly*.

**FRESH ALMONDS AS A NUTRIENT.** — Dr. Allen McLean Hamilton writes as follows in the *Dietetic Gazette*. Acting upon a hint given me by my friend, Dr. Lauder Brunton, I have directed some of my patients to eat freely of fresh almonds, which are rich in oil and exceedingly nutritious, containing as they do, 54 per cent. of fixed oil. According to Pavy, they contain 2.677 of nitrogen and 40 per cent. of carbon. It is a custom of Dr. Brunton and several other London physicians, when hurried and tired after their morning consulting hours, to make a luncheon simply of this kind. In cases of diabetes, when digestion is not too weak it will be found that biscuits of almond flour are exceedingly nutritious and palatable, and may take the place of gluten-bread. — *Med. Argus*.

**A CALCAREA CASE.** — Marasmus cured by calcarea carb. 6x. April 16th, while attending some cases of measles at the Orphan's Home, my attention was directed to a case of marasmus in a little child about one year old. It had been admitted as an incurable case of tubercular meningitis. The child lay, at times whining, in its crib, day after day, gradually wasting away. It looked pale, emaciated and flabby, with dry, harsh skin and bloated abdomen; had diarrhoea, and a cold perspiration on the head. Gave calcarea carb. 6. The improvement was prompt and rapid to complete recovery. No other remedy was given and no change of diet was ordered. — E. W. Green, M.D., Little Rock, Ark., in *S. J. of Hom.*

**A STUDY OF CONSANGUINEOUS MARRIAGES.** — There is a little Commune known as Fort Mardick, on the extreme northern coast of France, where nearly all the inhabitants are related to each other, almost all of them having sprung from four families who settled the place originally. As their neighbors were all of a different race (Flanders) it is very probable that most, if not all, of the early marriages in the community, were among blood relations, and even now 24 per cent. of the marriages are between cousins of not more than two removes. Such a community ought to furnish valuable material for a study of the effects upon the offspring of consanguinity among the parents, and indeed the study has been made by Drs. Louis and Gustav Lancry, and reference to it we find in *L'Union Médicale*, No. 24, 1891.

These observers found that there had been 63 unions of this sort from 1882 to 1886, or more than 24 per cent. of the entire number — a very large proportion indeed, considering that the



percentage in the whole of France is less than 3 per cent. Inquiry was made concerning each of these families with the result of revealing only two defects in the children. In one family there was a deaf mute and in another an idiot. The deaf mute had lost his hearing at the age of three years, but previous to that time had been able to talk as well as other children of his age. The mother of the idiot had met with a terrible accident, whereby she nearly lost her life while carrying the child—a fact which would probably have been accepted as a satisfactory explanation of the defect in case the parents had not been related. The Drs. Lancry endeavored to find out the effect of consanguineous marriages on fecundity. They found that of the total number of marriages in the Commune between the years 1882 and 1886 10.4 per cent. of the couples were sterile, while 4.3 per cent. had had but one child. Of the consanguineous marriages 16 per cent. were without fruit, and in 7.95 per cent. there had been an only child. As a result of their studies the authors came to the conclusion that the marriage of blood relations tends to the diminution of the birth-rate, but that it has no prejudicial influence upon the children that may be born in such union. — *Medical Record*.

REMOVAL OF THE APEX OF THE LUNG FOR TUBERCULOSIS (*Gazette hebdomadaire de Sci. Med.*).—In a case of early tuberculous disease of the apex of the right lung Dr. Tuffier has successfully resorted to operative measures. The means adopted, based upon experiments made upon a dog, consisted in a simple incision through the second intercostal space anteriorly. Afterward the parietal pleura was divided, which induced a kind of sub-plural pneumothorax; the apex of the lung became reduced in bulk sufficiently to be easily drawn through the wound; it was then cut away by the *écraseur*, and the stump sutured to the intercostal incision to prevent retraction of the lung. Dr. Tuffier exhibited the patient, who had progressed very favorably after the operation. — *Provincial Medical Journal*. — *Med. News*.

INTOXICATED PHYSICIANS AND THE LAWS CONCERNING THEM.—Hard-drinking physicians, if there are any such in Georgia, will now have a disagreeable time of it, as a statute has been passed by the legislature of that state disqualifying any medical man from further practice who has once been convicted of drunkenness, and imposing a heavy penalty upon the man thus disqualified if he attempts to practise medicine again. It may not be known that we have also a law in New York on this subject, but it concerns itself with the drinking physician only in case he does harm to a patient while intoxicated, and he can otherwise

drink as much as he likes, being subject only to the laws governing all citizens of whatever calling. The following is the New York statute: "A physician or surgeon, or person practising as such, who, being in a state of intoxication, administers any poison, drug, or medicine, or does any other act as a physician or surgeon to another person, by which the life of the latter is endangered or his health seriously affected, is guilty of a misdemeanor." Another section declares that if, under like circumstances, the patient's death results, the physician is guilty of manslaughter. The penalty imposed by the Georgians upon a drunken physician may perhaps not be too severe, but the passage of such a law by the legislature is in the nature of a deliberate insult to the physicians of that state. — *Med. Record.*

**MEDICINAL PROPERTIES OF VEGETABLES.** — Spinach has a direct effect upon the kidneys.

The common dandelion, used as greens, is excellent for the the same trouble.

Asparagus purges the blood.

Celery acts admirably upon the nervous system, and is a cure for rheumatism and neuralgia.

Tomatoes act upon the liver.

Beets and turnips are excellent appetizers.

Lettuce and cucumbers are cooling in their effects upon the system.

Onions, garlic, leeks, olives, and shalots, all of which are similar, possess medicinal virtues of a marked character, stimulating the circulatory system, and the consequent increase of the saliva and the gastric juice, promoting digestion.

Red onions are an excellent diuretic, and the white ones are recommended to be eaten raw as a remedy for insomnia. They are a tonic and nutritious.

A soup made from onions is regarded by the French as an excellent restorative in debility of the digestive organs. — *Scientific American.*

THUJA has been used in a variety of disorders, but has obtained its principal reputation in the treatment of venereal diseases, both primary and secondary, and should never be lost sight of. In warts, simple and venereal, and in polypi, it is always a promising remedy. I cannot speak so well of it in nævi, having twice failed to get any good effect from its use.

But I wish just now to speak of its employment in the irritable bladder of gouty and eczematous patients, and if I may judge of its virtues by the effect it had in one case which I treated, then I should say there is no medicine equal to it in

such cases. An old gentleman, aet. 87, whom I had often treated for eczema and irritability of the bladder, at last got so weak from his rest being so much disturbed by rising in the night to relieve his bladder, that I began to think he would soon depart this life from utter exhaustion. Bell., nux vom. and acid phos. had done some good, but evidently not enough; and it was desirable to try something else. I therefore gave thuja. The effect far exceeded my anticipation, for the old gentleman has improved wonderfully, and now he rises soon after seven in the morning, fresh and hearty after a good night's rest. He does not take a dose more than once or twice a week now. I gave the 1x dilution in two-drop doses. — Dr. Herring, in *Hom. News*.

REMARKABLE OPERATION ON A YOUNG WOMAN'S NOSE. — A remarkable surgical operation has just been performed at the Huron-street Homœopathic Hospital, Cleveland, Ohio, by Dr. H. F. Biggar. The patient, Miss Mamie Miller, is sixteen years of age. A cancerous affection had destroyed the left side and lower portion of her nose. The diseased flesh was cut away, then a flap of skin and flesh of the proper size and form to replace the lost portion of the nose was almost severed from above the muscle of the left arm, but allowed to remain attached to the arm on one side. The arm was then raised to the face and over the head in such a manner as to permit the flesh of the arm to be grafted and stitched to the edges of the lost portion of the nose. The arm was then placed in a specially constructed harness and securely strapped to the face in that position. The living flesh of the arm has grown up to the nose, and it is expected that the flap will be severed where it still adheres to the arm, and the slight remaining operation of fitting and stitching the remaining edge to the nose will then be performed. From present appearances the healing will be so perfect as to leave little or no scar. — *Cal. Homœopath.*

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#### REVIEWS AND NOTICES OF BOOKS.

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DISEASES OF THE MOUTH, IN CHILDREN. (Non-Surgical.) By F. Forchheimer, M.D. Philadelphia: J. B. Lippincott & Co. 1892. 199 pp.

Dr. Forchheimer's articles on diseases of the mouth in children were originally published in the Archives of Pediatrics,

where they were so widely read and commended as to justify the author in reproducing them in book form. They have been brought well up to date, and some new material added. The various mouth-diseases in children are considered in detail and at length, with their ætiology, prognosis, and treatment, general and local : and there is, beside, a very valuable chapter on mouth-symptoms connected with the diseases of remote parts. The bluish tongue of pertussis, the pallid tongue of the various forms of anæmia, the fact of the mouth and tongue exhibiting the eruptions of the acute exanthemata are among the interesting points to be noted in this connection. The chapter on dentition is very full and detailed, and throws the light of modern science on a subject too often relegated to the sphere of grandmotherly tradition. In it the advisability of gum-lancing is considered at some length : the verdict being distinctly unfavorable to that operation. The treatment advised throughout the work is conservative, and hygiene, diet and prophylaxis are more dwelt upon than the administration of drugs. Physicians of all schools will find much that is novel, suggestive and helpful in this excellent manual.

A PRACTICAL TREATISE ON THE DISEASES OF THE EAR. By D. B. St. John Roosa, M.D., LL.D. Seventh edition. New York : Wm. Wood & Co. 741 pp.

A work that has for years enjoyed a wider than national reputation, that has been considered sufficiently scientific to be translated into German, that comes from the pen of one of America's most distinguished physicians, that has reached its seventh edition, certainly needs no elaborate introduction to our readers. This new edition differs in no marked particular from its immediate predecessor, the changes having to do chiefly with the perfection of detail and the additional experience of six or seven years, and the additions being found chiefly in connection with the discussion of the relation of diseases of the nose and throat to the ear, of the value of operations on the drum-head and ossicles, and in the history and practice of operations upon the mastoid.

Those unacquainted with the work should know that its introductory sketch of the development of otology, its bibliographical and frequent historical references, are unusually complete and valuable ; that the author insists repeatedly and urgently that the general practitioner is inexcusable in neglecting to familiarize himself with this important branch of medical practice ; that the work is not a compilation, but gives the results of the author's extensive and fruitful experience, referring

freely, as occasion arises, to the labors of his predecessors and contemporaries; that the work is written for the post-graduate and specialist as well as for the student, and therefore deals with details of manipulations, diagnostic and therapeutic; that the important subjects of "chronic non-suppurative inflammation of the middle ear," and "the consequences of chronic sup-puration of the middle ear" have devoted to them no fewer than three chapters each; that aural anatomy and physiology are conspicuously prominent; and that the characteristic features of the work as a clinical and practical guide are such as to render its popularity enduring.

**A MANUAL OF HYPODERMATIC MEDICATION.** By Roberts Bartholow, A.M., M.D., LL.D. Fifth edition. Philadelphia: J. B. Lippincott Co. 540 pp.

So rapidly has hypodermatic medication grown in public favor, so amazingly have multiplied the medicinal substances thus employed, that this, the fifth edition of Dr. Bartholow's book on the subject, is more bulky by two hundred pages than was the first edition. The work is now an exhaustive one, which comprises not only the so-called "physiological" and the therapeutic effects of the many agents suitable for subcutaneous use, but also a history of this method of treatment, descriptions of the apparatus employed, and directions for preparing both extemporaneous and permanent solutions of the substances used. The agents are classified according to their sphere of action, as those "increasing waste," and "promoting nutrition," the antiseptics, analgesics, emetics, etc., through a wide variety. There is a valuable chapter on transfusion of various fluids, blood, milk, etc., by different methods. If only to master most useful emergency resources, the everyday practitioner of any school will be the better equipped for the possession of and acquaintance with Prof. Bartholow's book, which seems destined to become the classic, as it was in some sense the pioneer in its chosen field.

**A TEXT-BOOK OF PHYSIOLOGY.** By M. Foster, M.A., M.D., LL.D., F.R.S. Fourth American, from Fifth English Edition. Philadelphia: Lea Bros. & Co. 1072 pp.

Foster's great work, issued in England in many parts and at a very considerable price, is here offered in a single volume, solid, in every possible sense of the word, well and handsomely gotten up, and at a price within the easy possibilities of the average student and practitioner. It is so thoroughly well known, it is so high an authority in its vastly important field, it

has in its many previous editions been commented upon with such hearty commendation and in so much detail, that little that is new can be said about it in its present form. Constantly renewed experiment and investigation are constantly varying, verifying or casting doubt upon minor points in connection with physiology, that most living of sciences: so that every new edition of a standard work must have some new word to say, and be, by so much, more valuable than any preceding one. Such is the case with this latest edition of Foster: and we herewith commend it to the library of every student.

**SURGICAL ANATOMY.** By A. Marmaduke Sheild, M.B., F.R.C.S.  
New York: D. Appleton & Co. 226 pp.

This little book is, as the author explains to us in his preface, intended to use in conjunction with the living model. Long experience as a demonstrator has convinced him that no study of text-book illustrations can give students that certainty of touch, that instant recognition of location which are the foundation-traits of the able surgeon; and he therefore insists that the student's manual shall be his companion when face to face with the living model, where its suggestions can be of instant use in enabling him to locate organs and structures for prompt recognition in emergencies. The manual is concise and practical, well arranged and amply indexed.

**BOTANY.** By Alex. Johnstone, F. G. S. New York: D. Appleton & Co. 260 pp.

Mr. Johnstone as lecture on botany at the Edinburgh School of Medicine, has had ample opportunity to satisfy himself as to the needs of students in the way of text-books, in this branch of instruction. His conclusion is that exhaustive treatises are less in demand now-a-days, when so much is learned by personal investigation and direct demonstration, than are concise manuals which may help to systematize a student's ways of study, and recall to him the principal points of the work he has gone over with his instructors. On this plan the present work is constructed. There is a brief biological introduction; followed by chapters, carefully subdivided, upon vegetable morphology and physiology, external morphology or organography, physiology and taxonomy. The book is fully illustrated and indexed, and has an excellent glossary. It is, it must be repeated, intended for the somewhat advanced student, familiar with the technical terms of botanical study; but to such it will prove an encyclopædically useful and very accessible companion.

POST-MORTEMs. By A. H. Newth, M.D. Edited by F. W. Owen, M.D. Detroit : The Illus. Med. Journal Co. 136. pp.

This is a terse little manual, of convenient pocket size, which gives all the necessary information to the medical student as to how to intelligently conduct a necropsy. It is not less useful to the experienced physician, since it gives many hints on the minutiae of points connected with "suspect cases," as of infanticide, murder, etc. The little book is accurate and serviceable.

THE MEDICAL BULLETIN VISITING LIST. Philadelphia : F. A. Davis.

This visiting list is arranged upon a plan best adapted to the most convenient use of all physicians, and embraces a new feature in recording daily visits not found in any other list, consisting of stub or half leaves in the form of inserts, a glance at which will suffice to show that as the first week's record of visits is completed, the next week's record may be made by simply turning over the stub-leaf, without the necessity of re-writing the patients' names. It has the usual dose-tables and formulæ, including sections on inhalation and hypodermics. It is prettily and substantially gotten up.

The February CENTURY has a striking article on the Degradation of a State, which is an exhaustive exposé of the evils of the Louisiana Lottery. There is a little tale of Western railroad life by Walcott Balestier; several illustrated articles of great merit, on "The New National Guard," "The Jews in New York," and other topics; and the usual variety of serials and verse.

New York : The Century Co.

LIPPINCOTT'S MAGAZINE for February has, as its complete novelette, "Roy the Royalist," a spirited tale of France and England at the close of the last century. The journalistic series is continued by a paper on The Managing Editor, by Julius Chambers. There is the usual bright *mélange* of short stories, essays and news. Philadelphia : J. P. Lippincott Co.

THE POPULAR SCIENCE MONTHLY for February concludes the admirable and very original "Experiment in Education," by Mary Alling Aber; Edward Atkinson and Edward T. Cabot write on "Personal Liberty;" James Sully discusses, with many philosophical technicalities, the question, Is Man the Only Reasoner? Alice Tweedy makes a plea for housework in "Homely Gymnastics;" and the editorials consider the feasibility of of University Extension controlled by the State.

New York : D. Appleton & Co.

• PERSONAL AND NEWS ITEMS.

—:O:—

DR. LAURA W. COPP has removed to No. 16 Bulfinch Street, Boston.

DR. CHARLES F. JOHNSON has removed from Amesbury to 26 Market Street, Newburyport, Mass.

THE New York State Homœopathic Medical Society will hold its forty-first annual meeting at Albany, Feb. 9 and 10.

JEANNIE O. ARNOLD, M.D., B. U. S. M., class of '91, has removed from Beacon Avenue to No. 18 Cabot Street, Providence, R.I.

RUDOLF C. KAISER, M.D. has settled at 331 Columbus Avenue, near Dartmouth Street, Boston. Office hours: 8 to 9 A.M., 3 to 5 and 7 to 8 P.M.

FOR SALE AT A DISCOUNT — A Set of Gentry's Concordance Repertory in sheep binding in perfect condition. Address Otis Clapp & Son, 10 Park Square, Boston.

DR. AMOS J. GIVENS, formerly Assistant Physician at Westboro' Insane Hospital, at Westboro, Mass., has opened a private sanitarium for mental and nervous diseases at Stamford, Conn.

JOHN L. COFFIN, M.D., has opened an office in the Woodbury Building, Berkeley, corner Boylston Street, Boston. Hours, 12 to 3, except Sunday. Special attention is paid to diseases of the skin and its appendages.

HENRIK G. PETERSON, M.D., has returned after two years' clinical study of nervous diseases and mental disorders in Berlin, Vienna, Zurich and Nancy, and entered general practice at 368 Boylston Street, Boston.

Mondays and Saturdays from 10 to 12 at West-End Homœopathic Medical Dispensary, Charity Building, Chardon Street, Boston.

The list of officers of the Homœopathic Medical Society of the County of Kings, N. Y., elected at the annual meeting held Jan. 12, 1892, is as follows: President, W. M. Butler, M.D.; Vice-President, W. B. Winchell, M.D.; Secretary, W. S. Rink, M.D.; Treasurer, Alton G. Warner, M.D.; Necrologist, F. E. Risley, M.D.; Censors: J. L. Moffat, M.D., H. D. Schenck, M.D., W. W. Blackman, M.D., E. Chapin, M.D., H. Willis, M.D.

FOR SALE — The Medical and Surgical History of the War of the Rebellion. Three volumes medical and three volumes surgical, profusely illustrated with colored plates. Complete sets of this work have always been rare, and each year leaves fewer of them to be had. The entire edition is out of print, each publication being authorized by a special act of Congress nearly twenty-five years ago. Address Otis Clapp & Son, 317 Westminster Street, Providence, R.I.

DR. N. EMMONS PAINE has resigned his position of superintendent of the Westborough Insane Hospital [Mass.] to take effect Feb. 1st. He has bought a fine estate in West Newton, nine miles from Boston, on the B. & A.R.R., consisting of a residence, etc., surrounded by twelve acres of grounds, on an eminence with a fine outlook. After a couple of months of repairing in the house, he will be prepared to receive a few cases of insanity of the best class of private patients, who desire homœopathic treatment. He has been led to take this step, after nearly seven years' residence at Westborough, by the frequent applications from other States for the admission of patients whom it was necessary to refuse on account of the opposition of the State authorities, who thought Massachusetts State institutions should be limited to Massachusetts patients.

SMITHKINS. — "Hello, Doc! What are you doing?" The doctor — "Trying to kill time." Smithkins — "Why don't you prescribe for him?" — *Puck*.



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EDITORIAL.

—:O:—

*A GREAT TASK COMPLETED.*

In the issue of the *GAZETTE* for May, 1885, we greeted with satisfaction and hopeful anticipation the first fruits of the unselfish labor of those who had undertaken the Herculean task of separating the sound grain in our materia medica, from its overwhelming envelopment of chaff. To-day, the seven years which are proverbially allowed for the accomplishment of great tasks not having yet quite passed, this task, one of the greatest set itself by homœopathy since homœopathy as a science came to be, stands completed. The concluding issue of the *Cyclopædia of Drug Pathogenesis* is now before us. Its appearance cannot be permitted to pass without a word of hearty congratulation and profound gratitude to the workers who have worked with no other reward than the consciousness of having, in their day and time, given great help to a great cause; and of earnest reminder to our readers and to all practitioners and friends of homœopathy who can be reached by our plea, what duty they owe to these noble workers and to their work. No one could so well and so concisely tell the story of the *Cyclopædia*, as do the editors themselves in their brief and modest preface; which we quote in full, and commend to our readers' most thoughtful consideration:

"We have now the pleasure of presenting to our colleagues the fourth volume of the *Cyclopædia*, and therewith completing

our task, — save as regards the Repertorial Index, which must form a separate volume in itself.

The circumstances which lead to this work being undertaken (in 1884) need only briefly be recalled. The 'Materia Medica' of Homœopathy — the record of the pathogenetic effects of drugs with which it works its rule 'let likes be treated by likes' — had long been scattered throughout our literature in divers languages, and was, as a whole, inaccessible to student and practitioner. In 1874, Dr. T. F. Allen undertook to remedy this defect; and in the course of the next six years presented us with our whole pathogenetic wealth, to no small degree enriched in the process, in ten convenient volumes. He thereby earned the gratitude of us all, and continues to enjoy it. But possession of our Materia Medica only accentuated, in the minds of most of us, the dissatisfaction with which we had long regarded both its matter and its form. Dr. Allen had thought it right to give us, unsifted, all that had been put forward in the way of provings; and to cast the whole (save for a few narratives in the appendix) into the framework of the Hahnemannian schema. We thus seemed saddled to perpetuity with a Materia Medica full of the objections to which it had always been liable, — impure in its substance, and so felt untrustworthy; unintelligible in its presentation, and hence repelling to its would-be students. Fortunately, a minute examination of the earlier pathogeneses, made by no one more faithfully than by the editor himself, revealed so many flaws in the execution, that the conviction forced itself upon most minds that the work must be done over again, and upon a more critical and altogether better plan.

It was this conclusion which led, after two or three years of discussion and tentative essays, to the work now completed. In leaving it in our colleagues' hands, we would remind them that the *Cyclopædia* makes no common appeal to the homœopathic body. It is not the design of one man, however capable, or the venture of a publishing house, far-seeing as may be its provision for our needs. It is the fruit of the best thought and consideration of many minds during a long space of time; and it comes with the imprimatur of the two national Societies of the language, carried out under rules drawn up and

by editors appointed at their hands. If, therefore, its method and plan should fail to commend themselves to those for whom it has been framed, all that can be said is that the problem is proved insoluble at present ; and that further work on our *Materia Medica* had best be adjourned until all are agreed of what kind it should be. As regards the execution, it is not for us to prejudge in any way the verdict that may be given. We can only say that we have, conscientiously and earnestly, endeavored to fulfil the injunctions given us ; that we have worked mainly,—habitually, indeed — from original material, and have done our best to secure faithful translation and accurate transcription ; and that we have throughout invited help and criticism from all quarters, in order to make our volumes — with Hahnemann's, to which they are avowedly a supplement — *the Materia Medica of Homœopathy.*

For this, and nothing less, is what they claim to be. We have too long, authors and lecturers and students and practitioners, been working with second-hand material. That there must be manuals, epitomes, arrangements, analyses of our *Materia Medica*, we fully recognize. But we maintain that, to be trustworthy, they must be founded upon the rock of real provings and poisonings, as exhibited in the *Cyclopædia* ; and should not be accounted genuine unless they are so based. No one, we further contend, should write upon *Materia Medica* in our Journals and Transactions without referring to such primary records as the authority for his statements. We maintain also that no student can properly learn the pathogenetic action of drugs, which lies at the foundation of homœopathic therapeutics, save by reading again and again the narratives we have furnished ; and that, accordingly, all teachers of *Materia Medica* should make the *Cyclopædia* their text-book, and all their pupils should possess and diligently peruse it. Lastly, as all practitioners should be students, to them also we commend the work ; and when its index shall have been framed to serve as repertory, we hope they will use it as their book of reference also.

The inference is that every homœopathic physician, *in esse* or *in posse*, should have the *Cyclopædia* in his library. The editors

could not thus urge its claims were they the authors of its pages, or had they any pecuniary interest in its sale. Being without such disqualification they can speak freely. They have simply presented the original genuine material we all need for carrying out the homœopathic law ; and believing earnestly in that law, and unwilling that it should be swamped in the prevailing empiricism, they are anxious that their work should not be regarded as a luxury for the few, but should be possessed and utilized by all. We have been fed with peptonized food and clothed in 'shoddy,' till perhaps our digestive power has failed through disuse, and we hardly value true broadcloth when we see it. Only thus can the editors account for the difficulty found by the Treasurer of the American Institute in obtaining purchasers for the four hundred copies of each part subscribed for by that body. They can but trust that the *Cyclopædia* may itself in time excite a healthier taste ; and that then a sound pathogenesis will lead to more intelligent, more satisfying, and more successful practice.

In conclusion, the Editors have only to renew their grateful thanks to the members of their Consultative Committees, and to the other gentlemen they have already named (to whose list Dr. Winthrop Talbot, of Boston, U.S.A., should now be added), for the efficient help afforded them in their task.

November, 1891.

R. H.  
J. P. D."

It is incredible to any thinker to whom homœopathy is dear — not as a fad, not as a superstition or a dogma, not as a means of ministering to personal fame, or gain, or aggrandizement, but dear as a noble and dignified and beneficent branch of established science and proven truth, — that there can be a homœopathic practitioner in the United States who is willing to remain without a copy of the *Cyclopædia* on his book shelves, and without the exact knowledge to be obtained from it, and from it alone, as a part of his mental enjoyment. Trashy "repertories," made up from utterly irresponsible hearsay, from the unsifted and unchallenged "sensations" chronicled by persons greedy for notoriety, or the victims of hysteria, find ready sale, find eager consultants among those on the accuracy of whose knowledge of the treatment of disease rest, many a time, the issues

of life and death. Nothing that the most unscrupulous enemy of homœopathy could bring in accusation against the practitioner of homœopathy could so cast contempt on our cause in the eyes of the thoughtful and the impartial as the fact that with our materia medica as our sole dependence in the therapeutic warfare against disease, we are willing to acquire our acquaintance with our materia medica from confused, irresponsible, frequently unreliable sources, and neglect and ignore the opportunity to learn authoritatively what the drugs in our armamentarium have accomplished and are capable of accomplishing. Homœopathy means one thing and one thing only, if we may trust the derivation of the word and the teaching of Samuel Hahnemann; it means the administration of a given drug for the relief of symptoms similar to those which the drug *is known to be capable of producing in the healthy organism*. The first step in the practice of homœopathy is thus obviously shown to be the certainty what effects any given drug is *known* to be capable of producing. How known? Not by hearsay; not by a single unsupported assertion, however picturesque and voluble; not by queer, jolter-headed argument of the *post hoc ergo propter hoc* sort; for what impossible thing in this world or the celestial world or the nether world has not been "known" and cannot at any hour's notice be proven and refuted and proven again by puerile means like these?—but by evidence based on tested *facts*; capable of being demonstrated at any time and by any scientific experimenter; in a word, known as other facts of science must be known before they can be accepted as facts by responsible and reasoning men. Many such facts concerning our materia medica are accessible to those who possess and are willing to give themselves to the study of the Cyclopædia of Drug Pathogenesis. There they can see on what basis rests the claim of drugs to make sick, and inferentially to make well. There they can find "reason for the faith that is in them," of a sort to meet withal the challenge that may be addressed to them. There they can lay a foundation on which to build their working knowledge of therapeutics. There they can at least partly escape from the twilight of dream and fancy and fantasy into the daylight of tested truth.

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We trust, for the credit of our profession, that there will not be, a year hence, one student, graduate, or undergraduate, in the homœopathic fraternity in whose library and in whose memory the *Cylopædia of Drug Pathogenesis* does not abide, a trusted counsellor, an honored guest.

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#### EDITORIAL NOTES AND COMMENTS.

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A PLEA FOR JUSTICE goes forth from the Middletown (N. Y.) Homœopathic Hospital for the Insane, which is of interest to homœopaths everywhere. Homœopathic institutions, wherever situated, find eternal vigilance to be the price not only of liberty but of mere existence; since homœopathy has always to reckon not only with its open adversaries, but with the ever-watchful, Jesuitical enmity which turns to its own purpose every turn of chance or circumstance. The Middletown Asylum is one of the proudest testimonials to the beneficent usefulness of homœopathic treatment and to the public appreciation of homœopathy's power. Since, in 1870, the asylum started by private enterprise came under the ægis of state recognition, its career of nearly a quarter of a century has been one of untarnished honor and unbroken success. Its establishment was for the purpose of furnishing to the insane poor the homœopathic treatment desired for them by their friends. This purpose now seems seriously threatened by the enforcement, so far as the Asylum is concerned, of the new districting law,—the story of whose operation is best told in the words of the trustees of the Asylum:

“ . . . It seems clear that the intent of the founders and of the law is unequivocally for the establishment, the maintenance and the continuance of a homœopathic hospital where homœopathic treatment *shall* be administered to those who want the homœopathic form of medication; and this institution is unquestionably designed for the accommodation of all insane persons, residing anywhere in the State of New York, whose friends may wish to have them, while thus afflicted, treated according to the tenets of homœopathy. We are, therefore, of the opinion that those who believe in homœopathy, and who,

when suffering with other diseases, employ, voluntarily, the means of cure known as the homœopathic, are justly entitled to precedence and preference over all others in entering the State Homœopathic Hospital for treatment.

If, after all these have been accommodated, there is room for more insane patients, then those who have no preferences, or no prejudices in the matter of treatment, might be received. But it seems a hardship not contemplated by the founders of the institution, nor by the law, to compel allopathic patients to swallow homœopathic medicines, and at the same time to exclude from our wards those who really and earnestly desire the homœopathic method of treatment.

The law of 1890, chapter 126, provides for districting the State, and the board appointed for that purpose assigned to the Homœopathic Hospital, at Middleton, seven of the sixty counties which constituted its original district. All pauper patients residing in these seven allotted counties must accept homœopathic treatment, *volens volens*, unless their friends are able and willing to pay the cost of transportation to a State hospital in another district. Pauper patients outside the district can not come here unless they pay their own way, even if they desire homœopathic treatment. The friends of pauper patients are not likely to be able to incur the expense of travelling from one district to another.

Again, since our wards are overcrowded with old-school patients from the Middletown district, we are unable to appropriately accommodate patients who prefer homœopathic treatment and who reside in any of the fifty-three counties of the State outside of this district.

We submit to the Legislature the fact that this is an unwarranted encroachment upon the liberties of the people, and upon the right of medical freedom which every citizen should enjoy as unrestrictedly as he may now enjoy civil, political and religious freedom.

In order to maintain homœopathic treatment for those who desired it in the State Homœopathic Hospital at Middletown, as they are pledged to do, the trustees of this institution last winter drew up a bill, which sought to obtain for homœopathists

throughout the entire State their just rights and their chartered privileges, and presented it to the Legislature. The following is a copy of the bill as passed in the Senate by a vote of twenty to seven :

*“ To the people of the State of New York, represented in Senate and Assembly, do enact as follows :*

“ SECTION 1. Section eight, title seven, chapter four hundred and forty-six of the laws of eighteen hundred and seventy-four, entitled ‘ An act to revise and consolidate the statutes of the State relating to the care and custody of the insane ; the management of the asylums for their treatment and safe-keeping ; and the duties of the State Commission in Lunacy,’ is hereby amended to read as follows :

“ § 8. The charges to be made by the trustees of the Middletown State Homœopathic Hospital for the care and treatment of pauper and indigent patients shall be uniform with the rates for board and maintenance in the other State hospitals. County judges and superintendents of the poor in any of the counties of this State, and all county and State officers having authority to commit insane persons to any of the State hospitals for the insane, may, at the request of relatives, friends or guardians of any such insane persons, either public or private, for whom homœopathic treatment may be desired, commit, without further legal requirements, such recently insane persons to the said Middletown State Homœopathic Hospital ; and the trustees of the said Middletown State Homœopathic Hospital shall have the right to receive into said hospital private insane patients from any of the counties of the State for whom homœopathic treatment may be desired by their relatives, friends, or guardians, upon such rates as shall be fixed by said trustees in each case.

“ § 2. This act shall take effect immediately.”

The foregoing bill also passed the Assembly without a dissenting vote, but with the addition of the following amendment :

“ But nothing in this act shall be construed to release the Middletown State Homœopathic Hospital from the obligation to receive the pauper and indigent insane of the Middletown State Hospital district, as provided by chapter 126 of the Laws of 1890.”



By reason of the dead-lock in the Senate, this bill, as amended, was not concurred in ; and, therefore, it failed to reach the Governor for his approval.

The aforementioned bill provided simply for a renewal, by statute, of those rights which homœopathists throughout the State had enjoyed under the law, without question or molestation for seventeen years.

The necessity for the act, presented to the Legislature, is apparent when considering the restrictions embodied in the law of 1890 ; for by its provisions all the insane residing in fifty-three counties of the State, and preferring homœopathic treatment, may be debarred from entering the State Homœopathic Hospital at Middletown by one member of an opposing school in medicine.

We respectfully petition the incoming Legislature to re-enact the act passed by the last Legislature in behalf of the homœopathists of the State of New York ; or to provide some suitable and acceptable substitute for the same — a substitute that shall insure unrestricted freedom of choice in medical matters to all the citizens of the State of New York who may become afflicted with insanity.

The bill referred to, as formulated by the board of trustees, was indorsed and supported by the homœopathic medical profession of the State, and by a large number of unbiassed citizens of all classes without regard to medical beliefs or prejudices. It was generally regarded by right-thinking people as an act of justice, of equity, of fair play, and of good faith on the part of the State toward a large and influential body of her citizens."

Our New York *confrères* are proverbially as far-sighted as they are energetic and able in the management of affairs. It is to be hoped that this plea for simple justice will be echoed by all friends of homœopathy whose voices can make themselves heard in the legislative halls.

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SOME FUNNY FADS for which homœopathy — for its sins ! — is held responsible by the outside world, now and then force themselves on the afflicted attention of those who would fain see homœopathy an honest and honored science among sciences,

and not a cloak to cover the motley wear of the race whose badge is cap and bells. One of these fads — fortunately harmless, so far as injury to humanity is concerned! — is the gravely ordered administration of water — Croton or Cochituate, as the case may be — in small and infrequent doses, to folk who are or imagine themselves to be — the treatment in the latter case often achieving surprising results — the victims of diseased conditions. There is usually placed in the bottom of the vial to be rinsed out, for a greater or less number of hours according to the taste and fancy of the players of this entertaining game, with gallons of the water afore-mentioned, a pellet or two prepared from some innocuous drug-substance, or less innocuous and much more unpleasant disease-product, oftenest of a nature unmentionable in polite society. The pellet having been duly washed out of existence — though lost to sight, to memory dear, — the water continues to run into the vial until the rites and incantations are complete; and then — ?

And then the usefulness of this remarkable proceeding, which had been obscure indeed to the uninitiated onlooker, becomes, in a moment, gloriously apparent. For the Croton water, whose value per gallon was incalculably small when first the tap was turned and it began its downward dribble, when the tap is turned off is salable, to a small and select fraternity, at the very handsomé figure of \$16 per ounce!! Great is the magic of the fad, and wise and fortunate he who floats upon its current into a haven whose sands are all of gold.

In most sermons the text comes first. In this sermon it comes last. Here it is :

“TO HOMŒOPATHIC PHYSICIANS.

During the many years I have been making high potencies I have given them away, or sold them much below the actual cost. I did this in order to induce physicians to use them, knowing that in so doing they could make more speedy and permanent cures, and thus they would be better able to appreciate Homœopathy. I have never allowed anyone to assist me in their preparation, and as the demand for the highest potencies is increasing, and taxing my time and strength, in order that I may receive partial compensation for my work in the future, I have decided to raise my prices. Hereafter the price of grafts of any potency will be \$1.00. But if more are ordered at the same time the price will be 25 cents for each, except the first.

The price of No. 1548 vials in pellets will be \$2.00 for the first, and for all others in the same order \$1.00 each.

For pellets in half-ounce vials \$4.00 for the first, and \$2.00 each for all others in the same order.

For Potentizing disease products \$5.00, and the 6 potencies in dilution will be returned.

Dilutions double rates.

*No order will be filled unless accompanied by the money.*

The potencies I have in stock are the 1M, 50M, CM, MM, CMM, DMM.

Having selected the material and made the potencies myself, I can vouch for their purity and reliability, and I have yet to hear anything but praise for their effective action.

Respectfully, SAM'L SWAN."

*New York, Jun. 12, 1892.*

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A FAMOUS FESTIVITY — for that it is certain to be in the annals of Massachusetts homœopathy — is planned for the 16th of the current month. On that day the new Homœopathic Medical Dispensary, the new wing of the Boston University School of Medicine, and the new additions to the Massachusetts Homœopathic Hospital, will simultaneously be thrown open to the public; and those noble new houses "warmed" — in the homely, pleasant old phrase — by the presence of thousands of the friends of the cause for which they stand. Especial courtesies will be shown to the representatives of the state, the city, and the university, to which, respectively, the Hospital, the Dispensary and the College owe so much of this recent splendid onward step in their growth and prosperity. A few addresses are expected in the course of the day and evening, and the atmosphere will be bright with congratulation and with hope. The homœopathic physicans of New England should have weighty representation there. To every such physician the far-reaching and beneficent work done by our college, our hospital and our dispensary should be matter of personal and affectionate pride; and he cannot bring himself into realizing touch with that work by surer or pleasanter means than by taking part in the triple festivities of the 16th.

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OSSIFYING MYOSITIS. — Macdonald (*British Medical Journal*, Aug. 29, 1891) reports the case of a girl, four years old, in whom at two years of age hard nodules developed in numerous muscles of the head neck, upper extremities, and trunk, occasioning rigidity and interfering with the movements of the affected parts. No hereditary factors could be elicited. Treatment was of no avail. Portions of the indurated parts removed were constituted of bone, having fibrous attachments of origin and insertion. — *Med. News.*

## COMMUNICATIONS.

—:O:—

*SOME SYMPTOMS PERTAINING TO THE SKIN, GLEANED FROM  
THE ENCYCLOPÆDIA OF DRUG PATHOGENESY; WITH  
OCCASIONAL REMARKS THEREON.*

BY JOHN L. COFFIN, M.D., BOSTON, MASS.

## ACIDUM BENZOICUM.

*Prover No. 2. Dose, 37 grains.*—During night perspired strongly, probably due to the acid, as, in general, he was with great difficulty made to perspire. Perspiration did not recur on repeating the dose. Next morning urine very acid, and yielded a considerable amount of hippuric acid. Uric acid and urea normal.

*Prover No. 4. 80 grains of 2nd trit.*—Slight general perspiration. On moving on second day some sweat, especially on face, with heat.

## ACIDUM CARBOLICUM.

*Prover No. 2. 5 drops 6th cent.* A vesicle, ending in a pustule, on center of nose. Prover states that an acne from which he had suffered three years disappeared during the proving.

*Prover No. 4. 3 gtt. 6th cent.*—In two days slight vesicular eruption all over the body.

*Prover No. 5. 5 gtt. 6th.*—Face flushed and burning, itching in various places in evening. (Dose taken at 8.30 P.M.) On third day a vesicular eruption appeared on hands and all over the body, itching excessively. Rubbing relieves itching, but leaves burning pain. This resisted medication, and did not disappear for twenty-one days.

*Prover No. 9. 4-5 gtt. 1st.*—Next day there was a slight pustular eruption on right side of face, great heat and physical exhaustion.

*Poisonings. No. 1.*—When pure acid spread on the skin the epidermis wrinkles, a white coating spreads over the part touched and gradually disappears, being succeeded by a congestion, which lasts twenty days. This presents all the characters of inflammation, but on tearing the epidermis no serosity flows out. The epidermis gradually exfoliates, leaving a brown stain for a long time.

*No. 2.*—Local anæsthesia not confined to the tissue killed by the drug.

*No. 13. Sol. inj. into rectum in probably syphilitic subject.*—After the third day patient gradually convalescent, but a pemphigoid eruption appeared on the hands, face and ears.

The good effect of this drug applied in solution locally for the relief of itching is well known. Its pathogenesis would indicate its internal administration for the same purpose. It is to be thought of also in acne appearing about the nose and in acute vesicular eczema.

## ACIDUM FLUORICUM.

*Prover No. 1, b. 1 teaspoonful 3rd.* — On third and fourth days both hands were constantly red, and from 10 to 11 P. M. there was violent pricking-itching on detached spots, mostly on left side, particularly on side of chest towards back, and on thigh. In the evening this itching affected several cicatrices he had, dating from thirty-two to two years back, and all on left side. Next morning they were red round the edges, and occupied here and there with itching vesicles. Those of more ancient date had larger vesicles; the later ones were filled with very small pimples, but only on cicatricial tissue, not on surrounding skin. Pricking, burning itching near coccyx on the right; violent itching on different spots, especially on back, increasing towards night on this and next day; on back and left hip groups of small red pimples appear. He had pain in left index finger, as if in the bone, now and then the whole finger being painful internally, especially in the evening, when also violent itching occurred, and small vesicles appeared on the right index.

Ninth-day felt great desire to scratch head, but no itching. Next morning there was great falling of the hair.

Tenth day he had, during his walk, a severe itching on the throat and chest; more itching, and fresh pimples come out on his back.

On twelfth day violent itching at left inner canthus of eye, which caused him to scratch quickly and forcibly, and itching above anus sudden and most violent, often returning for some days later. In evening itching on right nipple and around it; the nipple next morning much larger, redder, and the areola darker: a thin brownish crust then formed on the areola.

On thirteenth day he first noticed several small, light, carmine-red, elevated blood-vesicles, resembling little flesh warts; they are soft and compressible, and by a strong and steady pressure the blood disappears, but immediately returns again. The largest is the size of a hemp-seed, and the smaller ones like millet-seed; some are still smaller, but they are very perceptible as light-red enlargements of the capillaries, raising up the cuticle. They lie below the right nipple and on the opposing surface of the arm. Three weeks later some of the smaller had disappeared; the larger had become darker than before; after three months they are paler—no itching.

*Prover No. 5. 13 of 5th.* — After third day elevated round and red blotches over eyebrows, most on left, but lasting longer on right; in eyebrows some pityriasis with pricking sensation.

With the above symptoms of the skin were associated, as effects of drugs, fullness and pain in head, eructations, nausea and more or less rheumatoid pains. These affections of the surface, however, it will be observed, occurred mostly in one prover, and then several days after the dose, so that in absence of any clinical verification the reader must place his own estimate upon their value. Papular eczema and the smaller *nævi vasculares* are the diseases in which this remedy would be indicated, in the latter case combined with a lotion applied locally.

#### ACIDUM HYDROCYANICUM.

No symptoms upon the skin are reported except in one prover, whose experiments the editors of the cyclopædia hardly consider worthy a place, viz., *Nenning No. 26*, and in one case of poisoning, in which, however, it was evidently due to an idiosyncrasy on the part of the subject, viz., *Dr. Gregory, No. 6*. Locally, in very weak solution, this medication is very useful for the relief of pruritus, especially in acute conditions.

#### ACIDUM NITRICUM.

*Prover No. 3. 10 gtt. strong acid, aqua ℥ii.* — Fourth day dark red papular eruption in clusters on various parts of trunk, and neck, with soreness and itching. This continued for nearly a week, otherwise well. A small pustular eruption sometimes appeared on the skin.

*Poisoning No. 4.* — Fifth day small ecchymoses and papulæ appear here and there, and disappear again.

#### ACIDUM OXALICUM.

*Prover No. 5 d. 1 x trit.* — In morning, on rising, a vesicle in right nostril, shooting and burning when touched. On eleventh day nose was very painful; shooting and burning, swollen and shiny red.

*Prover No. 9. grs. v, 1 x.* — Itching at anus with crawling feeling as from worms; relieved by rubbing parts for several minutes.

*Prover No. 12. 1 x and 2 x.* — Itching on the neck; on a spot on right index finger, where a cut from a penknife had healed, a very painful pustule appeared

*Poisonings. No. 2.* — An eruption of mottled appearance on the skin in circular patches of a deep tint of redness.

*No. 4. ℥ss. in sol.* — On eleventh day an eruption, papular

and itchy, appeared all over the body, which it reddened.

*No. 7. grs. 477.*—Sixth day skin of face, head, chest and nates covered with red spots or petechiæ, appearing as if bespattered with blood.

Although the cutaneous manifestations are few and not much in accord in the different provers, still many of the symptoms of the head, digestive and uninary systems would indicate treatment of those cases of eczema occurring in gouty subjects.

#### ACIDUM PICRICUM.

*Prover No. 4. 5th dil.*—Small furuncle in left nostril.

*Prover No. 6.*—Furuncle observed in No. 4 occurred in two provers of the thirtieth as a crop of such on the face, becoming pustular and very painful, burning and stinging when touched.

#### ACONITUM.

*Prover No. 6c. gtts., 80 φ.*—Eruption of vesicles on both temples; restless night.

*Prover No. 8. 40 gtts. φ.*—The very fine shooting, or shooting, burning pains, as if in the skin, felt in various parts of the body, were sometimes accompanied by a feeling of heaviness, numbness or swelling.

*Prover No. 9 b. 20 gtts. φ.*—After several days there appeared on face, forehead, nape, and other parts, discrete itching vesicles, the size of a pin's head, coming out for a fortnight, repeatedly desiccating, scaling off and then disappearing. (This was the only symptom.)

*Prover No. 12 a. 20 gtts. φ.*—Sweat on the inner surface of the thighs, over scrotum, and violent itching there, compelling him to scratch till blood came; somewhat relieved by cold water. Next day sweating and itching on the scrotum.

*Prover No. 13. 15 gtts. φ.*—Great dryness of body and burning itching, especially on inner side of thighs and round knees; that did not permit a moment's rest.

*Prover No. 15. 10 gtts. φ.*—Eruption of red pimples on flexor side of thumb, index and middle finger; painful when pressed. (These remained unaltered on fourth day, during which time he had taken 35 drops more; pimples disappeared on sixth day after first appearing.) Voluptuous itching on glans penis (after 60 drops).

*Prover No. 17 d. gtts. 50 φ.*—Continuous itching and smarting on various portions of the skin, compelling scratching; here and there papulæ the size of millet-seeds appeared; these again filled with yellow lymph and dried.

*Prover No. 18. 20 gtts. 1 x dil.*—During the whole proving

there appeared very many heat vesicles on the forehead, which sometimes were very painful.

*Prover No. 19. gtt. 15 (i).* — The chilly feeling, the loose bowels and the itching in the anus lasted three days; in addition three vesicles came on the tip of the tongue, which burnt for four days.

*Prover No. 26. Dose not given.* — In another proving, on his lower extremities, there rose small papules and vesicles filled with serous fluid; very painful.

*Prover No. 27 a. 0.1 grm. ext.* — Immediately violent eructation with rumbling in the bowels; head and face very warm, pulse quick, buccal and lingual mucous membrane red, studded with small, whitish-yellow vesicles, surrounded by bright-red areola. (On repeating the dose, concealed in a wafer so as not to come in contact with mucous membrane of mouth, this condition of vesiculation did not occur, although forty minutes after, formication and pricking did.)

*Prover No. 39. 10 gtt. 1 x.* — Numbness of left hand with itching. Itching of the scalp.

Out of thirty-nine provings only twelve, or about one-third, show any effect on the skin otherwise than general heat of the surface, which was experienced by many. Undoubtedly these local manifestations are due to the intense cutaneous hyperæmia caused by the drug, and there is remarkable concordance in the symptoms that are produced, consisting in almost every case of violent itching, redness and fine vesicular eruption. A very acute vesicular eczema, especially if accompanied with febrile symptoms, would derive benefit from the exhibition of this drug.

#### PECULIAR NURSING.

BY JAMES UTLEY, M.D., NEWTON, MASS.

At half past two o'clock Sunday morning, October 25th, 1891, after five hours of labor, Mrs. —, at her third confinement, was safely delivered of a living child.

The labor was a normal one, but during the half hour preceding delivery an anæsthetic was exhibited. Three-quarters of an hour after the delivery of the placenta, the uterus having contracted, and mother and child being in a comfortable condition, I took leave of the patient, she having a highly recommended nurse of her own selection.

When I called at ten o'clock in the forenoon the nurse reported that the mother had micturated twice, each time passing a normal quantity of urine, that the lochia was normal, and the patient had quietly slept. There was no rise in temperature or



pulse, and the patient was in just the condition where there was no occasion for anxiety.

I directed that the patient should be kept quiet, and given a diet of milk, water, tea, gruel or toast.

At ten P. M. I was informed, by telephone, that the mother had a severe frontal headache; but two hours afterwards I was called, as she was in convulsions.

My son, Dr. Edward R. Utley, immediately responded, and realizing the serious condition of the patient called to his assistance Dr. Crockett.

The convulsions were apparently uræmic, occurring at intervals of twenty minutes, and very severe in their character. From ten in the forenoon until twelve o'clock it seemed as if nothing would save the life of the patient; but at that hour she began to respond to the treatment, so that the radial artery again began to pulsate, and with the pulsations came faint hope, and I informed the husband that if there were no more convulsions she might recover.

An examination of the urine discovered one quarter of one per cent. of albumen. This amount was increased, so that in a few hours there was found one per cent. of albumen by quantitative analysis.

The mother and child at the present time are doing well, except the former is obliged to use crutches, being unable to walk without assistance, in consequence of some burns upon her feet, of which I will make mention later. There were no convulsions after the afternoon of the day following delivery. It is not my purpose to describe the treatment of, but to disclose the exciting cause of the convulsions occurring so long a time after delivery.

It will be remembered that I gave strict orders in regard to the diet for the patient, and that I had for a nurse one selected by the patient, and highly recommended by some friend.

I have been informed that at the dinner hour, ten hours after delivery, the nurse brought to, and permitted my patient to eat, a hearty meal, consisting of boiled potatoes with gravy, cauliflower with cream sauce, grapes, and possibly pears; what else we do not know.

During the convulsions, I directed the nurse to put hot-water bottles at the patient's feet. This was so effectually done that the patient's feet were burned, so that there are large, deep ulcers for the comfort of the mother.

At the present time, December 16th, the patient can get about a little with the assistance of crutches; but it will be a long time before the large ulcers will heal, one being about three inches in diameter.

The umbilical cord was not dressed, nor a belly band applied

to the babe, as I understand that the nurse did not believe in them. These conditions were not discovered until after the nurse was discharged, as being very tired at the time of the confinement, and the nurse informing me that she knew well how to care for the baby, I left for home before the child was dressed.

After discovering the exciting cause of the convulsions, I telephoned to the Newton College Hospital, requesting them to send me a nurse, who arrived within half an hour, when we immediately made the patient more comfortable, by removing the night clothes and bedding, which greatly needed changing. The baby was also looked after and properly cared for.

One of the near neighbors informed me that in the afternoon, a few hours only after delivery, she was urged to go up and visit the patient, and this when I had enjoined rest and quiet for the tired mother.

The nurse informed my son, and also the husband of the victim, that she would never nurse another confinement case; but I understand that she has withdrawn that decision. When the patient was in a serious condition, the nurse asked: "Do they blame me for this?" I replied: "Most certainly they do." The nurse then said: "But she wanted those things." I replied: "But that is no excuse for you."

Moral: May the physician be mercifully delivered from any nurse who disobeys orders!

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*A CASE OF ACTUAL AND A CASE OF THREATENED PUERPERAL ECLAMPSIA.*

BY E. A. MURDOCK, M.D., SPENCER, MASS.

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

May 7th, 1890, early in the morning, I was called to attend Mrs. C— in confinement. Patient was about twenty-one years old, very slight in stature and under the average size in every way. She was a primipara. Upon examination I found the os fairly well dilated, and labor progressing in a normal way. Her strength was good; pains not very severe, and yet sufficiently strong to make progress. After I had been there about two hours my patient suddenly called my attention to the fact that she could not hold her hand still; and sure enough it shook like a leaf. Almost instantly she exclaimed that she could see nothing; and then she was in a convulsion. I had no need to hunt up my text-books to learn that I had on my hands one of the worst complications that can come to the lot of the obstetrician. By some oversight, I had gone to this case (four miles from my office) without any chloroform; but ether I had, and I

quickly placed her under its influence, and proceeded to deliver with my forceps as speedily as possible. This was easily done, and I felt greatly relieved; but when I attempted to deliver the placenta I found I had another child, with a breech presentation. During the delivery of this and the placenta she was allowed to come partially out from the ether, when another convulsion quickly seized her. But as soon as I had her fully delivered I settled her on the bed as well as possible, took the ether from her and sat down to watch, sincerely hoping my troubles were at an end. I sat by her bedside fully two hours watching, and at times conversing with her. She was perfectly rational and calm all through this time, and I thought that emptying the uterus had done the work; but in about two and a half hours after delivery she suddenly went into another convulsion, and then the convulsions followed each other as often as every half hour. After a while I slipped away long enough to get some chloroform and telephone to Worcester for Dr. Warren. During the afternoon she had frequent convulsions. At 5 P. M. Dr. Warren came. At this time she was at moments rational, but her periods of consciousness were growing less frequent and shorter. At 7 P. M. we left her, but at 10 P. M. I was called back very hurriedly—found her wholly unconscious, and unable to swallow. Up to this time I had drawn her urine; it was very scanty, and loaded with albumen. At this time she was extremely restless, rolling from one side of the bed to the other. My patient was in a terrible condition, and it seemed as though she could not live the night out. I went prepared at this time to use pilocarpine subcutaneously; but when they recalled me at 10 P. M. they also called an old-school physician, so I thought I would await his arrival before using it. He immediately advised the use of it, so I accordingly injected  $\frac{1}{8}$  gr., which was repeated at an interval of two hours. In about one half hour after the first dose of pilocarpine was injected, a  $\frac{1}{8}$  grain of morph. was given by injection. The pilocarpine very soon caused a profuse perspiration, and the morph. had a salutary effect in keeping my patient still. The convulsions continued at less frequent intervals, although several times before morning it appeared as though my patient would surely die. But such did not prove to be the case; although she had about twenty-five convulsions in all, she gradually rallied. As soon as she could swallow, I put her back upon the homœopathic remedies that were being given her when she lost consciousness, viz., apis and merc. cor. These remedies were continued more or less during the remainder of her sickness, and at the end of three weeks she was discharged convalescent. Let me here say that this patient was under my observation more or less during pregnancy; her urine was tested

occasionally and showed no albumen ; but the last six weeks of pregnancy I was not successful in seeing her or getting any of her urine, as she was several miles from my office. I afterward learned that during the last six weeks of pregnancy she was bloated, had a frontal headache and pain in the epigastric region. Had I been informed of this at the time, she might have been spared this terrible experience. I will add that her twin boys are as "rugged" a pair of children as I ever saw.

Case No. 2.— March 4th, 1891, was called to see Mrs. E ——. She was six months pregnant, and I found her in the following condition—high fever, severe pain in the epigastric region, with vomiting, headache, urine loaded with albumen. I will not detail minutely her symptoms from day to day. Suffice it to say that it was evident that I had a case of albumenuria to deal with. Her fever many days ran as high as 104. All through the month of March she could keep hardly anything on her stomach, and at times would drop into almost a comatose condition. My perplexity was great. Should I produce abortion or not? If eclampsia should suddenly seize my patient and should prove fatal, I should feel that I had not done my duty. Counsel advised waiting ; meanwhile to watch closely and be ready to act at a moment's notice. The husband said, "Save the child if you can, *but don't sacrifice the mother.*" The meddlesome neighbor said, "*Change doctors.*" I watched and waited. At the end of one week I could see no improvement, neither could I call her worse. Before another week had passed I could see a slight improvement, and yet the albumen was not on the decrease, perceptibly ; but by patiently exhibiting the homœopathic remedies as nearly as I could select them I saw my patient slowly improving, and at the end of six weeks I was able to discharge her, with her urine free from albumen, her nausea gone, appetite good, strength returning and foetal movements perceptible. June 17th my patient was delivered of a boy, alive and fully developed, but with a decidedly old, wrinkled and pinched appearance. However, time and Horlick's food have put new life into the lad, and now he is as frisky and bright as many infants who had a better start. My patient made a good recovery. The remedies I used during her attack of albumenuria were, mainly, merc. cor., apis and ars.

Case No. 1 has taught me to watch carefully my cases of pregnancy, bearing in mind the three prominent symptoms which generally are the forerunners of eclampsia, viz., frontal headache, epigastric pain and disturbance of vision. If these are present, either with or without albumenuria, I am likely to prescribe apocynum, putting my patient upon a milk diet.

Case No. 2 has taught me to give the remedies a fair trial

before interfering with nature, and then I think that my experience will be repeated in a large per cent. of such cases.

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*MENSTRUAL HEADACHE.*

BY F. P. GLAZIER, M.D., HUDSON, MASS.

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

As it sometimes happens that this variety of headache is overlooked or improperly diagnosticated, and in consequence poorly treated, I have thought it proper to bring the subject before this meeting, not with the hope of offering anything new, but simply to bring up in review the etiology, diagnosis, prognosis and treatment, that a knowledge of these may be more fully impressed upon our minds.

With few exceptions, this form of cephalalgia is of reflex origin, dependent largely on ovarian irritation or inflammation, and coming regularly each month, either anticipating, accompanying or following the discharge.

This regularity of attack assists in the diagnosis, which is further confirmed by the complete exemption from the headache, during gestation and lactation, or when the function of menstruation is arrested from any cause.

In differentiating this headache from sick headache, which affects males as well as females, we are aided by the fact that the latter headache is not regularly paroxysmal, nor dependent on the menstrual cycle, but is caused mostly by worry, fret, improper food and a relaxed condition of the system, and shows itself principally during gastric derangements.

A neuralgiac headache will be indicated by the absence of relationship to the menstrual flow, and its connection with prolonged mental strain, exposure to wet and cold weather, nervous exhaustion and an existing rheumatic diathesis.

Another affection, evidently closely related to the menstrual headache, is the hysterical form.

This may be distinguished by the emotional condition of the patient, her fitful temper; and, further, this hysterical headache is limited in its location, and is of a sharply defined, burning and gnawing character.

Thus, in the menstrual headache, Ludlam gives to us a line of symptoms peculiar to itself: "The headache returns every time the woman menstruates. If its habit has been to come on at the beginning of the monthly crisis this habit will be persevered in. If it has been accustomed to return at the last of the month, just as the flow has almost entirely ceased, you may expect it again at the same season."

Our prognosis should be governed by the condition and surroundings of our patient; more favorable in recent cases, where the associations of life are pleasant, and less favorable in chronic cases, and where there has been frequent child-bearing, and where domestic infelicity exists.

In the treatment, we should look to the hygienic, first removing and regulating, as far as possible, all unfavorable conditions, as improper food, too tight-fitting clothing, with, as additional measures, the correcting of malpositions of the uterus and the enforcement of rest.

Especially should the patient avoid, as far as possible, excess of care, confinement and toil for a few days before, during and immediately after the catamenia.

Electricity may in some cases give relief.

For internal remedies we must refer to our materia medica, where we shall find the more important medicines to be puls., sepia, nux vomica, bell., ign., lach., calc. carb., and apis.

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#### OTORRHŒA IN CHILDREN.

BY AUGUST A. KLEIN, M.D., BOSTON, MASS.

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

Otorrhœa means a discharge from the ear. It is not a disease by itself, but is a symptom of various diseases of the meatus, tympanum or mastoid cells. It varies according to the place and the nature of the disease. It may be serous as in eczema, sero-mucus in affections of ceruminous glands, mucopurulent in diseases of the tympanum and sanæous in affections of the inner ear. The majority of ear diseases are accompanied by otorrhœa, in fact otorrhœa often leads to the discovery of serious affections of the ear. The seat of the disease is often very difficult to find on account of the narrow and swollen meatus.

The causes which induce diseases of the ear with otorrhœa are various. The most frequent in young children are foreign substances as water, soap, etc. Inherited diseases: scrofula, tuberculosis, rachitis, syphilis.

Exanthematic fevers: scarlet fever, measles, typhoid fever, small pox, diphtheria.

Diseases of the nose, pharynx, larynx, bronchi.

Reflex irritations: dentition, whooping cough.

Foreign substances in the meati of new-born children consist mostly of water, which gets into the meatus during bathing. You will often see very small children placed in a bath with ears immersed. The meatus in a new-born child, if narrow, will retain part of the water. This acts as a foreign substance

and irritates the very tender parts. Small children cannot shake their heads like older persons, consequently the water becomes stagnant, bacteria form, and these cause first an erythema of the skin lining the meatus and membrane. From this an eczema develops and a watery discharge appears. The skin swells, and the meatus is almost closed up. The maceration of the epidermis changes the discharge into a cream-like appearance, and, as the ceruminous glands become involved, it becomes muco-purulent. If the process continues, the membrane is destroyed, the tympanic cavity becomes invaded, the mucous membrane macerates, the joints of the ossicles are attacked and they are destroyed in the course of the disease. The mastoid cells may become involved, or the tegmen tympani may be destroyed, causing a meningitis, spasms, coma or death. Hearing may remain until the tympanum becomes destroyed, and if the disease is then arrested, the child will become mute, not being able to learn speech. The first thing to do, if a serous discharge is noticed coming from an infant's ear, is to take a soft cone of absorbent cotton, and to carefully cleanse the meatus; a thorough inspection should then be made of the meatus. No syringe should be used under any consideration; the water from the syringe is forced through the swollen passage, but it has no power to force it out again. It remains in part at least behind, causing fresh irritation. A soft cone of cotton acts altogether differently. It will pass through the swollen meatus, absorbs all moisture, does not injure the drum and is not painful. After thoroughly cleansing, the meatus is wiped out with a solution of bichloride of mercury 1:5000. In the majority of cases, this treatment will stop the disease; but, if the discharge has become muco-purulent, it will be necessary to leave a disinfectant in the meatus. A cotton cone is rolled in iodoform and introduced, being well rotated in the meatus, enough iodoform remains to form a thin layer over the epidermis. If the discharge becomes foetid, iodoform may have to be forced in with an air bag.

As there is considerable pain in the first stage of the disease, it may become necessary to allay the pain with a 4% solution of cocaine. This has to be introduced warm on a cotton cone, after thorough cleansing. Morphine, atropine or chloral should not be used in very small children. Often a little hot, dry cotton carefully put in the meatus will stop the pain. The most quieting remedy is chamomilla. A few drops of the tincture in half a glass of water, and a teaspoonful given every fifteen minutes will have a most soothing effect.

The next most frequent cause of otorrhœa is from reflex irritations, and of these dentition the most prolific.

I do not believe there is a physician in active practice, who has not treated otorrhœa excited by the teething process. The cutting of the lower teeth effects the ear, while cutting of the upper teeth has more effect on the eye. The irritation begins with a congestion of skin in the meatus. If we watch the process closely, we shall find that the child begins to put its hand on the affected ear and it moves the head towards the shoulder on the affected side. If we examine the meatus at this stage, we shall find it slightly congested; but nothing else abnormal is seen. Sometimes in the short space of two hours, the meatus will become closed by the œdema, the epidermis becomes puffed, and a serous discharge follows. An acute eczema is established. The discharge from the meatus excoriates the skin on the outside, and an eczematous eruption on the auricle follows. If we begin to treat this eczema with water we shall make matters worse. Should the eczematous process continue, the epithelium breaks down and a cream-like discharge follows. As the disease advances, the membranum tympani becomes involved; it begins to soften, breaks, and the discharge enters the tympanic cavity. Here it can act at leisure on the ossicles. These become disarticulated in their joints, and finally disappear. If the disease does not stop here, it will force its way into the mastoid, and pass finally through an opening in the skin, or, it may force its way through the tegmen tympani into the cerebral cavity, causing a meningitis. This is about the way it ends, if the disease is neglected. The discharge which was at first watery, changes with the progress of the disease. It becomes sero-mucous, muco-purulent, and finally sanæous with debris of epithelium and bone. While dentition is the exciting cause, scrofula or rhachitis is at the bottom of the trouble.

It is very seldom that we see teething cause otorrhœa in a healthy child. If otorrhœa does occur in such a child, it is usually due to some other cause. It is for this reason that the ear persists in discharging. If we had only to deal with a dermatitis or an eczema of the meatus, we could soon stop the disease; but the reflex irritation from teething has aroused the latent poison in the system, and it develops with all its persistency. As long as the irritation is kept up, so long will the otorrhœa last, provided the ear has not been neglected. If the discharge has been permitted to remain undisturbed in the meatus and the assumption taken that the ear will heal by itself, then you may positively expect a chronic ear disease. Many mothers would be a great deal more particular to keep the child's ear clean, if they could see the ear drum as they can see the eye. The treatment consists in cleanliness and disin-



fection of the meatus and the treatment of the underlying disease. Not the otorrhœa is to be treated with medicine, for this is only a symptom, but the scrofula has to be attacked. Besides good air, proper clothing, good nourishment, cleanliness, such medicinal substances must be given as will do away with the scrofulous tendency. I have found iodine 3x the most active medicine in this disease. My indications for iodine are : obstinate, muco-purulent otorrhœa, pale face, swollen glands, poor appetite, puffed up abdomen, indigestion of food, and flabby muscles. The iodine in cod-liver oil has no effect. The oil simply acts as a nourishment and you may as well give goose oil or bear oil. I for my part should prefer goose oil. Next to iodine is hepar. This is one of the best remedies in scrofulous diseases. What arsenicum does for the cornea, hepar does for the ear. It is especially indicated if the discharge is purulent and offensive, with purulent discharge from the nose, and the conjunctiva ; in cases in which every mucous membrane seems to pour out an offensive, thick, purulent secretion. In such cases, hepar and nothing but hepar should be given. Should the disease have affected the mastoid process and a fistulous opening remain and a slimy discharge keeps coming through the fistula, silicia will be the remedy. Other remedies will have to be used as the symptoms change. Aconite, belladonna, pulsatilla, merc. s. are medicines that are indispensable in ear diseases, but the stage for their use has usually passed with the appearance of otorrhœa.

The next most frequent causes of otorrhœa are the exanthematic fevers, scarlet fever, measles, typhoid fever, diphtheria.

Scarlet fever is the most destructive to the ear. The disease attacks the ear from the inside and the outside. The tympanum becomes invaded through the Eustachian tube and the meatus and ear drum, by extension of the eruption from the skin, while the inner ear suffers from vitiated blood. If we consider how delicate the membrane is in young children, it is astonishing that there is anything left of the parts in the middle ear. But here the same reason exists as in teething, to account for the great havoc which is caused in some children, while others come out of the disease unharmed. Scarlet fever, while it attacks the meatus and mucous membrane of the tympanum, does not establish a permanent ear disease if the system is healthy. It is here also the latent scrofula or rhachitis is aroused. If the patient is healthy an otorrhœa due to purulent otitis from scarlet fever is easily cured even if the disease did appear in its worst form, but in scrofulous patients it is one of the most difficult diseases to treat. For years the discharge lasts. Patients go from one doctor to another, from one dis-

pensary to another, and from one hospital to another seeking relief. Now and then a case yields to the persistent application of iodoform or boracic acid, but in the majority of cases, the disease returns. In vain are boracic acid, iodoform, tannin, arg. nit., alum., Fuller's earth, hydrogen, peroxide, tar-water, kresote, mullein oil used. All these remedies will now and then help, but very often astringents make matters worse.

Pulsatilla or hydrastis locally applied, will now and then cure a case. The main treatment consists in cleanliness, disinfection and constitutional remedies. Cleansing with absorbent cotton, disinfecting with corr. subl. and keeping the meatus dry with iodoform or boracic acid or both mixed, is the main external treatment. Constitutionally we have to build up the patient, which is often easier said than done. The patient should be sent to a country where pine trees are plenty. Out-door exercises should be persisted in; rowing on inland lakes, where the east winds are not very strong, is preferable to ocean exercise; of course this can only be done by older children. Massachusetts has plenty of such lakes. I have found Monponsett lakes excellent for this purpose. The water contains a large amount of sulphur. The pine groves are very invigorating to an undermined constitution. Otorrhœa from scarlet fever comes from the tympanum, and is due to a degeneration of the mucous membrane, lining that cavity. The membranum tympani has in most cases disappeared, and the tympanum looks red and granulated. Very often polypi are found protruding from that cavity; the discharge is muco-purulent, often mixed with blood. The epithelium in the meatus is macerated with reddened surface underneath. If we succeed in stopping the discharge, it becomes necessary to protect the tympanum with an artificial ear drum. This will serve to keep dust and bacteria out, and at the same time an even temperature is secured. The ear should be examined at least once a month. If any discharge is found, it should be expelled by inflation through the Eustachian tube. Sterilized air should be used for that purpose, if possible. If the ossicles are necrosed, they should be removed. If a fistula forms on the mastoid, Wilde's incision should be made, and the cavity scraped out. Great care should be exercised in this operation, so as not to destroy the hiatus falopii. In order to better illustrate the operation, I will relate a case.

A girl nine years old, who had scarlet fever when three years old, suffered with swelling behind the ear and an otorrhœa. When I examined the patient, I found her raving from fever; temperature, 101; pulse, 120. Purulent discharge from left ear, and mastoid swollen, red, very painful. At the slightest touch she would scream. I cleansed the meatus, and put a 4% solu-

tion of cocaine warmed, in it, and gave hepar sulph. The next morning I gave the patient ether, and cut down to the bone at the place which appeared to be pointing. I had hardly put the knife through, when a very foetid purulent discharge made its appearance. There was no need of chiseling away the bone as an opening existed which led into the tympanum. After thorough scraping out the bone and washing with corr. subl. 1:1000, I filled the cavity with iodoform gauze. The patient came out of the ether all right, and all pain had disappeared. Under the influence of hepar sulph. the wound healed, and all discharge disappeared, after the lapse of three weeks. The ossicles and membrane had disappeared; therefore an artificial drum was ordered. I have not seen the patient since. In very small children it is not wise to scrape out the fistulous opening, as the opening closes with the stoppage of the discharge. A child now under treatment in the dispensary had such a fistulous opening, and the mother had been advised to have the baby operated upon, but she wanted to try homœopathic medicines first. With cleansing and iodoform externally, and hepar internally, the baby is getting well.

The next most frequent cause of otorrhœa is measles. While a large number of children who had measles suffer with keratitis or herpetic conjunctivitis, the ear suffers to a less extent. It seems that the measles bacteria do not like the ear very well. Although we find children suffering with a tympanitis and otorrhœa, still this has no such destructive effect on the hearing as scarlet fever has. If an otorrhœa appears, it is more likely to appear during the time when coryza is most severe. The mucous membrane in the tympanum takes part in the inflammatory secretion. The cavity fills up and the membrane gives way, but it heals as soon as the secretion stops. Only in neglected cases a chronic, purulent otitis is established. This trouble is mostly caused by carelessness. Often the otorrhœa is altogether ignored. Children run about with a running ear. Small children are carried on the shoulder, so that the wind strikes the drum directly. If the drum is perforated, the tympanic cavity is exposed and bacteria, dust, and other particles have free access. The temperature is also changed. If the membrana tympani is intact, the tympanum is a closed cavity with only one external communication, the mouth of the Eustachian tube. As soon as the membrane is destroyed this cavity becomes a canal, through which all kinds of substances may be carried by an air current. The exposure of the membrane covering, the fenestria ovalis, to the changes of temperature may cause serious inner-ear complications. In this way a simple catarrh of the tympanum may change into the most

purulent, destructive otitis. Children who have had measles should have their ears very carefully protected from wind and weather, especially if a perforation of the ear drum has taken place. If the discharge from the ear has stopped, the ear should be examined, and if a perforation exists, absorbent cotton should be placed into the meatus so as to protect the tympanic cavity. Cleanliness is all the treatment required, but after a severe purulent otitis is established, this has to be treated in the same way as a purulent tympanitis, after scarlet fever.

Next to measles is diphtheria in the list which is followed by otorrhœa, and it seems strange that this disease, which is so destructive to the life of the child, causes less chronic ear diseases than the rest of the exanthematic diseases. The development of the disease in the pharynx would cause one to expect that the middle ear would become easily involved, and still this rarely happens. Only when the nose secretes that offensive purulent discharge, which is noticed in some cases of diphtheria, we may expect an otorrhœa of the same nature. The disease takes a more sloughing form and is easier carried through the Eustachian tube. In cases where the disease develops into a firm membrane, and this comes away without sloughing, the tympanum is less apt to be attacked. Diphtheria is more likely to cause inner-ear diseases, paralyzes, etc. If an otorrhœa accompanies diphtheria, this has to be treated like the secretion from the nose. Peroxide of hydrogen should be sprayed into the meatus and then carefully wiped out. This should be followed by a solution of merc. cyanide 1:1000, introduced with a cotton cone. This medicine seems to act better on the diphtheritic exudation than the bichloride. It should also be given internally in the 3 to 6x solution. At the same time the nose should be sprayed with a solution of merc. cyanide 1:5000. A good nourishing diet should be persisted in, especially malt decoctions should be given. With the subsidence of the disease in the nose and throat the otorrhœa will also stop.

Typhoid fever is sometimes accompanied by a saneous otorrhœa, but does not often leave serious consequences. It is almost always due to a low state of the blood vessels, causing a dermatitis in the meatus. The tympanum may become involved from the same cause. Necrosis seldom follows this disease. The labyrinth is more likely to suffer permanently from the disturbance in the circulation. A vascular tinnitus is the most tormenting of the ear symptoms. An otorrhœa from typhoid fever has to be treated constitutionally, by attending to the symptoms which accompany this disease. Locally, nothing but cleanliness and antiseptics are necessary.

Variola, small pox, causes otorrhœa. Variola may form in the meatus and cause a discharge from the ear ; but as a catarrh of the tympanum accompanies nearly every case of variola, it is most likely that the otorrhœa is of tympanic origin. On account of the swollen and inflamed meatus it is difficult to inspect the drum. The pain is usually intense when variola form in the meatus. On account of the great sensitiveness the meatus has to be cleansed very carefully. Should the otorrhœa not stop after the disease had run its course, a careful inspection of the tympanum should be made, and if the membrana tympani has been destroyed, and a purulent secretion is kept up by the tympanic mucous glands, the forcing into that cavity, with a syringe, of the tincture of hydrastis may have a most salutary effect on that defunct mucous membrane. But before any fluid is forced in this way into the tympanum, we must always satisfy ourselves of the permeability of the Eustachian tube. Any liquid forced in will pass through this tube into the pharynx, and should pass out of the mouth. Sometimes it may become necessary to inject fluids through the Eustachian tube. But, as in the majority of cases of copious discharge in the tympanum, the membrane shows a large opening, this will not be necessary. When the membrane shows a small perforation, then shall we have to resort to the latter method.

Whooping cough, pertussis, is now and then accompanied by otorrhœa. The seat of the disease in this case is in the tympanum. Usually an acute catarrh accompanies whooping cough. The tympanum is filled with secretion, and a severe coughing fit is likely to burst the membrane, giving exit to the pent-up secretion. As a rule, no serious consequences follow. As long as the coughing spells last, the secretion is forced out, and should be carefully wiped out of the meatus. With the termination of the cough, the secretion of mucus stops and the opening in the membrane closes. It is, therefore, wise not to use too active local remedies, as they often will reëstablish a catarrh which had almost subsided. The rule should be non-interference, except cleanliness.

The otorrhœa of syphilis is characteristic in new-born children. It is of a sero-mucus nature, streaked with blood ; is accompanied by a coryza of the same nature, and other symptoms of syphilis. A solution of kali. iod., gr. ij to  $\frac{3}{4}$  ij of water, and wiped out with a soft cone, is the best local application. Internally, Professor Hensch, of Berlin, recommends *merc. solubilis Hahnemanni*, 0.007. This remedy is excellent, and justly praised by a professor of diseases of children in an allopathic institution.

Scrofula, the most frequent cause of otorrhœa in children,

furnishes about one half of all cases presented at the dispensary. Such children had swollen glands before they had otorrhœa. An eczema is established in the meatus, either by contact with pus from suppurating glands, or by inflammatory conditions in the meatus itself. This eczema develops into a purulent dermatitis, which finally destroys the membrane. The pus gets free access to the tympanum, destroys the ossicles and may force its way out through the mastoid, or break through the tegmen tympani; or it may pass through the Eustachian tube, spreading destruction to pharynx, larynx, nasal cavity, eyes, and even to the bronchi. The way of attack may also be reversed, and we may find the most destructive purulent otitis caused by suppurating bronchial glands. It is the most difficult otorrhœa we have to deal with. When you think you have cured the disease, it will break out with all its energy again. There is no use of treating the ear disease alone; the whole system has to be attacked. It seems astonishing how much secretion can come from such scrofulous children. They will have otorrhœa, purulent conjunctivitis, thick, purulent discharge from nose, from the pharynx and bronchi. Even the feces contain abundant mucus and pus. The treatment should begin with proper food, good clothing, fresh air, cleanliness and hepar sulph. I consider hepar a bonanza in scrofula. One case may do to show you its excellent results.

William S—; age, ten years; poorly nourished, swollen cervical glands, presents himself for treatment on account of discharge from both ears. Inspection showed the meatus of right ear full of a very offensive pus. After cleansing, found ear drum and ossicles gone, mucous membrane of tympanum hypertrophied; very offensive discharge in pharynx, which was bad enough to drive any one from the room as soon as the patient opened his mouth; offensive discharge from nose, purulent ophthalmia. The disease had existed for over four years. The left membrane showed a large opening in the anterior half. Treatment: cleansed meatus with corr. subl. solution, forced iodoform into the tympanum, ordered throat to be gargled with tar-water and the same to be injected into the nose. Hepar sulph. 3x, two grains every two hours. After one week's treatment, less discharge from ears, but still copious discharge from nose and throat. Ordered hepar 3x to be blown into the nasal cavity, and also into the pharynx; two days later was astonished at the result; all discharges had greatly diminished and the glands become softer. I continued the same treatment for three weeks, when all discharges stopped. In this time the patient had used about three ounces of hepar sulph. 3x. After the discharges stopped, I followed up the treatment with

iodine 3x, and all the swollen glands gradually took on their natural size. Hepar sulph. did excellent work in this case. Another great aid in bringing the scrofulous condition into a healthy channel is massage and passive exercise. Many swollen glands can be removed by this treatment alone. The external application of myro petroleum cerate, as recommended by Professor Talbot, is another excellent remedy. If we do not succeed with hepar, other remedies have to be employed. If the ear keeps on discharging after treatment with hepar, and local application of iodoform and boracic acid, it will become necessary to change. In some cases I have succeeded by introducing strips of antiseptic gauze; in others, with a solution of salycilic acid, 2:1000 alcohol. Of arg. n. I have never seen any good results; but, no matter what antiseptic agent we employ externally, the external treatment has to be relied upon. Too much local interference is likely to make matters worse.

There are other causes of otorrhœa, but the above-mentioned are the most frequent.

The treatment of symptoms, which accompany or follow diseases of the ear with otorrhœa, such as tinnitus, adhesions, deafness, stricture of Eustachian tube, is omitted in this paper.

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#### PROGRESS IN GYNECOLOGY.

BY GEO. R. SOUTHWICK, M.D., BOSTON, MASS.

The subject may well have an interrogation point after it. The year 1891 is no exception to its predecessors. What has been hailed as progress in one year is denounced the next, and the amount of actual progress is small. Questions of surgery, as usual, have been considered rather than those of therapeutics. The operation for the removal of the ovaries and tubes with its many modifications has been prominently before the profession for the past five years. Sufficient time has elapsed to form some opinion as to the remote results of the operation in those cases first subjected to it. Has the operation produced as favorable results as were anticipated from it?

Prof. Lusk and others of long experience declare unhesitatingly that it has not. A very large proportion of those whose ovaries and tubes have been removed, even when unmistakable evidence of disease was present, have not been relieved by the operation, and many of them are in a worse condition. The cases have not been properly selected. It is growing to be a recognized fact that not every swollen tube, or enlarged ovary, needs removal, and that some of them can be cured by other than surgical treatment. If my memory serves me right, only about one in ten cases of tubal disease in Lawson Tait's clinic is sub-

jected to the operation, and then only after careful treatment for a period of time. Every experienced operator knows he has separated diseased tubes, sometimes containing pus, and ovaries from a mass of adhesions, and the patient has recovered from the operation, but is far from being a well woman. In carefully selected cases, where the physical evidence of disease is pronounced, and purulent salpingitis is present, the operation is often the only means of restoring an invalid to health. In a very great majority of cases castration is utterly ineffectual for the cure of neurosis, except when there are very distinct signs of ovarian or tubal disease and there is clearly a connection with the neurosis. Even then it is not safe to promise a cure to the patient. It is a curious fact, discovered by accident, that castration often cures osteomalacia, and the operation is growing in favor for curing small myomas.

Conservative operations have been tried by Polk and Martin. The latter resects the tube and joins the ends. The former has tried a variety of measures, such as suspension of a prolapsed ovary, aspiration of enlarged tubes, and washing them out, partial removal of ovary, etc.

Operations for posterior displacements of the uterus are divided chiefly into four classes: first, shortening the round ligaments, or folding them over in front of the uterus, after opening the abdomen. Many operators now shorten the round ligaments by opening directly over the canal and hooking them out with a blunt hook instead of making the incision over the external ring, as Alexander directs. The ligament is found usually by those who know how to do it, but it is so frail that it often fails to hold the uterus in the desired position. This has led some previously warm advocates of the operation to prefer ventral fixation, which may be termed the second division of these operations. It has grown in favor since it has been shown that it is not an obstacle to pregnancy or parturition at full term, and very few abortions have occurred. In some cases the adhesion to the abdominal wall has given away. As a third division of these operations, Schücking's operation of passing a ligature through the uterine canal, high up through the anterior wall of the uterus and down between the uterus and bladder into the vagina, so that when the suture is tied the uterus is forced into a position of anteflexion, has been more thoroughly tried; enough to show it can be done without injury to the bladder; but it has not been adopted as yet by many operators. The fourth division of these cases is that of fixing the cervix posteriorly. This has been tried unsuccessfully in a variety of ways, which cannot be recounted here. One of the most recent methods is to split the recto-vaginal septum transversely from below upwards, resect



the cul de sac of Douglass, and then unite the split septum by continuous catgut sutures. Another method has been tried, of passing a ligature from below up through the vagina, the posterior layer of peritoneum, across along the utero-sacral ligaments and down through the posterior lip of the cervix. The tying of this suture fastens the cervix backward, and the suture is supposed to cause some inflammation and adhesions, which fix the cervix in its new position. Veit, following the experience of Mickuliz, in operating on a floating kidney has proposed the use of collodion after a preliminary laparotomy, but I am not aware that his suggestion has been tried. All these operations in the cul de sac of Douglas are best suited to cases of retroversion, and are of doubtful utility for severe cases of retroflexion.

The day of obstructive dysmenorrhœa and the old division of it into numerous classes has practically gone by. The most recent writers divide it into spasmodic and congestive; one writer suggests a tubal variety. A new theory of menstruation has been given, i. e., that it depends upon what are termed automatic menstrual ganglia, found chiefly in the Fallopian tubes.

There seems to be an increasing tendency to operate more often on myomas of the uterus, and there is abundant reason to believe that the *laissez faire* treatment, so commonly recommended and practised, is carried too far, and the case becomes practically hopeless before the specialist is summoned. Martin continues to perform complete hysterectomy, and to remove the cervix in preference to his former method of treating the pedicle intraperitoneally. A new method of ligating the stump has been tried with considerable success. It consists in putting chain sutures from the vagina upwards around the sides of the cervix.

Vaginal hysterectomy for cancer of the uterus is still considered the best method of treatment by most German surgeons when the growth is confined to the uterus. Hofmeier has returned to the high amputation of the cervix as performed by Schröder, which is essentially the same as that performed by Baker of this city. Vaginal hysterectomy is performed in Germany with aneurysm needles and silk sutures. In France Richelot's clamps for the broad ligaments are much in favor, as they admit of very rapid operating; no sutures are used with them. Péan continues to use the forceps, so closely connected with his name, instead of sutures to arrest hemorrhage, and a whole bundle of them is often left in the vagina for forty-eight hours after a hysterectomy. Tait is opposed to the operation for cancer, and Keith recommends it for carefully-selected cases. In the United States this operation is less in favor than a year

ago, and the best results from it pale before the experience of Dr. Bryne with the galvanic cautery.

Much attention has been given to the histology of ovarian tumors, it being held that, with few exceptions, all solid tumors of the ovary are malignant. The histology of the endometrium with cancer of the cervix has been warmly discussed. The gist of the matter is, that a change takes place which bears a close resemblance to sarcoma, and has been termed, incorrectly, sarcomatous degeneration, when in reality it is not in the least of a malignant character, as changes of the same character are not uncommon in cases of unquestionably benign disease.

The histology of gonorrhœal salpingitis has been investigated, and the result may be briefly mentioned as follows: gonorrhœa is a very common, but not the only, cause of salpingitis. The absence of gonococci in the pus of an enlarged tube is not proof that the disease was not produced by gonorrhœa, as in chronic cases the gonococci often disappear. It is the exception rather than the rule for every case of gonorrhœa to be followed by salpingitis. The rupture of a tube sac caused by gonorrhœa and containing gonococci will not cause peritonitis unless the pus contains the streptococcus. Abscesses of the ovary are much more dangerous to operate on, as the pus usually contains streptococci, and these are very apt to infect the peritoneum.

Flushing the peritoneum with boiled water, which has been cooled, is growing in favor, though not generally adopted by German surgeons. Recent experiments show that salting the water a little with common salt does far less injury to the peritoneum than any other solution. The tendency is to favor rapid operating, taking care, as far as possible, to prevent escape of fluids into the intestinal cavity, disturb intestines and peritoneum as little as possible, and sponge no more than is actually necessary to clear the peritoneum from débris and clots. Actual disinfection of all parts of the peritoneum is practically impossible.

Tait's perineal operation, also known as the flap operation, is less in favor than a year ago. A New York operator has modified the ordinary perineal operation by using a suture which goes all around the margin of the wound, and when tied together acts like the running string to a bag. Another New York man has modified the suture so as to lift up the vaginal flap as the lateral portions of the denuded surface are brought together. Catgut remains the favorite material in Germany, but American surgeons do not seem to be so unanimous in its favor.

New applications in gynecology have not been very numerous. Ichthyol found a warm advocate in Freund, but quite recent reports do not support Freund's assertions of its remarkable power

to produce absorption of inflammatory products. Iodoform tannin has been recommended highly by Fritsch, in the form of little bags containing the powder. Other modifications of iodoform have been tried to a limited extent. Chloride of zinc mixed with rye-meal and dried in the form of pencils containing nearly one-third of the chloride of zinc, has been employed considerably for obstinate endometritis. It appears to have cured some cases, but in the majority of instances the relief is not permanent, and the severe caustic is apt to cause stenosis of the cervical canal.

Applications to the uterine cavity are made with some difficulty, as the medicament is removed to a considerable extent by the walls of the cervical canal. An instrument called an anthrophore has been invented to overcome this loss of the medicament. A fine wire is coiled delicately so that it will easily pass through the cervical canal. It is then dipped in a suppository mixture containing the drug and afterwards coated with cocaine. This really forms a uterine suppository mounted on a wire, which greatly facilitates its introduction. The ointment is soon dissolved, and the wire withdrawn from the uterus.

Electricity cannot be said to have made much advance in the past year. It is to be doubted whether it is used as much as a year ago for the treatment of uterine myomas. The antiseptic action of the positive pole has been studied, and Prochownick has reported cases of gonorrhœa in women treated successfully by it. He has also shown that local effects of the positive pole are much more pronounced with an electrode made from platinum than if made of copper or carbon.

Massage has obtained a firm foothold in gynecology. It has not been as effective for uterine displacements as was hoped for at first. It is growing steadily in favor for the treatment of old inflammatory exudations and adhesions.

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## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, No. 264 Boylston street, Thursday evening, Feb. 4, 1892. President Henry E. Spalding in the chair.

The records of the last meeting were read and approved.

George B. Rice, M.D., of Wollaston; Julia L. Woodman, M.D., Georgianna W. Harris, M.D., Thomas M. Strong, M.D., F. P. Batchelder, M.D., of Boston, were elected to membership.

E. J. Baker, M.D., of Wellesly College, was proposed for membership.

It was voted that the hour for commencement of the meetings be changed from 7.30 to 8 o'clock.

Dr. Spalding, as president of the society, asked the coöperation of the members, both men and women, that we might strengthen our profession and get double benefit ourselves. He did not wish to be unreasonable, but hoped any one called upon to assist at the meeting would feel obliged to respond, and if not willing should write a refusal in season to allow of other arrangements.

Members having pathological specimens and interesting cases in their practice were earnestly solicited to present them to the society, that all might be benefited.

Dr. W. P. Defriez read an interesting paper on the "Present Epidemic of La Grippe." He said, historically speaking, the disease was as old as the hills, it having been traced back as far as the ninth century, and has occurred every year for three or four years, with varying intensity, and then dies out for a period of twenty or more years. The general symptoms are quite alike in all the epidemics; the complications have varied. The synonymous terms *influenza Europea*, *cephalalgia contagiosa* (16-17 centuries), *catarrhus epidemicus* throw some light on the prevailing character or type of former epidemics. No section of the globe seemed exempt, and, so far as observed, climatic influences can not be said to offer any explanation of the *materies morbi*. The present epidemic appeared first in Dec., 1891, and at a little earlier date in Europe. The symptoms most common in the first year were intense headache, throbbing in character, high temperature and general aching, the elevation of temperature being very marked, and subsiding in many instances very rapidly, but leaving the patient weak and exhausted for several weeks. This year the epidemic has been more universal, but of milder type. One symptom has been most obstinate — that of cough, dependent upon bronchial irritation, and requiring great care in the selection of a remedy. The recoveries have been perfect in the majority of cases, except in old people and young children. In those persons having latent tubercular diathesis the grippe has acted as a bellows to fan the smouldering coals. The predisposing causes seem difficult to elucidate. The robust and not overworked have fallen victims quite as readily as the weak. Those with weak hearts, and functional disturbances of the heart, have been most frequently attacked.

It was announced on January 7 at Koch Institute for Infectious Diseases, at Berlin, that the micro-organism of influenza had been successfully proved and cultivated. The same bacillus

was discovered independently by Dr. Cannon, at the Moabit Hospital, and reported at the same time. It is asserted that the micro-organism is always found in the blood of patients with the influenza, at least during the stage of fever, and that it is not found in the blood of other persons.

This may be the cause of the epidemic; but it would seem that the influences of atmosphere must play an important part in spreading the disease. The causes which produce the disease have not been found. Many and original are the theories offered; but as yet, in spite of assertions to the contrary, the disease still remains a mystery. French physicians advance the theory that the epidemic is not influenza, but a malady of a typhoid form. Four forms of la grippe have been observed—nervous, gastric, bronchial and pneumonic. The bronchial and pneumonic are really of one form, but of different intensities and pathological changes.

Dr. Nothnagel, of Vienna, in a lecture on the epidemic, called attention particularly to the heart complications, and warned his hearers against using antifebrin and antipyrin, for the heart is so depressed by the influenza that stimulation is advised and not arterial depressants. The remedies most useful have been eupatorium, bryo., gel., rhus and lyco. In the first year of the epidemic otitis media was a frequent complication, while of the present year facial neuralgia, most frequently of the left side and of most marked periodic exacerbation, was noticed, which was relieved in most cases by *viola odorata* and *verbascum*.

Drs. W. Wesselhoeft, French, H. C. Clapp, and Moore took part in the discussion. Dr. Wesselhoeft thought that the pneumonia of la grippe should not be dignified by that name; it was more a congestion of lungs, with high temperature, expectoration and dyspnoea, but lacking the auscultory signs of true pneumonia.

Dr. Moore reported a case of la grippe in a child where there was a persistent high temperature of  $104.4^{\circ}$ , which phenacetine, 1 gr., controlled, after other remedies failed.

Dr. Batchelder read a very interesting condensed report of about fifty replies he had received from two hundred circulars sent out to members of the society.

Dr. Horace Packhard exhibited several interesting pathological specimens:

First. Cholecystotomy, with the removal of ninety-five gall stones. He said that the patient had suffered extreme pain in the right hypochondrium for months. Lately it had become excruciating. The patient never had been jaundiced, nor suffered anything like the ordinary, periodical attacks of gall-stone colic. There was a very sensitive tumor just below the short

ribs. Dr. N. W. Rand, the physician in attendance, had already made a diagnosis of gall stones. An incision through the right linea semilunaris readily exposed the tumor and verified the diagnosis. The cyst walls were very thick. An incision was made through the wall parallel with the abdominal incision, and ninety-five faceted gall stones, composed largely of cholesterine, removed. The opening in the gall cyst was sutured to the external wound. The cystic duct was obliterated. Recovery occurred without complication.

Second. A sloughing appendix vermiformis and calculus. These specimens were removed from a man 39 years old, by occupation a commercial traveller. He was taken with the usual symptoms of appendicitis Jan. 10th, 1892, which partially subsided, and he again went about his business. There was a recurrence in forty-eight hours, necessitating his return to his home, followed by the development of more severe pain and tenderness in the right inguinal region and elevation of temperature. On Saturday, Jan. 23rd, there was a distinct tumor filling the right ilio-lumbar region, extremely sensitive on pressure, and a temperature of 102° F. Operation was performed the following morning by making an incision through the abdominal wall, directly over the most prominent part of the tumor. Quantities of the most fetid pus gushed out, and with it the calculus here exhibited. Search for the appendix showed it firmly adherent to the uppermost portion of the wall of the abscess cavity. It was separated with the greatest difficulty, ligated at its base and removed. Examination of these specimens shows the calculus to be composed of inspissated fæcal matter. It is about as long as a date seed, twice the thickness and slightly flattened. The appendix is gangrenous, and the extremity entirely sloughed away.

Third. Fœtus and gestation sack from a case of tubal pregnancy. These specimens were removed from an unmarried woman, from whom no symptoms could be elicited which would warrant the diagnosis of tubal pregnancy. This specimen opens up the interesting subject of the pathology of tubal pregnancy, which might well furnish material for an entire evening's discussion. This was evidently a case of extra peritoneal rupture of the tube into the folds of the broad ligament, with hæmatocele and death of the fœtus. The case might well have gone on without operation, for the clots had undergone absorption, and the fœtus was dead. It will be seen now as a desiccated, flattened specimen. It is impossible to say how long had elapsed from the time of pregnancy to the time of operation. It was an extremely fortunate termination for the patient, and

illustrates most beautifully Nature's way of caring for a dead foetus and placenta.

The meeting adjourned at ten o'clock.

M. E. MANN, M.D., *Secretary*.

*WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held in the parlor of the Bay State House, February 10th.

The Bureau of Materia Medica and General Therapeutics presented, through its chairman, Dr. S. M. Cate, of Harvard, the following interesting programme :

The Sphere of Phosphorus in La Grippe, Dr. G. F. Forbes.

Diet as a Therapeutic Agent, Dr. E. R. Miller.

Cephalalgia, Dr. F. W. Patch.

Liquor Sodæ Chloratæ, Dr. S. M. Cate.

Some Mistakes in Materia Medica, Dr. A. M. Cushing.

Puerperal Eclampsia, Dr. G. F. A. Spencer.

Puerperal Eclampsia, Dr. E. A. Murdock.

The Board of Censors reported favorably on the application of Dr. G. P. Dunham, of Westboro, and Dr. G. J. Searle, of Marlboro, and they were duly elected to membership of the society.

The name of Dr. Amanda C. Bray was proposed for membership and referred to the Board of Censors.

All the papers were of a practical nature, bringing forth interesting and profitable discussions.

CARL CRISAND, M.D., *Secretary*.

*THE AMERICAN INSTITUTE OF HOMŒOPATHY.—SESSION OF 1892.—SECRETARY'S NOTICE.*

The annual session of the American Institute of Homœopathy will be held in Cornwall's Hall, Washington, D. C., beginning on Monday afternoon, June 13th, and continuing until Friday, June 17th, 1892. Monday afternoon will be devoted to preliminary and routine business, and in the evening the President's Address will be delivered and the Memorial Service held. (See Transactions of 1890, page 63.)

The proprietors of Willard's Hotel, the Ebbitt House, and the Riggs House have contracted with the Committee of Local Arrangements for a uniform rate of three dollars per day to physicians attending the session and to the friends who accompany them. Private bath-rooms and parlors to be charged extra

at the usual rates. Rooms, meals, and attendance to be first-class in every respect. The Local Committee will establish their headquarters at Willard's, and will maintain a Bureau of Information and Registration, at which all persons attending the session are requested to register. The Committee requests that all engagements of rooms, at any of these hotels, be made through their chairman, Dr. J. B. G. Custis, or their secretary, Dr. Wm. R. King.

The preparatory work of the Bureau is being prosecuted with more than usual energy, and with special efforts to secure an intelligent and profitable discussion of the Papers. Essayists who wish their Papers well discussed should place duplicate copies in the hands of the appropriate chairman at least one month prior to the meeting.

The session of 1892 presents some special claims to the support of all homœopathic physicians. To keep alive the prestige and influence gained at the meeting of the International Congress; to encourage the growth of homœopathy in the Southern States; to present a strong front to the governmental officials assembled at Washington; to antagonize the schemes, now taking shape, for the subversion of the professional liberty of the physicians practising in and around our National Capital; to take action respecting the boycotting of homœopathic physicians by life-insurance companies; to further increase the numerical strength and influence of our National Society, and to prepare for a proper display of our power and importance as a profession to the peoples who will visit our shores during the Columbian Exposition,—these are some of the objects and motives that should determine and secure a very large and enthusiastic meeting of the Institute at Washington next June.

The Secretary's Annual Circular, to be issued in May, will contain information concerning railroad rates and facilities, and a complete Programme of the business of the session. Any physician failing to receive a copy may obtain it on application. Membership in the Institute is open to all physicians in good standing. A blank Application for membership will accompany the Annual Circular. Admission fee, \$2.00; annual dues, \$5.00,—entitling the member to the annual volume of Transactions.

PEMBERTON DUDLEY, M.D., *General Secretary.*  
Fifteenth and Masters Streets, Philadelphia.

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A young doctor, wishing to make a good impression upon a German farmer, mentioned the fact that he had received a double education as it were. He had studied homœopathy, and was also a graduate of a "regular" medical school. "Oh, dot vas noding," said the farmer; "I had vonce a calf vot sucked two cows, and he made nothing but a common scheeter, after all."



## GLEANINGS AND TRANSLATIONS.

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HIGH TEMPERATURE IN INTERMITTENT FEVER. — Dr. Stephen Mackenzie, in the *British Medical Journal* for February 13th, reports a case of intermittent fever in which twice the temperature was 107° F., once 109°, twice 113°, and once 113.8°. The observations were made with the thermometer in one or the other axilla; sometimes two thermometers are placed in the axilla and found to correspond. On account of rigors the temperature could not be taken in the mouth. The periods of hyperpyrexia were exceedingly brief, sometimes a return to normal temperature occurring in five minutes. The patient recovered. — *N. Y. Med. Journal*.

SOME of the most interesting material in the report of the Surgeon-General of the U. S. Army refers to the hospital corps, which had an opportunity to demonstrate its value in active service in the Souix Campaign. Of it the Surgeon-General writes: "On the battlefield at the action on Wounded-Knee Creek two of its members rescued a wounded officer from extreme peril under circumstances which fully entitled them to the certificate of merit which they received as their reward, while the services the remainder rendered were so orderly and well regulated that not only our own wounded men, but wounded Indians were, with great promptness and dispatch, removed and cared for in the field hospitals which were extemporized for their benefit."

These wounded Indians, by the way, were not exactly comfortable patients. The simplest handling was met at first with suspicion and resistance. Their wounds were mostly severe and all capital operations were refused, notwithstanding explanations by missionaries, interpreters and friends. In cases of extensive injury to the large bones or joints, septic fever came sooner or later and finally death. — *Boston Med. and Surg. Journal*

OLIVE OIL IN THE TREATMENT OF GALL-STONE COLIC. — A collective investigation in reference to the use of olive oil in biliary colic has recently been made by the Therapeutic Section of the Philadelphia Polyclinic Medical Society. Of fifty-four cases of gall-stone colic in which this method of treatment was used, the result was as follows: two died; in three negative results were obtained; and in fifty, or 98 per cent, positive relief was afforded — results which must be regarded as satisfactory, more especially as one patient who died was suffering from adhesive obstruction of the bile ducts, and two of the observers stated that they had treated forty other cases of biliary colic

without a failure, but of which they had kept no record. The *rationale* of the treatment, according to Dr. Rosenberg's experiments, is that it largely increases the quantity of bile secreted, while at the same time it diminishes its consistency; but it is reasonable to believe that the beneficial influence of oil consists not so much in dissolving the biliary concretions as in increasing the biliary excretion, in flushing, and in lubricating and washing out the passages of the liver. The dose of olive oil varied from a dessert-spoonful to a pint. — *London Lancet.* — *Am. Prac. and News.*

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#### REVIEWS AND NOTICES OF BOOKS.

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A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part XVI. London: E. Gould & Son; New York, Boericke & Tafel.

With the part now before us, the work on the Cyclopædia is completed. In it the appendix is concluded. In this appendix we find several drugs referred to for the first time. Some of them present claims founded on several provings. Others have but little in the pathogenetic line to offer, though that little may serve as a nucleus for a longer story. Among these drugs we find *erechthites*, *eryngium*, *erigeron*, *ferrum phosphoricum album*, *grindelia*, *iberis*, *jatropha*, *mittchella*, *natrum nitrosum*, *natrum phosphoricum*, *nuphar*, *onosmodium*, *paraffinum*, *piper methysticum*, *piturinum*, *polygonum*, *ratania*, *spt. nitri dulcis*.

A Supplement is included, in which we find, among many additions to provings found elsewhere in the Cyclopædia, the pathogenetic record, a short one, of *calendula*. That this frequently used drug has not had a more thorough proving may excite surprise, and stimulate the earnest workers in the profession to give it more experimental attention.

The Preface, the Index to Vol IV., and the General Index conclude the work. The General Index includes over 400 drug preparations. To the general and special excellence and worth of the Cyclopædia it has several times been our privilege to testify, and of the work as now completed we can speak only in terms of fervent praise.

THE GREATER DISEASES OF THE LIVER AND THEIR TREATMENT.

By J. Compton Burnett, M.D. Philadelphia: Hahnemann Publishing House. 186 pp.

Dr. Burnett's breezy, colloquial, optimistic, convincing style is always such a pleasure to chance upon that one may greatly enjoy one of his little books without committing one's self to agreement with all that it contains, by any means. The

prompt cure of gall-stone colic, and of cancer of the liver, for instance, by homœopathic medication, is a hope too seldom justified of experience to waken to very active life, even at Dr. Burnett's brightly-told tales of cures achieved; yet it is inspiring to read the tales, and he must be prejudiced indeed who is not moved to at least tentative action on the hints they give. Dr. Burnett's manuals, as we have before taken occasion to point out, would be of distinctly more value if he would, in every instance, offer a systematized statement, however brief, of the symptoms his pathogenetic knowledge teaches him are produced, and his clinical knowledge teaches him are relieved by the remedies whose praise he sings. A certain solidity would thus be given to his books which they now much lack; and the cases which he relates so convincingly and clearly would take on a more definite and scientific value.

A DICTIONARY OF TREATMENT; OR THERAPEUTIC INDEX: INCLUDING MEDICAL AND SURGICAL THERAPEUTICS. By William Whitla, M.D. Philadelphia: Lea Bros. & Co. 1892. 921 pp.

Dr. Whitla gives concisely, yet with admirable clearness, in this substantial volume, the summarized treatment, from an "old-school" standpoint, of nearly every ill to which flesh is heir. The book is alphabetically arranged, so that the practitioner can come, without a moment's loss of time, at the section giving information on the special trouble which may, at the moment, be baffling him. The value of such a volume to the student of allopathic methods commends itself at a glance. We must in justice add that the homœopathic practitioner may secure from Dr. Whitla, with an expedition very grateful to the overworked physician, an amount of very practical and useful information; since in all diseases treated of, the diet, from the latest and most advanced standpoint, is very fully dealt with, and adjuvant measures, commending themselves to the enlightened and practical physicians of all schools, are freely suggested. Dr. Whitla's therapeutic attitude is conservative and candid; while in some instances leeching, Dover's powders, "blue mass" and the like are recommended; in others the terse and honest statement is made at the outset, that in this disease drugs are of but little demonstrable value, and hygiene, diet and scientific nursing, — detailed suggestions of which follow, — must be relied upon to carry the patient through. It is interesting to note Dr. Whitla's repeated warnings to students against over-dosing, and his very frequent remarks that once popular doses of a given drug having been found dangerous are now abandoned in favor of much smaller ones. Such signs are pleasant, as indicating a *rapproche-*

*ment* in principle, if not in amity, between the warring schools of medicine. The book as a whole, its therapeutic standpoint apart, is sound, practical, and rich in every day usefulness. It is issued in handsome and convenient shape.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. Witthaus, A.M., M.D. Third Edition. New York: Wm. Wood & Co. 528 pp.

Dr. Witthaus' work has attained its present deserved popularity through meriting its title of the Medical Student's Manual of Chemistry. It deals with chemistry from the point of view of medical men, graduate and undergraduate, and excludes much matter, ordinarily included in text-books of its sort, which is not immediately germane to medical work and interests. Though detailed, it is therefore practical. It is issued in handsome and substantial form, and copiously illustrated.

FIRST LINES IN MIDWIFERY. By G. Ernest Herman, M.D., F.R.C.P. Philadelphia: Lea Bros. & Co. 191 pp.

The object of this compact little manual is to give information on the progress of normal labor, in such wise that the student or midwife in attendance on a first case may feel as little as possible of the awkwardness attendant upon that situation. Its text is direct and clear, its illustrations very numerous and definite; and those making their first start in the study of midwifery, and those,—still more numerous,—who may wish, from time to time, to refresh the memory on elemental facts, will find the little book a welcome and useful counsellor.

A GUIDE TO THE CLINICAL EXAMINATION OF THE URINE. By F. H. Whipple, A.B. Boston: Damrell & Upham. 206 pp.

The author modestly disclaims originality in the teachings of this small manual, stating that his only aim has been to bring standard information into terse and easily accessible form. This he has excellently succeeded in doing. A feature of special value for quick consultation is the tabular arrangement of the characteristics of the urine in different diseases, thus affording the analyst substantial aid in rapid diagnosis. The book is in exceedingly compact form, and indexed with admirable fitness.

POCKET MANUAL OF CHOLERA. By D. N. Banerjee.

This highly practical and useful little book, intended primarily for use in India, is published in English and Bengali. It sketches briefly the various epidemics of cholera with which India has been visited; touches but lightly the pathology of the

disease, and devotes itself chiefly to directions for diet, sanitation, and therapeutic treatment under the homœopathic rule. As the work of one familiar with cholera in its native habitat, so to speak, and in its most malignant forms, the little manual has distinct practical value.

ESSENTIALS OF MEDICAL PHYSICS. By Fred. J. Brockaway, M.D. ESSENTIALS OF MEDICAL ELECTRICITY. By D. D. Stewart, M.D., and E. S. Lawrence, M.D. ESSENTIALS OF NERVOUS DISEASES AND INSANITY. By John C. Shaw, M.D. Philadelphia: W. B. Saunders. 1892.

The practical value of these little manuals of "Essentials" is now well established in public knowledge. The present volumes, as their titles show, deal with subjects of importance and interest to student and practitioner. All are fully and suggestively illustrated. The authors are authorities each in his chosen field. Dr. Shaw cleverly defines his manual on Nervous Diseases as "a primer for advanced students." The volume in question has a Bibliography of the subject treated, which is exceedingly useful.

WITH THE POUSSE CAFÉ. By Wm. Tod Helmuth, M.D. Philadelphia: Boericke & Tafel. 1892. 141 pp.

This dainty volume, published in *édition de lux*, brings together in permanent form many pleasant bits of Dr. Helmuth's post-prandial verse. The author's felicitous touch in such light rhyme is well known to the profession; and the reader will have no need, as Dr. Helmuth with dry humor suggests, to get himself into a post-prandial state of mind, — or body, — in order to appreciate the kindly wit and the smooth and sparkling flow of these agreeable verses. There is good sense in them as well as good rhythm, and good humor in every possible sense of the phrase. More than once we chance on a truly Gilbertian bit of jingle, as,—

"Through central convolutions we can bore;  
Can extirpate whatever is inside us,  
And complacently can live on as before."

THE PRESCRIBERS' PHARMACOPŒIA. Bombay: Kemp & Co. 1892.

This little manual is interesting as giving account of many drugs comparatively little known to the English-speaking world, though in much repute with practitioners in India. These drugs are briefly described according to species, preparation, etc., and their so-called "physiological" action in given doses

suscinctly presented. There are included, also, most of the familiar and standard drugs, dealt with in like manner. Homœopaths curious to discover and introduce to the profession some new thing, may find in this volume hints to guide them in their search.

COMPLETE MEDICAL POCKET FORMULARY. By J. C. Wilson, A.M., M.D. Philadelphia: J. B. Lippincott Co.

The title of this book tells its story. It is a volume adapted for pocket use, giving in pages so arranged with a "thumb index" that not a moment need be lost in searching them out, some 2,500 prescriptions, given from the "old-school" standpoint, for a vast variety of diseased conditions. The dose, and the authority recommending the prescription given, are in all cases appended.

THE MARCH CENTURY is particularly interesting to the many thousands who have constituted the audiences of the famous Polish pianist, Paderewski, in different parts of the United States. These papers on Paderewski are parts of the musical series which THE CENTURY is publishing this year. The frontispiece is an engraving of Paderewski from a photograph, and in addition a drawing by Irving R. Wiles is given, showing the great virtuoso at the piano. Accompanying these pictures are "A Critical Study," by the distinguished American pianist and composer, William Mason; "A Biographical Sketch," by Miss Fanny Morris Smith, and a poem, by R. W. Gilder, entitled "How Paderewski Plays." The biographical sketch, brief as it is, contains, we understand, the fullest particulars ever yet given of the life of its famous subject. New York: The Century Co.

THE POPULAR SCIENCE MONTHLY for March has a very noteworthy article on "Domestic Animals in India," by Mr. John Kipling, worthy father of a famous son. Dr. Robinson writes interestingly of "Darwinisms in the Nursery"; Hon. Carroll Wright of "Social Statistics in Cities"; the editor discourses on the recent earthquake in Japan, and other timely topics.

LIPPINCOTT'S MAGAZINE for March has one of Chas. King's breezy and virile army stories,—*"A Soldier's Secret,"*—as its complete novel. It has two interesting papers on dramatic subjects, by Edward Fuller and James Ford. There is a short story by Miss M. G. McClelland, and a brief sketch by Lillian A. North. The poetry of the number is by Anne Reeve Aldrich, S. Decatur Smith, Jr., Prof. Clinton Scollard, Ruth Johnston, and Nora C. Franklin.

## MISCELLANY.

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PROF. HARE says that for fainting, as a rapidly acting stimulant, give alcohol, hot and concentrated. The hot alcohol acts much more quickly than cold, because the cold alcohol, before it could be absorbed, must be heated up to the temperature of the body.—*College and Clinical Record.*

Pa.: "Have you seen with the microscope all the little animals that are in the water?" Tommy: "Yes, papa, I saw them. Are they in the water we drink?" "Certainly, my child." "Now I know what makes the singing in the teakettle when the water begins to boil."—*Mass. Med. Journal.*

BED-SORES.—Dr. Keen says that an excellent treatment for bed-sores is the alternate application of cold and hot poultices. Apply a cold flaxseed poultice in which have been placed small pieces of cracked ice; let it remain for ten minutes, and then apply a hot flaxseed poultice. After two hours apply another cold poultice, and then another hot one.—*College and Clinical Record.*

THE FASTING CRANK.—Signor Succi has come to the conclusion that his professional reputation is at stake through the recent starving achievement of Monsieur Jacques, as he is now trying to beat the record by a fast of fifty-two days at the London Aquarium. It is a strange comment on this latter-day civilization that men should be able to make a living by starving themselves before an admiring public.—*Med. Record.*

DR. HUGUIN, of Tourteron, affirms (*Union Med. du Nord-Est*, May, 1891,) that photophobia with dilatation of the pupil is a useful diagnostic symptom of whooping cough in the early stage, before the cough has become characteristic. He cites three cases in support of this opinion. Two of the patients were children and one an adult, and in all of them the symptoms referred to preceded any other manifestations of the disease.—*The Med. and Surg. Reporter.*

SEPTIC POISONING FROM A SPONGE.—Dr. E. Cheney writes in the *New England Medical Monthly* of a case of septicæmia caused by the introduction of a sponge into the vagina to prevent conception. The woman had become pregnant, but did not suspect it and introduced the sponge at her husband's suggestion. Abortion occurred at the end of the third month, septic fever having begun three days. Death occurred three weeks later. No autopsy was made.

Germ in the air,  
Germ in the sea,  
Germ wherever one may be,  
Germ and to spare,  
Growing in me,  
German germ from Germany.

Whate'er we say  
Or write or think,  
Germ will wriggle in the ink.  
On tongues they'll play,  
And "culture" drink  
From each minute cerebral chink.

—*Boston Med. and Surg. Journal.*

## PERSONAL AND NEWS ITEMS.

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DR. E. B. WHITAKER has removed from Hinesborough, Vermont, to Richmond, Vermont.

THE Missouri Institute of Homœopathy will hold its next meeting at St. Louis, April 12, 13 and 14.

H. P. BELLows, M.D., has removed to the corner of Boylston and Berkeley Streets (Woodbury Building), Boston. Office hours, 2 to 4 P. M.

DR. H. W. HOYT, B. U. S. M., class of '91, has received an appointment on the dispensary staff of the Homœopathic Hospital at Rochester, N. Y.

UP TO mid-January nineteen persons applied for licenses to practice medicine in the State of New York, of whom two-thirds were graduates of foreign universities. Eight persons tried the examination of the board, of whom seven passed.

A PHYSICIAN in a town of 7,500 inhabitants, with an unusually good cash-paying practice, writes to dispose of the same, for good reasons, which will be given. For further information inquire of "S. 2," care of Otis Clapp & Son, 10 Park Square, Boston.

THE Cleveland Medical College congratulates itself upon having secured the services of Prof. James C. Wood, M.D., of Ann Arbor, in his specialty of Gynecology. Prof. Wood has just concluded a series of interesting lectures, and at their conclusion was given a reception by the college people, professors and trustees.

THE Massachusetts Homœopathic Hospital is much to be congratulated on securing, as its superintendent, Dr. Thos. M. Strong. Dr. Strong is well known to the profession from his long association with Ward's-Island Hospital; and his wide clinical experience and marked executive ability assure the Hospital of increased usefulness and influence under his able administration.

A COMPETITIVE examination will be held at the Children's Homœopathic Hospital of Philadelphia, for resident and associate resident physicians in the early part of April, 1892. The experience obtained in the institution and its out-patient department, of which the residents have charge, is particularly valuable to a graduate. Applicants will please address Dr. Bushrod W. James, president of the hospital, or Dr. Joseph M. Reeves, president of the medical board, 926 North Broad Street, Philadelphia, Pa.

GEORGE A. SUFFA, M.D., has secured an office in the Woodbury Building, 229 Berkeley, cor. Boylston St. Office hours, 12 to 4 P.M.

Dr. Suffa will devote himself exclusively to ophthalmology. He is a graduate of the Homœopathic Medical Department of the State University of Iowa, Hahnemann Medical College of Philadelphia, and, after considerable experience in hospital and general practice, took the degree O. et A. Chir. of the College of the New York Ophthalmic Hospital, where has had a large clinical experience during the past year.

W. B. SAUNDERS, the well-known publisher of Philadelphia, announces the appearance in the near future of two text-books of interest and value. These are: I, "An American Text-Book of Surgery," by Profs. Keen, White, Burnett, Conner, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thomson and Warren, a royal octavo volume of about 1200 pages, profusely illustrated with wood cuts in text and chromo-lithographic plates, many of them engraved from original photographs and drawings furnished by the authors; and, II, "An American Text Book of the Theory and Practice of Medicine," according to American teachers, edited by William Pepper, M.D., LL.D., in two handsome royal octavo volumes of about 1000 pages each, with illustrations.

AT THE forty-first annual meeting of the Homœopathic Medical Society of the State of New York, held in Albany February 9th and 10th, the following officers were elected:

President—W. M. L. Fiske, of Brooklyn.

Vice-Presidents—L. A. Bull, of Buffalo; E. J. Bissell, of Rochester; J. W. Candee, of Syracuse.

Secretary—John L. Moffat, 17 Schermerhorn St., Brooklyn.

Treasurer—Charles Deady, 59 W. 49th Street, New York.

Necrologist—H. D. Schenck, of Brooklyn.

Censors—E. Hasbrouck, M. O. Terry, C. E. Jones, W. E. Milbank, George E. Gorham, F. F. Laird, J. W. Candee, N. M. Collins, E. H. Porter, John S. Halbert, George M. Haywood, Irving Townsend.

The forty-first semi-annual meeting will be held in Albany, October 4th and 5th.



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EDITORIAL.

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*A NEW EXPLANATION OF HOMŒOPATHY.*

Any attempt to "co-relate the experiences of homœopathy with the facts of science" should not only attract the attention of homœopathists, but should be enthusiastically welcomed by them as an attempt in the right direction. Such efforts have been made in the past, and more or less success has attended them. Such efforts will doubtless be made in the future, and possibly many of them, before the "apparent paradox involved in the homœopathic formula" is explained to the satisfaction of uncompromising science.

A noteworthy attempt in this direction has recently been made, and its author, Mr. W. Buist Picken, enthusiastically believes that he has accomplished what his predecessors have failed to do, viz., demonstrate that the practical truths of homœopathy can be formulated "according to even the autocratic requirements of imperial science." Moreover, this he believes to be "not only possible, but easy." His views have been expressed in an essay which appeared in *The Homœopathic World* for November and December, 1891, and has since been reprinted as a brochure.\*

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\* *The Science of Homœopathy*, by W. Buist Picken, with an Introduction by John H. Clarke, M.D. London: The Homœopathic Pub. Co., 12 Warwick Lane, Paternoster Row, E. C. Price sixpence.

It is a fascinatingly interesting essay, and one that will repay thoughtful study. It takes one away from the ordinary routine of confused and illogical argument, based on theory, into the wide realm of nature, and presents to the mind concrete examples of nature's forces acting along their own lines with absolute precision, and producing easily demonstrable results. It is impossible, and unnecessary here, to quote at length from the essay. The first few pages are devoted to quotations from eminent writers to show the "disunity of thought on the essential nature of homœopathy," and to emphasize the idea that the rule *similia similibus curantur* is for the selection of the remedy only, the curative action being, in reality, an antagonism; in short, that homœopathy is wrong in theory but right in practice, while allopathy is right in theory but wrong in practice. Continuing, one reads :

"Let us now cross, in clear intellectual daylight, the curious bridge which joins the two great schools of medicine. On one side is emblazoned the motto, *Similia similibus curantur*; on the other, *Contraria contrariis curantur*. On the one side the foundations have been laid, securely enough, in the barren rock of mere theory; on the other side the foundations have been laid deep, if unscientifically, in the firm and secure ground of general experience. And, in the irony of Fate it so happens, the school which built proudly upon systematic empiricism has to build anew; while the school which has really reared a lasting empirical structure finds, upon examination of its theoretic grounds, that it built 'more wisely than it knew.'"

The key-note of the essayist's argument is "molecular and atomic motion." . . . "The origin of disease and cure is in molecular and atomic motion." . . . "The *matter* of the human body is the same as that of the world around us; and here we find the *forces* of the human body identical with those of inorganic nature." . . . "The force is as unchangeable as the matter."

Before demonstrating the universality of molecular motion, and its power, among other things, to satisfactorily explain many heretofore unexplained phenomena of health and disease, the following is cited from Prof. Tyndall's book on "Sound" :

“When the finger is wounded, the sensor nerves convey to the brain intelligence of the injury, and if these nerves be severed, however serious the hurt may be, no pain is experienced. We have the strongest reason for believing that what the nerves convey to the brain is in all cases *Motion*. The motion here meant is not, however, that of the nerve as a whole, but of its molecules, or smallest particles. Different nerves are appropriated to the transmission of different kinds of molecular motion. The nerves of taste, for example, are not competent to transmit the tremors of light, nor is the optic nerve competent to transmit sonorous vibrations. For these a special nerve is necessary.”

The mechanism of wave-motion is then explained, and the striking phenomenon of *interference* (by which water-wave meeting water-wave may produce still water, light-wave meeting light-wave may produce darkness, sound-wave added to sound-wave may produce silence, etc.) is referred to as a manifestation of “the same law which so operates in the relations existing between pathological and pathogenetic facts as to give rise to the familiar maxim, ‘like cures like.’” Experiments with tuning-forks, prisms, magnets, electricity, etc., are described, and the conclusion drawn that as with the molecular motions called light, heat and sound, so with the molecular motions called disease; co-equal waves (molecular motions of disease and of disease-producing agents) by interference may, under the correct orthodox coincidence, annul each other.

It can be well imagined that all this, stated confidently and graphically, and re-inforced with many, more or less relevant, illustrations drawn from scientific experiments, makes fascinating reading; and doubtless not a few homœopaths will lay the volume down with exultation that homœopathy is “explained” at last. But we fear that closer examination of the subject will dissipate this pleasing illusion. For, to our way of thinking, if Mr. Picken’s argument proves anything, it proves altogether too much. Its weak points — integrally and fatally weak — are:

I. It is an argument for isopathy, and not at all for homœopathy.

II. It assumes an hypothesis to be an established and demonstrable scientific certainty.

III. If its assumptions are just, then it logically demonstrates that the *simillimum* for no known disease has yet been found.

Our first proposition proves itself at sight. Mr. Picken's whole series of illustrative examples, on which his theory rests, have to do with force counteracted by *identical* force. The sound-wave is counteracted by a sound-wave; the light-wave by a light-wave; the mounting ocean billow by a mounting ocean billow. This is not treating similars with similars, but identities with identities. An argument, this, for isopathy, very probably; but for homœopathy it proves nothing whatever. Too many writers, even among homœopaths, have yet to learn the accurate translation of the motto of our school.

IV. Mr. Picken takes for granted that the homeopathic principle is an established law of science. This is as far as possible from being the case. There is no such thing in medical practice to-day as an infallible law of cure resting on such a basis of test and counter-test as is demanded to establish any accepted law in other branches of science. Homœopathy is a safe and excellent working hypothesis; the safest and most excellent known to the medical world to-day, we believe, or we should not be homœopaths. But before we can look upon our rule of practice as a law of nature, we must have explored vast fields through whose gates we have hardly passed; we must know, absolutely and demonstrably, what sick-making power drugs possess, and what part nature, independent of all drugs, always plays in the process of healing the sick from any given disease.

V. If Mr. Picken's theory holds, then we have yet to discover the *simillimum* for any diseased condition. The most striking feature of his examples of "interference" is their *instantaneous* action. The second that ocean-wave meets ocean-wave, under the assumed conditions of exact coincidence, there is calm. The second that light-wave so meets light-wave, there is darkness; or sound-wave meets sound-wave, there is silence.

Where in the realm of medicine is there action corresponding to this? Have even the maddest dogmatists in our ranks the daring to say that under any remedy on earth every case of—let us say—typhoid fever is aborted, normal health being instantly restored? Let us go to the other extreme, and ask, Is

there any known remedy under which typhoid fever will not run a certain course, mitigated — we hope, but have yet to conclusively prove — by homœopathic treatment ; but never once offering the miracle of instant restoration ? Until such a miracle can be proven in the case, out of countless hundreds, of one diseased condition and one remedy, Mr. Picken's theory looks in vain for analogies in the realm of medicine, to its "interferences," by which so much is to be explained.

Finally, as is the almost certain case with all those who attempt to "explain" homœopathy, Mr. Picken confuses homœopathy with the potentization of drugs. We have protested against this error, lo ! these many years ; every reasoner, with any pretensions to exactness, must protest against it, world without end. Homœopathy has no more to do with the question of infinitesimals than it has to do with the Westminster Catechism. To ignore this is to indefinitely delay the establishment and recognition of the homœopathic principle as an accepted fact of science.

It is good and helpful and interesting to speculate in all these directions ; but it is not good to confuse speculation with fact or with experiment, either in premise or imagined result.

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#### EDITORIAL NOTES AND COMMENTS.

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ADMIRABLE CANDOR. — And as exceptional as admirable — is shown by Dr. B. T. Watkins — may his tribe increase ! — house surgeon of the Natchez Charity Hospital, in a paper recently read before a local medical society, and published in the February issue of the *New Orleans Medical and Surgical Journal*. Dr. Watkins begins by admitting the inefficiency of old school treatment in croupous conditions, and urges upon his *confrères* experiments, in these conditions, with tincture of iodine. Continuing thus :

"The agent was brought to mind in this way. Time and time again had I heard patrons of the Homœopathic practice, in the course of ordinary conversation, say : 'I was waked last night by one of the children having the croup ; got up,

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and gave two or three doses of *Spongia*, and the child was relieved.' So often did I hear such statements, that conviction came, in spite of opposition, that *Spongia* must of a necessity be an agent in the treatment of croup, more valuable than any of which I had a knowledge. This being the case, the sooner I added it, or its more scientific equal, to my materia medica the better for my patients. *Spongia* is made by taking an ordinary sponge, cutting it into small pieces and roasting it to a rich brown, as we roast coffees. A certain amount of this is mixed with a proportionate amount of alcohol, and when filtered the *Spongia* is completed. Knowing that the essential ingredient of the sponge was iodine, and *Spongia* only a very mild tincture, with probably other impurities, the conclusion was reached that the compound tincture of iodine would be of equal value as regards efficiency, and at the same time prove more scientifically exact."

"Having on hand about this time a little case (a girl of 2½ years, who had been having these attacks of spasmodic croup for eighteen months, and at intervals of three or four weeks, and upon whom I had about exhausted all the measures I could derive from text-books on the subject), it occurred to me to try the iodine; so a small bottle of the compound tincture, it being mixable with water, was secured, and her next paroxysm rather impatiently waited for. It arrived at 1 o'clock A. M., and the remedy was commenced, giving one-fifth drop dose in water every fifteen minutes. In an hour almost all evidences of the trouble had disappeared, and the same dose was directed to be given at two-hour intervals. When morning came there was not an evidence of croup. In all her other paroxysms some evidences had remained for forty-eight or more hours."

"The same dose of the medicine was continued at four-hour intervals, through the day only, for four days. There was not a sign of an attack for thirteen months. When another paroxysm put in an appearance it was treated in the same way, and eighteen months have since gone by and still no croup."

"This treatment has, since that time, been tried and verified in various instances. It possesses untold advantages over the

old method, and will be found worthy of extended and impartial trial."

It is, perhaps, too much to hope, this side of the millenium, that Dr. Watkins, or any of his fellow-practitioners, would give "extended and impartial" trial to any drug employed in a given condition by homœopathists without first "rationalizing" the process to a greater or less extent. But to admit that homœopathy has in any sense acted as a lamp to his feet and a light to his path is a magnificently daring bit of candor on the part of one of our friends, the enemy. We hail it with hearty approval and good will.

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A VERY ODD REPORT WAS MADE at the last session of a certain widely-known society, not unconnected with homœopathy, by its corresponding secretary. The report concerned itself with the state of homœopathy in Germany and Italy, where the above-mentioned secretary interviewed six homœopathic physicians, ignoring all the rest, for the frankly-avowed reason that they did not use high potencies. Those who did use high potencies were subsequently awarded a copy of the Transactions of the society in question, while those who were "low" were not accorded this final mark of distinction. Dr. Lorbacher, in Leipsic, one of the favored few who are quoted in this odd report as standing for German homœopathy, exhibited the new hospital to the corresponding secretary, who severely berated the young assistant for the crime, which he did not commit, of making an injection of Koch's lymph in the case of a patient, and "I think," continues the reporter, "that they were all terrifically ashamed of it;" in other words, Germany trembled when the American eagle screamed. Not finding Dr. Koch (?) in Munich, the traveller was equally unfortunate in finding Dr. Pompili at Verona absent; and more than that, "he could find nobody in Italy who knew anything about homœopathy." Wending his way to Frankfort, he saw Dr. Simrock, who received him with the words, "Oho, you are one of those fellows, are you? You must go to see Dr. Saegert." The latter qualifying as "high" received his reward in a copy of the Transactions; but Dr. Simrock had to get along without one as

best he could. In Cologne the secretary's sojourn was brief, and though homœopathy is well represented there, the representatives were not visited, because the secretary found nothing worthy of his notice, while in Bremen he found a Dr. Antze, who met with unqualified approval, being "high" and often called in consultation to Berlin, where, we are informed, infinitely to our amazement, "there is no homœopath worthy of the name."

In conclusion, the secretary expresses the opinion that the only place where "anything like genuine homœopathy" could be learned would be at Budapest, where Dr. Bakody is professor. It is a pity, remarks a recent reviewer of this odd report, Dr. Sulzer, that the secretary did not visit Prof. Bakody, by whom he might have been received, as he was by Dr. Simrock, the ostracised.

The discourteous denunciations by the secretary of the army of noble workers for homœopathy, who do not share his especial fad, are mildly rebuked by Dr. Sulzer, when he says that such a combination of ignorance and arrogance rarely if ever has come to his knowledge; a comment which gives much weight, when it is considered that in Berlin alone homœopathy is represented by a large and influential number of physicians whom the secretary in his desultory report loftily chooses to ignore.

Had we an opportunity we would urge upon Italy and Germany that most of us, like themselves, are doomed to ignominy by this strange and only person who "knows anything about homœopathy." For further particulars see the *Zeitschrift der Berliner Vereines Homœop. Ärzte* (Berlin Society of Homœop. Physicians), February number, 1892. Meanwhile consider, brethren, what credit is reflected on homœopathy, at home and abroad, by such a report as this, published in a homœopathic periodical. Yet the attitude of the maker of this odd report, and of the immortal six whom he has dignified with his approval by a copy of "Transactions," is not a new one. There were once Three Tailors of Tooley street who began their petition with "We the People of England."



THE FORTHCOMING INSTITUTE SESSION is one which, for especial reasons, it is incumbent upon every member of our National Association to make the most strenuous efforts to attend. Recognition by our national government as entitled to equal rights in every service and privilege in the nation's gift, is something that homœopathy should and must obtain, and never, hitherto, in any substantial measure has attained. We have often alluded to the injustice of a great and free republic, which has never been under the thralldom of a state religion, maintaining what is practically a state medicine ; in other words, supporting a single school of practice in arrogating to itself all the honors and privileges of national service. An immense step can be taken toward righting this wrong, by the assembling at our national Capital next June of a great and representative throng of the practitioners and friends of homœopathy. It is not alone children of the kindergarten age who are susceptible to teaching by object lesson. No printed argument, no petition, however numerously signed, could carry such weight with our lawgivers as the presence in their midst of a great gathering of earnest, soundly educated men and women, engaged in fruitful discussion of the scientific problems of medicine. To have pointed out to them, in such an assemblage, the gross injustice of denying to its members, solely on the ground of their therapeutic opinions, the right to serve the government in the army, the navy, and other posts of honor and responsibility, could not but arouse thought, and give impulse to just action. Therefore, as has been already said, the larger and more influential the gathering the better the interests of homœopathy will be served.

The charms of Washington, as a place of even brief sojourn, need no trite dwelling upon. They form weighty argument for the more selfish side of the appeal for a large attendance at the forthcoming Institute session.

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A German chemist and physician has recently demonstrated that there is an increase of nitrogen in the perspiration during excessive muscular work over and above that normally excreted. Another experimenter has shown that the output of nitrogen and urea are closely parallel. The increase of both is most marked during working hours, and it takes some time to subside afterwards.—*Phar. Era.*

## COMMUNICATIONS.

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*SOME SYMPTOMS PERTAINING TO THE SKIN, GLEANED FROM  
THE CYCLOPÆDIA OF DRUG PATHOGENESY; WITH  
OCCASIONAL REMARKS THEREON.*

BY JOHN L. COFFIN, M. D., BOSTON, MASS.

## AGARICUS.

*Prover No. 3. Inhalation of 6 dil. for 5 minutes.* — When walking in the open air, in cool summer weather, he felt burning and itching on ears and cheeks, also on both hands, as though they had been frozen and been affected by the winter's cold. (He had had these parts frozen in infancy.) On rubbing felt heat and swelling of those parts, and they got very red. This symptom continued to trouble him for four months. It lasted longest in the hands, which, in cold autumn days, after long rubbing on account of the itching and burning, swelled to such an extent that the joints could not be distinguished.

*Prover No. 4. 10 gtt. ℥.* — Feeling of exhaustion in the legs, drawing and formication beneath skin on front of legs, and on internal side of sole.

*Gtt. 60 ℥.* — Itching, creeping in skin of sole.

*Prover No. 5 a. 300 gtt. 2 x* — Burning and itching on sternum, whereon were some pustules the size of millet-seeds, with red areola.

*Gtt. 50 ℥.* — In both eyes itching and burning.

*Prover No. 6. 200 gtt. 2 x.* — On lying down at night, violent itching between l. index and thumb, also in right side of nape, and pustules the size of poppy-seeds appear on both places. Intolerable itching in external genitals, lasting till next day.

*Prover No. 7. 10 gtt. ℥.* — Some vesicles on hard palate, with sore pain in them.

*Prover No. 11. 40 gtt. 4 x.* — An itching, smarting and burning, causing him to scratch now and again, in the skin, with transient stitches, as from fine splinters, in point of left elbow. Tickling itching in left ear-lobe and external meatus, going off by boring with finger. Stitches in skin of right calf and right side of neck.

*Prover No. 11. 15 gtt. 1 x.* — Eroding itching, inviting scratching, in the hairy scalp of the forehead and in several parts of the skin; at the same time a smarting sensation in the Schneiderian membrane, with frequent violent sneezing; muscular twitching in left inguinal region.

*Prover No. 11. 20 gtts. 1 x.* — After one half hour muscular jerks in left forehead, lips, left scapula, left iliac region, right knee, with itching like electric pricks on hairy scalp and nose, and then on the skin.

*Prover No. 11 b. 10 gtts. φ.* — Evening, before going to bed, erosive itching in hairy parts of the occiput, causing him to scratch, with frequent involuntary jerking of the muscles of the lower jaw.

*Prover No. 11 b. 12 gtts. φ.* — Forenoon, transient pressure, pain in left forehead, with eroding smarting now and again in the skin.

*Prover No. 14. 50 gtts. φ.* — Chin studded with white, closely-set vesicles, the size of a millet-seed, which go off the next day while shaving.

*Prover No. 14. 300 gtts. φ.* — The skin again studded with small vesicles, which only went off after several days. Similar vesicles appeared on right corner of mouth and lasted four days. One large and several small vesicles scattered over the forehead. A month and a half after the above dose there appeared here and there on the forehead small vesicles, and there was occasional tearing in the fingers.

*Prover No. 16 c. 35 gtts. φ.* — An itching place on the hairy scalp that had troubled for months, and a patch of psoriasis on the hairy boundary on the forehead, disappeared during the proving, but a nasal catarrh that had affected him every morning was unaltered.

*Prover No. 16 d. Agar. and sacch. lac. equal parts.* — Much itching here and there on the hairy scalp; itching pricking above left eyebrow and left ear, on the head, and various other parts.

*Prover No. 21 b. 10 gtts. 1 x.* — Third day after: Itching in navel and inner side of the thigh at night; next morning furred tongue, flat taste, anorexia, occasional pressive pain in the hepatic region, itching on various parts of the body, frequently changing its place and making him scratch. On the sixth night more intense and long-continued itching in navel, perinæum and inner surface of the thigh.

*Prover No. 21 b. 60 gtts. 1 x.* — Itching and burning at the rectum as in tenesmus; dryness and burning pimples on upper and lower lip, which, in the course of the day, change into vesicles, filled with yellow serum. On hypogastrium, navel, perinæum and inner side of thigh an eruption appeared, consisting of whitish papules, which itch continually, compelling him to scratch, whereby the burning and itching are only increased. The papules seated at the roots of the hair bleed readily when scratched, and leave behind reddish pimples. The itching began with feeling of creeping under the skin, which described

small circular lines, and was occasionally combined with pricks as from needles, and burning. During the day he felt on both iliac regions and on left arm transient itching.

70 *gtts.* *ix.*—Took this dose at 11 P. M., this being direct continuation of above. Slept uneasily on account of the excessive itching, compelling him to scratch not only in the former places, but also alternately on the arms and hairy scalp, which declined towards morning, but only ceased at intervals. Next day: Lips much swollen, in consequence of the vesicles, which have become ulcers. The eruption spreads further in the abdominal and femoral regions. By day, great itching in left thigh and on anterior surface of right knee when walking, also in the sacral region. This lasts all day, coming alternately on various parts of the body, and frequently changing its seat. At 11 P. M. 100 drops. The itching and burning great at night, disturbing sleep; it also occurred during the day on different parts. Next day: Same symptoms, scratching all night till the blood came. Next day: Itching somewhat abated (took 150 drops); very restless night, frequent waking on account of itching, especially about the navel, perinæum and hairy scalp. Itching not quite so bad by day. Another very restless night, with frequent waking on account of the burning itching, which was almost incessant, on the parts mentioned and on others. During the day burning pain was felt on the parts which had itched all night, especially on the inner part of the thigh when walking. During the day there was frequent transient itching on the face, nose, ears and hairy scalp, with great feeling of exhaustion. The itching and burning lasted during a journey that occupied him till December 1st (this began November 22), as did also the readily bleeding eruption on navel, perinæum and thighs. The night of December 2nd, which was passed in bed, was nearly sleepless, owing to the burning itching, especially on the belly, thighs and feet. December 4th. Itching and burning, especially on inner part of the thighs and about navel, continued. It generally began in the evening and increased in intensity till midnight. The eruption was seated at the roots of the hairs, each papule being pierced by a hair, and when it had continued for a considerable time two to ten proliferations of the epidermis, about the size of pins heads, were observed surrounding the hair like a rosary, and were with difficulty detached from it. Constant dryness of the upper lip with tendency to chap, and vesicular eruption on it. December 5th and 6th: The itching and burning continued to such a dryness that he tried various remedies to get rid of it. No eruption after December 16th, but the nocturnal itching lasted till the middle

of January, especially on the lower extremities, causing scratching till the blood came.

*Prover No. 21 c.*—January 22nd took 10 drops  $\phi$ ; 23rd, 20 drops; 24th, at 9 P. M., 30 drops. Woke every hour, and had difficulty in falling asleep, owing to tiresome smarting itching, especially about the navel, and perinæum; sometimes also on the inner side of the left thigh and foot. 25th: During the day frequent itching alternately on neck, extremities and belly, without eruption (9 P. M. took 40 drops). 27th: Frequent itching, causing scratching about the navel. 28th: Itching about the navel, causing scratching, with eruption of papules with red areola. 29th., 11 P. M., took 80 drops. Later, violent itching in abdomen and legs, making him scratch, with a scattered eruption of readily-bleeding papules. 30th, 11 P. M., 100 drops. Same symptoms as above repeated. This itching at night, without eruption, lasted another week, then went off gradually.

Three general groups of dermatic symptoms may be noticed in these provings. 1st. A condition of itching, followed by considerable immediate swelling which is transient. 2nd. A great amount of itching especially localized about navel, perinæum and inner surface of thighs. And, last, a condition of intense itching followed by fine vesiculation, and in some cases pustulation; and in case 21 these were pierced by a hair when occurring on face. The itching in all cases is not relieved by scratching, but increased and followed by burning. Urticaria, pernio, pruitus of genitals, sycosis, and some forms of eczema are suggested by this remedy. In experiments with Muscarinium ( $\frac{1}{3}$  grain hypodermically) eleven out of thirteen cases had profuse general perspiration. This fact warrants a trial of muscarin in hyperidrosis idiopathica.

#### AILANTHUS.

*Poisoning No. 1. Slight amount of juice from bark.*—Dose taken in evening. Symptoms began next morning. During unconsciousness was covered with a miliary rash of dark, almost livid, color, on a dull, dingy, opaque ground; more profuse on forehead and face than elsewhere. Pulse was now small and so rapid as to be hardly counted. Surface cold and dry; livid color of skin when pressed out by the finger returned very slowly. As the patient recovered the color grew brighter red. Patient had chills, and every chill was preceded by a miliary eruption like the above, most fully developed on forehead and face. Every year following this case of poisoning the patient had during the blossoming time of the ailanthus, a similar miliary eruption accompanied with more or less illness.

*Poisoning No. 9.* — Reveil states that gardeners are obliged to protect their face and hands when trimming the tree, else they suffer from vesicular or even pustular eruption. He also affirms that the resinous substance extracted from the bark by ether produces vesication when applied to the skin. Giraud applied to the skin compresses saturated with infusion of the bark, and found they produced a large number of small elevations circumscribed, surrounded by a very small inflamed areola, and filled with a turbid liquid looking like pus. Dr. Lindsley observed a case in which a young lady, sleeping on a lounge by an open window, in front of which was an alianthus in full bloom, had upon her skin wherever uncovered a vesicular eruption resembling rhus tox. He applied the juice of a freshly-broken twig to her arm, and it produced a copious eruption upon a surface much larger than the part touched.

The symptoms in the above case of poisoning are suggestive of its use in purpura simplex, dependent on lowered vitality and weak heart action. Its local effect suggests ecthyma and rhus poisoning.

AMMONIA.

*Prover No. 5 a.* 5 grs. — Two days afterwards itching in all the limbs.

*Ten grs.* — Three days afterwards there appeared on the right thigh a boil the size of a child's fist, very painful, and not relieved by poulticing. On next day, on incision, much pus and blood were discharged. Next day a pimple on left cheek, near ear, not sore unless pressed upon; itching on the back, arms and shins.

*Prover No. 8.* 10 grs., 4 doses. — Itching on outer surface of both thighs, on corresponding spots; began in the night and lasted till next afternoon. These symptoms after two days.

*Prover No. 10 a.* 5 grs. — Same day in evening, on left natis a painful boil; great lassitude and sensitiveness to open air. After six days a pustule appeared on the right commissure of the mouth, with much burning pain. Before this several had appeared on left cheek and on thighs.

*Prover No. 10 b.* 5 grs. — Burning on some chaps on the fingers, where, next morning, some unusual collection of pus appears beneath the skin. Next day five grains more; an increased number of pimples on the face—itching pimples on podex. Five grains again on next day; much itching on hands and rest of body. After one day a yellow, painful vesicle on mucous membrane between lip and lower canine. Some days after many itching pimples on thighs and hands.

*Prover No. 11.* — Two days after several doses of five grains

each ; had itching, or rather burning, in left sole and calf, especially in former, where it was most persistent. Next day itching on glans penis, which lasted eight days.

*Prover No. 13.* 10 grs. — After six days, itching on arms and still more on feet.

*Poisoning No. 2.*  $\zeta$ iii liq. ammonia. — After eight days, on both forearms, smooth red patches, not very sensitive to touch. Next day the red patches, much increased in size, extend all over forearm, back and front, and were up to the inside of upper arm. Next day redness of arm extended up inside of the arm ; doughy feeling of subcutaneous tissue. The pain of the red eruption is so great he cannot move his arms the least bit. Patches are pale red with yellowish border. Post-mortem showed cellular tissue beneath these red spots infiltrated with serum.

Useful in conditions with a suppurative tendency, and the above case of poisoning is similar to erysipelas.

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#### A CASE OF TYPHOID FEVER.

BY GEO. R. SOUTHWICK, M.D., BOSTON.

M. C — ; aged 18. August 14. Has been sick in bed six days before entrance. Epistaxis at several intervals. Nausea and vomiting. Face flushed. Dullish. Pulse 110. Temperature 103. Abdomen slightly distended and sensitive ; a few rose spots. Thirst ; mouth dry ; tongue coated ; sordes on teeth. Ars. 3x every two hours ; baptis. morning and evening ; milk  $\zeta$ v every two hours.

August 15. Had a number of profuse intestinal hemorrhages, vomiting a quart of blood in all. Pulse dicrotic. Tongue catches on teeth. Nit. acid 3x alternately with ham. every three-quarters hour.

August 16. In the morning very profuse epistaxis, losing a large quantity of blood. Ice was applied to nose and back of neck. At 1 in the afternoon had three large dejections of bright red blood, vomiting of dark red, thick fluid, apparently coagulated blood. Gave ipecac every half hour for three hours ; then gave nitric acid with ham. every three-quarters hour.

August 17. Patient had a restless night. Several loose dejections with some blood. Has lost fully three pints of blood in the last twenty-four hours. Slight bleeding from the right ear. Small extravasations of blood under the skin. Patient dozed ; constantly turning in bed. Abdomen more distended. Ham. alternately with crotalus every three-quarters hour.

August 18. Patient still very dull and dazed. Tympanites

very much increased. Diarrhoea somewhat better. Temp. at night  $103^{\circ}$ . Restlessness still continues. Same remedies.

August 19. Patient had a better night; not as restless. Diarrhoea better. One normal dejection; other symptoms much the same. Slight twitching of muscles in the afternoon.

August 20. Patient has had more twitching of the muscles during the night; has increased this morning. Tympanites very great. Abdomen very tense. Crotalus alternating with gelsem. every three-quarters hour.

August 21. Had diarrhoea during the night; dejections involuntary. Tympanites remain about the same. Patient very dull. Has twitching of the muscles. Same remedies continued.

August 22. Patient had a comfortable night. Diarrhoea better; dej. normal. Other symptoms the same. Same remedies continued.

August 23. Patient seems a little better. Continue treatment.

August 24. Patient has a very dry tongue, coated with a brown coat. Twitching of the muscles has nearly disappeared. Tympanites somewhat less. Continue treatment.

August 25. Tongue very much coated; sordes on teeth has increased. Temp. and pulse have gone down. Rhus tox alternated with gelsem. every three-quarters hour.

August 26. Patient is doing well. Continue treatment.

August 28. Patient doing well; seems to be on the road to recovery.

August 29. Temp. normal. Same treatment continued.

September 1. Patient doing well in every way. Temp. down to normal in the evening; slightly lower in the morning. Has been given brandy for a few days in 3 doses—not more than  $\zeta$ ii in all. China every three hours.

September 10. Patient doing well. Bowels constipated for ten days. Enema of glycerine. Has been having since September 2 camphor gtt. ter in die. Diet has been increased gradually till he has milk  $\zeta$ x every two hours, beef juice  $\zeta$ ii every two hours.

September 11. Doing well. Sulphur every three hours.

September 16. Patient has had a slight rise of temp. the past few days. Milk  $\zeta$ vi every two hours; bryonia every two hours. Patient's bowels have moved without enema for several days.

September 22. Patient's temp. has generally gone down; normal this morning.

His progress from this time was uneventful, and he made a good recovery. The case shows the possibility of recovery from very severe hemorrhage from intestines, stomach, nose,



ears, and with minute extravasations of blood under the skin. The use of nitric acid, hamamelis and crotalus was followed by a very pronounced change for the better and the cessation of hemorrhage.

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*THE SURGICAL TREATMENT OF RETROFLEXION OF THE UTERUS, WITH THE REPORT OF A CASE*

BY W. P. DEFRIEZ, M.D., BROOKLINE, MASS.

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

In the surgical treatment of uterine displacements a degree of ingenuity has been shown that is truly commendable; but when we compare the results of many of these operations we can not say so much in their favor. It is a difficult matter to give proper credit in surgical results; but individual dexterity, skill and good judgment in properly applying operations are of utmost importance, and are factors in counting for good or bad results.

To a given case of retroflexion of the uterus that seems suitable for surgical treatment alone, which of the many procedures advised is best adapted? If the retroflexion is conjoined with adhesions we would think of Schultze's method of bi-manual separation of the adherent retroverted uterus; but do the results justify the means? In my limited experience I would say they do not; for the operation is often followed by a nervous disorder far more difficult to treat, and produces infinitely more suffering. Laparotomy could be tried; but this is too grave an operation for the condition.

Is it no better, when extensive adhesions exist, to do nothing surgical, but attend to every hygienic detail, and hope when the "change of life" comes the condition of affairs will be improved?

Hysteropexy or ventral fixation of the uterus would next demand our attention; but so serious an operation would only be undertaken under special circumstances. If there existed, together with the displacement, diseased ovaries or tubes, then the opening of the abdomen would be justifiable, and ventral fixation could easily be done at the same time. Leopold voices the general opinion, I think, when he says, "This operation is still far from the ideal one." If only a limited number of adhesions existed, and they were carefully outlined beforehand, perhaps an abdominal incision might with propriety be made and the adhesions broken down carefully, and the uterus stitched to the abdominal walls. Unless one of the above conditions existed, I do not think many physicians would advise ventral fixation.

Alexander's operation of cutting down to the external ring and shortening the round ligament, would next demand consideration, but not for any length of time, when we realize for a moment the unreliability of the procedure. To simply take up the round ligament at the external ring is certainly not good surgery; for at that point the distinctive character of the ligament is largely lost in the tissues about it, and hence a proper estimate of its fibres can not be made. Then again, it is impossible to fix the loop of ligament so that it will hold, even if all the fibres are taken up. Notwithstanding success has attended this operation I am sure the proportion of failures is greatly in excess. Of all methods yet proposed for the relief of retroflexion Edebohls' modification of Alexander's operation in suitable cases is the most feasible.

The case I shall report was operated upon after the method of Edebohls, which was as follows. An incision about three inches long was made on each side of the abdomen, parallel to Poupart's ligament, opening the inguinal canal along its entire length from external to internal ring. The round ligament was then drawn out of the abdomen at its point of emergence from the internal ring. The peritoneum was then dissected down to the ring, making a kind of infundibuliform process at this point. The ligament was drawn forward sufficiently to hold the uterus in its normal position, a fact that is demonstrated by an assistant passing a sound into the uterus, and when the ligament is drawn up he readily recognizes the movement. Silkworm-gut sutures are now passed through the abdominal wall, peritoneum, round ligament and through the other wall; several of these sutures are used and held in position by button and shot; they serve not only to support the parts, but, as in the radical cure of hernia, they serve to set up an adhesive inflammation whereby a quantity of fibrinous effusion mats together the walls of the canal with the inclosed folded ligament, thus uniting in one cicatrix the sides of the inguinal canal. All the tissues are thus blended together in the fibrinous effusion consequent upon the presence of the silkworm-gut sutures. The skin and subcutaneous tissues are sewed up with cat-gut, and the incision dressed in the ordinary way.

In September, 1890, Mrs. T—— consulted me, seeking relief. Upon inquiry I obtained this history. She has borne two children, the youngest two and one-half years. Her first labor was very severe and resulted in an instrumental delivery. She was torn to such a degree that stitches were taken for the lacerated perinæum, and the cervix operated on after four or five months. She made a slow and imperfect recovery from the latter operation, and while she was still in poor health, became

pregnant, and at the confinement was again torn. Her suffering, however, was mainly confined to the head; she had had such severe pain that she was a complete wreck. Headaches came weekly and lasted two or three days, and were so severe that she was completely prostrated. She could not regain strength before another attack came on. During the headaches she was icy cold, unable to bear light or noise. Music makes her cry; is always faint in the presence of many people. Pain in the head is semi-lateral, usually beginning over the right eye, then the pain ceases on one side and begins over the left eye, and is confined to the whole of the left side of the head.

Headaches last from twelve to seventy-two hours, and usually reach their height in twelve hours. She is completely unfitted for any work, of the lightest kind; in fact she is an invalid. Piles (external, bleeding variety) worse from walking or going over the stairs. Complains of bearing-down pains, especially while at stool; likewise while standing. Sore, aching pain in the left ovarian region; some leucorrhœa. I prescribed *nat. mur.*, *bell.*, *lach.*, within the next four months, but they seemed to do no good. An examination was not made at first, through reluctance on her part, as she dreaded the thought of another surgical operation, and yet felt sure she had still some trouble that would necessitate one; but I urged upon her the necessity of finding out her true condition and the futility of treatment if she needed surgical interference. So it was agreed to, and an examination proved conclusively that she could not be helped by medicines alone. The cervix was badly lacerated, tender and enlarged; she fainted when it was touched. I also found the fundus completely retroflexed, and yet easily replaced; the ovaries and tubes seemed to me to be normal. The result of the examination being frankly told her, and the advice that she should again submit to operation was agreed to, she was taken to the Boothby Surgical Hospital, and trachelorrhaphy performed, the result being entirely satisfactory. A very thorough examination was made at the time, of the uterus and appendages; the retroflexion was extreme, but the tubes and ovaries seemed normal. After this examination, Dr. Boothby being present, I asked him for an opinion, and, to quote his words, he said "he thought if any case could be helped by the modification of Alexander's operation this was one."

In proper time my patient was told that she could probably be further helped by another operation, and an explanation of its nature was made, whereupon consent was given, and three weeks from the time of the first operation she was again etherized and operated upon in the manner above described. The subsequent history of the case was one of continued gain. Of

course the silkworm-gut sutures occasioned a good deal of suffering ; but they were allowed to remain in position nearly three weeks. The patient was dismissed at the end of eight weeks from the time of her entrance to the hospital. From that time to this she has steadily improved in every way. She has had not a single headache since she left the hospital. She has gained thirteen pounds in weight, and has on several occasions walked four miles without any trouble. She is now keeping house, and seems perfectly well and happy.

Objections have occasionally been made to Alexander's operation, principally on the ground that I have stated—that it is impossible to expect much good from simply cutting down to the external ring and drawing up the ligaments from that point, for reasons that are obvious to you all.

Others object to any operation to shorten the round ligaments, on the ground that they are not uterine supports. This is a disputed point, and I do not know who is right ; but I can see no harm in making them supports if they can be, and certainly we have demonstrated that they will hold the uterus in position.

Others object to the operation, as they think the liability to ante flexion subsequently will produce quite as much annoyance as the former retroflexion ; but this does not seem a valid objection, for we might as well say we better not attempt laparotomy because of the danger of ventral hernia.

It is the proper application of every operation that constitutes a measure of success ; "only in suitable cases" is the general advice, and here lies a deal of necessary discretion.

Edebohls' operation for retroflexion should only be attempted in those cases that have resisted every other means of cure of a non-surgical nature. It should not be tried in cases of adhesions with retroflexion, or in disease of the ovaries or tubes associated with retroflexion.

A noted surgeon once said, "A surgical operation is a confession of failure to cure ;" and in part this is true no doubt. Not every case of retroflexion calls for surgical interference by any means ; internal medication alone suffices in the majority of cases, if we will only patiently study our cases and our *materia medica*. We have no right to jeopardize the life of a patient until all other means, less dangerous than the surgical operations mentioned, have been faithfully and intelligently resorted to.

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A young doctor, wishing to make a good impression upon a German farmer, mentioned the fact that he had received a double education, as it were. He had studied homœopathy, and was also a graduate of a "regular" medical school. "Oh, dot vas nooding," said the farmer. "I had vonce a calf vot sucked two cows, and he made nothing but a common *schteer*, after all."—*Ex.*

*A DEATH FROM ETHER,*

BY JAMES KRAUSS, M.D., MALDEN, MASS.

[*Read before the Massachusetts Homœopathic Society.*]

On the twenty-third of August last I was called to Mr. C——, who was suffering from hemorrhoids. The pain was so severe that he consented only with reluctance to a digital examination, which revealed several varicose tumors. A considerable portion of the lower part of the rectum was in a state of extreme contraction and sensitiveness. Whenever he had an evacuation this portion of the bowels seemed to be pressed down, increasing the constant discomfort to an almost agonizing pain, and stimulating a prolapsus of the rectum. I prescribed *nuxvomica* 3x, 10 gtts., in half a tumblerful of water, two teaspoonfuls to be taken every hour; warm sitz-baths three or four times that day, and told him to use an enema of warm water and glycerine whenever he felt that a movement of the bowels was imminent.

The next morning, although he claimed to have experienced some relief, he was still suffering extreme pain, and I suggested radical treatment of the trouble. He did not like to take ether, so I proposed to treat the piles, one at a time, by injection of carbolic acid and cocaine, and called the same afternoon to give him the first treatment. The patient, however, was so much afraid of pain that he decided to take ether and undergo an operation which would remove the trouble once for all. I inquired into his habits and examined his heart to see whether he was constitutionally a fit subject for etherization. I learned that he was a man sixty-five years old, who had never been sick except from hemorrhoids, for which he was treated in Boston a few years ago. Although of Scotch birth, he had not drunk a glass of beer for fifteen years, and never had tasted anything stronger than ale. He was a tall, stout man, probably weighing over two hundred pounds. The only habit that clung to him was that of an inveterate smoker; but as I could not detect anything that would contra-indicate ether, I decided to operate the next morning, and gave him the necessary directions for his preparation.

A physician of Malden was to give the ether, and promised to be at my office at 10 A. M., but disappointed me. Had he not agreed to administer the anæsthetic for me that day, I should have postponed the operation until I could have found another doctor to assist me. But in view of the fact that the man was expecting us every minute, eager to have relief from his agonizing trouble, I asked a druggist, who claimed to have given ether

for several surgeons of the old school, to do the same for me. At 10.50 A. M. I myself began to administer the ether. The patient yielded to its influence very easily, so that at about 11, or a little later, I could transfer the cone to my assistant, and I sat down to operate. On dilatation of the sphincters and I found a varicose condition of the whole lower part of the rectum, such as I had not seen before, although I had had occasion to treat five cases of this trouble, of which I had operated on three. I decided that the treatment of the piles by means of ligatures was here more appropriate, and I proceeded to carry out this method. I had ligated the four halves of two piles, and was just preparing to introduce the third ligature when it appeared to me, by the lividity of the part, that something was going wrong, and on examining the man's pulse I found that it had stopped. I jumped upon the table and raised his legs while his head was lowered. The tongue was pulled forward by means of Jones' forceps, and artificial respiration begun, while cold and hot water were alternately thrown over his chest and abdomen, and his feet and buttocks slapped. I now ordered hypodermic injection of brandy, but my assistant unfortunately broke the needle, and it took twenty to thirty minutes before another could be procured. Meanwhile the artificial respiration was complemented with mouth to mouth insufflation. Brandy was injected into all the parts except those of the heart and lungs. Finally I made a transverse incision into the upper third of the inner thigh, with the view of dividing the femoral artery and vein; but the blood came very slowly and in small quantity, indicating the gravity of the situation. The measures for resuscitating the unfortunate man had been followed up for nearly two hours, when I had to acknowledge, with despair that nothing more would be of any avail.

Enough accidents occur under chloroform to make us appreciate the dangerous consequences from this drug, while deaths from ether are comparatively so rare as to rouse in us immediately the suspicion that the death must have been due to mismanagement or to some pronounced trouble of the heart. Others claim even that death directly due to ether has never occurred. Such a statement reveals only an ignorance of the medical literature on this subject. I have looked over many authorities, and I have yet to find one who does not mention some fatal cases from ether. The catalogue of the library of the Surgeon-General's office in Washington and the *Index Medicus* are replete with information on accidents and death from sulphuric ether. In 1870, Prof. Andrews collected from different American and European hospitals, the statistics of 92,815 cases of etherization, with four deaths. In the Medical

Record, Vol. XIX, 1881, p. 419, I find that in Great Britain alone, for the decade ending 1880, the deaths from ether numbered eleven. Kappeler records thirteen, and Turnbull eighteen cases of death from ether. Prof. Lyman, of Chicago, in his book on Anæsthesia and Anæsthetics, mentions twenty-seven cases of sudden death from ether. The Annual of the Universal Medical Sciences for 1891 reports two deaths from ether that have occurred the past year—one, the case of a woman aged 44, in an operation for resection of the pylorus, "rapid pulse from collapse;" the other, a man aged 21, during an operation for chronic abscess of the knee, "from syncope." Prof. Helmuth met several fatal cases, and describes so graphically one case of death from ether that, even if no other cases were authentically recorded, this should suffice to establish beyond dispute the fact that ether acts sometimes fatally. He says: "In the case of one of my patients who died on the table after a few inhalations of ether, the patient was in excessively nervous condition; his heart was small and degenerate, but continued its function for some minutes after the arrest of breathing was complete, showing to my mind the fact that the vapor of the ether, in a person of most extreme nervous irritation, acted as an excitant or irritant on the nervous periphery of the respiratory surface. There was a spasmodic cessation of the organs of respiration. There was asphyxia, complete and immediate. It took some time, however, for the non-oxygenated blood to stimulate the vagus sufficiently to arrest the heart-beats, which sooner or later, under such circumstances, must take place."

The next question is, whether the death was caused by mismanagement of the ether. Let us review the progress of the etherization. The patient had yielded to the influence of the drug under my own administration, when I passed the cone to my assistant to keep up the anæsthesia at the same degree while I was operating. There had been nothing to alarm me until, after about ten minutes, I was induced by the lividity and apparent non-reaction of the part on which I was operating to suspect that something must be wrong. The patient had taken about six ounces of ether, of which about three were given by myself, and the rest by my assistant. Certainly this was not an overdose, when we consider that he was a large, stout man, with quite a power of resistance, and that he was under ether about twenty-five minutes. I have to admit that I do not know how my assistant had given the ether, since, when operating, I was entirely removed from a position where I could observe the progressive anæsthetic effects upon my patient. However, the same assistant had given the ether for several old-school surgeons

with success, and he claims that apparently everything went along well, both breathing and pulse, which he had just counted, when I jumped up, warned by some danger. That this is not only possible, but probable, is shown by an almost analogous case. It is the third case of forty-one on which the celebrated report of the committee of the Boston Society for Medical Improvement in 1861 was based. "Male, suffering from tetanus. It was proposed to apply the actual cautery. Ether was given by a dentist. The pulse was good, and there were no signs of an immediate extinction of life. In one minute the patient was under its influence; in a quarter more he was dead beyond all efforts to produce artificial respiration, or to restore life. All present thought he died from inhaling the ether." The statements of my assistant seem even more probable because the symptom which more than anything else would warn the surgeon of approaching danger from ether—the heavy, stertorous breathing—was not present. Indeed, the man seemed to have dropped suddenly and succumbed to some mysterious cause.

Was this mysterious cause some heart trouble that I overlooked and that probably should have been a contra-indication to ether? Two sons of the deceased told me that a necropsy would be refused; so I could not satisfy the relatives and the public that the notorious "fatty heart" was at the bottom of the mischief. Neither had I examined the urine before the operation; but there was nothing to indicate the presence of nephritis. The man was, indeed, strong and hale as ever Scotchman was. I had examined his heart with negative result. There was not the slightest sign that the heart was suffering from any cause whatever. True the patient claimed that when he smoked more than usual he would have palpitation; certainly a natural result, but one that did not leave the slightest imprint upon the heart muscles and valves which the stethoscope could impart to an attentive and discriminating ear. It might seem strange that I am so positive on this point, since the heart is usually supposed to be at fault when accidents of this kind occur. This fact, however, becomes one of great interest when we refer to the testimony of some unquestionable authorities on this subject. Prof. Helmuth says: "There is no doubt in my mind that deaths from anæsthetics are not sufficiently understood even by the profession at large. When such unfortunate accidents have occurred, the heart and brain are the organs which are immediately supposed to be at fault; but I am persuaded such is not the case, not only from one or two cases that have made a most forcible impression upon my mind, but upon the authority of those gentlemen who have given the matter the most thorough investigation, and whose opportuni-



ties for experiment have been exceptionally large and varied. There can be no doubt . . . that in very many instances both chloroform and ether are successfully administered to persons who are suffering from organic disease of the most severe kind, and that deaths occur often in those who have no recognizable disease whatever, and in persons who, to all appearances, are in a state of health as near perfect as is generally found." Dr. Snow, in his book on Chloroform and other Anæsthetics, is still more emphatic in his expression on this point. He says, "Sometimes persons die under chloroform who have no appreciable disease whatever before death; no disease, that is to say, which the most perfect diagnostician could put his finger on and say there was a cause of anxiety from the presence of disease." But in case there is some one who thinks that this statement does not cover ether, I give the details of a case of death which speaks a more convincing language than that of any authority I could quote on this debatable point. It can be found in the *Boston Medical and Surgical Journal*, November, 1875: "Male, 54 years, resection of jaw on account of caries of bone. After patient had been fully etherized an incision was made over the jaw, and four teeth were extracted. Almost immediately the face became blue, and the patient died in spite of artificial respiration and electricity. *The autopsy gave no information concerning cause of death.*"

What was it then that brought this apparently strong and healthy man so suddenly to his end? When I asked him before he mounted the operating table how he felt he told me that he had passed an anxious night, and was very much afraid. Did fear exert such a baneful influence over him as to debilitate his system, or was there, to use the words of Benjamin W. Richardson, so extreme a natural delicacy of balance between the nervous functions that the excitation produced by the ether was sufficient to arrest motion and destroy life?

Prof. Goss says: "How the inhalation of ether proves fatal has not been decided. When death occurs promptly, as during or very soon after the administration, the probability is that it is caused by asphyxia; whereas when it occurs at a later period, as after the lapse of hours or days, there is reason to believe that it is due to the effects of congestion of the brain and lungs, either alone or in conjunction with gastric irritability, which often exists in a most distressing degree." It is evident from the history of the case that these latter causes can be discarded as having no bearing upon the case. In asphyxia, owing to the supply of air being cut off, the unchanged venous blood of the pulmonary artery passes into the minute radicles of the pulmonary veins, more or less stagnation takes place in the pulmonary

capillaries, and death occurs from want of arterial blood. There is a cry of the system for oxygen. The respiration stops, owing to laryngeal paralysis or to paralysis of the respiratory centers. This dangerous effect of ether, however, can be easily foreseen, for the dullest operator would understand that the stertorous breathing which necessarily would precede death in such a condition means *more air* for the patient and perhaps a few movements of artificial respiration. These warning symptoms, however, were not present in this case, and I may safely say that the death was not caused primarily by paralysis of the respiratory centers.

When chloroform is administered we know that this drug exerts a steady and constantly depressing action upon the heart, and we are on the lookout for cardiac syncope and sudden death from paralysis of this organ. But ether does not seem to make us anxious on this point, as we all know that instead of depressing the heart and circulation it acts rather as a stimulant, so that even in fatal cases the heart continues to pulsate after the arrest of breathing. This knowledge makes anæsthetists in general believe that ether always gives warning of danger, whereas under chloroform there may be sudden death. On page 143 of Dr. George Foy's work on Anæsthetics, Ancient and Modern, there is recorded a case of sudden death during etherization: "The man died almost as if struck by lightning." [London Lancet, July 26, 1890.] As an exactly analogous case I offer mine to the profession.

The death certificate reads "collapse from ether." —

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*SPHERE OF PHOSPHORUS IN LA GRIPPE.*

BY G. F. FORBES, M.D., WEST BROOKFIELD, MASS.

[Read before the Worcester County Homœopathic Medical Society.

My only apology in again recalling this subject of la grippe is, that it has been uppermost in my mind for the past two months; but I promise to be brief, as most of us are already tired of it.

Whereas in la grippe of 1890 there was more danger of heart failure, in 1891 there were more deaths from pulmonary complications and actual disease of lung substance. This season the lung complications seemed more marked than ever. One may say, pathogenically, of la grippe that while it acts primarily upon the mucous surfaces, especially the respiratory, its deeper operations are at the nervous center, it acting especially upon the motor nervous system as a cerebro-spinal depressant. It seems to direct its attack against the nervous system, and through it almost every organ in the body. There are, as we know, three varieties of the disease: the neurotic, affecting the

brain and nerves ; the catarrhal, affecting the air passages ; and the gastric. Uniformly there is a temperature of from two to five degrees above the normal on the second day, in all its forms. A large per cent. of the catarrhal cases have a typical bronchitis or bronchial pneumonia. Phosph. seems adapted to nearly all forms of the disease, and especially the nervous and catarrhal, except the primary symptoms where there is high fever, sneezing, or acute gastritis with vomiting. Of course no claim is herein made that phosph. is a specific for the grippe, or any other disease — we have no specifics ; but I only aim in this talk to show the similarity of the symptoms caused by phosph. to the symptoms of the epidemic of influenza just past, especially the nervous and catarrhal varieties.

Hempel used to say, "Phosph., when it is indicated, is principally suitable to adults of both sexes, and to old men (much rather than to children) with a narrow chest and what is generally termed a phthisicky habit."

Boyle, who was not a homœopathist, said of phosph., "That it is indicated in every disease where death has become imminent in consequence of deep-seated injury inflicted upon the vital forces without the structure of the organs being much altered. In the last stages of severe fevers phosph. reanimates the vitality, furnishes nature the means of effectually resisting the disease, and eliminating, by the natural excretory outlets of the system, the material causes of the disease."

Here are some of the characteristic indications of phosph., and they read nearly like the symptoms of an ordinary case of la grippe after the acute attack has passed by, and I have not attempted to enumerate all the characteristics of the drug relative to its action in this Russian influenza.

Attacks of sudden blindness — hemicrania, touching the swollen part causes the most excruciating pain ; cold feet and legs ; loss of hearing ; great thirst and dryness of the mouth, with typhoid condition, dry heat of the skin and cold extremities ; tightness across the chest, with dry, tight cough, rusty sputa, bronchitis and pneumonia ; pain in the chest when coughing, relieved by external pressure ; hoarseness, with loss of voice, worse in evening, face livid ; brick-dust expectoration, capillary bronchitis, severe and exhaustive cough ; nervous depression and prostration from extensive involvement of the nervous centers. This long-continued nervous exhaustion is especially characteristic of both phosph. and the disease called la grippe.

Among the characteristics of both phosph. and this disease are also lowness of spirits ; melancholly ; indisposed to work or talk ; loss of memory ; vertigo on rising from a seat or the bed ;

dry tongue, coated with white mucus; dryness in the fauces and larynx, day and night; hoarseness in the morning; complete loss of voice; the larynx so painful he cannot talk; cough, with pale-red, rust-colored sputa or bloody frothy expectoration; pneumonia on left side, with sharp stitches in the chest, respiration oppressed, quick, anxious, better lying on right side; heaviness and fullness in chest; great nervous debility. This last symptom gave me the key-note to the use of phosph. every time.

In a severe case of a woman, aged 40, I was called up every night for several nights; they were sure she was dying each time, and the third night I certainly thought so too, from nervous exhaustion and heart failure. I dissolved a pill of  $\frac{1}{16}$ th grain of crude phosph. in one quarter glass of water and gave a teaspoonful every quarter hour, which gave instant relief. This I repeated every night until the attacks of syncope subsided. She made a good recovery.

A woman, aged 65, overworked in the care of a sick family, was taken suddenly with the grippe and fell from an attack of temporary paresis of the whole right side. Under the continued action of phosph., as the main remedy, she has not only recovered, but has resumed the use of the right arm and leg nearly as well as ever.

A man, aged 65, tall and slender (6 feet 2 inches high), couldn't make his long legs seem his at all; he was sure the legs had got separated from his body, and wanted them hitched on again, and especially every time he coughed they seemed to "unhinge." Phosph. 1 x "hitched his legs on again all right" the second day of its use.

Scarcely a new venture in proprietary medicine but has prominent among its virtues the healthful or life-giving properties of phosph. — the hypophosphites in emulsions or syrups, in excess of any other advertised medicine; and in this fast, nervous age it plays a most important part as a nerve stimulant, and in nervous exhaustion.

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#### NOTES ON PHARMACY.

BY J. P. SUTHERLAND, M.D., BOSTON.

[Read before the Massachusetts Homœopathic Medical Society.]

The fact is not sufficiently recognized that pharmacy and medicine are twins. One might go farther and say they are Siamese twins, and whatever affects the one must have an instant influence on the other. We may vary the metaphor, and say that pharmacists are the armorers who forge the weapons with which physicians wage their unending battle against disease

and death. The soldier in the field is not more dependent on the smith who forges his steel than is the physician on the pharmacist who compounds his remedies ; if they are impure, or in any manner unreliable, the physician's skill goes for nothing—perhaps for harm. This being the case, it is politic as well as neighborly for us, as physicians, to cast an occasional glance in the direction of pharmacy and familiarize ourselves a little with its history, its growth, and its present needs. Which must plead my excuse for the brief and fragmentary notes to follow.

Natural science was not a favorite field with ancient people. Mysticism, magic, occult sciences, witcheries, conjuring, etc., seem to have been studies more to their taste. Slowly philosophy was developed, and among the Greeks reached, in logic and ethics, a high degree of perfection. By a painfully gradual process the human mind began to see the world in which it lived, and to study it. But a Columbus, a Galileo, a Vesalius, and many others, had to suffer actual physical persecution for seeing too much before the goggles of superstition, which impeded general sight, had been broken. It so happened that natural science made but little progress among the ancients. It is known that at least 1,500 years B. C. the four-element idea, that the world was composed of earth, air, fire and water, existed ; that an atomic theory was accepted, and that the idea of the transmutation of one element into another by means of some motive principle, prevailed. The most prolific writer on science amongst the ancients was Aristotle, whose views were accepted and held almost undisputed sway for nearly twenty centuries. The reason why natural science advanced so slowly was, chiefly, that experimental methods and means were unknown : reasoning took the place of experiment, and the reasoning was too frequently based upon an immature or ill-observed fact. (The same habit of mind, it may be parenthetically said, being too prevalent even in our own day.)

There is no evidence that the Egyptians, Greeks or Romans had any knowledge of chemistry as a science. They had discovered several metals, and were expert in the use of metals. As early as 2,500 B. C. the Egyptians used and worked gold. The seven metals, gold, silver, copper, tin, iron, lead and mercury, were all in use by the ancients, although mercury was not common until the first century B. C. Certain metallic salts were also known, and used as pigments, stains and colorings at an early date. The Egyptians were expert in the manufacture of glass, and coloring it with metallic oxides. Certain dyes and mordants were also known and used.

In the study of astrology the Chaldeans applied certain symbols to the planets, and as the seven metals were, in their minds,

associated with the planets, these symbols were gradually conferred upon them, and these signs became, in the hands of the alchemists, the commencement of a symbolic system in chemistry, the evolution of which system exists to-day.

The term alchemists was first applied to the people who professed a knowledge of the art of making gold. The term itself signifies something "hidden" or "obscure," and as the art of making gold was a profound secret, those who practised the mysterious art were termed alchemists. The earliest Arabic and Persian MSS. on alchemy date back to only the eighth century A. D.; the MSS. in Greek had origin not earlier than the tenth century of the Christian era.

One of the oldest of the natural sciences, chemistry, does not owe its existence to any one people, or to any sudden process of development.

Side by side with the alchemist there existed, from an early date, the real chemists, men who made the "legitimate inquiry into the nature of different kinds of matter" their main object, although the two functions frequently existed in the same person. It was, however, probably the Arabians who first cultivated the science of chemistry with any success, and the earliest extensive writer on chemistry was an eighth century Arab, named Geber. He was acquainted with the processes of distillation, sublimation, calcination, filtration, and many others, as well as with many chemical appliances, furnaces, retorts, etc. His title of "Father of Chemistry" seems a just one.

It was Rhazes — 852-932 A. D. — (another Arab writer, though medicine was his field), who was one of the first to introduce substances formed artificially by chemical means into medicine.

Without delaying to speak of Roger Bacon (thirteenth century), who was so far in advance of his time in scientific matters, we come to the sixteenth century, which, among other things, was marked by the brilliant career of the vivacious Paracelsus, who, if he did nothing else except furnish Browning excuse for a maddeningly unintelligible poem, influenced men to withdraw from the study of alchemy, and pointed out the value of chemistry as an adjunct to medicine.

It was only during the last century that chemistry sprang to the rank of a well-developed science, and modern chemistry had birth through the labors of such men as Lavoisier, Scheele, Priestley, Cavendish and Davy.

The rise of pharmacy as a distinctive science is wrapped in historic obscurity. The alchemists, in the interval of their search for the philosopher's stone, made search for the elixir of life, with results singularly resembling those of like searches in our own day, namely, very nasty messes, and very unsatisfactory

results. Gradually certain preparations were recognized as distinctly medicinal, and a certain rough method and uniformity entered into their preparation; and thus pharmacy grew as a branch of chemical science. Its materia medica was wielded enough in the early days. In a prescription compounded by a fifteenth century pharmacist it would be hard to tell whether the number or the character of the ingredients was the most startling. In both these respects the pharmaceutical world has moved. We do not often encounter, as then, seventy ingredients in a single dose, though polypharmacy died hard; we do not often chance in a prescription upon moss-grown skulls or blind puppies—though neither class has altogether vanished from among prescribers.

Considering the importance of pharmacy as a science, the pharmacopœias are comparatively few. The first one on record appeared at Nuremberg in the middle of the sixteenth century. That famous work the British Pharmacopœia had birth three hundred years later (in 1858), and was called into being by the perplexities and serious and often fatal danger arising from a lack of uniformity in the strength of pharmaceutical preparations; the accidents arising from misconceptions, in different countries, of what was pharmaceutically meant by "dilute-hydrocyanic acid" alone being said to be something appalling.

A not dissimilar danger, and a very real need, confronts us, as homœopaths, to-day in the serious and significant lack of uniformity in the preparations of our remedies in different cities of the Union. To the prescriber who habitually employs the low potencies, and sometimes the tinctures, the variation in strength of remedies, bearing similar labels, might with a prescription given in one city and filled in another be productive of no less than shocking results.

To give but two instances. In two well known cities the tincture of nux vomica means the same thing; but the first decimal dilution is exactly ten times as strong in one city as the other, the tincture being made the basis of its preparation in the one place, and the crude drug in the other. Again, in one city the tincture of aconite is made from the dry root and in another from the whole plant, and the dry root containing ten times the amount of alkaloid yielded by the plant, it follows that aconite tincture and the dilutions made therefrom have ten times the strength of preparations bearing precisely the same labels, in another city. The dangers of such a state of things need no pointing out. The woful lack of the scientific in such a state of things, should put us to the blush when we remember what exactness, thanks to the existence of the U. S. Pharmacopœia and the United States Dispensatory, is insured in the

pharmaceutical directions to the rival school of medicine. Since no National and authoritative Homœopathic Pharmacopœia exists, physicians are the more excusable for ignorance in matters which yet are of vital concern to them. There exist, I venture to guess, many homœopathic physicians who have not grasped the fact that when he prescribes the first decimal *trituration* of a drug, he is giving ten times the drug substance that he does when prescribing the first decimal *dilution*.

Uniformity and reliability in pharmaceuticals are among the most crying needs of homœopathy to-day. We should rejoice, and heartily, that the committee appointed by the American Institute will doubtless announce, in the not distant future, that this need is near its fulfilment. In whatever fashion it is open to us to strengthen the hearts and hands of the workers toward this wished-for consummation, it should be our pleasure, as it is certainly our duty, to do so.

The old laboratory of the past, cumbered with ineffective machinery, littered with strange relics of superstition, foul with dirt, nauseous with stenches, does not differ more widely from the pharmaceutical laboratory of to-day, with its snowy mortars and its scrupulous cleanliness, its simple scientific methods of work, than should the loose guessing of the past differ from the exact, unvarying certainties of our results.

In conclusion, I would suggest, humbly, as becomes one venturing into a field where he is no workman, that a measure of safety and of instruction, for those who dread the slight possible confusion arising from the changes attendant on the adoption of uniform national standards, would be to request that on the label of every bottle of medicine purchased the exact proportion of the crude drug therein contained be noted. It is needless to say, since life is short and this way madness lies, that this suggestion does not apply to potencies above the five millionth.

Meanwhile, as I began by saying, the wise physician will not let himself remain altogether ignorant of a science so inseparably related to his own.

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TREATMENT OF TYPHOID FEVER. — Liehtheim, of Königsberg, gives his patients two litres of milk in twenty-four hours, and a solution of 200 grammes of sugar of milk in one or two litres of water. He also advises them to drink as much fresh water as they can bear. Somnolence disappears; the dry tongue becomes moist and febrile temperature falls. It increases wonderfully the quantity of urine which again takes on its normal color. Systematic bathing is simultaneously applied.—*Hah. Monthly.*

A physician in this vicinity was recently called to a family which he found in such destitute circumstances that he gave, in addition to his prescription, a five-dollar bill. Happening in the next day, he discovered that his gift had been thus spent: three dollars had gone to the priest, and two dollars to get another doctor.—*Boston Medical and Surgical Journal.*



*FORMAL OPENING OF THE NEW BUILDINGS; THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL, HOMŒOPATHIC MEDICAL DISPENSARY, AND BOSTON UNIVERSITY SCHOOL OF MEDICINE, MARCH 16, 1892.*

For something more than two years there has been unusual activity in these three institutions which has resulted in the erection of six new buildings — four large and two small ones.

The Dispensary, the oldest of the three, had worked along for thirty-five years, taking care of more than two hundred thousand patients, and occupying illy lighted and badly ventilated basement rooms, economizing in every way rather than appeal to the public for aid, lest it should divert contributions from the Hospital, which was needing help so much.

The friends of the Dispensary thought that their turn had come, and accordingly made a stirring public appeal, which resulted in securing a valuable building site from the city, and some sixty thousand dollars, with which they have erected a structure two stories high, to be completed at some future time by three additional stories.

The Hospital, with a fine record of twenty years of work, went to the State and asked aid to enlarge its buildings, and received \$120,000.

The School of Medicine, with its largely extended curriculum, found itself so cramped for space that the Faculty applied to the Trustees for aid to erect an additional building, and were granted \$40,000; the balance of cost, \$30,000, to be provided by the Faculty.

With such assistance from different sources the various buildings were begun within the past two years, and were all so far completed that they were opened for inspection on March 16, 1892.

DESCRIPTION OF THE BUILDINGS.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL. — The buildings thus far completed provide the largest general Homœopathic Hospital ever erected. It has two hundred beds for patients and seventy for officers, nurses and attendants. The land on

which it stands contains 45,000 square feet, of which 16,000 were given by the city, and the rest purchased. It is bounded on three sides by streets ; East Concord, Albany, and Stoughton ; and fronts upon an open square belonging to Boston University School of Medicine.

It consists of four large buildings : a central or administration building, and three wings, two on East Concord and one on Stoughton street ; a boiler house and laundry, a kitchen, a cottage or isolating ward, and a mortuary. The entrances face the north-west, and the rear, as well as all the wings and other buildings, have a southern and sunny exposure, with a great amount of light and free circulation of air.

Under all the buildings there are well ventilated sub-basements six feet in the clear. The large buildings are all four stories high. The central or administration building is sixty by fifty feet, and contains the office and rooms of the resident physician, waiting rooms for visitors and applicants, pharmacy, chemical laboratory, store rooms, etc., and wards for twenty-four patients.

The first surgical wing on East Concord street is eighty-five by fifty, and contains the officers' dining room, serving rooms for patients on each story, room for internes, medical board rooms, solarium for convalescents, amphitheatre for operations, with seating capacity for two hundred, students' cloak and dressing rooms, wards for forty patients, and elevator.

The second surgical wing, fifty-four by fifty, contains serving rooms, dressing room, private operating room, wards for fifty-nine patients, photographing room, and elevator.

The medical wing on Stoughton street, eighty-five by fifty feet, has serving rooms on each floor, nurses' dining room and cloak room, trustees' reception room, rooms for internes and housekeeper, solarium, store rooms, elevator, and wards for seventy-four patients.

The cottage is a well arranged isolated hospital for four patients. The mortuary has a *post mortem* repository with pathological department.

The boiler house and laundry is a building forty feet square, provided with three large steel boilers, an electric plant for lighting the hospital ; and the laundry, in the upper part, is supplied with necessary machines and apparatus. A large chimney, ten feet in diameter and sixty feet high, serves also as a ventilator to important parts of the hospital.

The kitchen is forty feet square, one story in height, well lighted and ventilated, and provided with two large ranges, eight steam jackets, and necessary apparatus for cooking. There are

also store rooms, meat room, refrigerators, and a general serving room from which food is dispensed for the whole hospital.

**THE DISPENSARY.** — This building, at the corner of Harrison avenue and Stoughton street, is one hundred and twenty by fifty-two feet, with an L in the rear forty by twenty-eight, and a boiler house sixteen by twenty-eight. The main entrance from Harrison avenue opens into a central hall twenty feet wide, and extending the whole length of the building. From this open sixteen rooms devoted to the different departments; medical, surgical, women's, children's, eye and ear, chest, throat, skin, rectal, and dental; also dressing room and trustees' room. These are all furnished for their several uses.

In the L leading from this story is a clinical lecture room twenty-four by twenty-eight feet, and a dressing room. Stairways descend to the basement story, in which are the janitor's quarters, resident and maternity physician's, toilet, and store rooms.

At a cost of \$35,000 the building can be completed as designed, with additional stories providing more desirable rooms for the dispensary, and a complete maternity hospital with separate entrance from Stoughton street.

**BOSTON UNIVERSITY SCHOOL OF MEDICINE.** — The original buildings, erected in 1868 and 1874, are one hundred and four by forty feet, with four floors, of which one is a basement and one is mansard roof. The new structure is sixty-two by fifty-six feet, with four full stories and a fine basement or cellar. It is built almost entirely of stone, iron, brick and cement, with the least practicable amount of wood work. The style is solid and substantial, rather than ornate. A tower sixty-five feet high forms the south corner. In this is the main entrance, with Hippocrates and Hygeia in bas-relief on either side. In the entrance hall is a fine bronze bust of Hahnemann of heroic size, made by the sculptor David, of Paris, when Hahnemann was eighty years old.

In the first story is the physiological laboratory fifty-six by twenty-eight feet, a private laboratory eighteen by twenty-six, and a study and lecture room twenty-six by twenty-six. In the second story is the histological or microscopical laboratory with private laboratory and lecture room of similar size of those on first story, and a toilet room for women. In the third story is a library sixty by twenty-eight feet, with a capacity of 30,000 volumes, a reading room and librarian's laboratory. In the fourth story is a special dissecting and demonstration room twenty by twenty-eight, a museum forty by twenty-eight, with a gallery on

the four sides and capacity of 100,000 specimens, a pathological laboratory and lecture room.

In the tower are two stories devoted to the osteological department. In the basement is a fine depository, in which forty-eight subjects can be preserved indefinitely at a temperature of twenty-six degrees, a room twenty by twenty-six for preparing anatomical material, store room, electrical room, and toilet room for men. It is arranged for an elevator at some future time. The rooms are finished in ash, and the furnishings are of the same material; the fire-places are of Tennessee marble, as are the various trimmings of sinks and radiators. The building is heated by indirect steam radiation supplemented by direct.

#### THE OPENING.

So important are these buildings to the community, and so many persons are interested in them that invitations to visit the buildings on Wednesday, March 16, 1892, between 10 A. M. and 10 P. M., were widely sent. The day proved a remarkable one for March, and upwards of five thousand people were in attendance. An orchestra was provided and special exercises were arranged at the Hospital at 11 A. M., the Dispensary at 3 P. M., and at the School of Medicine at 8 P. M.

THE HOSPITAL. — The Executive Committee, Mr. J. A. Higginson, Dr. D. G. Woodvine, Mrs. A. S. Foster, Miss F. E. Horton, and Mrs. Edward Whitney, with others, had special charge of decorations, and the various parts of the building were tastefully ornamented with evergreen and choice flowers. The hall in which the exercises were held was beautifully ornamented with Jacqueminot, Mermet, and Marechal Niel roses. In the Trustees' reception room, furnished by the estate of the late Mrs. Anna L. Möring, and decorated with daffodils surrounded by green, the reception committee, consisting of Mr. S. T. Hooper, Miss M. J. Rogers, Mrs. A. D. Whitney, and Mrs. Conrad Wesselhoeft, received many of the specially invited guests. In the hall where the exercises were held, upon the platform were Col. Chas. R. Codman, the President of the Hospital; Bishop Phillips Brooks, Gov. W. E. Russell; Hon. James H. Eaton, Chairman of the Building Committee; Mrs. S. T. Hooper, President of the Ladies' Aid Association; President W. F. Warren, of Boston University, and others. Among those present were many State officers, members of the Senate and House of Representatives, and distinguished citizens from various parts of the State.

The hall in which the exercises were held could comfortably

seat only 250, but its standing room was fully occupied, and it could thus accommodate a small part of the persons in attendance.

Col. Chas. R. Codman presided, and Bishop Phillips Brooks offered the invocation, which was replete with devotional thought and feeling. He asked that the Divine Blessing might rest upon this large gathering of the friends of this noble institution, upon the State which has contributed towards its prosperity and importance, upon its officers that they might with wisdom direct its affairs, upon its physicians that success might attend their labors, upon the nurses in their watchful care and efforts, upon the patients that they may here be restored to health and strength, and upon the community that it may be benefited spiritually as well as physically through the example, influence, and results of this charity.

It would be a boon to this institution if the words of Bishop Brooks' prayer could have been placed in permanent form.

Colonel Codman introduced Hon. James H. Eaton, of Lawrence, who spoke as follows :

*Mr. President.*—It becomes my pleasant duty as chairman of the building committee to turn over to you, the representative of this corporation, the keys of the new hospital buildings which are now completed and ready for use. On the 3rd of June, 1890, our good Commonwealth in its generosity and spirit of fair dealing towards all schools of medical practice, appropriated \$120,000 to be used in enlarging the then existing hospital or in the erection of new and distinct buildings. This money has been expended in strict accordance with the provisions of the legislative act, and as a result we have these two large additional buildings,—the surgical extension and the medical wing,—a mortuary, and a commodious kitchen with all modern appliances. There have been added to the apartments 23,755 square feet of floor space, and accommodations for 120 patients. As soon as the plans and specifications were fully agreed upon, and adopted, many contractors were solicited to furnish bids for labor and material, and in every case the contract was awarded to the lowest bidder. Your committee can speak in most approving terms of all parties who have had to do with the construction of these buildings. Every dollar of the appropriation has gone directly into the property. Your committee has received no remuneration for services rendered or expenses incurred. Having acted according to our best judgment, we cheerfully turn this large and valuable property into your hands, knowing that your board in accordance with its agreement with the Commonwealth will ever maintain at least twenty free beds, which will doubtless be among the softest

within these walls, and that all matters connected with this hospital in the future, as in the past, will be conducted in a strictly business-like way, ever tempered by the teachings of the great Master, who was so mindful of the feeble, the sick, and the distressed. In delivering the keys permit me to say: Let the spirit of kindly care abound towards the unfortunate. Let the generosity of this institution be clad in humility, ever remembering that all it possesses was first bestowed upon it through the charities of others. Let the very air of these halls be freighted with tender consideration, loving kindness, and the rich spirit of Him who sought not to please himself, but to bless all those with whom he came in contact.

Colonel Codman, on accepting the keys of the Hospital, spoke as follows:

We know the work of this committee, and wish to thank you, Mr. Chairman and your associates, for the faithful work you have performed in carefully planning and supervising the erection of these new structures. The work has been no less faithfully done because it has been a labor of love on your part. This Hospital began its active work less than twenty-two years ago in a small hired house in Burroughs Place, which could then only provide a dozen beds. In 1876 a building was completed which is now the central or administrative building. It was erected, at a cost of \$76,000, upon land purchased of the city; later the city gave an additional lot extending to Albany Street, and in 1884 a large additional surgical wing, together with other important buildings, were erected at a cost of about \$100,000. All these buildings had been erected and sustained at a cost of \$330,000, provided entirely from private sources. The only municipal or public aid that it ever received was the gift of the small portion of land. Two years ago we presented our claims for State aid in enlarging our work. The Legislative Committee to whom this was referred visited the Hospital and thoroughly examined the work done here. The result was a unanimous recommendation that \$120,000 should be appropriated for still further enlarging our buildings, and the new structures which are open to you this day are the result of this appropriation, expended with the greatest care in every detail. The capacity of the enlarged Hospital is 200 beds for patients. Of these twenty are always devoted to free patients, but no poor person has ever been refused admittance when there has been room in the building. The wants of the Hospital are today greater than ever before; the various rooms and wards remain to be furnished, and the many greatly enlarged expenses are to be met. We are sure, however, that the same generosity which has supplied our necessities in the past will provide for

our wants in the future. It is but fitting to speak of the beautiful gift of the late Mrs. Anna L. Möring, of Cambridge, who left a large portion of her estate to this Hospital. The reception room is furnished with furniture from her former mansion, and there will remain the beautiful marble busts of herself and son. We have now become, in a measure, an institution of the Commonwealth, and we are glad to have trustees upon our Board of Officers appointed by the State. The State thus recognizes the value and importance of homœopathic practice of medicine in the most significant manner. We are glad to have with us to-day, to participate in these exercises, members of the State Legislature, and also His Excellency the Governor of this Commonwealth, who has kindly consented to be present and to give us the congratulations and good wishes of the Commonwealth.

His Excellency Governor Russell then spoke as follows :

*Ladies and Gentlemen,* — I wish to bring you greeting from the old Commonwealth, and to tell you that she recognizes the great good which this institution has accomplished. With motherly regard she rejoices in your prosperity, and that your hospital is entering upon a still broader field of usefulness. Massachusetts, as a State, reaps the benefit of what is accomplished here, for whatever is done in the name of charity is done for her. We are all proud of the prosperity of our State, but there is something grander and nobler than mere material prosperity. Educational and charitable institutions reflect more credit upon the old Bay State than anything else. It is Massachusetts as a Christian, religious Commonwealth, which places the school-house beside the church, and which sympathizes most strongly with those institutions which bring health and strength to the sick and suffering, and throws the help of a protecting arm around the weak and helpless, that makes her what she is to-day. From such a Commonwealth I am glad to bring the warmest greetings and congratulations to you, assured that your work will go on in keeping with the spirit of the Commonwealth in its lines of benevolence, mercy and scientific advancement.

The exercises were closed by the singing of the doxology, "Praise God, from whom all blessings flow," in which the audience joined.

THE DISPENSARY. — At 3 o'clock P. M., dedicatory exercises were held in the Dispensary building. The large central hall was filled to its utmost capacity, and many were unable to obtain admission. The President of the Dispensary, Francis A. Dewson, Esq., presided. After an invocation by Rev. W. E. Griffis, D. D., the President gave the following address :

*Ladies and Gentlemen,*—It gives me great pleasure to welcome you to-day at a formal opening of the building which, at this time, forms the most modest part of the noble group which even in its present, we may hope, not fully developed condition marks an important epoch in the history of homœopathy, and, may I not claim, in the history of medical science as well. The very infancy of this most important of all steps in the advancement of the art of ministering to the physical needs of mankind, lies well within the memory of some, not even of the oldest, of those present here to-day. Only fifty years ago the practice of homœopathy in this city and in the whole country was exercised by a mere handful of men, whose devotion to this new phase in the use of medical remedies subjected them to the scorn and persecution of most of their professional brethren, but led them on towards the perfection of experiments whose results have established upon a firm foundation the acknowledged success of a newer and higher school of medical practice than before existed. Many of you, no doubt, have attended this morning the dedication of the new buildings belonging to the hospital, where the full result and benefit of these experimental fifty years may be readily and critically observed, and the efforts toward still higher progress on the part of individuals be collated and confirmed for the mutual good of themselves, their associates, and their patients. In the College building, this evening, we may learn something of the patient labor by which so much of success has been attained, and of the methods taken for the competent instruction of a constantly increasing class, whose life work it is to be to minister to the physical needs of a community active in intelligence, and ever pressing forward in a struggle for material development, the constant tendency of which is to induce neglect of the higher physical conditions which are essential to real elevation of life upon any plane. If it be, as many of us regard it, the highest of human uses “to minister to a mind diseased,” and lift it into the region of spiritual life and thought, where regard for the welfare of others obscures if not obliterates the sense of personal suffering, surely the effort to guard and consecrate the human body, to repair the ravages of disease, and fit it to express and exercise the desires and activities of the mind and the soul, is worthy of no less than a second place among the noble uses to which humanity may be called. While desiring not to wander from the direct purpose of this meeting, I yet regard such statement to form a necessary introduction to the subject of the uses and needs of that part of the general organization which I have the honor to represent; because in the administration of the dispensary work are found fuller opportunity than anywhere else for introduction into all that



medical practice of the highest order can represent, upon the physical, the mental, or upon the higher spiritual plane. Here alone are all the faculties devoted to alleviation of the ills which bring to poverty its severest natural trials; here may the physician and the student find not only the valued opportunity for obtaining experience in the practice of his art which may lead him to honor and to wealth in later years; but here, also, if he will, may his sympathy with the needs of suffering humanity be awakened and nourished in the exercise of this lower use, and help to elevate him so that he may work in sympathy with and under the guidance of "the Great Physician." That you may better understand, therefore, the full extent of our aims, purposes and needs, and the degree to which they have been already developed, I will give a concise statement of the history of the Homœopathic Medical Dispensary, from the date of its incorporation in the year 1856, when John H. Wilkins, Charles B. Hall and Jacob Sleeper, of Boston, and their associates, obtained an act of legislation which gave leave to hold real estate not exceeding in value the sum of fifty thousand dollars, later increased to two hundred thousand. At that date a small room in the upper story of the Tremont Temple, opened only one hour a day, afforded all the relief that could then be given, and perhaps fulfilled in some measure the need that was found to be urgent. At a later date the house in Burroughs place, where, also, the hospital was inaugurated, gave a wider scope to its usefulness, and to this was added branches in the Medical-school building, and at the West End, — now in the Charity Building on Chardon street. Great economy was needed and exercised in the administration of this work, and it was continued under so great disadvantages and discouragements that in the year 1889 a determined effort to provide an adequate building was made. The case was fully presented to the City Council, and regarded by it with sympathy and full consideration, resulting in the conveyance to this corporation by the city of the fine lot of land upon which we stand, containing 10,597 feet, for a nominal consideration. At the same time an appeal was made to our friends and the general public for the necessary contributions towards the erection of a suitable building, resulting in the payment to the treasury of \$43,416.53, to which was added the result obtained from a fair held last summer, amounting to \$10,550.23, making a total of \$53,966.75. The plans, prepared by Messrs. Allen & Kenway, our architects, intended to provide all that would be needed in a long term of years for the uses of the dispensary, and also for a maternity, which is a much-needed adjunct to our other uses, called for an estimated expenditure of about \$125,000. Our contract with the city required that

\$25,000, at least, should be at once expended, and we therefore found it essential to proceed with so much of the structure as would measurably fill the present need, the result being the erection of the portion of the building we are able to present to your inspection to-day. This, with its furniture, has involved an expenditure of \$61,916.45, leaving us with a deficiency on this account of \$7,949.69, which is, of course, a present burden; and a need is already realized for additional contributions or legacies to the extent of at least \$60,000 more before our aims can find full fruition. It is proposed eventually to occupy the present structure and a second story for the work of the dispensary, and the two upper stories for the maternity. The reports of the Superintendent show that during the year 1891, 15,108 patients were treated, to whom were made 47,990 prescriptions; 3,389 patients were treated at home, and 14,746 domiciliary visits were made. The whole number of patients treated since the organization of the work is 225,368, and of prescriptions made, 598,636. Until the beginning of this year all prescriptions and services have been practically gratuitous, but it has been thought best to try the plan and practice of other dispensaries, and now a charge of ten cents is made for each prescription, with the probable result of more value attaching to the service in the minds of the patients; for those too indigent to afford even this small fee provision must be made through private charity. During the three months of occupation of this building every encouragement from increased numbers and better appreciation of service has been experienced by the physicians, who have every surety that the value of this use to the poor of the city, and thus to all its citizens, will return many times its cost.

In closing I must not omit to extend to the friends whose noble and generous benefactions have enabled the trustees to so far fulfill the charge placed in their hands our warmest thanks for all that they have been moved to contribute to this use. Among them one to whom we are indebted for so large a sum as to make possible what otherwise it would have been in vain to strive for, has passed beyond the reach of our verbal expressions of gratitude, and his modest retiring nature can no longer be embarrassed or offended by them; it therefore seems quite fitting that I should close this address with a brief tribute to the memory of our noble benefactor, Mr. G. F. T. Reed, to whom we stand indebted for the sum of \$20,000. In the hope that in his memory and example may be found active inspiration for similar good uses in the future, I bid you a hearty welcome to our new building, and offer to you for myself and my associates a full share in all its uses and benefits.

Mr. Dewson said that since the city had shown so much in-

terest in this institution, and had given to it the fine site on which this building has been erected, and since so many thousands of our citizens had availed themselves of its advantages, we had hoped to have His Honor Mayor Matthews with us on this occasion, but pressing duties rendered it impossible for him to be present, yet the city was well represented in the chairman of the Board of Aldermen and three of his associates, as well as by members of the Common Council and other city officials. It therefore gave him pleasure to introduce Hon. John H. Lee, president of the Board of Aldermen.

Mr. Lee said :

*Ladies and Gentlemen.* — In the name of Boston's city council let me congratulate the trustees on the success and prosperity of this institution in erecting so fine a structure. Let me also congratulate the city of Boston on its good fortune that in exchange for a lot of land which has lain idle for more than thirty years, bringing in no income, but a bill of expense, it has secured without further expenditure a noble institution which provides medical care for many thousands of the sick and indigent. Without question the city treasury has been thus saved many thousands of dollars, and many who have found relief here might otherwise have become a public charge. I therefore look upon it as true economy on the part of the city to encourage and even render municipal aid to such institutions as this. Compared with the advantages received the city in this case gave only a small "homœopathic" dose, as it were, — [laughter], — but if ever called upon to vote still more from the city treasury for needed aid to this Dispensary, I should be in favor of giving it in "allopathic," or large doses. [Laughter and applause.]

The President called upon Hon. Jos. H. Eaton, State Trustee of the Hospital, who said :

*Ladies and Gentlemen,* — Some men are said to be unconquerable, others irresistible, but when both qualities are combined in one person you have in him a powerful party with whom to contend. Now add to the unconquerable and irresistible the quality of irrepressibility, and you have an antagonist to whom you may as well surrender at one time as another. It was an unconquerable, irresistible and irrepressible man that asked me to speak to you at this time, consequently if you do not relish what may be said, please blame Dr. Talbot, the man possessing those traits, which have been often exhibited in overcoming difficulties in the erection of these buildings. This morning the new Hospital buildings were dedicated, and a great number of people gathered within those spacious walls. A flood of sunshine rolled through those large windows upon that gener-

ous throng, and the very spirit of the occasion moved each heart with a strong desire to do more than in the past for earth's unfortunate children. Those ample halls and large rooms, so well finished, furnished, lighted, heated, and so perfectly ventilated will contribute to the speedy recovery of all who occupy those apartments. It is a rich blessing to the sick, and a credit to mankind that such liberal provisions are made for the afflicted. This afternoon we are assembled in this Dispensary to dedicate this building to charitable purposes. Here the people are examined and treated by skillful physicians free of charge, or for a merely nominal sum. This institution opens its doors to all persons needing assistance, and no matter how poor one may be, whenever he enters this room he will receive the most careful attention and the best remedies known to the profession. The Medical College will be dedicated this evening. It is a building which has nothing surpassing it in design and adaptability to the purposes for which it is used. The students have not only the very best instructors to direct their studies, but have access to the Hospital and Dispensary, where the theoretical is fully illustrated in the most practical manner. Such opportunities inspire these young men, and will result in greatest advantage to them, and those whom they may treat when they have fully entered upon their life's work. These sister institutions are situated near each other, and are equally as closely united in their generous purposes and lofty aims as in their location. The pure air and abundant sunshine of the Hospital, the excellent remedies of the Dispensary, and the skill of the medical and surgical officials, combined with the enthusiasm and zeal of the students, must tend to the recovery of every person receiving treatment at these institutions. Not only are the sick, the poor, and the students benefited by these institutions, but the entire community, in that it has an opportunity to bestow its gifts upon objects worthy of its charities. These institutions are in our midst, and are managed by men with whom we are acquainted, who have no object in view but to benefit and bless mankind. They show us their needs, and call upon us for assistance, and it ought to be considered by us a cause of gratitude that we may respond to their requirements. The Lord loves a cheerful giver. Let us remember that what we give away in the fear of God, and from love to mankind, is all we really have. What we do not give away we leave, and others get it when we die. Two rich men have recently passed to the other world, and all of their vast wealth which they will find on the other shore is just what they wisely disposed of in charities while living. All the balance of those fortunes they left behind in the possession

of others. No mortal can tell how the treasures of heaven increase, but doubtless the poor widow, who gave the two mites, has an untold fortune to her credit. The rate of increase depends upon the motive prompting the gifts. Let us therefore, by a cheerful and willing spirit, lay up for ourselves treasures in the next world by wisely and freely bestowing of our means as opportunity offers, remembering that we are plainly bidden to give, and promised that it shall be given us again, good measure, pressed down, shaken together, and running over.

The exercises were closed by the singing of the doxology.

THE COLLEGE. — At 8 o'clock in the evening the crowd of visitors seemed even greater than it had been during the day, and the large chemical lecture room and galleries were crowded to the greatest capacity, while the great mass of visitors, unable to gain admission to these exercises, made the best use of their time possible to them by visiting and inspecting the new buildings.

Dr. I. T. Talbot, Dean of the Medical School, presided at the evening exercises. Rev. Charles Parkhurst, D.D., made the invocation prayer. Dr. Talbot said :

*Ladies and Gentlemen,* — Although the present occasion is one for mutual congratulations and thankfulness for what has been accomplished, let us not wholly neglect the serious consideration of our future duties. The means now placed in our hands give us larger opportunities for usefulness, and if rightly employed will make this but the beginning of a new era for this medical school and for all these associated institutions. Now that our opportunities are enlarged our responsibilities are increased in greater proportion, and we can best be true to our past history by more and better work in the future.

Wm. F. Warren, LL.D., President of Boston University, was then introduced, who spoke as follows :

*Ladies and Gentlemen,* — Your presence at these exercises is a welcome proof of your sympathy with the aims and efforts which stand embodied in our new and commodious Medical-school building. We sincerely thank you for your friendly interest, and we hope that in the future, not less than in the past, we who represent this school of medicine may show ourselves deserving of your continued good will. Felicitations, of course, are the order of the evening. Felicitations, first of all, to our indefatigable Dean, Dr. Talbot. But for his clear-eyed faith and ardent hope and generous charity, this building could not have been erected. To his wise and heroic leadership it, and the related Hospital and Dispensary buildings, stand a worthy monument. But it is also well that you to-night bring felicitations

tions and thanks to the Faculty, and to every member of it. If the Dean has been the recognized and honored leader, none knows so well as he how helpless he would have been without the cordial and liberal and constant support of his colleagues in the board of instruction. Again, felicitations are due to the Trustees of the University, who appropriated toward the expense of the building \$40,000; also to many a private benefactor, who, out of limited resources, has given time and money to supplement the original appropriation. A long succession of classes is to be congratulated on improved accommodations and instruction; science and art on new discoveries and improvements to be made in these laboratories; suffering humanity on victories here to be won over sickness, deformity and death. We do well to rejoice together, and to bring forth the cap-stone of our undertaking with shoutings. In the few moments that I have been asked to occupy I wish to direct your attention to certain facts connected with the history of the school, some of which are by no means as well known as they ought to be, and all of which seem to me eminently worthy of mention on this occasion. In the first place, it is probably well known to all who listen to me that this school of medicine has had two lives. The first extended from November, 1848, to November, 1873—a full quarter of a century. The second has extended from November, 1873, to the present hour—a period of nineteen years. Its first life was lived under the name, "The New England Female Medical College;" its second under that of the Boston University School of Medicine. In each of these periods the institution has had a distinctive and widely recognized mission. In each it has been the foremost American champion of advanced ideas in medical education. In the first period, in the teeth of intense opposition, it had to battle year after year for a recognition of the right of women to receive a medical education. In the second, in the face of equally great difficulties, it has won memorable victories in favor of higher standards in the medical education of both men and women. In its first period it at one stroke broadened the traditional field of medical training a hundred per cent.; in the second it laid strong hands on the low requirements then prevailing in the medical schools of the country, and for itself lifted them fully a hundred per cent. higher than had been customary. The debt of the nation to the school is therefore twofold, and it is one whose magnitude is destined to wider and wider recognition. In studying the annual reports of the earliest years of the institution one is impressed, on the one hand, by the tenacity of the popular prejudices that opposed the project of admitting women to medical instruction, and on the other, by the courage and persistence of

the men and women who pioneered the new and finally victorious movement. Evidently the times were ripe for this and its related social reforms. The most advanced minds in New England, and far beyond New England, responded to the call. The society which started the school reports, in its second annual report, more than three thousand paying annual members and sixty life members. Somewhat later, the Board of Trustees includes, at one time, the Governor of Maine, an ex-Governor of New Hampshire, an ex-Governor of Vermont, an ex-Governor of Rhode Island, and an ex-Governor of Connecticut. Contributions of money, small in amount, but full of good-will, were received from every county in Massachusetts, from every State in New England, from New York State, Maryland, Pennsylvania, Ohio, Missouri, Alabama, South Carolina, Louisiana, from the District of Columbia, and the republic of Mexico. I have recently read over the names of several thousand of these subscribers, and have been delighted to see how many of the best and most honored of the men and women of their generation they represent. A few of them I may mention later. All of them deserve to be commemorated upon memorial tablets, but walls as vast as those of Egypt's temples would be needed were we to include them all.

The first class admitted to the school was organized in November, 1848. It consisted of twelve, and was the first class of women ever assembled in America for the purpose of qualifying themselves for the medical profession. For several months the instruction had to be given in private rooms gratuitously offered for the purpose. Then for two years, during the absence of its owner in Europe, the house of Dr. Winslow Warren, opposite the Common, corner of Boylston and Carver streets, was hired for the uses of the school. On expiration of that lease in 1853, rooms were hired at what at that date was No. 274 Washington street. Here the institution was carried on until 1859. In May of that year the trustees contracted to purchase of the city a building recently erected for a Maternity Hospital, situated on a fine, large lot lying between Springfield and Worcester streets, and fronting on both. Here the school had its quarters until 1863, when, in consequence of poverty and the distractions occasioned by the civil war, it became necessary to relinquish the attempted purchase and to remove to less desirable hired apartments at 10 East Canton street. Four years later, means were found to purchase a lot of 40,000 feet, between Stoughton and Newton streets; but before a building could be erected thereon, it was happily exchanged for one situated close by the newly erected City Hospital—the one on which our present buildings stand. In the fall of 1870, twenty-two weary and

struggling years after opening, the school had, for the first time in its history, a little roof of its own under which it could shelter its head. Three short years later, crippled by the death of its founder and best supporter, the indomitable SAMUEL GREGORY, bankrupt in finances, but with a noble history, this historic child of men's ungenerous exclusiveness and of men's inadequate chivalry, was laid as a sickly and perishing foundling upon the door-step of Boston University. It could not have fallen into better hands. Its case was quickly diagnosed, and suitable remedies applied. Men were at once admitted to instruction upon precisely the same terms as women. The new exclusivism and the older exclusivism that engendered it were alike consigned to oblivion. A larger and more progressive faculty was organized, a new and higher curriculum introduced. The building was promptly enlarged to nearly twice its original capacity. Clinical advantages were duly provided, chemical and other laboratories, apparatus, appliances for illustrating medical instruction. Then the school began to lead all others in requirements for graduation. It was the first in the country to reinstate the baccalaureate degree in medicine and surgery. It was the first to require three full years in a medical school; the first to introduce a graded four-years course; the first to make the four years course the *only* one conducting to the degree of doctor of medicine. Far-reaching has been the effect upon American medical education. At least eighteen other medical colleges have now followed our lead in presenting a four-years course of instruction, and in making its mastery the only road to the doctorate in medicine. Two of these institutions are among the very oldest and strongest in our land. To-night, as I think of the enlarged facilities and possibilities opened to the school by the new building, the future grows wonderfully bright. But as often as I try to picture it in any detail, I find my thoughts turning back to that day of small beginnings, forty-four years ago. I remember the brave trustees, who, with an empty treasury, planned and toiled to carry the institution forward from one year to another. I recall the vanished company of noble souls, who, year after year, made personal contribution to create the opportunities that here and now exist. Fain would I conduct them to-night through all these buildings, where school, and hospital, and dispensary are established upon a scale they possibly hoped to see, but died without the sight. Noble, progressive souls they were, and we will not forget that we have entered into their labors. Let us summon a few of those grand pioneers out of the fading past, and pay them the honor they deserve. Let us ask them to survey our continuation of their work, and to enter into our rejoicings.



Among them I find the following representatives of the Christian ministry: Charles Lowell, father of James Russell Lowell; Ephraim Peabody, Lyman Beecher, Alexander H. Vinton, James Freeman Clarke; Gilbert Haven, later bishop of the Methodist Episcopal Church; Thomas Starr King, George W. Blagden, Jacob Ide, Nathaniel L. Frothingham; Thomas M. Clark, later bishop of the Protestant Episcopal Church; Abraham D. Merrill, Dexter S. King, A. L. Stone, Azariah Eldridge, Eben Burgess, E. N. Kirk, Theodore Parker, with others who still linger to help in the world's work. Among public men I find the names of Josiah Quincy, Samuel E. Sewell, Horace Mann, Neal Dow, Charles Devens, Charles Francis Adams, Edward Everett, Wendell Phillips, and even Thomas H. Benton, of far-off Missouri. Among physicians I rejoice to find among many others the name of Samuel Gridley Howe. Among men of affairs and of wealth and social standing you may see on the precious records of our beginnings, representatives of the Amorys, the Appletons, the Aspinwalls, the Bowditchs, the Crowningshields, the Hunnewells, and I know not how many others. You will find there the names of Amos A. Lawrence, Lee Claflin, Alpheus Hardy, Jacob Sleeper, Samuel D. Warren, Augustus Hemenway, John Wade, Gardner Colby, Patrick Donahoe, Oliver Ames, Gardner Brewer, Stephen Salisbury, Theodore Lyman, David Snow, William Claflin, Alden Speare. Among educators: John Dempster and Stephen M. Vail, of the Concord Biblical Institute; Calvin E. Stowe and Austin Phelps, of the Andover Theological Seminary; Thomas C. Upham, of Bowdoin College; Edward Hitchcock, president of Amherst College; Francis Wayland, president of Brown University. Among honorable women: Sarah J. Hale, of Philadelphia; Mrs. L. H. Sigourney, of Hartford; Mrs. Lyman Beecher, Mrs. Henry W. Longfellow, Mrs. Andrews Norton, Mrs. Harriet Beecher Stowe, Mrs. Julia Ward Howe.

In memory of such far-sighted forerunners we would speak but modestly of anything we may have been permitted to accomplish in furtherance of their bold, prophetic planning. In memory of their service we humbly dedicate our newly-erected structure to their God and to our God, for the service of our common humanity.

The exercises of the evening were closed by a benediction pronounced by Rev. Dr. Parkhurst.

This occasion was but a fitting tribute from the friends of homœopathy to the work which has been accomplished, and for every one who was present we doubt not there was a score who would gladly have been there.

As everything beneficial to homœopathy in any one place increases its world-wide influence, so the erection of these extensive structures renders it more easy to secure similar ones in other parts of the world. If Australia can erect a fine Homœopathic Hospital and Liverpool an extensive Dispensary, why cannot San Francisco, Chicago, and Washington do likewise; hence these opening exercises possessed a more than local significance, and expressions of interest came from distant quarters. From Richard Hughes, Dyce Brown, Dudgeon, and Pope, of England, men who know better than many of our own countrymen what is going on in the homœopathic ranks of America, we are not surprised to receive warm congratulations and appreciative words of cheer. Such came also from our own alumni, scattered far and wide; from public officials who saw the benefit to the State; from philanthropists who looked upon it from a still broader point of view; and not least in importance from recipients of the benefits these institutions confer. From the multitude of responses which came from the prominent members of our school throughout the country, it might seem invidious to mention the names or quote the expressions of such men as Dake, of Tennessee; Fisher, of Texas; Stout, of Florida; Orme, of Georgia; Custis, of Washington; Price and Chandler, of Baltimore; Dudley, Morgan, and James, of Philadelphia; McClelland, Cooper, and Willard, of Pittsburg; Mitchell and Ludlam, of Chicago; H. D. Paine and Kellogg, of New York; but we are quite justified in quoting from that veteran, Dr. J. V. Hobson, of Virginia, who says: "I am now nearing my eighty-second birthday, and an accidental fall on the ice has so disabled my spinal column that I can hardly expect to meet again any assemblage of my professional associates. But I do enjoy the perusal of the reports of their transactions and all the accounts of the progress of homœopathy, to which I have devoted my life interest. Most heartily do I congratulate you on your great success."

Dr. Charles Neidhard, of Philadelphia, wrote:

*"My Dear Friends,* — Your warm and heartfelt letter has been a source of great enjoyment to me, and if I was not in the 83rd year of my age, which few of us reach, it would be the greatest satisfaction to me to meet you on this festive occasion. You, however, have my warmest sympathy in your new undertaking. When I first commenced my homœopathic career, some fifty-four years ago, and can see now the rise of our great cause, I can be content to die with the knowledge that homœopathy will continue to prosper and advance forever, until it has conquered."

From the venerable Dr. James Kitchen, the following shows

that neither time nor age has dampened his ardor or lessened his faith in homœopathy :

*"My Dear Colleague,*—Were I a young man, my answer would be an easy one to your very flattering and gratifying communication to me, a few days ago, but having the heavy weight of 93 years to carry, and two attacks of the grippe, I find that I must reluctantly forego the pleasure of meeting you on the day of the dedication of your noble buildings. I cordially feel proud with you that such an event is to take place, and will, though distant in body, be present with you in spirit. Success to your noble efforts."

The following telegram and subsequent letter were received from Dr. J. N. Eckel, of San Francisco, who spent a post-graduate year in Boston University School of Medicine :

"I rejoice with you all. God bless the good people of Boston."

"Your kind invitation to be present at the 'house warming,' I assure you, I appreciate, and thank you very much. What fine structures! If we only had some one here to stir up our wealthy people, we would get along much faster. However, we intend to build this year yet; the plans are ready. We are indebted to Mrs. Geo. Hearst, the widow of Senator Hearst, and the late Moses Hopkins; also to our active Ladies' Aid Society, who have secured two fifty-acre vacant lots, all paid for; besides, they have over ten thousand dollars cash on hand, and before the year is ended will add another large sum to their exchequer. We have a valuable friend in Mrs. Hearst, who, besides possessing great wealth, is noted for her generosity. I am afraid, owing to my serious accident three years ago, my visit to Boston will be postponed indefinitely, but you have my warmest wishes for the prosperity of those noble institutions."

Dr. G. W. Winterburn, of New York, wrote :

"I have received the invitation to the opening exercises in your new buildings, and it would afford me a distinct pleasure to be with you on March 16th. I am sorry that my engagements here will prevent my being present in body, as I certainly shall be in spirit. The Boston University School of Medicine has always been an object of sincere interest to me, and it was with great pleasure and satisfaction that I went through the buildings last year, as they then were, with Dr. Conrad Wesselhoeft. Your College has, since its inception, maintained so high a standard in its curriculum, and has thereby set so worthy an example to all other medical institutions in the land that to it is due the homage of every man who desires to see the profession of medicine take precedence for culture and sound learning. Those of your graduates who have come here to practice, and whom I have the pleasure of knowing personally, are all by

their good works honoring themselves, their alma mater, and the profession to which they have devoted their lives; and with the increased facilities which you henceforth possess for clinical work, we may look to you for still better equipped men and women to take the place of those upon whose heads time and death lay their heavy hands."

The following is from Dr. Munsell, an allopathic physician, who, as a member of the committee on public charitable institutions of the Legislature of 1890, was one of the most earnest and efficient members to secure aid from the State, which made it possible to erect these additional hospital buildings:

*"To the Committee on New Buildings, etc.* — Your kind invitation to be present at the 'grand opening' is gladly received, and it would give me especial pleasure to be with you; I fear, however, that the press of professional duties will prevent. But, whether present or absent, allow me to say that I heartily congratulate you upon the great success of your labors, and if there is one effort I made during my legislative term of which I am happy and proud, it is that I was given the opportunity to render some service whereby the honor and success of the Homœopathic Medical Society can be so delightfully represented to-day in these elegant conveniences for hospital service and work. May God grant that from these dedicatory services to-day a beacon light may be set outside the crumbling walls of medical bigotry and superstition, and in its warm and cheering halo may be ever read, 'Our mission is to relieve suffering humanity.'"

Had such sentiments as Dr. Munsell expresses prevailed in the medical profession years ago, homœopathy would have had a much better chance of proving its real value, the whole profession would have been at liberty to adopt so much of its methods as they find valuable, and the Massachusetts Medical Society would have been saved the disgrace of expelling honorable members for practising what they believed to be true and best for their patients. Moreover, it would not to-day have a statute which makes the belief in and practice of homœopathy a crime. Let us hope that a better day is dawning for liberality and generosity in the medical profession.

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#### SOCIETIES.

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##### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, No. 264 Boylston street, Thursday evening, March 3rd, at 8 o'clock, the president, Henry A. Spalding, M.D., presiding.

The records of the last meeting were read and approved.

The names of A. D. Bowman, M.D., and George A. Suffa, M.D., were proposed for membership.

Dr. Walter H. White read a letter from Sampson, Murdock & Co., Directory publishers, in reply to one from him, in which they said they would insert office hours and telephone number after the names of physicians in the business department of the Boston Directory for one dollar; orders to be sent to their office, No. 155 Franklin street, or given to their canvassers during the next two months, to be inserted in the edition of 1892.

Dr. Horace Packard exhibited some pathological specimens.

Dr. Woodvine next read a paper upon "General Catarrh of the Nose," in which he spoke of the extent of mucous membrane covering the irregular passage from the end of the nose to the pharynx, exposing a large surface to the changing atmosphere, making it susceptible to disease. The affections most generally manifested being acute and chronic catarrh.

The severity of the attacks are modified by constitutional peculiarities, a simple case likely to prove most serious by being neglected and allowed to run into the chronic form.

The popular idea that chronic nasal catarrh is incurable is erroneous, as a large per cent. of cases can be cured by the use of appropriate surgical interference, and the internal administration of remedies.

Dr. Woodvine recommended the use of fresh milk as a local remedy in hypertrophic nasal catarrh. Place the end of the nose in a glass of milk and draw through the nostrils into the mouth, and then spit out. This leaves upon the mucous membrane an amount of milk which becomes sour by the process of fermentation, and thus cleanses in a healthy way the mucous membrane. This should be repeated three times a week, on retiring. The use of salt water, bi-carbonate of soda, &c., with water, run through the nose does no good, and is apt to injure the middle ear.

Dr. Bellows considered cleansing of the nares of the utmost importance, but did not approve of douches. He preferred a medicated coarse spray, used regularly by the patients. He recommended the pastils used by Carl Seiler, M.D.

Dr. Rice followed with a paper upon "Laryngeal Catarrh."

The meeting adjourned at 10 o'clock.

M. E. MANN, M.D., *Secretary.*

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN  
MASSACHUSETTS.*

The annual meeting of the Society was held at Cooley's Hotel, Springfield, Wednesday, March 16, 1892. Meeting was

called to order at 11 A. M. by the president, Dr. J. P. Rand, of Worcester.

The minutes of December meeting were read and approved.

The annual report of the treasurer was presented, showing the Society to be in a very prosperous condition financially.

The annual election of officers then took place, with the following result:

President — A. J. Bond, M.D., Adams, Mass.

First Vice-President — P. R. Watts, M. D., Stafford Springs, Conn.

Second Vice-President — G. F. A. Spencer, M.D., Ware, Mass.

Secretary and Treasurer — H. L. Clark, M.D., Westfield, Mass.

Censors — N. W. Rand, M.D., Monson, Mass.; O. W. Roberts, M.D., Springfield, Mass.; G. F. Forbes, M.D., West Brookfield, Mass.

The following delegates were also elected:

American Institute — Dr. A. M. Cushing.

Maine Society — Dr. G. H. Wilkins.

New Hampshire — Dr. J. P. Rand.

Vermont — Dr. O. W. Roberts.

Rhode Island — Dr. J. C. Mitchie.

Connecticut — Dr. P. R. Watts.

New York — Dr. A. J. Bond.

It was voted to hold the next meeting the first Wednesday in June instead of the third, thus giving members an opportunity to attend the American Institute meeting in Washington.

The chair was here taken by Dr. E. L. Mellus, chairman of the Bureau of Neurology and Ophthalmology.

The first paper was by Dr. J. C. Mitchie upon "Headaches; Differential Diagnosis and Treatment." The Doctor classified headaches according to their location and character, giving the treatment for the varieties.

Dr. Mellus then read a paper by Dr. Barton upon "The Correction of Errors of Refraction."

The last paper, "Some Obscure Reflexes," was presented by Dr. Mellus. The writer reported a large number of cases of obscure origin, which were cured by the proper glasses. He advised a thorough examination of the eyes in all obscure cases, especially in those of nervous origin.

Adjourned for three months.

P. R. WATTS, M.D., *Secretary.*

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Patient (after receiving his prescription)—"Thanks, doctor; God will repay you."  
Absent-minded physician (taking out his note-book)—"Please give me his address."—*Med. Argus.*

## PERSONAL AND NEWS ITEMS.

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E. W. FOSTER, M. D., dentist, has removed to No. 2 Commonwealth Ave., Boston.

LAURA W. COPP, M. D., has removed from Chelsea to No. 16 Bulfinch St., Boston.

THE Alumni Association of the Hahnemann Medical College of Philadelphia holds its annual re-union April 12.

It is said that work on the foundations of the new Homœopathic Hospital College building, Cleveland, O., is well under way.

THE following summons is issued with the sanction of Dr. Pemberton Dudley, secretary of the American Institute of Homœopathy.

DR. C. F. NICHOLS would be glad to secure an assistant in his medical practice. A strict Hahnemannian and a recent graduate is desired.

THE Texas Homœopathic Medical Association will convene in ninth annual session at Galveston, Texas, Tuesday and Wednesday, May 10 and 11, 1892.

DR. SARAH M. HOBSON, Ph. B., Class '90, B. U. S. M., is to fill the chair of biology in Lawrence University, Appleton, Wis., for the remainder of the year.

DR. GEO. F. ALLISON, B. U. S. M., Class of '91, has settled at 24 Warren Avenue, East Providence, R. I. Hours—8 to 9 A. M., 2 to 3 and 7 to 8 P. M.; Sundays, 2 to 3.

THE commencement exercises of the Cleveland Medical College were held on March 24th, when the degree of Doctor of Medicine was conferred upon twenty-four graduates.

THE TEXAS HOMŒOPATHIC MEDICAL SOCIETY sends out an appeal for able and educated homœopathic physicians to settle in that State, assuring them of a field and a welcome.

DR. F. PARK LEWIS delivered a noteworthy address on Modern Medicine at the forty-first annual session of the New York State Homœopathic Society, held recently in Brooklyn.

DR. S. O. FILLING, B. U. S. M., Class of '91, has passed with flying colors the New York State Board of Examiners for the license entitling physicians to practise medicine in that State.

DR. MELLUS, of Worcester, is about to go abroad for an indefinite period, and wishes to sell his house with the "good-will" of his practice. The house is a four-story brick, centrally located. Price, \$18,000.

A PAIR of seal skin gloves, which were taken from some physician's office by mistake, are now at the store of Otis Clapp & Son, 10 Park Square. The owner can obtain the same by calling and proving his property.

A PHYSICIAN in a town of 7,500 inhabitants, with an unusually good cash-paying practice, writes to dispose of the same, for good reasons, which will be given. For further information inquire of "S. 2," care of Otis Clapp & Son, 10 Park Square, Boston.

THE MARYLAND STATE HOMŒOPATHIC SOCIETY is fighting pluckily for the separate licensing board system, which is in such favor in New York. Subscriptions in aid of this good cause may be sent to Dr. C. H. Thomas, 10 East Preston Street, Baltimore, Md.

THE monograph on Diphtheria, by the late Dr. Rollin R. Gregg, will shortly be re-published by the Dunham Medical Society, Drs. H. C. Allen and J. T. Kent acting as editors. Subscriptions for the work may be sent to Dr. Howard Crutcher, 78 State Street, Chicago, Ill.

ANOTHER MATERIA MEDICA, to consist of about two hundred remedies, giving all the symptoms, clinical and otherwise, attributed to these remedies in all the rubrics, is soon to be published in fascicles of twenty-four pages each, the price of

each fascicle being 30 cents. Subscriptions for the work may be sent to Dr. S. A. Kimball, 124 Commonwealth Avenue, Boston.

THE medical students of New York have been beaten in their attempt to procure legislation by means of which they might evade the medical law of 1890 and get into practice without passing a State examination. The two committees on medical legislation representing both schools of practice worked harmoniously in support of the State licensing law of 1890, and the strong sentiment of the profession won the victory.

THE WORLD'S COLUMBIAN EXPOSITION. — Send 50 cents to Bond & Co., 576 Rookery, Chicago, and you will receive, post paid, a four hundred page advance Guide to the Exposition, with elegant Engravings of the Grounds and Buildings, Portraits of its leading spirits, and a Map of the City of Chicago; all of the Rules governing the Exposition and Exhibitors, and all information which can be given out in advance of its opening. Also, other Engravings and printed information will be sent you as published. It will be a very valuable Book, and every person should secure a copy.

THE plan adopted by Dr. Horace Packard of publishing an "Annual Report of Surgical Operations" is certainly a commendable one, and he is to be congratulated on the prompt appearance of the sixty-one page brochure containing his report for 1891, and including a report of his third series of abdominal operations, comprising sixty-seven cases. In addition to the merely tabular statement of all cases operated on, the report contains a description of and remarks upon the rare and particularly instructive cases, and allusions to such new methods and devices of his own or others as have proven useful, with illustrations which are *à propos*.

We commend the following communication to the attention of specialists in diseases of the eye and ear :

FORT WORTH, TEXAS, March 2d, 1892.

NEW ENGLAND GAZETTE, BOSTON, MASS. :

*Gentlemen*,—I know of a good location for an eye, ear, throat and catarrh specialist for sale in Texas. Party desiring to leave will take successor as partner until September if desired, and then turn over field entire. If you know of an homœopath seeking a good location, I will be glad to hear from them or leave their address. Very respectfully, H. F. FISHER.

*To Medical Wheelmen*. — Take your wheel to Washington on June 13th to the American Institute meeting, and enjoy a few days of real pleasure. In addition to the meetings ample time will be left for sight-seeing, and the asphaltum streets of Washington are the 'cyclers' delight. Near-by runs may be made over fine roads to many places of interest, such as the Soldiers' Home, Arlington, Brightwood, etc. Take your suit, lantern, bell and chain, or your safety lock; also your L. A. W. ticket or badge. Bicycles are carried free over the Baltimore and Ohio and other railroads entering Washington. Make up your mind to go, and send a postal card saying so to

T. H. CARMICHAEL, M.D.,

4830 Main St., Germantown, Phila.

THE AMERICAN OBSTETRICAL SOCIETY will hold its next regular meeting in the Hahnemann Medical College building, Fifteenth Street, above Race, Philadelphia, on April 20, at 8 o'clock P. M. A very interesting programme will be presented. Papers are expected from Drs. Geo. B. Peck, Providence, R. I.; W. C. Dake, Nashville, Tenn.; Charles B. Gilbert, Washington, D. C.; Loomis L. Danforth, New York; A. R. Thomas and J. Nicholas Mitchell, Philadelphia. The full and free discussion of the papers read have always been a feature of the meetings of this society. A cordial invitation is extended to all members of the profession interested in this important specialty to attend without further notice. Dr. Thomas Franklin Smith, 264 Lenox Avenue, New York, is chairman of the board of censors; applications for membership may be sent to him. Any regular graduate in medicine, in good standing, a practitioner of homœopathy, is eligible for membership. The annual dues are one dollar; there is no initiation fee. Further information in regard to the society may be obtained if desired by addressing the President, Dr. George William Winterburn, No. 328 Twenty-first St., New York.



THE  
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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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THE "AUTHORITATIVE" SETTLEMENT OF THE ANTISEPSIS  
QUESTION.

"Obstetric Questions" is the title of an editorial in the January issue of our esteemed contemporary, *The Medical Advance*. Said editorial presents the answers of *The Advance* to a set of questions dealing with asepsis and antiseptics in obstetric practice, and the compatibility of such methods with the doctrines formulated by Hahnemann in the "Organon." The questions we refer to have been sent out, in the form of a printed circular, to a large number of physicians; and from the answers obtained it is evidently the intention to formulate data for presentation at the forthcoming Institute session, where, it seems, the subject of antiseptics in midwifery is to receive extended discussion. The answers given in the *Advance* are such as could be looked for from the well-known views of our contemporary.

It is not purposed at this time to comment on these answers, but to call especial attention to question four, and the concluding paragraph of the circular containing the questions referred to. They bring up points worthy the consideration of the physicians who propose to attend the Institute meeting, and who may be prompted to join in the discussion of these questions.

Question four of the circular reads as follows:

"What, in brief, are your views as to the compatibility or incompatibility of *asepsis* and *antiseptics* with the system of medication detailed in Hahnemann's 'Organon'?"

We would respectfully submit that the answer to this question must, like the question itself, be twofold :

I. Asepsis, or aseptic methods, as understood by perhaps the majority, having for a prime object the prevention of septic infection, whether by dry heat, hot water, alcohol, "germicides," or *extraordinary cleanliness*, can claim no relationship whatever with homœopathy, which is essentially therapeutic. Asepsis, then, is to homœopathy what prevention is to cure. The question of compatibility or incompatibility can logically find no application here.

II. Antisepsis. Considering the almost chaotic state of opinion on this subject, its exhaustive discussion is difficult, and its final and definite solution absolutely impossible at the present time.

Attention is called to one or two points connected with this subject. As for instance, antisepsis by the internal administration of antiseptics or germicides, being directed against the theoretical cause of an existent diseased state, cannot claim to be logically compatible with the doctrines detailed in the "Organon." Antisepsis thus considered is not compatible with homœopathic methods. But the use of antiseptic methods for the purpose of inducing asepsis in the physician, nurse, patient, dressings, applications, habitation, etc., is as compatible with homœopathy as preventive are with curative methods. What Hahnemann's views on this matter would be is a subject for curious and interesting speculation ; nor is it difficult to make, from available data, a working guess.

That Hahnemann had a breadth of view and a prevision greater than most of his noisily adoring disciples accord him, can be easily proven by one familiar with his writings. The "Organon" may indeed be silent concerning antisepsis, a child of modern medicine, but it says much concerning the removal of "causes that disturb health, that produce and maintain disease." "The physician in curing derives assistance from the knowledge of facts concerning the most *probable cause* of acute disease," etc. — § 5 "Organon." This idea is carried so far by Hahnemann that the great majority of chronic diseases are ascribed to the influence of one "*fundamental cause*," psora.

In § 103 of the "Organon," in connection with "the unvarying, miasmatic, chronic diseases," one reads :

"\* \* \* In these cases, also, one patient presents only a portion of these symptoms, while a second and a third, etc., exhibits still another set, which constitutes, as it were, but a detached fragment of the totality of symptoms belonging to the entire chronic disease. A complex like this, particularly that of psora, could only be ascertained by examining *a great many* chronic cases. Without a complete image construed out of the totality of these symptoms it would be impossible to discover the medicines (particularly the antipsorics) for the homœopathic cure of the entire disease ; but having done so, these medicines prove to be the true remedies for individual cases of chronic evils of this kind."

It hardly overtaxes the imagination to see here a striking analogy between antipsorics and antiseptics.

Turning from the homœopathy of the "Organon" to the homœopathy of Hahnemann, one finds more than an inference as to what Hahnemann would say in regard to the germ theory. In 1831, when the "Organon" was twenty-one years old, its author wrote a pamphlet on "The Mode of Propagation of the Asiatic Cholera." This essay is found on pp. 756-763 of the volume of "Lesser Writings," by Hahnemann, published by Wm. Radde, New York, 1852. It is, on the whole, as satisfactory an explanation of the matter as could be written to-day.

That Hahnemann believed that cholera was spread by means of micro-organisms is well established by this essay. A few quotations may be new to many readers ; and to thoughtful readers they tell a remarkable story :

"On board ships \* \* \* the cholera-miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists. \* \* \*"

"The cause of this is undoubtedly the invisible cloud \* \* \* which is composed of probably millions of those miasmatic animated beings, which at first developed on the broad, marshy, tepid Ganges \* \* \*"

“For such physicians and nurses \* \* \* now take away with them in their clothes, in their skin, in their hair, probably also in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient they have just visited. \* \* \*”

Hahnemann shows plainly how cholera is propagated, and then proceeds to instruct his readers how best to prevent or cure the disease. His directions are to give the patient, when first taken, one drop of “*pure unadulterated camphorated spirit*” every five minutes, and in the interval to assiduously rub “him on the head, neck, chest and abdomen with the same medicine, poured into the hollow of the hand,” until the return of vital warmth, etc. Hahnemann says that if physicians would but follow these directions they would certainly destroy the miasm about the patient; they would cure their patients within a couple of hours, and, “by the cure of the disease with pure camphor, they would at the same time eradicate and annihilate the miasm (that probably consists of innumerable, invisible living beings) in and about the patient, about themselves, even in the clothes, the linen, the bed of the patient (for these all would be penetrated by the vapor of the camphor if it were employed in this way), in the very furniture, and walls of the apartment also, and they themselves (the physicians and nurses) would then carry off none of the contagious principle with them, and could no longer infect persons throughout the town.”

Hahnemann wrote this forty years after the idea of similars had occurred to him, and thirty-five years after he had written his famous “*Essay on the New Principle, etc.*” His views on homœopathy were by this time, doubtless, as definite and as authoritative as those of his disciples are to-day; yet here we find him recommending an antiseptic or germicidal treatment for cholera without appearance of concern as to its compatibility or incompatibility with the “*Organon.*”

“Doctor: The Institute will speak *authoritatively* on the relation of the Germ Theory to Homœopathy, at Washington. The *perfect* accuracy of its diction will depend largely upon *your answering the above questions with fidelity.* **THOUGH YOU SHOULD CHANCE TO BE A NON-PRACTITIONER OF OBSTETRICS AT PRESENT,**

YOUR REPLY TO QUESTION FOUR IS EQUALLY IMPORTANT AND DESIRABLE. \* \* \*

With the above remarkable utterance ends the circular, quotations from which form our text. It is an utterance so remarkable in its *naïveté*, and in its innocent arrogance, that we trust it will be read by few physicians without a smile, and that the spirit it embodies will have scant representation at the Institute session. The assumption that any physician, or any body of physicians, can speak, at any given moment, "authoritatively" on a great mooted question of medical science, is an assumption unworthy of an adult mind. Physicians, or societies of physicians, may put on record their opinion on such questions; but to suppose that such opinions settle anything whatever except the fact that they are held by the individual, or society expressing them, is to suppose something very queer, anachronistic and impossible. Opinions do not alter facts; the wise man seeks after facts, and accords to opinions the speculative interest which is all their due. "Authoritative" utterance is a droll thing, in the light of history. The power of "authoritative" opinion over scientific fact is instanced in cases which teach a grim lesson. The Inquisition "authoritatively" condemned Copernicus, punished Galileo, tortured his adherents and supporters, burned their books, prohibited the teaching of their heretical doctrines, and pronounced the world a fixed and immovable sphere. The Old Church "authoritatively" established and upheld the medical teachings of Galen, and condemned Vesalius to exile for unorthodox teaching. Theologians have repeatedly denounced Copernicus, Galileo, Kepler, Newton, and the host of scientific workers whose names are immortal; and to what end? The Facts of Science, the Truths of Nature, are not affected by any "authoritative" utterances of man. Not infrequently the more "authoritatively" man speaks the less he sees and knows. Opinions may be expressed by individual physicians and societies, but the germ theory, like the world's motion, will not be established or disproved by the "authoritative" speech of the Institute, or any other organization.

It is to be hoped that the Institute, with the modesty of the

true scientific spirit, will consider, discuss, listen to much speech and weigh many arguments, and wisely decide to investigate further before it "speaks" at all, where "authoritative" speech, or speech to any practical issue, is out of the question. Hahnemann's attitude toward antiseptic methods may be shrewdly guessed from the quotations offered above. The attitude of several earnest, scholarly and experienced homœopathists on antiseptic methods is set forth in a brief symposium, published elsewhere in our present issue. But the attitude of no man, not of Hahnemann, nor another, can affect the usefulness or the harmfulness of antiseptic methods. And whether they be most useful or most harmful, let us set ourselves, like adult and scientific thinkers, to discover by adult and scientific work.

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#### EDITORIAL NOTES AND COMMENTS.

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A NOVEL PLEA FOR SMALL DOSES is made by Dr. John Aulde in his new book, "The Pocket Pharmacy," etc. This plea is as astonishingly original as are many of the recent discoveries by old-school therapeutists of the virtues resident in drugs well known to and traditional among those outcast "sectarians" called homœopathists. The doses recommended by Dr. Aulde are only small by comparison; and  $\frac{1}{32}$  gr. of morphine, although small in itself, means a fair-sized dose when repeated every ten minutes for an hour. A few of these small doses might be enumerated to give an idea of their curious resemblance to "low potency" homœopathic prescribing.

Morphine hydrochlor.  $\frac{1}{32}$  gr. once daily for constipation.

Trinitrin (glonoine),  $\frac{1}{16}$  gr. for cerebral congestion.

Atropine sulphate,  $\frac{1}{32}$  gr. for scarlatina, erysipelas, erythema, delirium, tonsillitis, aphonia (of neurotic type), etc.

Mercury biniodide,  $\frac{1}{16}$  gr. for diphtheria, diarrhœa, two or three times a day in syphilis, etc.

℞ Morphinæ hydrochlor.

Pilocarpinæ hydrochlor, āā gr.  $\frac{1}{32}$ ,

Calcii sulph, . . . . . gr.  $\frac{1}{8}$ ,

M. et fiat pilula vel. tab. trit, No. j.,

is a combination of small doses for an old-school prescription.

The delicately humorous side of Dr. Aulde's position is found in the plea made by him for these small doses: "A difficulty which at present confronts the progressive physician lies in the administration of large doses. Against this patients rebel, and convalescence is proverbially slow. \* \* \*"

Since we are unable, unfortunately, to recognize many diseases in the formative period, " \* \* \* it is not saying too much that great harm may follow the indiscriminate employment of large doses of medicine." Which, oddly enough, is what Samuel Hahnemann said a hundred years ago.

Since diseases depend upon "the derangement of cell-function, \* \* \* This naturally leads us to study the effect of medication upon the diseased cell, which, being interpreted, means clinical observation. \* \* \*" So the expressive term "cellular therapy" is "hesitatingly" applied to this new method (sic) of studying the virtues of therapeutic agents. Therefore, "If this doctrine be true, \* \* \* then it follows that small doses are to be preferred — in fact they are a necessity."

Delightful and irrefutable logic! The cell being a small thing, small doses only must be used to restore the wayward and erring entity to the path of rectitude and sobriety. Truly Shakespeare should have applied to Dr. Aulde, and his *confrères* of the old school, who will doubtless hail his book with the reverence due new discoveries, to find out "what's in a name"! Small doses recommended by homœopathy? Charlatanism — rank, irrational charlatanism! Small doses given in the experimental interests of "cellular therapy"? Wonderful discovery! Let us sieze this Providential occasion to secure a quiet little "scoop" and steal of methods whose efficacy we have long enviously seen, and whose origin the dignity of "regular physicians" — a thing quite apart, apparently, from the obligations of every-day honesty — forbids us to admit and pay tribute to!

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THE PURITY OF ARBITRARY DECISIONS is admirably set forth in a paragraph or two in a recent "Doctor's Talk," faithfully and graphically reported by "Selah" for our very much esteemed contemporary, the *Era*. With the keen, incisive, good sense, and

the picturesque phraseology for which these "Talks" are famous, the "Doctor" thus discoursed of the manner and customs of the would-be "Moderator," at some meeting where there is animated discussion of a living and many-sided question :

"Then it is that our champion steps in. He rises slowly, addresses the chair, and then attempts to pour oil on the troubled waters. His opening words are, generally, somewhat like this :

"'Extreme views have been expressed on both sides. Now, the fact is, both are wrong and both are right, and the truth lies half-way between.'

"This sounds very pretty. It has an air of plausibility. The groundlings applaud, and wonder why nobody else thought of that.

"From his text, our orator gravely expounds the matter. He very ingeniously tries to reconcile opposing statements, and to make everybody contented by patting each one on the back, and when he stops speaking and resumes his seat a general feeling of comfort pervades the meeting, but the people know just about as much as they did before.

"Now, this is all very pretty, and would go well in a prize poem at a girl's school, but in a meeting of men, discussing subjects scientific, it is about as much a settlement of a question as it would be to settle the custody of a child between two rival claimants by cutting the child in two."

"'But how else would you settle a question, when the two sets of partisans show no signs of coming to an agreement?'

"Leave it unsettled ! Great Scott ! The world is full of unsettled questions. If you think you are right, stick to your point, and wait. If you are right, you'll soon have the majority on your side. If you are wrong, it doesn't make you any nearer right to admit that the truth lies 'half-way between,' for more than half the time it does not — it lies away over on the other side of the barbed-wire fence. If one party is right and the other party wrong, a compromise will settle nothing — it will only make both parties wrong.

"Hence, I say that this sort of a settlement settles nothing."

That is a motto which, in all its trenchant Americanism of



phrase, should be painted on the walls of every deliberative assembly whose deliberations are on large, scientific matters. "Great Scott! Leave it unsettled! The world is full of unsettled questions!" Too few members of such assemblies seem to realize that they are met for investigation, for argument, to throw light, to accumulate data; not in any possible sense to make decisions and issue pronouncements. It is altogether and ridiculously childish to suppose that a majority vote on a scientific question is of the slightest imaginable value. It were as sensible to vote on the probable state of the weather a year from date, and imagine the vote has settled its prospective fairness or foulness. Great questions move in great orbits; they are governed by the mighty laws of ascertained fact, not by the whiffling laws of changing human opinion. What the immutable laws of fact are we shall learn the sooner when we realize that scientific assemblies are to investigate and search out laws; not to make them. We commend this truth, and its vivid embodiment in the *Era's* epigram to the pilgrims journeying to the forthcoming Institute session.

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TELLING STATISTICS — and the story they tell is worth yards of theoretical argument to homœopathists fighting the good fight for homœopathic recognition in state and national institutions! — are those which we herewith append. They tell, at a glance, the relative work done in five Massachusetts asylums for the insane. It is to be noted, as suggestive, that the cases "recovered" in the Westborough hospital do not include the cases of habitual drunkards, though such are included in the "recovered" of the asylum at Worcester. The showing for the hospital under homœopathic control is a fine one, of which homœopathists everywhere cannot but be justly proud:

GENERAL STATISTICS OF THE FIVE MASSACHUSETTS HOSPITALS FOR THE INSANE, FOR THE YEAR  
ENDING SEPTEMBER 30, 1891.

HOSPITALS.	Admitted.	Total No. Treated.	No. Discharged.	DISCHARGED AS						No. discharged recovered more than once during the year.	Per cent. of Recover's to		Per cent. of Deaths to		HABITUAL DRUNKARDS AS FOLLOWS:	
				Recovered.	Much Improv'd.	Improved.	Not Improved.	Not Insane.	Died.		Readmitted.	No. Discharged.	Total number Treated.	Number Discharged.		Total number Treated.
WORCESTER, . . .	549	1334	509	129	48	85	165	1	81	25	1	23.3	9.6	15.9	6.0	Recovered, 42. [All H. D.'s were discharged as recovered.]
TAUNTON, . . .	254	933	253	52	39	45	63	1	53	4	1	20.5	5.5	20.9	5.6	Recovered, 0; much imp., 6; imp., 1; not imp., 5.
NORTHAMPTON,	141	636	183	45	14	53	40	0	31	3	1	24.5	7.0	16.9	4.8	Recovered, 1; improved, 1; not improved, 1.
DANVERS, . . . .	366	1179	362	66	44	60	85	22	85	8	0	18.2	5.6	23.4	7.2	Recovered, 0; improved, 9; not insane, 18.
WESTBOROUGH,	397	905	412	142	77	54	80	2	57	3	0	34.4	15.6	13.8	6.2	Recovered, 16; much improved, 32; improved, 10.

The moment of leaving the hospital is the uniform time in all hospitals for estimating the mental condition of patients.

The last column refers only to habitual drunkards. They have been included in the totals of each hospital, but are there entered separately to assist any one in finding the number of the insane by subtracting the number of habitual drunkards from the total; for example, Worcester, total recovered 129, subtract 42 habitual drunkards leaves 87 insane discharged recovered.

## COMMUNICATIONS.

:O:

*A SUNDAY LECTURE.*

BY WM. TOD HELMUTH, M. D.

[*Delivered February 14th, 1892, (St. Valentine's Day), before the New York Homœopathic Medical College.*]

It is not often that services are observed on Sundays or on Saints' days in a medical college. It is not often that St. Valentine, who died in Rome, A. D. 270, is worshipped at all, other than by the traditional interchange of verses, mostly breathing of love, sometimes of fun, sometimes even of ridicule.

The facts about St. Valentine's day are these: In Rome, about the middle of February, great feasts were celebrated in honor of Pan and Juno. One of the chief ceremonies of the day consisted in placing the written names of young women in a box, from which the men were directed to draw, each man thus securing his mate. The priests of the early church, endeavoring to establish Christianity by some commutation of pagan forms, substituted the names of saints for the names of women, and the drawing was made to take place on the 14th of February, or St. Valentine's day. This, however, viz., the substitution of saints for the girls, would in no way satisfy the men; and why should it? It was found impossible to entirely obliterate a ceremony to which the people had become familiar through ancestral tradition; and though the outline of the ceremony was preserved and St. Valentine held in high regard, yet letters and scraps of paper passed between the sexes, breathing all sorts of love, or, as I have already said, sometimes ridicule, and sometimes even malice. It is recorded also, as a rural tradition, that as each bird chooses its mate on St. Valentine's day so the young man looked forward to select his lady love on the 14th of February. So much for St. Valentine's day; and as very soon I shall expect to have your names all before me, and be one of a number to draw out the papers on which your future may depend, I shall elect to be your Valentine to-day, not a foolish or sentimental, but a good valentine, and lilt out to you some things which I fancy a doctor ought to know, and which never can be spoken of in the regular curriculum; first, because the subjects are out of place in a regular course of instruction on a specific subject; and second, because there is no time.

Let me, therefore, begin by saying, that in face of the astounding pace at which the sciences are moving, be careful not to be carried about, as St. Paul says, "with every wind of doctrine."

The intense thirst for new discoveries, especially in therapeutics, is owing to its uncertainty. The right-minded doctors are eager and anxious to cure their patients. They are true to the cause they have adopted, and the welfare of the patient is the chief end of their life-work; but patients still die. Every moment a life passes to the inevitable beyond; every time the clock strikes it not only marks the death of the hour, but tells the tale that sixty souls have entered into eternity since it last tolled the requiem of sixty others passing away. We all know it, and as death mocks our best efforts and laughs at our attempts to baffle him in his onward and inevitable course, we rouse ourselves to look for something better than we have hitherto employed; to find other surer methods than we have essayed, and hearing of some vjanted drug, or some new appliance, we are prone to fly to it, without much thought and without much examination, taking it very much upon trust, and deserting our older and well-tried medicines. This craze for novelty in the old school is remarkable as it is true, and it is because the best men in it *know* they have no formula to guide them, and that their compass on the wide sea of suffering is experience only. Science cannot exist without law, and hence the unstability and the variability of their therapeutics. This time last year the whole old-school medical world was in a convulsion — a shaking, shivering, shattering convulsion. Tuberculosis was to be cured. It was no longer beyond the pale of curable diseases. Koch had found the tubercle bacillus, and phthisis pulmonalis was to be no more. Thousands upon thousands of medical men left their homes and their patients to obtain small modicums of the inestimable treasure, which was doled out in most minute particles to those of especial position and eminence, or to those having “a pull.” The great medical journals, at immense cost, had extras telegraphed to them regarding the methods and the results of the “Koch treatment.” Hospital wards were arranged, and even set apart by some governments, for the accommodation of the patients undergoing the inoculations. Hospital nurses were instructed how to follow the scientific medical gentlemen through the wards and clap on the compresses that not the hundred thousandth part of a drop should be lost. New hypodermic syringes were invented that not a single atom of dust, or an infinitesimal proportion of air, should be mixed with the precious fluid. New charts were printed, new urinometers and thermometers constructed, and millions of observations made; and for what? Nothing; absolutely nothing!

There never has been such a reaction in medicine since Hippocrates was born. What do you hear now about Koch's bacillus? Where are the long editorials? Where are the extra

numbers of the journals? Where are the minutely-written records? Where are the Koch's wards in the hospitals? Where are the long strings of observers? And, I may ask more particularly, where are the patients suffering from real tuberculosis? Aye! Where? Dead as Koch's lymph. Methinks I see a funeral procession, in which

A Hottentot, with setons in his ears,  
 Bearing Koch's dead tuberculine, appears;  
 The tubes are covered with a sable pall,  
 On which is written: "He has fooled us all."

I was asked over a year ago, in this very theatre, before the assembled class, what I thought of "Koch's lymph cure." You may remember my answer.

It is a matter of history that the homœopaths, as a body, either here or abroad, did not become insane concerning the lymph, and the reason was that they were, in a measure, satisfied with their own therapeutics; they knew they had a law to guide them in the treatment of disease, and knowing this, even perhaps unknown to themselves, they waited, and were vigilant. This is the lesson I desire to teach you from this allopathic fiasco. Be cautious how you leave the tried for the untried; don't leave the more certain for the uncertain; don't forsake what you know to be true for that which has not been so proven. By so doing you will be regarded as safe men to trust, and reliable men in times of severe distress and adversity.

There are other things besides the administration of medicine or the operations in surgery that are necessary to the true doctor. He must take into his being the welfare of his patient, mentally as well as physically. Really in these days, when we are beginning to see but not to understand, what immense power is hidden within the nervous centres; when hypnotism and personal magnetism are acknowledged to possess such force, there is no saying how much personality may influence disease, especially of the nervous system. You can carry brightness or gloom in your countenance; you can carry sympathy or coldness; you can carry pleasantness or mournfulness; but to do this you must preserve your health, and you must have cultivated that which to a doctor is his chiefest endowment, namely, *humanity*. You never lower yourselves by talking pleasantly with the poorest patient at the clinic; it is not beneath your dignity to shake hands with the pauper in the wards of yonder hospital; it is not unmanly to show sympathy for distress of any kind; but be sure you put your sympathy in the right form and express it in the right place, otherwise, instead of comfort, you may bring absolute consternation and misery. Witness the following true story:

The incident occurred in one of the large London hospitals. The patient's name was Hopkins, and he was dying. The chaplain had left the room for a few moments to attend to another sufferer, hoping to return in time to give the last consolation and comfort to the dying soldier. The minister was too late; when he reached the ward the patient had just expired. The chaplain thus spoke to the hospital orderly:

Chaplain: "So poor Hopkins is dead. I should have liked to speak to him once again and soothe his last moments. Why didn't you call me?"

Hospital Orderly: "I didn't think you ought to be disturbed for 'Opkins, sir, so I just soothed him as best I could myself."

Chaplain: "Why, what did you say to him?"

Orderly: "'Opkins," sez I, "you're mortal bad." "I am," sez 'e. "'Opkins," sez I, "I don't think you'll get better." "No," sez 'e." "'Opkins," says I, "you're going fast." "Yes," sez 'e. "'Opkins," sez I, "I don't think you can 'ope to go to 'eaven." "I don't think I can," sez 'e. "Well, then, 'Opkins," sez I, "you'll go to 'ell. "I suppose so," sez 'e. "'Opkins," sez I, "You ought to be wery grateful as there's a place perwided for you, and that you've got somewhere to go. And I think 'e 'eard me sir, and then 'e died." \* \* \*

If it be true that all science is developed by imperfection, it will be found that in medical science the beginning of inquiry is disease. If there had been no disease, if every one enjoyed perfect functional and organic life or that unknown quantity called health (*mens sana in corpore sano*); if there existed in every one of us the harmonious action of all our organs, there would be no need of the science or art of medicine.

The well-known biblical phrase, "those that be whole need not a physician, but those who are sick," would tell the entire story. Does it not appear one of the most wonderful conditions of nature, an apparent paradox, that knowledge actually grows out of evil, or of ignorance? If Adam had not sinned there would be no need of redemption; if man had not become diseased there would have been no need of doctors; if there were no transgressions of law there would be no lawyers. Therefore, with such an understanding, we should be thankful to mother Eve, and still grant to woman priority in the establishment of our profession. Even here we find "a woman in the case." *Dux femina facti.*

The physician differs from all other men in the varied pursuits of life, in the commodities which he handles, in the mechanism he endeavors to control, in the results he hopes to accomplish, and in the powers with which he has to contend. He deals with the mechanism of the human body, he fights with disease, he

endeavors to overthrow suffering, and to avert or postpone death. Often after his best directed efforts come —

“The knell, the shroud, the mattock and the grave,  
The deep, damp vault, the darkness and the worm.”

Can there be more serious subjects than this, and can one's energies be better expended than in thus striving to relieve our common humanity ?

At the outset of the physician's life it is well for him to understand that there exists a tremendous force always powerful in the body known as the *vis medicatrix nature*. It is a power likely to be forgotten, especially by the young medical man as he emerges from the college with a mind full of new medicines, new theories of diseases, new methods, new instruments, and new nomenclature.

He is liable to thwart, or to set aside, or to interfere with this agent which silently watches over the body, and is ready to expel the invader, to heal the breaches that have been made in the citadel and to restore a shattered framework to a comely and harmonious whole. I am persuaded that the reason that this tremendous force is often overlooked is because it is vital and not mechanical ; because it is invisible and not tangible, save by its results ; because it is silent, and not obtrusive. I take it that the highest aim of the physician must be to assist, not to impede, this unseen power. An obstructionist is always dangerous, and it requires not only the most consummate skill and the largest experience, but also an intuitive perception of the workings of this power to prevent interfering with its results. All I ask of you is to carefully watch the silent manifestation of the power of the *vis medicatrix* ; to ascertain, as does the experienced general, whether the enemy or the friend is in the ascendant. If this is done carefully ; if one perceives this silent and mysterious force preserving the economy of man from the inroads of disease, he will be more cautious in the application of his drugs. It is known, like good men, by its works. Its physical results, as exhibited by certain conditions of the system known as favorable to returning health, are appreciated and understood ; its vital power, which is invisible, is not capable of explanation. I am of opinion that the law of similars offers to the physician a facile method by which medicaments may be passed into the body in such manner as will not in any way interfere with the action of this all-powerful *vis*. There is no revulsion, there is no opposition, there is no contrariety of action in homœopathic medication. The symptoms of a disease develop, and are carefully noted. The similar is found with a certain precision which, though not always exact, on account of certain imperfections in our own knowledge and in the *materia medica*,

is certainly better than the vague generalities upon which the old-time therapeutics is founded. A drug is administered with the most decided and positive aim of removing certain specified symptoms ; it is not, as in the old school, given with the hope, on general principles, that because it will vomit, or sweat, or soothe or narcotize, that in such revulsive or convulsive action the symptoms will abate or disappear. Homœopathic medicine, guided by a scientific law, *must* go to its place and do the work intended for it, silently and without external evidence. The allopathic dose — pill, mixture or capsule, draught or potion — causes some sort of a revulsion, often ending in a crisis of diaphoresis, emesis, or counter-irritation, by which the symptoms are expected to, and often may, abate ; that is, if the constitution of the patient is strong enough to bear the shock produced by this heroic medication. There are some individuals whose idea of the action of a medicinal agent upon the system of man is gauged by what is known as "its working," and would have us believe that this "outward and visible sign" of the medical action within the body must exist, otherwise such substances are inert. The wise and successful "regulars" of to-day are those who know the importance and the power of the *vis medicatrix nature*, and know it so well, as compared even with the improved pharmacy and therapeutics, that they have almost become a sect — "the expectants ;" they watch and wait, and are wise ; they guide rather than compel ; they believe in all the hygienic surroundings that are known as conducive to health, and they "throw physic to the dogs," and are successful. I heard a distinguished member of the old school once make the assertion that "nine-tenths of all diseases would get well of themselves ; that only one-tenth required treatment." If this be a belief, it shows the drift of the medical mind of to-day ; but its adoption would soon close half the apothecary shops in the county, and I might say one-tenth is about the mortality of the school. Knowing these facts, therefore, when you prescribe your medicine, watch, wait for and assist the *vis medicatrix*, and you will find that your success in the very beginning of your career will bring you a step in advance of those who crowd the aisles of the temple you are entering, where, amid the confusion of poly-pharmacy, the fanatical worship of the bacillus, the chaotic prescription-writing upon vague general principles, the prostration of a crowd of worshippers before the god of experience (who forget that he has a hundred faces and a thousand tongues), the silent and mysterious power of the vital force is either misapprehended, forgotten or extinguished.

The next point I wish to urge upon you is that, as students and as physicians, you be true to your country.



There are certain classes in society, and I am sorry to say the upper and educated classes, who have been born and reared in America, whose ancestors have toiled on American soil, been made rich by America's increase ; who know, or ought to know, the early struggles, the possibilities and probabilities of their country, who to-day are ashamed of America, ashamed of her institutions, ashamed of her accent, ashamed of her politics, and ashamed of her prosperity ; who are so disgusted with her institutions that they send their offspring to England to be educated, nay even to be married ; who have their children born abroad ; who buy titles with worthless and notorious men attached to them, at the price of millions, for their daughters ; who, with the skill of the parrot, endeavor to introduce a foreign accent in their American speech ; who clothe their bodies in foreign garments, adopt foreign customs, often highly inappropriate, put on foreign manners, bow down before foreign friends, and for their pains are treated with ridicule and contempt by those they ape. So it is in medicine. It is the fashion now to suppose that we must look to the "other side" for the great improvements, the great men, the new instruments, and the new operations. This is a mistake, a great mistake. While every one must acknowledge, not only in a social and educational point of view, the greatness, beauty and grace of the best social customs in the old country (I say best, for there are some very bad ones), and must admire the hospitality and genial kindness, the solidness of education, and the definite and exalted ends that are attained thereby, still you must give to your country its share in the originality and advancement in both the science and the art of surgery and medicine, so tardily acknowledged by most of our foreign brethren.

You must remember that ether anæsthesia belongs to us ; that ovariotomy came from Kentucky, excision of the inferior maxillary from Tennessee, skin grafting and litholapaxy from New England ; the Sims speculum, which caused such revolutions in gynecology, silver sutures, trachelorrhaphy, the plaster jacket, the relations of the Y-ligament to dislocations of the hip, and numberless instruments for the perfect surgery of the day, are American ; and I am of opinion the balance of surgical skill, certainly in a practical sense, lies on this side of the Atlantic, and that the time is not far distant when to our shores will come the aspirants for surgical knowledge, and that surgical eminence will not be complete without the American stamp.

If the doctrines of natural selection, or the survival of the fittest, be true, American surgery will hold its place when compared with that of any other country in the world. I do not desire to make these remarks either to depreciate the status of

any department of medical science as at present taught and existing in other countries, and still would hold up for admiration and example the truly great minds in all countries who have toiled unceasingly for the well being of the race; but my advice is to study the advances in your own country, embrace the facilities she offers, recognize the ability of her teachers, and then, and only then, will you be able to draw a fair comparison between the national and the foreign. It is always a matter of surprise to me when I hear medical foreigners eternally and disadvantageously comparing (in print and in conversation) our institutions, our surgeons, our methods, our instruments, and our practice with that of the older countries. I always wonder why, America being so inferior, they condescend to stay with us, or why they do not remain amid the perfect glory and undimmed radiance of their own country. Why don't they go home? They are absolutely of no service here. Be American physicians and surgeons, admire what is good and great in every land and every clime, but do not make yourselves ridiculous in the eyes of the really educated portion of the community by becoming either Anglomaniacs, Teutonmaniacs, or Gaulomaniacs, or any other kind of imbecile.

Prof. Harold C. Wood, in a paper entitled "The Medical Profession, the Medical Sects and the Law," read at Yale University, with the intent of demolishing homœopathy, says that the doctor of to-day is scarcely more like the doctor of a hundred years ago than like our Darwinian forefather, blushing with shame at the sight of his first tailless offspring.

This is true, and I may carry the comparison still further, and say that the medical student of to-day bears as little resemblance to the medical student of fifty years ago as the full-fledged doctor described in the apothegm of Dr. Wood does to his prototype.

In the first place, it must be remembered that half a century ago the branches of learning taught in the medical universities numbered about seven — Anatomy, Surgery, Practice of Medicine, Obstetrics, Physiology, and Chemistry, and very often two of these were combined and taught by one chair; thus, Anatomy and Surgery, Obstetrics and Diseases of Women, Institutes and Practice of Medicine, Chemistry and Toxicology, and so on. If we compare this meagre curriculum with that of this, or any other first-class medical college, you will readily see how the tentacles of medicine have spread in all directions, and that as the sciences have multiplied and expanded, the student who essays to master them, or that portion of them necessary for the passage of his examinations, must have not only more cultivated mental capacities, but also more teachers and more time. Within the past half century Chemistry has become a new science; in-

deed its field is so vast that it can scarcely be acquired by a single mind in a lifetime. The microscope was known as little better than a toy fifty years ago. In those halcyon times the leucocytes were swimming unrecognized in the blood serum, and, octopus-like and unmolested, were sticking "like limpets to a rock" on the overhanging edges of each solution of continuity; silent and unknown micro-organisms were sailing in reckless security in the atmosphere, dividing themselves into amœboid forms or leptothrix filaments, innocent of the culture tube, or incubator; bacilli were sapping continually the foundations of our constitutions, and we knew it not. The theories of inflammation and the doctrines of pathology as now taught were scarcely hinted at; the remnants of the old humoral pathology still tinged therapeutics; the revelations obtained by reflected light within the cavities of the body were just beginning to be appreciated, and of course the laryngoscope, the ophthalmoscope, the endoscope and the otoscope had not come into use. Specialism, as it exists in its exclusiveness to-day, was unknown — the general practitioner, it is true, cultivated that branch of medicine which suited his peculiar taste, whether ophthalmology, obstetrics, or surgery, but was the general practitioner still. The trained nurse had yet to be evolved (from the good, old-fashioned, aged, fat and sherry-loving woman of old). The clinical thermometer had not sprung into existence; hypodermic medication was unknown, and respect and awe for traditions in medicine (always a stolid antagonism to rapid advancement) still narrowed the mental horizon of the best men in the profession. With the absence of these now important, nay necessary adjuvants of medical instruction, it will readily be seen that seven practical branches of medical study, seven, indeed, sometimes six, professors to teach them, and two courses of lectures — each course covering the same ground, and continuing about four months — might be a sufficient curriculum for those times; and let me tell you, gentlemen, that some of the greatest men that ever lived started with just such advantages, and no more. To make the comparison complete I may also say that the final examinations were conducted in a much more formal manner than at present. The green-room was an awe-inspiring word to the candidate for graduation. The student, often trembling inside, but with a bold exterior, was introduced into a room around which, in a circle, in self-satisfied dignity, and with the weight of a thousand years of tradition expressed on every feature of every face, sat the entire Faculty. This august presence alone was sufficient to overwhelm with confusion the wretched man before them. Then came the questions, and then the vote; and I must say, as a rule, in spite of the decorum and dignity of the Faculty, gener-

ally every man got through. In this college you have thirty-six professors instead of seven, as of old ; you have four years of study, and three compulsory courses of lectures, against two courses and eight months' study ; each of the present terms of lectures continues for six months, against four in the years that have gone. In addition you have to undergo an examination by a Board of Censors, not in any way connected with the Faculty, before you can receive your diplomas ; and add to these a State examination by the Board of Regents of the University of the State of New York, upon entering the college, to ascertain if you have sufficient education to begin your course of medical study, and a final one after you have passed your college examination, to discover if you be fit to take the lives of patients into your hands. These are the differences between the "then and now" of the student's life.

But, gentlemen, surrounded as you are by all the paraphernalia of learning, overshadowed by lectures and examinations, you must be made aware of one fact, and that is, that the mere material presence of subjects cannot compel your minds to absorb them, and that

" If not to some peculiar end assigned,  
Study's the specious trifling of the mind."

The presence of your environment will not necessarily fix your mental faculties upon them, or upon the subjects which it symbolizes ; indeed, mental idiosyncrasies are both peculiar and inexplicable. The man of God in the Temple, surrounded by and honestly acknowledging all the solemnities of the day, the hour, the sanctuary, and the occasion, may, in a second, have his mind transfer itself from the devotional to the ludicrous, or even to devilish — a constant familiarity with your surroundings may breed an actual carelessness and neglect of them, in the same manner as the dwellers amid the most magnificent scenery regard it not, and as the inhabitants of a great city are taught its wonders by the stranger. Surroundings necessarily have their influence upon all of us. To the emotional they appeal with greater force than to the stolid and phlegmatic ; but there must exist deep down at the bottom of it all, if you wish your student days and your professional lives to be successful, that absolute devotion to your profession which is derived from a love of humanity. This, after a time, no doubt, will pour gold at your feet ; will place your name in honorable mention in the Æsculapian Temple, and give you social status, all of which cannot, nor ought not, to be disregarded in the contemplation of one's future career, but which cannot be considered in comparison with the actual good that it will reflect upon the people with

whom you are brought in daily contact, with whom you rub in the daily friction of a busy world.

An important subject for consideration now arises. With all these improvements in medicine and the collateral sciences, has mankind been benefitted in proportion? Do all these branches of medical education, now considered necessary for the study of the student and the understanding of the medical practitioner, prevent disease, ameliorate suffering, and save life? Or did the old-fashioned systems and the lack of facilities for obtaining information, which of late years have become so numerous, produce as beneficial results upon humanity as our more advanced methods? Here are some figures which can answer the question definitely, and which are well worthy of serious consideration, as well as gratifying to those who are foremost in adopting all the newer and well-proved methods of preventing and curing disease.

In 1889 the death rate of England was 17.9 per 1,000. From 1881 to 1889, a period of nine years, the mortality was less than at any previous period. From the year 1871 to 1880 the death rate was 21.4 per 1,000. Taking the last nine years and comparing the death rate with the previous decade the statistics show that there has been a saving of 2.5 in every 1,000, or, according to the English registrar-general, there are now 600,000 more people alive in England and Wales than would have been if the previous mortality had continued the same during the past nine years. — Medical News, July 5th, 1891.

I have not been able, although I have made some research, to find accurately the mortality of this country; although from what I have gleaned I should suppose a similar diminution of mortality to result.

But, gentlemen, don't misunderstand me; don't think because I have covered the hill-top of life and am going downward to the inevitable beyond that you can make me suppose that your latter end of the nineteenth century medical student, as evolved from the student of the olden time, is by any means a perfect young man; or, on the other hand, that I have forgotten that most of you are in the hey-day of your youth, or that youth is the time for looking through the rose-colored glass of the present, regardless of what is to come. What I want understood is this: are you, with the surrounding advantages of place, position, study and social surroundings, as good as you ought to be, or as good, *cæteris paribus*, as students of fifty years ago?

There always are, and always will be, wild young men, wayward young men, bad young men, and good young men, in every class of medical students; and I must say, in justice to even the bad fellows, that sometimes in the end they make the best doctors.

People often forget that those qualities in a man which make him popular and delightful in company, quick in perception, generous to his friends, and forgiving to his enemies, are the very qualities that often conduce to the sowing of wild oats ; but I do mean to say that I have carefully considered many medical classes and find that dissipation and vice and a tendency to vulgar conceptions and low-born instincts are the exceptions and not the rule in the medical student of to-day. I say, moreover, when the wild boys kick over the traces, that it is a mistake to suppose them lost forever ; it is a mistake to keep them down ; it's better, much better, to help them up, to point them to the blue sky and bright horizon, afar though it be, than to render them desperate with ruthless unforgiveness and suggestions of fire and brimstone.

Youth is youth. Temptations exist in big cities, especially for those of bright imaginations and ready wit, who have not been reared among the bricks and mortar, which it is very difficult to overcome without aid ; but the secret of coming out right in the end rests in one thing, viz., the cultivation of the "still, small voice." A man with a clean conscience, if he will only allow it to guide him, is pretty sure to ultimately come straight. Cultivate a conscience. You may slip around in the shoals of temptation ; you may fall into the outskirts of vice ; you may become neglectful of your duty at times ; but I say to you this thing, my dear boys ;—when your conscience, in the small hours of the night, says to you "pull up" then *pull up*, and every time you pull up the chances are you will help somebody else to "pull up ;" some other of your student friends, who may thus be saved from ruin. Conscience is the monitor set by God Almighty to direct the actions of our human bodies. When you obey your conscience you obey the great Creator of the universe ; and to Him it is we must look for assistance and support throughout our whole lives.

Let me close this lecture then with a short text bearing upon this subject. It is to be found in II. Chronicles xvi., 12, and reads thus :

"And Asa, in the thirty and ninth year of his reign, was diseased in his feet until the disease was exceeding great, yet in his disease he sought not the Lord, but the physicians \* \* \* and Asa slept with his fathers."

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BANANA JUICE FOR CHRONIC BRONCHITIS. — *The Medical Times* says : "The juice of bananas is recommended as a remedy for chronic bronchitis with insufficient expectoration and marked dyspnoea. A drachm eight or ten times a day during the first days is usually prescribed, and later the dose can be diminished. The syrup is prepared as follows : Cut the fruit in slices and place in a glass jar ; sprinkle with sugar and cover the jar, which is then enveloped in straw and placed in cold water, and the latter is heated to the boiling point. The jar is then removed, allowed to cool, and the juice is poured into bottles. To this we may add that the juices of other fruits, with sugar, is equally good."—*Herald of Health.*

## EMASCULATION; OR, "WHAT'S IN A NAME?"

BY CONRAD WESSELHOEFT, BOSTON, MASS.

Nothing could be more gratifying and encouraging than the reception of the essay, "Demands of Modern Science in Drug-Proving,"\* and the attention it was able to attract. Its author now requests the privilege of a closing argument, as would have been his right had he been able to be present.

All the participants in the discussion generously agree in their appreciation of the work done by the writer toward the purification of the *materia medica*, the fundamental idea and object of which is to insist on harmony of provings, and on the elimination of that which, on due and generous consideration, is found to be discordant and incongruous with the principle that we should retain only the pure drug effects; that is, those effects which come only from the drug.

It is perfectly natural that no one should unreservedly accept a principle so boldly expressed; although it is just what Hahnemann said and wanted, with this difference, that the subject had exchanged its periwig, breeches and knee-buckles for modern habiliments, though not made by a fashionable tailor; but it is safe to predict that, if not the tailor, his style will be fashionable by and by. That is probably what Dr. J. C. Morgan dimly foreshadowed by his allusion to the "*Sartor Resartus*."

It is likewise safe to assume that hereafter, as more physicians grasp the idea and advocate it, fewer prudential considerations will prevail in regard to the omission of incongruous symptoms, the proposed elimination of which Dr. T. F. Allen styles the "emasculation" of the *materia medica*.

What a word, and what an effect it must have had, especially among the majority floundering in the sea of doubt!

A poetical metaphor to be true must bear strict comparison. The error of this metaphor becomes clearly apparent when applied to the real spirit of critical analysis which exposes defects to be remedied. If the errors exposed by critical analysis relate to effects of vital parts, vitiating the whole, of which they should be an integral part, they should, indeed, be cut out. But a *materia medica*, purified of its errors, great and small, is not to be compared with impotent and sterile human beings without doing frightful violence to the good sense of the critic, or serious injustice to the criticised.

The conviction is gaining ground daily among homœopathists, that it is the excessive faith in the results of inaccurate methods of proving, and of pharmacy, which threatens the "castration" of the *materia medica*; and this faith has been held for so

\* Transactions of the International Homœopathic Congress of 1891.

long a time, that symptoms of impotency and infecundity are beginning to be quite alarming. Hence, far from endeavoring to increase the evil, a few workers, among whom Dr. T. F. Allen is the most honored and conspicuous, have thus far endeavored to save our materia medica from becoming unproductive in the not distant future. But no good will come of praising a worker and his work, and at once condemning it with a phrase which, though its sound is worse than its meaning, misleads the young, and the older ones also, to whom a figure of speech is equivalent to an idea.

Denn eben wo Begriffe fehlen,  
Da stellt ein Wort zur rechten Zeit sich ein.

The fear of losing what Dr. Hughes terms "concomitants," or what Dr. Drysdale terms "contingents," is groundless and unfounded, as any one who will take the pains to analyze a single proving, will easily discover. After the most searching process of this kind there are always more than enough of such contingents left over. The position most easily defended, in fact impregnable in its self-evidence, is that, while we do not wish to get rid of these contingent symptoms, we have to demand that they, like the main symptoms, should agree, *or at least exhibit that degree of concordance which would vouch for their therapeutic value.* As it is, the fear of losing such a symptom amounts almost to a morbid state on the part of homœopathic doctors, while a little study would convince them that, far from losing anything, the materia medica would gain by the elimination of many "concomitants" and "contingents," so called, obscuring the real and positive pathogenesis of the proving.

This morbid fear of purification tempts the writer strongly to raise a storm by proposing the omission of a "contingent" from the "symptoms" of ambra; the one recorded as "anthropophobia before defecation," condensed, by Jahr, from Hahnemann's words, "a frequent urgency to evacuate which makes her anxious, and the presence of persons intolerable." (Symptom 185.) No body else had it, so away with just so much waste of paper and ink.

"Hold thy hand, oh Vandal," the defenders of the faith are heard to say. "Emasculate not the provings of ambra, for who knows how many lives that symptom has saved or may yet save!" Profound veneration of the esthetic prevents the completion of the picture and drops the curtain at a point where vulgar laughter might mar the solemnity of the scene—a prover in agony!

It is not difficult to disprove the argument brought forward by Dr. Cowperthwaite in favor of symptomatological and in op-



position to pathological effects, by reminding the reader that a symptom of disease to be a symptom, must be of diseased, that is, in modern parlance, of pathological origin.

An unpathological symptom of disease it is impossible to conceive in mind. Hence, those symptoms which are to be retained in the *materia medica* shall not be imaginary, but actual to the best of our knowledge, no more; and they should agree in pathological sense. If they do not, they are useless for therapeutic purposes; and the only test of their possible utility is to be sought for in a reasonable degree of agreement between the provers who furnished them. Dr. Cowperthwaite avers that "you can't cure anything with pathology." Correct; but you *can* cure with a well-established pathological symptom while you will fail with a non-pathological "contingent," or by mistaking for symptoms those interminable lists of sensations recorded by healthy provers, who have taken no drug.

Such are the thoughts the writer would have had, and possibly might have uttered, had he been present at the Convention.

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*SOME SYMPTOMS PERTAINING TO THE SKIN, GLEANED FROM  
THE CYCLOPÆDIA OF DRUG PATHOGENESY;  
WITH OCCASIONAL REMARKS THEREON.*

BY JOHN L. COFFIN, M. D., BOSTON, MASS.

ANACARDIUM ORIENTALE.

*Prover No. 3 b.* 90 drops  $\phi$  in 6 doses. — Same day, in evening, complained of incessant irritation of the skin, which she described as "furious." It lasted till she went to sleep, extending even to the toes. Took no more medicine, but had return of irritation, now and then, next day, and for four following nights.

*Prover No. 4.* *Cardol painted on skin.* — Painted on the sound skin it dries in rapidly, and in a few minutes causes a slight burning and itching, gradually followed by redness and swelling. In about twelve hours epidermis rises in wheals, firm and solid, like urticaria tuberosa. In course of time this exudation is saturated and softened by an effusion of serum and breaks down into a sero-purulent fluid, converting wheals into vesicles, at first pea-like and flat, but soon coalescing to form large flat bullæ, which open and discharge a turbid, purulent fluid; cuticle then falls off, leaving the exposed cutis swollen and congested, and suppurating profusely.

*Prover No. 5.* — On the morning of February 16, Dr. Reil rubbed on back of the hand (space size of sixpence) a small quantity of the brown, slimy fluid found between the shell and kernel of an anacardium bean. In the evening the skin was slightly reddened. On the 17th, 18th and 19th nothing was noticed, only the redness seemed to increase in the warmth, and the skin became shrivelled somewhat. On the 20th, 21st and 22nd itching was felt; the place that had been rubbed with the juice was elevated above the rest of the skin; the skin, which was black in the furrows, seemed as though it would burst. The itching increased, and the epidermis desquamated in small pieces, but the new skin beneath it was not smooth but uneven and shining. On the 27th the whole place was clear of the old epidermis, and presented the appearance of an inflamed cutaneous surface, covered with small miliary pustules; the itching was considerable, especially during the night and in the heat. The elevation of the circumscribed spot, as well as of the surrounding skin, was increased, and was from a quarter to a half line high. Each pustule exuded from its apex a fluid which dried into a yellow crust. In the night of the 27th the itching was quite intolerable, and he must have scratched in his sleep, for the exudation the next morning was greater, and round about the place the skin was studded with red, inflamed spots; the whole back of the hand was swollen and hot. On the first of March the state was the same, and that, by the friction of the glove, apparently, the small spots surrounding the central spot swelled for some hours into wheals, and then disappeared; itching considerable. On the 2nd and 3rd the burning was less, as also the exudation and crust formation. The whole space had the appearance of an hypertrophy of the skin; the surrounding red spots only became more distinct by scratching. On the 3rd, in the evening, there was desquamation. During the following days this went from the periphery to the center, and was repeated several times till the 7th; but in proportion as the spot on which the juice had been rubbed became regenerated the surrounding inflammation increased, producing a surface covered with papules and wheals which did not exude, but on the slightest excitation became bright red and as if indurated, so that the movement of the wrist, over which towards the forearm the wheals extended, was hindered by formation of thick folds. During the subsequent days a bran-like desquamation occurred here also, which nearly ceased by the 11th, when the natural appearance of the skin was almost quite restored.

*Poisoning No. 2 a. Nut hung about neck by string.* — In eight days there came an itching on the chest, aggravated by warmth and exercise, and compelling constant scratching; a few days

later the itching spread over the abdomen and axilla. It was attended by an eruption of larger and smaller, red, inflamed and elevated wheals. The itching increased; was disagreeable by day, and kept him awake at night; he got feverish, lost his appetite, and was constipated. When examined, his chest, axilla, upper arms, belly, scrotum and thighs were not only found to be covered with wheals, exuding a viscid, yellow fluid, but some of them had turned into warty excrescences, with thickened epidermis. All the intermediate skin was of erythematous redness, and the itching frightful. Scratching brought no relief; on the contrary, increase of pain and discharge, so that many places were covered with yellow crusts.

*Poisoning No. 3. While bruising seeds some juice spurted into face.* — In the evening there occurred violent burning on the chin, and later small vesicles, which, being rubbed, exuded a quantity of fluid. Next morning the left side of face was much swollen and covered with a quantity of small pock-like vesicles. In the forenoon violent burning, which went off towards evening, after two drachms of rhus 2. At night slept well, but next morning the swelling was much greater; not only was the left eyelid quite swelled up, but small vesicles appeared on the backs of both hands. About noon the swelling of the eyelid abated somewhat, and some of the vesicles burst and discharged a yellowish, transparent fluid, which hardened in the air into a transparent, yellow mass. Towards evening the burning increased. On the fourth day the disease underwent a change. Instead of the burning a very painful itching came on, combined with a shooting sensation like a gnat bite; could not sleep at night for itching. Whole lasted about ten days.

*Poisoning No. 4. Juice painted on the arm.* — In a week the arm became red, and a number of small pimples appeared. In night face became swollen and red, as also abdomen and thighs, on which arms rested. Next day arm and hand bright red, and swollen as in erysipelas. Painted spot was abraded. Over rest of forearm many vesicles, of various sizes and shapes, with minute pustules; on back of right hand and on front of wrist, also on right cheek, a few raised red spots, sharply defined, surmounted by minute white pustules. Redness and swelling of the face was chiefly about the eyes, left eye being quite closed. On chin a yellow crust resembling that of eczema. On inner side of each thigh, at the upper part, was a large, red, ill-defined patch, with one of two transparent vesicles on lower abdomen; a few spots on right hand. Eruption caused considerable itching.

*Poisoning No. 5. Some juice got into a crack on left wrist.* — After twelve hours wound itched, and scratching increased the

irritation. In the afternoon of next day vesicles appeared around wound and higher up arm toward elbow. At first not much itching, but on second day this was considerable, and so much worse at night as to hinder sleep. On the evening of second day scrotum became inflamed, without vesication; also face, eyelids and upper right cheek, presenting erysipelatous appearance, and feeling hot, stiff and burning. There was also a red patch at bend of right arm and on right hand. After five days, though rhus 1 x had been taken, arm was more swollen and tense, redness deeper and more uniformly diffused; color disappearing on pressure and reappearing directly it is removed.

Although as a general thing I do not consider the immediate local manifestations, arising from the application of a drug to the skin, as the best guides in determining its therapeutic value, I should make exception in the case of anacardium, for the reason that its eruption does not appear till after some considerable time has elapsed, and it appears on many other parts of the body than that with which it came in contact.

The symptoms recorded above present very remarkable pictures, it seems to me, of two distinct diseases; that of urticaria and eczema. In the former the size of the wheal, its degeneration into bullæ, sometimes filled with pus, shows its homœopathicity to those rare forms of this disease known as *urticaria tuberosa* and *urticaria bullosum*. In the latter its sphere is evidently in the most acute form of eczema, when the swelling, redness and vesiculation come on with extreme rapidity and virulence, and accompanied with itching even more intolerable than usual. Case number five, second series, was accompanied with such constitutional symptoms as would lead to its trial in some cases of acute, superficial erysipelas of the face.

The other symptoms of this drug would show that it is especially indicated in the above-mentioned diseases, when the cause is supposed to be neurotic.

#### ANTIMONIUM CRUDUM.

*Prover No. 3 a.* 49 grs. — (Had been proving the medicine some time, taking from 1 to 4 grains every day.) Deep sleep with perspiration; itching on the skin, especially about the genitals and inside of the thighs; sometimes twitched strongly towards morning; thereafter slight redness, and during day there appeared a pustular dry(?) eruption. Next day took 6 grs., and the itching and eruption, on scrotum, spread towards perineum. After two days he took 10 grs.. On both inner surfaces of thighs there came dry pustules, which itched and felt tense, and when walking the whole thigh was painful. These pustules

lasted three weeks, when they dried up, scaled off and disappeared, and during this time all the other symptoms went off.

*Prover No. 3 b.*  $\frac{1}{4}$  grain for three successive nights. — On third day increased feeling of warmth over the whole body; itching on the inner surfaces of the thighs and genitals, where the pustules, caused by the ant. sul. aur., had been.

*Prover No. 6.* After several doses of 9th dil. — Tingling and itching over face, thighs and hips, causing him to scratch.

*Poisoning No. b.* Exposure to vapor of ant. — Anorexia, pain in bowels, with diarrhoea and a pustular eruption, first on the throat, very thick, then on the body, and very severe on the genitals.

*Poisoning No. c.* Exposure to vapor of ant. — Pustular eruption confined to the throat. The pustular eruption again appeared on neck and arms, less on the body, but on genitals to such an extent he could not walk.

*Poisoning No. d.* Exposure to vapor of ant. — Painful swelling of the cervical glands, pustular eruption in the bend of the joints of the upper extremities, but especially on the abdomen and genitals.

*Poisoning No. 2.* Large spoonful of tincture. — Pustules on the fauces, and maculæ, and a red exanthem over whole body, with delirium.

*Poisoning No. 3.* Case of pneumonia treated with 20-40 grs. antimony oxide. — There appeared on the fourth day an eruption of small pimples, similar in their confluence to those I have had occasion to observe on the genitals as a consequence of the external use of tartar emetic.

*Experiments on animals.* Several grains to a young dog. — Belly appeared unusually warm, and on the hypogastrium toward genitals several discrete pustules which forms scabs; they came and went off gradually.

This remedy is evidently homœopathic to eczema pustulosum, especially when occurring about the genitals. The consensus among the provers as regards location is especially well marked.

#### ANTIMONIUM TARTARICUM.

*Prover No. 2.* Dose not given. — In evening, in bed, on right side itching and gnawing so that he must scratch.

*Prover No. 3.* — Some fingers get dark yellow spots of large size, which last two days. Then occur on hands some small red spots, like fleabites, without pain, and go off after two hours.

*Prover No. 10.* 8 grains. — Excessive and constant perspiration.

*Prover No. 17 c.* 5 to 7 grain rubbed on. — Three days later a

rash, with considerable itching, over the whole skin, which did not subside for two days longer.

*Poisoning No. 3. 4 grains for fifteen days.* — His breast, the anterior surface of the upper arms, the wrists, the hypogastrium and the inner surface of the thighs, were thickly covered with an eruption of bright red, small conical, distinct, hard pimples, with an inflamed base, like lichen simplex. The itching from this was intolerable, irritating him at times almost to frenzy. This began to appear on the fifth day of the use of the drug, and did not appreciably abate until three days after its discontinuance.

*Poisoning No. 9. 10 grains.* — The most careful examination failed to discover any traces of pustular development.

The soft palate and throat were likewise of a deep red, and covered with small vesicles, many of which had burst.

*Poisoning No. 15. Applied to skin as an ointment.* — It causes an eruption of painful pustules, resembling those of variola, or ecthyma. The smaller ones are semi-globular, the larger ones, when at their height, are flattened and surrounded with an inflammatory border, contain a pseudo-membranous deposit and some purulent deposit, and have a dark central point.

When they have attained their greatest magnitude the central spot becomes larger and darker, and in a few days dessication takes place and the crusts are thrown off. They are usually very painful. I am acquainted with no agent which produces an eruption precisely like that caused by tartar emet. (Pereira).

*Poisoning No. 16.* — The clear lymph of the pustules which arise from the external application of tartar emet. produces inoculation pustules which are quite indistinguishable from those produced from vaccination.

I have made thirty-one vaccinations and re-vaccinations with lymph of tartar emet. pustules, and I have found them, in all their relations, analogous to those from cow-pox lymph (Lichtenstein).

*Poisoning No. 17. Di during two weeks.* — Some days after leaving off the medicine there appeared a varioloid eruption, which ran a course exactly like that produced by tartar emet. ointment.

*Poisoning No. 18. 10 grains during thirty-six hours.* — In twenty-four hours after the last dose there appeared an eruption having a most perfect likeness to that caused by tartar emet. ointment. It consisted of small papulæ, or vesicles, which rapidly enlarged and became full of pus, surrounded by a red areola, so that they resembled true variolous pustules; they were besides extremely painful. After a few days they dried up and formed crusts. Some of the pustules were larger than others,

like those of ecthyma. Eruption commenced on inner surface of the forearm, then spread all over the back, when pustules were partly solitary, partly grouped, and were confluent. Neither vomiting nor sweat attended formation of pustules, but they were preceded by some watery stools.

*Poisoning No. 19.*  $\frac{1}{4}$  grain every three hours for six days. — The body was so covered with pustules that the friends of the patient mistook the eruption for small-pox.

Cases 20, 21, 22 mention similar eruptions, occurring from the internal administration as occur from the external application, in each case identical with those already described.

*Poisoning No. 23.* — Dr. Imbert-Gourbeyre, in a paper on "Antimonial Eruptions," shows, by observation and citations, that the local application of tartar emet. is liable to produce pustules on other parts of the body, and especially at the anogenital region, and maintains that these are the results of absorption and not the effect of mere mechanical transference, on the following grounds :

(See Cyclopædia Drug Pathogenesis, page 303.)

From the foregoing it is evident why tartar emet. has so long enjoyed the reputation of being almost a specific in the eruption of variola and varioloid. It is equally homœopathic to ecthyma. The locating of the pustules on an inflamed base, and the tendency to their remaining discrete, being especial points of similarity. I have also found it of great service in that condition of erythema multiforme which not uncommonly follows vaccination.

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*SUMMARY OF THE EXPERIENCES OF FIFTY PHYSICIANS IN THE RECENT EPIDEMIC OF LA GRIPPE.*

BY F. P. BATCHELDER, M. D., BOSTON.

[Read before the Boston Homœopathic Medical Society.]

At the request of the President of the Boston Homœopathic Medical Society, a list of questions relating to the late epidemic of la grippe has been sent to the members of the society, chiefly, and about fifty replies have been returned.

We desire to extend our thanks to all who so kindly responded. The three States, Massachusetts, Rhode Island and Connecticut, comprise the area from which replies have come.

The questions and accompanying answers will be given in the order found on the circulars.

Question I. From your observation in practice, what has been the relative prevalence of this epidemic compared with that two years ago ?

Twenty physicians report the prevalence of this epidemic as much less; five of them stated that they had had from fifty to seventy-five per cent. as many cases as two years ago. Six report about the same number of cases as in 1889-90. Seventeen note a greater prevalence this time; two stating that they have had double the number of cases, often meeting with whole families suddenly invaded.

From the above it would seem that inland towns have suffered more this year than those along the coast; although this conclusion can only be an approximate one.

Question II. What the relative severity of sickness?

In the experience of twenty-two it has been perceptibly less.

Four report cases about as severe as two years ago, and fourteen report cases as much more severe.

In addition to these, one says, "Less violent, but more obstinate;" another, "Not severe except if sequelæ develop;" others, "less severe in the middle-aged, more so in the old and feeble;" "The rheumatic type is less severe, pulmonary affections about as two years ago, gastric disturbances more marked this year."

Question III. State the relative fatality?

In eighteen replies no deaths from the disease *per se* are recorded. Three report a fatality equal to that of previous epidemic, and five say "less."

The following from a Lynn physician is worthy of notice: "Deaths in Lynn during 1890 numbered 1045; only three of these were said to be from la grippe. Deaths in 1891 were 1049, with three attributed to la grippe."

One physician reports a death from "heart failure;" another several deaths in each epidemic, in cases where organic heart disease pre-existed. Three report a few deaths in the extremes of life, or in cases of previously existing chronic disease. Five report a greater fatality among the aged.

We are led to think, from the reports, that deaths have occurred only in cases where complications were present, and that there has been on the whole a smaller fatality in such cases.

Question IV. What have been the most prominent symptoms in this epidemic?

The following gives a "bird's-eye view" of answers to the above:

"Fever for three or four days; pain all over the body for two or three days; marked weakness, long-lasting; a rattling, loose-sounding, obstinate cough, without much expectoration, for one or two weeks. In three cases vomiting and diarrhœa seemed to take the place of the cough. Have seen much less of the head-



ache this year. Pharyngeal catarrh has been very prevalent, but very often is independent of the epidemic."

"Sudden accession of fever, sometimes accompanied with chill; pain in the head; muscular soreness; extreme prostration; sometimes vomiting, and usually anorexia. Not infrequently bronchitis, and sometimes pneumonia supervenes."

"Chills, followed by fever and violent headache in frontal and occipital regions; pain in the lumbar region, and in flexions of the knees; nausea and vomiting in some cases; congestion of the conjunctiva, and spotted appearance of the face; running at the nose; bronchial cough; frequently diarrhoea; thirst in all cases; insomnia, in one case excessive, patient did not sleep for three nights, and went down stairs obtained the carving knife and threatened to take his own life."

"Repeated small chills, more or less alternating with heat; headache, often associated with dizziness; aching bones of extremities and back; moderate rise of temperature and pulse for the first day or two; cough, often of a very distressing character, from disposition to spasm of the larynx, producing strangling; considerable expectoration, even in those who almost never had expectorated before. More characteristic than all, a peculiar bluish-white coated tongue after first twenty-four or thirty-six hours, which, soon coming off, leaves the tongue rather dark red and smooth, but not markedly dry; foul taste."

A peculiar feature of the patient's temperature was noticed and mentioned by one physician:

"Have observed in many cases, and believe it a most characteristic symptom, at the onset of the disease, the temperature is from  $\frac{1}{2}^{\circ}$  to  $2^{\circ}$  subnormal; then a high temperature, but not so high as the severity of pain, etc., would lead one to expect; this followed by a subnormal temperature, lasting from one to five days."

The above was largely due to the fact that frequently several in the same family would be successively attacked, consequently observations like those mentioned were possible.

The range of elevated temperature has been from  $100^{\circ}$  to  $105^{\circ}$ , generally not above  $103^{\circ}$ . Pulse from 80 to 130.

Very few indeed make any mention of the presence of coryza, and in the majority of cases, in its stead, the obstinate dry bronchial cough, etc., have been noticed. In a few cases reported gastro-intestinal disturbances, sometimes simulating cholera morbus, seemed to take the place of the bronchial catarrh. All concede the protracted prostration, often with total loss of appetite, one of the most characteristic symptoms. Only two cases have been noted where there was any tendency to delirium or insanity, and in but one of these, already alluded to, was a suicidal tendency observed.

Three distinct types have been noted or suggested by some, e. g., catarrhal, rheumatic and neurotic ; but positive data regarding these cannot be given. From all that can be gathered, cases of each type or variety have come under the observation of physicians, but relative frequency was not mentioned.

Question V. What remedies have been most generally beneficial, and for what special conditions ?

For the general pain and soreness of body, etc., thirty have found bryonia efficient ; twenty mention gelsemium ; twelve rhus tox., and ten eupatorium perf. Seventeen mention ars., and seven china for the excessive prostration.

For exhibition, according to the special symptoms in a given case, the relative frequency only with which remedies were mentioned will be stated.

Aconite, 24 ; belladonna, 15 ; Ant. tart., 11 ; phosphorus, 15 ; ipecac, 12.

Nux vom., kali bi., puls., 7 each.

Hepar sulph., 6 ; merc. vir., 5.

Glon., rumex crisp., 4 each.

Ferrum phos., verat. vir., ignatia, hyosc., arnica, phenacetine, 3 each.

Causticum, lyc, digitalis, ammon. mur., drosera, 2 each.

Ars. iod., squilla, merc. bin., merc. prot., kali carb., verbasum, phos. ac., iodine, lachesis, nat. mur., ambra, kali iod., eucalyptus, antikamnia, acetanelid, quinia, carbo veg., antipyrin, euphrasia, sang., merc. dulc., sambucus, apocynum, phytolacca, salicyl. ac., atrop. sulph., alium cepa., spongia, cactus, etc., 1 each.

Question VI. What were the most frequent complications ?

These, briefly enumerated, are as follows : Bronchitis, pneumonia, glandular swellings, phthisis, rheumatism, otitis media, and congestion of the lungs.

The first two mentioned have been most frequent.

Otitis media was noticed by several. The following is significant :

“ Have knowledge of this epidemic only from standpoint of aurist, but have noticed a much more decided tendency to middle-ear complications than during the last two years. The commonest form is an acute or sub-acute suppurative inflammation of the middle ear, with perforation of the drumhead, of course. The inflammatory process, in most cases, extending from the throat to the middle ear through the Eustachian tube. The catarrhal forms of middle-ear inflammation, originating in the same way, have occurred less often.”

Congestion of lungs was noticed in a few cases, described as follows :

“ Often attended with bloody expectoration and high temper-

ature (104°, 105°), but not becoming true and common pneumonia, and soon resolving."

In connection with phthisis, the same observer states:

"I have seen many cases of phthisis within a year and a half, where the patients traced the beginning of their sickness to the grippe of 1890."

Question VII. What sequelæ, if any?

Replies were necessarily returned before a sufficient time had elapsed for determining the above. So far as observed, neuralgia and irregularity in the heart's action, ascribed to disturbance in pneumogastric nerves, were most noticeable.

Question VIII. State your theory as to the pathology?

Comparatively few opinions were expressed. The following express the probable condition:

"Morbidly neurotic;" "inflammation of bronchial mucous membrane, etc.;" "consider it a catarrhal fever."

Question IX. Give theory as to the cause?

The words of a noted author, "The matter is not sufficiently ripe for any dogmatic statement," written of a certain subject under consideration, apply with equal significance here.

Most replies are of necessity more or less vague; but a few are sufficient to show the trend of opinion:

"Atmospheric; a certain change in the planetary conditions, which so suddenly affects all parts of the globe."

"Peculiar telluric influences, which I am unable to explain."

"Some atmospheric influence."

"Climatic conditions favoring bronchial catarrh and violent colds in the head."

"Presume it is due to a specific microbe."

This summary would not be complete without a report, kindly furnished by the superintendent of the Westborough Insane Hospital, which was in substance as follows:

Question I. Less prevalent. We have recorded 29 cases this year, and 146 on January 16, 1890; but we are not yet through with it, and this report is called for too soon.

Question II. Relative severity less than two years ago.

Question III. Relative fatality less; no deaths yet.

Question IV. Most prominent symptoms — headache, moderate fever, begins with chill, nausea, vomiting in most cases, no appetite for days, pains of back and extremities less than two years ago, no nasal symptoms, catarrhal symptoms are pharyngeal, laryngeal and bronchial; most have hard cough.

Question V. China, bell., ferrum phos., gels., ars. alb.

Questions VI. and VII. No pneumonia.

Questions VIII and IX. The journals state that it is contagious. In a few cases I have thought it might be true; but I

cannot state that it is a fact from my own experience, for our cases have usually occurred, I might say, sporadically, when there was no apparent opportunity for contagion or infection.

In closing, allow me to commend to your careful consideration an able article in *THE NEW ENGLAND MEDICAL GAZETTE*, February, 1890, pp. 49-58, "La Grippe."

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*THAT "ETHER CASE" CONSIDERED.*

BY GEORGE WILLIAM WINTERBURN, PHAR. D., M.D., NEW YORK.

In the April number of the *NEW-ENGLAND MEDICAL GAZETTE* is an article, by Dr. James Krauss, of Malden, on a death from the administration of ether. As a report of a case it is excellent in form and dignified in tone. Dr. Krauss has made diligent search of the authorities, and his summary of these, and the clear statement of the facts in his own case, will tend to make us all more cautious in the use of ether hereafter, and to be better prepared to counteract its pernicious effects than he was. But why was ether used at all in this case? Apparently because the doctor does not know how to cure hemorrhoids homœopathically. For it cannot be imagined that any physician who knows how to cure hemorrhoids, by the use of the appropriate remedy, would subject his patient to the brutal method of carbolic injection, or the equally unscientific "radical treatment of the trouble." He did, indeed, prescribe *nux vomica* 3x, and the person, next morning, claimed to have experienced some relief. But this relief was more probably due to the adjuvant treatment of warm sitz-baths and enema of warm water and glycerine, than to *nux vomica*, which, on the statement of the symptoms, was not indicated in this case. The whole paper evidences such careful preparation that we are bound to accept the record of symptoms as complete. That record, if it can be trusted, points very clearly to muriatic acid as the remedy homœopathic to the case; and, in the presence of this dead patient, one may well wish it had been given opportunity.

I have treated many cases of hemorrhoids during the past seventeen years. Some of these have been very severe and of long standing. I have been more and more confirmed in the belief, as time has gone on and experience has accumulated, that even the worst of these cases are quickly relieved by the homœopathic remedy. But these cases, like all others, must be strictly individualized. To make a cure the doctor must know, intimately, the symptomatology of the hundred or more remedies which act specifically on the rectum and anus. So qualified, the doctor will be able to treat these cases with credit to himself and justice to his patient.

*A FEW OPINIONS ON THE ANTISEPSIS QUESTION: IN SYMPOSIUM FORM.*

The following opinions have been formulated by their signers, physicians of much experience and scholarly intelligence, in reply to a few questions on the subject of asepsis, antisepsis, and compatibility, or otherwise, of these methods with the homœopathic rule :

I. DR. HELMUTH.

I am in a great hurry to-night, but can say that I am a firm believer in aseptic and antiseptic methods. I believe that it is common sense to say that, if we can exclude micro-organisms from a wound decomposition will not occur.

I do not understand how a carefully conducted aseptic or antiseptic treatment can in any way interfere with homœopathic treatment. It don't in my practice ; in fact, the medicines act better with patients undergoing such treatment.

It seems to me also that there has lately been a difference of opinion as to terms — What is asepsis ? What is antisepsis ?

Yours truly,

WM. TOD HELMUTH.

II. DR. I. T. TALBOT.

BOSTON, March 31, 1892.

You are kind enough to ask my opinion concerning the value of aseptic and antiseptic methods of treatment. I consider them the basis of the great advance made by operative surgery in the last twenty years.

Asepsis is, of course, the ideal condition when there is no poisonous condition in or about the patient ; when the air, the clothing, the furniture, the room, the persons themselves, including the operator and assistants, are all free from any possibility of conveying poison to the patient undergoing an operation and placed in a position to absorb any virus brought in contact with the wound. But in the present condition of the world it requires the greatest care to remove those septic influences which are so constant, and asepsis is attained only by antisepsis.

That this is capable of great abuse, such as the undue use of toxic substances, so that in destroying the supposed virus the patient also may succumb, is quite possible, and the surgeon should use great judgment in his antiseptic methods.

We all know that soap and water, and abundance of fresh air, heat and cold, rank among the most powerful antiseptics, and should be used as far as practicable. But these are not always sufficient ; hence the well-known fumigation of rooms with burning sulphur, the sulphurous acid penetrating into cracks and

crevices and hidden places where the other substances could not effectively reach.

Instruments, too, can be rendered septic by the high and long continued application of heat. The hands and person of the operator, and the part of the patient to be operated upon, can often be rendered aseptic by thorough washing ; but sometimes even this is inefficient, and a more powerful antiseptic, like carbolic acid or bichloride of mercury, and other powerful so-called antiseptics, may be used with great benefit as well as entire safety.

The methods of using these substances advantageously the experience of the last ten years has done much to improve, and while the efforts of the profession, and particularly of surgeons, are directed to the study of the best methods of antiseptics I am sure we are moving in the right direction.

I do not see anything in such methods incompatible with homœopathy. In fact homœopathy positively demands this, and it has been through the care of the surroundings of patients that homœopathy has done so much for the advancement of medical practice. If a patient is filthy the first duty of the homœopath, before any pellets are given, is to remove the noxious surroundings. We use substances, soap and water, and even detergents, which, taken into the stomach, would act as poisons, but which upon the skin and upon the clothing of the patient are only healthful, and render the system more susceptible to the influence of the properly selected medicine ; and I should as soon think of the effects of the weekly washing being incompatible with homœopathy as are the results of properly applied antiseptics.

One may find fault with the methods and kinds of antiseptics used if he chooses, and show a better way, but I think it absurd in the extreme to find fault with the principle which, often as it has been applied, has shown such wonderful results for good.

Yours sincerely,

No. 66 Marlborough st., Boston.

I. T. TALBOT.

### III. DR. CONRAD WESSELHOEFT.

One who ventures to reply to the questions propounded concerning the above subjects should be aware that he may find himself one of a symposium, within which accurate knowledge on the subject proposed will vary like the opinions expressed. Therefore the following is offered, in the hope that it will not deviate essentially from the finding of an intelligent minority.

In order to answer your questions correctly, concerning aseptic and antiseptic methods of treatment, I must premise that these methods apply not only to the general prevention of un-

cleanliness, but that they are wholly directed to the exclusion of bacteria from the patient, whether surgical or medical.

To say, as some do, that antiseptic methods are equivalent to absolute cleanliness would not cover the ground, unless it is understood that cleanliness signifies the exclusion or destruction of noxious microbes. In this sense cleanliness, as far as possible absolute, should stand first and foremost in all hygienic measures in medicine and surgery.

As to your question, whether there is anything in such methods incompatible with homœopathy, I should prefer to say medicine in general in the place of homœopathy alone.

It will be found that, for obvious reasons, the answer to the question must be somewhat conditional.

Antiseptic measures are unavoidably associated with the application of certain substances which destroy or prevent the growth of microbes. Heat, such as the body can tolerate, is not sufficient for that purpose, and boiled water, as soon as it falls a little below the boiling point, very readily becomes re-infected.

While pure water disinfected or sterilized by heat would be the most desirable antiseptic, experience teaches that it is not sufficient for the purpose, and hence mercuric bichloride, carbolic acid, iodoform, and many other more or less powerful drugs, are used, in a highly diluted state, in combination with water.

The question is well worth considering, whether these substances interfere with medicines administered internally; but, unfortunately, experience concerning this point is imperfect, though not wanting, and any opinion concerning it must therefore be somewhat theoretical.

Surgeons apply antiseptic measures to intact surfaces, that is, to the outer integument as well as to cavities. It is doubtful if fluids sterilized (made aseptic) by drugs, in very dilute state, would make such conditions produce serious or undesirable effects, provided the surfaces with which they come in contact are sound.

That such undesirable effects have followed the application of certain sterilized solutions (mercuric bichloride, carbolic acid,) to wounded tissues is admitted. The conclusion to be drawn is, that antiseptics interfere with internal medication under certain known conditions.

Possibly even a very dilute solution, say, of mercuric bichloride, would interfere with very dilute medicines administered internally; nor is it probable that their influence upon a brisk purgative or an opiate would be especially salutary.

If cases should occur where antisepsis and internal medication seem indicated, it is for the physician to decide which of the two is more necessary, and to omit the measure of less importance.

In most surgical instances the application of antiseptic dressings is of a local nature, not precluding internal medication by highly diluted medicines, say, from the first to the fifth decimal attenuation. Those who use "high potencies" believe them to be of such invincible strength that any consideration of their relation to antiseptics is unnecessary.

Antiseptic preparations, in the form of "internal" medicine, are not in use, on account of their danger; but as means of disinfecting rooms, clothing and utensils, they are indispensable, and do not interfere with internal medication.

In some quarters antiseptics has met with opposition, and has perhaps here and there lost ground; not because the underlying principle is unsound, but because, in various ways, it has been abused and misapplied, thus leading to a misunderstanding on the part of some. The market has been fairly overloaded with patented and unpatented antiseptics. In devising means of cleanliness the thing has been overdone in the form of nauseous and noxious greasy salves and plasters, which, by failing to fulfil their avowed purpose, irritate the patient and discourage the novice in medicine, who, in the bustle of the cleansing process, fails to see the true underlying intention and principle which in perfection, next to a safe and beneficent rule (s. s. c.) of applying medicines, is the greatest step medical science has ever taken in advance.

Yours sincerely,

C. WESSELHOEFT.

#### IV. DR. CH. GATCHELL.

In reply I would say :

(1). I believe that aseptic and antiseptic methods of treatment have been of inestimable value in preventing disease, in rendering it benign, and in saving human life. In the present state of knowledge upon the subject I would look upon a neglect to make use of such methods as little less than criminal upon the part of the practitioner of medicine, the accoucheur, or the surgeon. I do not believe that one can be too strict in their application. I have been acquainted with some who employ aseptic methods and yet regard antiseptic methods as being unnecessary and without value. Upon observing the practice of those who are of this opinion, it appears to me to be little more than a refinement of language to distinguish their asepsis from another's antiseptics.

My convictions upon the main subject have been formed after a study of the reports made by men of prominence in various hospitals, both in this country and abroad, and upon my own experience and observation in hospital practice.



(2). I see nothing in these methods incompatible with the practice of homœopathy. Indeed, to make such claim would require, I think, a very violent assumption.

Fraternally yours,

CH. GATCHELL.

V. DR. HORACE PACKARD.

In response to your request for remarks concerning the value of "aseptic and antiseptic" methods of treatment, I submit the following :

Aseptic means without sepsis.

Antiseptic means against sepsis.

Sepsis is now universally recognized as the cause of all putrefactive fermentation in surgical wounds.

All surgeons universally practice some sort of method directed against sepsis ; hence their belief is in antiseptic surgery, and they practice according to the light which they have upon the subject, antiseptic surgery.

Aseptic surgery is a misnomer, and the term should never have been introduced into surgical literature. It is only a source of confusion, and leads many who are not thoroughly grounded on our present knowledge of wound infection, suppuration and putrefactive decomposition, to ignore the great truths which the herculean efforts of Lister have taught us. At best, with all the antiseptic methods, and the best antiseptic methods known to science, we can only approximate the ideal state of freedom from sepsis.

The only question at issue, as I see it, is, whether in our antiseptic methods of treatment chemical antiseptics shall be used. That they are of value in freeing the field of operation from septic material, and in making the hands of the operator and his assistant clean, I can have no doubt. Experience has shown us that chemical antiseptics are not necessary in making instruments, dressings, or utensils sterile. We are able to accomplish all this by the aid of heat.

Neither are chemical antiseptics of value in a wound which is made with clean instruments and clean hands, and upon which clean sponges and dressings are used.

My estimate concerning the value of a rigidly executed antiseptic method of treatment, based on an intelligent comprehension of the laws of tissue repair, is incomputable.

I cannot see how the compatibility or incompatibility of homœopathic treatment in connection with such antiseptic methods of wound treatment can in any way arise. There is absolutely nothing known in homœopathy that can stop the pro-

gress of putrefactive decomposition in a wound after that process is once established.

I can but look upon a patient who has undergone a surgical operation, performed according to our best light as to antiseptic surgery, as a much better subject for successful treatment with homœopathic remedies, should therapeutic measures become necessary, than one who has a wound reeking with foul pus.

Very sincerely,

HORACE PACKARD.

VI. DR. GEO. R. SOUTHWICK.

I believe most thoroughly in asepsis, and that in many cases antiseptis is necessary. It is indispensable for the best good and most benefit to our patients. It has nothing to do with homœopathy. It is part of the general prophylactic treatment, and is no more incompatible with the principles of homœopathy than is the sanitary plumbing of our houses.

Very sincerely yours,

G. R. SOUTHWICK.

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**SOCIETIES.**

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*MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

The annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, Boston, Wednesday, April 13, 1892.

The meeting was called to order at 10.30 A. M. by the President, A. J. French, M.D., and the records of the semi-annual meeting and of the meetings of the Executive Committee were read and approved.

The following candidates were then elected to membership: Julia A. B. Russel, M.D., Malden; Kate G. Mudge, M.D., Salem; Frederick A. Davis, M.D., Boston; Julia F. Woodman, M.D., Boston; John H. Bennett, M.D., Boston; Cyrus W. Scott, M.D., Andover; Georgianna W. Harris, M.D., Boston; Winslow B. French, M.D., Brighton; S. Willard Coy, M.D., Boston; William T. Hopkins, M.D., Lynn.

The President then appointed the following Tellers: Drs. E. A. Murdock, F. D. Stackpole, James Hedenburg, and at 11 A. M. declared the polls open for the election of officers for the ensuing year:

## REPORT OF COMMITTEE ON CLINICAL MEDICINE.

Fred'k B. Percy, M.D., Chairman.

1. A few cases of Asthma. Fred'k B. Percy, M.D.
2. The epidemic of Influenza in Worcester County.  
Chas. L. Nichols, M.D.
3. A clinical case. N. R. Perkins, M.D.
4. Traumatism as a factor in disease, with two clinical cases.  
Fred'k A. Warner, M.D.
5. Was it a case of La Grippe? Samuel L. Eaton, M.D.
6. Abdominal elephantiasis. D. E. Brown, M.D.
7. A case of spinal abscess. J. K. Culver, M.D.

These papers were all of unusual interest and elicited the following:

## DISCUSSION.

Dr. E. P. Scales wished to endorse the use of sambucus in asthma. In his hands it had proved a most satisfactory remedy in many cases.

Dr. H. E. Spalding had noticed toward the subsidence of the recent epidemic of grippe that many cases presented a sub-normal temperature. This was so marked as to be regarded by himself and others as a diagnostic symptom, and was often a forerunner by twenty-four hours of the fever.

Dr. Joseph Chase spoke of several cases of asthma reflex from nasal obstruction removal of which relieved the asthmatic trouble.

Dr. Edward B. Holt spoke of the remarkable success of homœopathic treatment in the late epidemic of influenza, and thought that its demonstrated superiority over other methods of treatment should be brought more forcibly to the attention of the profession at large.

Dr. N. R. Morse suggested that Dr. Eaton's doubtful case might have been one of malignant scarlatina instead of "la grippe." Thinks that homœopaths lose comparatively few cases of influenza or pneumonia. Is heartily in favor of the cold pack in the treatment of these diseases.

Dr. Frank A. Gardner wished to add his testimony in favor of the cold pack in "la grippe." Thinks one reason for the poor results of old-school treatment of this disease is the use of antipyretics which strongly depress the already weak heart.

Dr. Frederick A. Warner in reply to a question, said that in the treatment of the cases of albuminuria mentioned in his paper, he used the dilute nitric acid strong enough to slightly acidulate the water.

Dr. N. W. Rand reported a case of influenza during the

entire progress of which the patient was either comatose or wildly delirious.

Dr. A. A. Klein spoke of the frequent occurrence of purulent otitis following "la grippe."

Dr. F. W. Elliott has lost but two cases of pneumonia following "la grippe," in each of which the patient was addicted to the alcohol habit.

Dr. W. H. Lougee has always believed that "la grippe" was a neurosis and not contagious. One object of his treatment has always been to allay the condition of irritability which almost always exists, and to effect this he does not hesitate to give opiates. He also relies on phenacetin to reduce high temperature. He regards the bronchial type of the disease as the most troublesome; the first, or spasmodic stage of this type should be relieved by sambucus, but this remedy has disappointed him in this respect. The disease rapidly runs into the suppurative stage in which he has found hepar, mercurius, and aconite most useful. In regard to Dr. Warner's use of nitric acid in puerperal albuminuria it was his opinion that the cases would have recovered spontaneously, and doubted the efficacy of nitric acid in true Bright's disease.

Dr. Gardner spoke of the very gratifying results he had obtained from the use of the cold pack in the treatment of albuminuria.

Dr. A. J. French wished to call attention particularly to the profound effect of "la grippe" upon the nerve centers as the probable cause of many of the reported sudden and otherwise unaccountable deaths. Thinks that the disease is due to an atmospheric influence. Believes in the microbe theory.

Dr. O. S. Sanders regards discussion as to the etiology of "la grippe" as rather profitless. Thinks there is a great deal of speculation about the cause of disease, and that when we draw away from the totality of symptoms we get upon an open sea of doubt and uncertainty. Thinks that with the law of similars and good common sense the patient stands the best chance of recovery from "la grippe" or anything else.

This closed the discussion, and at 1 P. M. the meeting adjourned to Hotel Thorndike, where a very satisfactory lunch was served to 106 members.

The meeting was again called to order at Steinert Hall, at 2.30 P. M., by L. D. Packard, M.D., the President being unavoidably absent.

Dr. I. T. Talbot offered the following resolution:

*Resolved*, That the thanks of the Massachusetts Homœopathic Medical Society are hereby tendered to the State of

Massachusetts for the aid received through the State officials whereby the Massachusetts Homœopathic Hospital has been greatly enlarged and its usefulness increased; to the City of Boston and the generosity of many individuals for the erection of a fine Dispensary building, and to the Trustees of Boston University for the spacious addition to the School of Medicine; and we pledge our influence as a society to assist these institutions to fully meet the responsibilities which rest upon them. Carried unanimously.

The following resolution was also adopted :

*Resolved*, That a committee of three on the part of the Massachusetts Homœopathic Medical Society, together with one from each of the other Homœopathic Medical Societies and institutions of the State, be appointed by the Executive Committee of this society to have charge of and represent the Homœopathic interests of this State at the Columbian Exposition or Fair, to be held at Chicago in 1893.

Dr. J. Wilkinson Clapp, in behalf of the Faculty of Boston University School of Medicine, invited the Society to hold its next semi-annual meeting at the new college building. By vote of the Society this invitation was accepted.

#### REPORT OF COMMITTEE ON OBSTETRICS.

Walter Wesselhoeft, M.D., Chairman.

1. A few cases of puerperal albuminuria without convulsions. John J. Shaw, M.D.

#### DISCUSSION.

Dr. E. P. Colby has had the rare privilege of having under continuous observation for a period of eighteen years a patient, with albuminuria. At his first attendance upon the woman, eighteen years ago, her labor was normal, but at a previous confinement she had had albuminuria and convulsions. He has at intervals examined her urine since that time, and always found albumin until two years ago, when, at the climacteric, the albumin gradually disappeared, the headaches grew less frequent, and the woman was now apparently well.

Dr. J. Herbert Moore wished to remind the members that a congestion of the Malpighian tufts may cause albuminuria without the coexistence of true tubular nephritis, and spoke of the frequent existence of nephritis without albuminuria.

Dr. J. P. Sutherland said that the question of the relation of albuminuria to convulsions is not so important as that of nephritis to convulsions. Scarcely a pregnant woman will go to term without the occurrence of albuminuria, yet in the ma-

majority of these cases the urine will show no diminution of the excretion of urea and no casts. Has seen actual nephritis existing and yet no sign of convulsions.

REPORT OF COMMITTEE ON DISEASES OF CHILDREN.

J. H. Sherman, M.D., Chairman.

Subject : — Diphtheria, including Intubation.

1. Treatment of Diphtheria, with Report of a case. J. H. Sherman, M.D.

Discussion opened by L. D. Packard, M.D.

2. Intubation. Eloise A. Sears, M.D.

Discussion opened by Horace Packard, M.D.

DISCUSSION.

Dr. L. D. Packard thinks that a certain number of cases of diphtheria are doomed from the very inception, in spite of the most careful and scientific treatment known to-day. Has had very good success in the treatment of this disease with such remedies as phytol., bap., merc. bin., etc.

Dr. James Hedenberg gave a brief and interesting resumé of the history of diphtheria in this country, and spoke in regard to the difference of opinion as to the identity of croup and diphtheria, urging physicians to err in this matter on the side of caution.

The tellers then announced the result of the annual election, as follows: President, L. D. Packard, M.D., South Boston. Vice-Presidents, Alonzo Boothby, M.D., Boston; John P. Sutherland, M.D., Boston. Corresponding Secretary, J. Wilkinson Clapp, M.D., Brookline. Recording Secretary, Frank C. Richardson, M.D., Boston. Treasurer, Herbert Clapp, M.D., Boston. Librarian, Horace Packard, M.D., Boston. Censors, H. P. Bellows, M.D., Boston; N. Emmons Paine, M.D., West Newton; Walter Wesselhoeft, M.D., Cambridge; John L. Coffin, M.D., West Medford; A. J. French, M.D., Lawrence.

It is a pleasure to report the presence at the meeting, of Dr. Robert G. Reed, of Woonsocket, R. I., as a delegate from the Rhode Island Homœopathic Medical Society.

REPORT OF COMMITTEE ON NERVOUS AND MENTAL DISEASES.

Frank C. Richardson, M.D., Chairman.

Subject : — Syphilitic Neuroses.

1. General Syphilitic Neuroses. Frank C. Richardson, M.D.
2. Cerebro-Spinal Syphilis, with remarks on Treatment. E. P. Colby, M.D.

Discussion opened by N. Emmons Paine, M.D.

## DISCUSSION.

Dr. N. Emmons Paine thinks that the most frequent manifestation of nervous syphilis is general paresis. Considers that at least three-fifths of the cases of general paresis occurring in the male are of syphilitic origin, and probably every case in the female. Where a patient came into the epileptic state after thirty years of age he, with other observers, had come to regard the case as surely of specific origin. Wished to mention a peculiar form of mental disorder which seemed almost pathognomonic of syphilis. Illustrative of this was the case of a woman who was admitted to the hospital with all the symptoms of acute mania, but suddenly became quiet, childish, then in a week or two developed total loss of memory, lasting for a long time; she had kali iod, and made a good recovery. A man with the same general excitement at first soon developed the same indescribable forgetfulness, absolute amnesia, but under the iodides made a rapid recovery. Both these cases were known to be of syphilitic origin; they were not cases of general paresis, and the lesion was, in all probability, cortical.

Dr. J. L. Coffin thinks that exclusive of these cases depending upon new growths, syphilitic neuroses are among the most difficult conditions to diagnose. Speaking of syphilitic headache, he thought that severe pain is most likely to occur from syphilitic meningitis, and he has seen these cases cured by gelsemium, cimicifuga, etc., as well as by the iodides and mercurials.

Dr. N. Emmons Paine, speaking of the difficulty of making a differential diagnosis between cerebral tumors, said that he had in one case sent sections of the same tumor, made as closely together as possible, to two eminent pathologists. One called it a glioma, the other a gumma.

Dr. N. W. Rand reported a case diagnosed syphilitic tumor, presenting marked cerebral symptoms which had developed while the patient was under the iodide treatment. After trying various methods of treatment he finally prescribed merc. cor., gr. 1-100 t. d., and from that time the man began to improve, and the cerebral symptoms have now entirely disappeared.

The following committee was appointed by the Chair to take into consideration the recommendation of the executive committee, that the Society adopt the Australian ballot system: Drs. E. P. Colby, I. T. Talbot, Alonzo Boothby, F. B. Percy, F. P. Glazier.

Adjourned at five o'clock.

FRANK C. RICHARDSON, *Recording Secretary.*

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, 264 Boylston street, Thursday, February 4, 1892. President Henry A. Spalding in the chair.

The records of the last meeting were read and approved.

John H. Bennett, M.D., was elected to membership, and the name of A. D. Bowman, M.D., was proposed for membership.

Dr. Emily A. Bruce exhibited an orange-seed that had remained in the bronchial tubes six weeks, and was expelled in a paroxysm of coughing.

Dr. Martha Mann presented an irregular P-shaped piece of calcareous deposit that had been expelled during coughing.

Dr. Talbot opened the discussion with a few suggestions upon the removal of foreign bodies from the air passages. He said parents and friends usually complicated matters by interfering unnecessarily. First find out by delicate probing where the substance is, and what it is.

The blunt movable hook was a very serviceable instrument, but the probang or expanding brush usually removed the mucous membrane rather than the substance sought.

Several cases had occurred in his practice where different substances had been swallowed.

One child swallowed a glass stopper. Tracheotomy was performed, but the stopper was not found. After eight months the child had a fall, which started it out of the trachea.

A second case was of a child that swallowed a watermelon-seed and died on the third day of pneumonia.

A third case swallowed a bean. Tracheotomy was performed and the child recovered.

Dr. Packard reported several cases of foreign bodies in the air passages.

Dr. Spalding followed with cases occurring in his practice.

Drs. Sherman, Powers, Hines and Batchelder also reported cases.

The meeting adjourned at 10 o'clock.

M. E. MANN, M.D., *Secretary.*

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MEDICAL ATTENDANCE IN THE JURY-ROOM. — The sanctity of a jury-room appears to be so well guarded that, even in case of sudden sickness, a physician may not enter except after due process of law. In the Foss will case, tried recently in Boston, the jury were deliberating when, late in the evening, one of them was suddenly attacked with what proved to be a stroke of apoplexy. The officer in charge notified the deputy-sheriff, who, not having authority to let any one into the jury-room, drove across the city and informed the sheriff, but even this official was not high enough to act, and another expedition started in search of the judge. As the latter happened to be at home, the requisite order was obtained to summon a doctor. — *Ex.*



## REVIEWS AND NOTICES OF BOOKS.

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A PRIMER OF MATERIA MEDICA FOR PRACTITIONERS OF HOMŒOPATHY. By Timothy Field Allen, M.D. Philadelphia: Boericke & Tafel.

This "Primer" is destined to be a "joy forever" to the overworked student, oppressed by anticipations of examination in materia medica; for it contains the "characteristic features" or the "gist" of the pathogeneses of 266 drugs, so condensed as to cover only about 400 pages. "Clinical symptoms," which form so surprisingly large a factor in most of our works of this sort, are, by a fortunate arrangement, here given in a different type from that of the body of the text. We can thus, at a glance, distinguish between the drug symptoms obtained by the methods of Hahnemann and homœopathy and those obtained by the purely empirical methods which many homœopathsists who only rely on these "clinical symptoms" in prescribing are voluble in condemning in old-school usage. One would suppose that the least conscientious of homœopathsists might be brought to pause and reflection by the evidence here offered that hypericum, for example, boasts no other indications for its use than clinical, *i. e.*, empirical ones. The book is concise, practical and useful, and offers another evidence of the indefatigable capacity for work which the profession has so often had occasion to wonder at in its famous author.

TRANSACTIONS OF THE FOURTH QUINQUENNIAL SESSION OF THE INTERNATIONAL HOMŒOPATHIC CONGRESS, AND OF THE FORTY-FOURTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

As is well known, the annual session of the American Institute of Homœopathy was omitted in '91, except for the transaction of routine and necessary business, its scientific session being merged into the International Homœopathic Congress. In this volume of over eleven hundred pages one finds the complete transactions of the national and international organizations. As a frontispiece is found an admirable portrait of the President of the Congress, I. T. Talbot, M.D., of Boston. The first part of the volume and an appendix are devoted to the business proceedings of the Institute; by far the greater part, however, is given up to the Congress; to a report of the minutes of the session; to the addresses and essays delivered, with their discussions, and to reports on the history and progress of homœopathy in various countries. Many of these addresses and essays have appeared in our periodicals, and from

the large number presented it is impossible to select any for special commendation. They are, as a whole, representative of the highest ideals, the soundest thought, and best judgment of the most advanced and scientific workers in our profession. The discussions they gave rise to are earnest, animated, and instructive, and are quite fully reported. The variety of subjects treated is coincident with the wide interests of homœopathy, practical and theoretical.

The volume is a treasure-house of suggestion and information, and its prompt appearance and excellent arrangement reflect great credit on its indefatigable editor.

TRANSACTIONS OF THE FIFTEENTH ANNUAL SESSION OF THE CALIFORNIA HOMŒOPATHIC MEDICAL SOCIETY.

These records of the meeting held in San Francisco last May by the State Society give evidence of much wide-awake work by our brethren of the Pacific Coast. Therapeutics, gynecology, surgery, midwifery, and such-like branches of the healing art are touched upon in brief, readable papers; and the discussions, as reported, are frank, animated and suggestive. An especially noteworthy paper is that on "Morbus Brightii: Is it caused by a Bacillus?" by Dr. J. M. Selfridge, of Oakland.

THE YEAR-BOOK OF TREATMENT FOR 1892.—(Phila.: Lea Bros. & Co.) offers, after its wont, a great number of interesting articles by distinguished contributors. Among them may be noted the review of progress made in the treatment of lung diseases, by E. Markham Skerritt; in midwifery, by M. Handfield Jones; in diseases of children, by Edmund Owen. A valuable feature of this little book is the list it offers of new books published during the year, new editions and translations. The practical usefulness of such a concise yet exhaustive review of the medical year, as is furnished by the year-book, is annually better appreciated by the profession it aims to serve.

The May CENTURY, in addition to the serials now running, contains complete stories by Thomas Nelson Page and Wolcott Balestier, and a humorous skit by Harry Stillwell Edwards, author of "Two Runaways." The instalment given in this issue of the famous "Nanlanka" is of thrilling interest. New York: The Century Co.

Among the articles of unique interest in the POPULAR SCIENCE MONTHLY for May, are: "Herbert Spencer and the Synthetic Philosophy," by William H. Hudson; "Evolution in Folk Lore. An Old Story in a New Form," by David D. Wells; "Anthropological Work in Europe," by Prof. F. Starr. (Illustrated.) "The Limitations of the Healing Art," by Dr.

H. Nothnagel; and "Bad Air and Bad Health," by H. Wager and A. Herbert. New York: D. Appleton & Co.

The "complete novel" in LIPPINCOTT'S MAGAZINE for May is the "Golden Fleece," a mystical tale in the Rider Haggard manner, of transmigration and treasure-finding; by Julian Hawthorne. There are several interesting reminiscences of Walt Whitman. The poetry of the number is more than usually notable, being contributed by Anne Aldrich, Louise Chandler Moulton, and others as well known. Phila.: J. B. Lippincott Co.

Overcrowded pages prevent the appearance of other reviews and notices of books.

### PERSONAL AND NEWS ITEMS.

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THE Homœopathic Medical Society of Tennessee will hold its annual meeting at Knoxville, May 25.

THE first meeting of the Utah Homœopathic Medical Association was held at Salt Lake City, May 3rd.

THE seventh annual meeting of the Kentucky Homœopathic Medical Society will be held at Georgetown, May 17 and 18.

FREDERICK W. ELLIOTT, M.D., has removed from 232 Dudley St. to 107 Warren Street, Boston Highlands. Office hours, 8 to 9 A. M.; 1 to 3 and 6.30 to 7.30 P. M. Telephone, Roxbury 35.

DR. LAMSON ALLEN has sold his practice in Stockbridge, Mass., to Dr. F. W. Edwards, of Meriden, N. H., and has bought the practice of Dr. Edward L. Melus, 20 Elm Street, Worcester, Mass., where he will now reside.

ANY woman physician, (homœopathist) in search of a location, is asked to communicate with Dr. Elva Coulter, Dubuque, Iowa, who is desirous to dispose of her practice. Dr. Coulter's address is Cor. Eighth and Locust Sts., Dubuque.

THE officers of the Homœopathic Medical society of Western Massachusetts for the ensuing year, are: President, A. J. Bond, M.D.; 1st Vice-President, P. R. Watts, M.D.; 2nd Vice-President, G. F. A. Spencer, M.D.; Secretary and Treasurer, H. L. Clarke, M.D.; Censors, N. W. Rand, M.D., O. W. Roberts, M.D., G. F. Forbes, M.D.

THE retiring Board of Editors of the *Medical Student* are sincerely to be congratulated on the pluck, the energy, the admirable *esprit de corps* which have inspired their successful efforts to raise the very considerable debt with which the bright little journal was burdened, and pass it on, as a "freehold," to their successors. Several dramatic entertainments of much cleverness and merit have been given in aid of this good cause. Such a spirit as that of the student-editors in question, keeps the air of any college invigorating and wholesome.

EVERY physician and surgeon, in the course of his practice, has a case now and then which he would like to record by a photograph of the personal appearance of his patient, as well as by his minutes of temperature, etc. He can do this easily before and after with the aid of a Kodak, for he can use this camera without the bother of setting up a tripod, and can often take the photograph without the knowledge of the patient, at least without disturbing him. Besides this use of the Kodak, the doctor can obtain considerable pleasure from it by taking it along on his trips or vacation if he has any. Is just the camera for his home use, and, in fact, for all-around work, it is so simple and compact that we can recommend the Kodak to all.

**POST GRADUATE ALUMNI.**—The doctors attending the Post Graduate Course of the Chicago Homœopathic College, on the afternoon of March 30, 1892, organized the Post Graduate Alumni Association of the Chicago Homœopathic College. Edwin Gillard, M.D., of Sandusky, O., was elected President; Geo. W. Pringle, M.D., of Midland, Mich., Vice-President; Lorenzo N. Grosvenor, M.D., of Chicago, Secretary and Treasurer.

All who have a certificate of attendance on a Post Graduate Course at the Chicago Homœopathic College, are cordially invited to become members. Send name, address, and fifty cents to the Secretary and Treasurer, Lorenzo N. Grosvenor, 185 Lincoln Avenue, Chicago, Ill.

*THE Homœopathic Journal of Obstetrics, Gynecology and Pedology* for May is a notable number. It is increased in size to 112 pages, and is entirely devoted to the discussion of the question of laceration of the perineum. At the December (1891) meeting of the American Obstetrical Society, Dr. George Clinton Jeffrey, of Brooklyn, N. Y., read an address, entitled "A Reasonable Protest Against Immediate Perineorrhaphy," in which he took strong grounds in favor of the delayed, or secondary, operation for repair. This somewhat startling paper elicited so much disapproval among those present at the meeting, that Dr. Winterburn determined to give a fair opportunity for a full expression of opinion on this important subject. The result is a Symposium, of thirty papers, by prominent obstetricians and gynecologists in different parts of the country.

**IMPORTANT NOTICE AND REMOVAL.**—To avoid failure or doubtful success in use of Peroxide of Hydrogen, be sure you get Marchand's Medicinal; no substitute can replace it, statements of dealers, interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to substitute in this article, for the reason that Peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what Marchand's Medicinal costs, and the unscrupulous druggist or dealer pockets the difference in profit at the expense of the physician's reputation for skill and Marchand's Peroxide of Hydrogen Medicinal.

Put up in 4-oz., 8-oz., and 16-oz. bottles only, with which every careful physician should be familiar, in order to frustrate dishonest substitution and assure success in practice. Drevet Manufacturing Co., 28 Prince Street, New York.

*THE Homœopathic Medical College of Missouri* held its thirty-third annual commencement exercises at Pick-Wick Theatre, St. Louis, on the evening of March 17th, and graduated seven M. D's. Owing to the rigorous adhesion to the three years' course of study, there were not more; but in consideration of the fact that the older colleges of the dominant school only graduated from fifteen to twenty, the management feel satisfied with the work of the term past.

The exercises were interspersed with the vocal and instrumental selections of the best musicians of the city; the address on behalf of the Faculty was delivered by Rev. J. J. O'Brien, subject "The Elements of Success." The degree of Doctor of Medicine was conferred upon Ferdinand Brase, Helene A. Goerke, Thos. J. Jones, Clara Louise Toby, Emma C. F. Wentzel, E. Wilson Taylor, and Paul N. Zilliken, by the President of the Board of Trustees, Dr W. A. Edmonds. Prof. I. D. Foulon awarded the prizes and flowers in his usual happy style.

**WESTBORO' Hospital** — (says a correspondent of the local paper.) — "was lately examined with much interest and attention by the joint committee upon charitable institutions: Hon. Wm. E. Mead, chairman for the senate, and C. Stillman Blanchard, Esq., chairman for the house, and the house committee of finance, Malcolm E. Rideoute, Esq., chairman. These gentlemen will recommend the suitable sums for appropriations. Westboro' is in need of fostering aid. Many enlargements and betterments are required. The good work would go on still better if more could be used for current expenses. The best modes of treatment call for an amount and quality of nursing that cannot be given for the \$3.97 per week, which was last year paid out here. Unfortunately there is a strong pressure for even a lower rate than that. The late superintendent, Dr. N. Emmons Paine, uniformly said that with perhaps one half more outlay the rate of recoveries, reckoned upon the newly admitted, could be raised from such as that of last year, 35.77 per cent., to 50 per cent. This would mean a large abatement of human weakness and misery. Financially would it not be better to expend more at once, and thus preclude, if might be, four times the cost in supporting hopelessly insane people for many years?"

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EDITORIAL.

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“ARE PARTY LINES DISAPPEARING?”

Are the lines which separate the old school from the new school of medicine disappearing? Are these schools, in both of which are thousands upon thousands of educated, conscientious, earnest men and women working toward one common end—the rescue of humanity from the physical ills to which it is heir—learning to work, not indeed in unity, but in fraternity and in concord? That is a question which not only the student of medical affairs, but the philosopher, the student of sociology, must ever and again be interested in asking himself. It is a question which is asked, editorially, in a recent issue of the *Medical Times*, and there receives a highly optimistic answer. The answer is supplied, in part, by a quotation from the *Cincinnati Lancet-Clinic*, in which that excellent journal points out how many differences of theory and practice between the schools are being yearly swept away; and from this fact draws the inference that in a few years all differences of any moment will be done away with, and the schools find themselves as one. Would that the inference were one which would bear the searching tests of fact and reason! The gain to science and to humanity from the honest, scholarly men of both schools working together in hearty, mutual helpfulness would be something incalculable, something millennial. But the day of that possibility is yet far. The pleasant, optimistic inference of the *Times* and the *Lancet-Clinic* cannot stand, because it rests on altogether unsound

premises. It assumes that the gulf between the schools is one dug by difference of scientific opinion. Were that the case, it would be solidly and permanently bridged in a twelvemonth. It is a gulf dug by commercialism, and by mad, unscrupulous prejudice. It is a gulf which, as the world grows in clear-sightedness and honesty, may in time be filled up; though we venture to guess it will not be by the labor of physicians, but by the healthy compulsion of public opinion. Meanwhile nothing can be gained by a smooth and smiling ignoring of the nature of the gulf, and the fact of who digs it. If differences of scientific opinion were alone responsible for it, as has been said, its bridging would be neither a long nor a formidable matter. The homœopaths would be allowed to state their position; which, we take it, would be their belief, as the one *raison d'être* of their being homœopaths at all, in the efficacy of the rule of similars as a guiding principle in drug-prescribing. Having stated their position, they would ask an honest test of this rule by the opposing school of practice; a fair test by individuals, with candid report of results; a fair public test in every great hospital in the land, under exactly corresponding sanitary conditions, of the old school and new school methods of treatment; patient for patient; disease for disease; the results to be publicly reported at the end of a period to be fixed by mutual agreement. Every honest man in the allopathic ranks would realize that such are not the demands and the statements of charlatans; and what homœopathist doubts that from such a test homœopathy would come out with the triumphant right, granted by every honest observer in the old school, thenceforth to stand as an honorable therapeutic specialty in the ranks of scientific medicine!

Can the most optimistic believer in the approaching union of the schools see the very slightest hope of homœopathy having such a hearing or such a test from its traditional opponents? The question provokes no answer but a smile. The opposition to homœopathy rests on no basis of outraged science or principle, but simply on outraged prejudice and commercialism. It is not an opposition of argument, but of abuse; not of the sword at mid-day, but of the bludgeon in the dark; not of reason, but of vituperation and falsehood. Where is the old-school journal

that is willing to meet a new-school journal in open, courteous, rational discussion of principles involved in their differences? Where is the old-school medical society willing to ask a homœopathic physician to present a paper on his therapeutic specialty for their refutation? The attitude of the old school toward the new school to-day is practically that of fifty years ago, with the inflammation of rage that comes from the consciousness of impotency. We would urge upon our optimistic contemporaries the following quotations from an address lately delivered before the graduating class of a prominent old-school medical college, and reprinted in that journalistic treasure-house of bad eggs, *The Medical News* :

"Nowhere else is this fact so certainly seen as in the history and actual outworkings of that consummate example of civilized quackery called homœopathy. An hour's study of Hahnemann's works would convince any convincing person that this sorry specimen of nineteenth-century mediævalism is a disgrace to civilization; and yet it is fashionable. Laughed out of Europe, it has sought and found a home among Americans, infinitely receptive of every form of opera bouffe, whimsicality and rampant rascality. If its lay adherents had the faintest conception of the hideous absurdities on which it is built, and the trickery by which it lives, they would be sickened with disgust.

"It cannot escape the observation of any one who wishes to see facts as they are, that the great mass of homœopaths, by pure necessity, have in practice entirely abandoned the whole crazy nonsense of Hahnemannian mumbo-jumbo, and cling only to the name for purely commercial reasons. The great homœopathist, Guernsey, he, probably, who supplied "Dr." Swan with his sample or graft of "catarrhus nasi," says that there is in New York City to-day no exclusive homœopathic practitioner. Any fool knows that no disease can be influenced or cured by the mediæval drivel of potentizations, shakings, smellings, similia, etc. But a lot of silly women have got it into their heads that this is a 'nice' and a 'new' school, and these mountebanks, while giving common drugs in physiologic doses, are willing to sail under false colors for the sake of the practice it brings. It is a sickening fact, but fact it is.

"Combination is the order of the day in the world of trade. What is thus done for selfish reasons may be done for unselfish ones. The patent-medicine men have got every druggist and every newspaper in America in their determined grip. The homœopaths meet in National and International conventions, and devote their entire energies and time to schemes for getting State and Governmental money and aid, and for grasping every point of pecuniary and social advantage. In our lofty scorn of such low cunning, and in our intense preoccupation with disease and its cure, we never raise a finger toward meeting such attack, never pass a resolution to set Legislatures right, never try to instruct the public in its medical duties and self-interest. If, as a profession, we did not devote a tenth of our collective energy and intellect to these things, quackery would disappear. The medical profession is

shut within itself. It has no means or machinery for reaching the public ear. The few thousand quacks occupy the field; the public hears from them always and emphatically."

Gentlemen the optimists, what do you make of this? Can you point out any softened difference of note in this dear, familiar, blood-thirsty, mad-bull bellow? Is it desirable that we conciliatorily near the gulf, with a view to closer approach to this infuriated taurine? As a rule, gentlemen do not argue with mad bulls; they wait for the custodians of public safety to come and shoot them. That is what will happen to the mad-bull species of allopathic opposition, if we only wait long enough; the sturdy rifle of public opinion will permanently quiet its bellow. Meanwhile, gentlemen the optimists, weigh the sensitive honesty, the sound logic of this address of Dr. George Gould, delivered, with applause, in this year of Our Lord, and ask yourself what reason and honesty have to do with making or bridging the gulf across which the mad bull bellows. Weigh only these few points:

I. The old, unabandoned fashion — beautifully embodied in this address — of refusing to recognize homœopathy's right to outgrow the errors and mistakes once identified with its principles, while glorying in the right of "regular" medicine to outgrow the infinitely more monstrous errors and mistakes which once were the only principles it could boast.

II. The courteous, gracious, well-bred temperance of phrase, so characteristic of allopathic arguments in every discussion of this sort.

III. The dear, familiar "shudder of disgust" with which the experimenters with that chaste and cleanly medicament, Dr. Brown-Sequard's elixir of life, reproach all homœopathy, because a few so-called homœopathists, ridiculed by the majority of their *confrères*, utilize a few nasty medicaments in their practice.

IV. And, lastly. The novel, the unmatched, the gorgeous "nerve" of picturing the homœopathists as wishing to besiege legislative halls with clamor for place and right, while the old school, in its "lofty scorn of low cunning, in its intense pre-occupation with disease and its cure, never raised a finger to set Legislatures right"!!! Consider the fact that homœopathy has scarcely entered a legislative hall, save to utter manly protest against the cowardly attacks there making by allopathy



against its very life ; consider the besiegement of every State Legislature in the land, for a decade past, by every old-school State and National society — a besiegement planned in the sessions of its societies, advocated in its journals, carried on publicly, blatantly, unweariedly, by hundreds of its representatives — and this paragraph of Dr. Gould presents to you, gentlemen the optimists, a specimen-brick of the reason and honesty which are to “bridge the gulf,” before whose handling we prophecy even your optimism must shrink dismayed.

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#### EDITORIAL NOTES AND COMMENTS.

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A BRICK OF ANOTHER SORT than the specimen-brick of allopathic rationality and courtesy, exhibited in a preceding editorial, it is our privilege and pleasure to here exhibit and briefly call attention to. It is found in this quotation from a letter which lately came to the GAZETTE from an old-school physician of experience and standing, whose words we take the utmost pleasure in reproducing, because they so fitly voice the spirit by whose aid, if ever and through any agency, the gulf between the schools is to be done away. Thus writes our friend :

“It is my most earnest hope that the day will come when we may know no sects in medicine; or, if that is impossible, that we may reach the point of denominationalism simply with a mutual respect and good feeling.

“In all seriousness I would suggest that now is the time and opportunity for the homœopathic missionary.

“It seems to me that this is a decade of therapeutics gone mad. Every journal is filled with reports of cases treated, cured (?) with medicines composed of — the prescribers at least don't know what, and can't reproduce it! ‘Vibumum compound,’ ‘lithiated hydranized aletris cordial,’ ‘compound syrup iodia,’ ‘bromidia,’ ‘antikalmia’! Sometimes I want to kick, kick, kick! Why am I such a fool as to spend hours poring over works on materia medica! What is the use of Ringer and Bartholow, Phillips, Shoemaker and the rest? I need not, to be in fashion, know anything of either materia medica or therapeutics. In fact, men who would condemn me as a quack because I subscribe to a homœopathic journal (and I subscribe to two), write prescriptions all day long, and would be puzzled to give the exact formula or dose of ten per cent. of them.

“Unless there is a change, and that soon, there wont be a regular (?) medical journal that will be intelligible ten years from now; and future generations will wonder in vain what were the ingredients of the famous remedies of the past, and class the art of making antikalmia with that of making mummies. I sm sorry

to say that I so often find on the prescription files of our druggists the handwriting of homœopathic physicians running after these strange gods; until I wonder if medicine is really sowing its wild oats, and if there even is to be a settling down to business and a return to a liberal conservatism!

"In the midst of this confusion the younger members of the profession ought to welcome anything that is tending toward the study of pure materia medica and the practice of pure therapeutics.

"The only bright spot in the old school seems to be the tablet triturate—a downright steal.

"Now you may ask why don't I come out openly, and boldly announce myself a homœopath—and prescribe Hersal's Tonicum? Because the temptation to remain a free lance is too strong. Besides, methinks it a poor way to reform a neighborhood to move out of it . . . ."

Appended to the letter above quoted, is a brief "verification" of Thuja, which takes on especial interest, as coming from an old-school source. Thus it reads:

"Mrs. C., age 43. Has had one child, one miscarriage; menstruation irregular and very profuse; constant pain in bladder, with tenderness over pubes; uterus slightly antverted, size normal; urine normal, except for presence of bacteria; wants to pass water all the time—excruciating pain with last few drops.

For four weeks tried everything I could glean from old-school or homœopathic sources. On reading an article on thuja in irritable bladder of eczematous subjects, I recalled the fact that several years previously I had treated her for eczema of the scalp. Thuja IX cured in about one week."

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TWO ENCOURAGING REPORTS of useful and well-appreciated work done by homœopathy, are those lately received from the Newton Cottage Hospital and from the Middletown State Homœopathic Hospital for the Insane. The Newton Cottage Hospital, with half of whose success, homœopathy, so ably represented there, is to be credited, reports itself as out of debt, and with greatly enlarged facilities for work. Its statistics for the year show a total of 280 patients treated, with nineteen deaths. The training school for nurses is in most effective operation. As will always be found to be the case, new fields of helpfulness open themselves temptingly before the institution, suggesting new needs: the most urgent of which, as set forth

in the year's report, is that of a Maternity Cottage. We trust the coming year will see this need supplied, through the generosity of the public, which the modest and admirable little hospital so effectively serves.

Much of the report of the Middletown Hospital is given up to the protest — to which we not long ago gave editorial space — against the arbitrary legislation which, altogether against the original plan and intent of the hospital, forces into it, for purely geographical reasons, patients who do not desire that system of treatment, and excludes those who do. For the rest, the report is most encouraging, clinically and financially. As usual, the superintendent has much to say that is uncommonly interesting and suggestive. For instance, he devotes several pages to the base-ball games, played by the Asylum nine, during the year, many of them with professional organizations. The record made for the Asylum was most creditable; and of the therapeutic effect of this novel, very sensible and eminently American treatment for the "mind diseased," Dr. Talcott says:

"But of base ball in general, as a means to the great end for which State hospitals are established, it will be difficult for any one to calculate the amount of good done to our patients through this economical and available recreation. It has been one of the most powerful magnets to lure the mind out of itself, and concentrate its restless faculties for a time on something besides its own ailments. Who can estimate how many have, on such occasions, first felt life's energies again flowing in their favor? It is a wonderful study to watch the faces of over 200 of these anxious, restless, sleepless, and tired souls, as they take their places on the comfortable benches, where with the fresh and balmy air, the bright sunshine and the wonderful influence of a heated contest to dispel thoughts of their own little battle within, and see the hard lines of care soften, and the chill of the countenance melt, while the eyes of many brighten more and more as the soul feels the influence of contact with fellow souls. A wave of good nature and peace and rest and refreshment sweeps over the hospital on these *fête* days. The mind finds a new field of interest for the time being, and the overtaxed faculties a period of recuperation. For this reason, more than for financial and economical reasons, or even victorious achievements, we believe base ball to be the most profitable amusement for the patients of the Homœopathic hospital."

The superintendent also has a good word for journalism, as an occupation for the patients, commenting on the favorable effects noted from active work on the staff of the hospital newspaper, "The Conglomerate." "Newspaper work," he says "is a popular and healthful occupation; encourages the despondent, breeds kindly and hopeful feeling."

We must, in conclusion, quote a few paragraphs from Dr. Talcott's remarks on the proper diet for the insane; as they are of much value to all those treating nervous diseases in any form:

"Milk contains fat, sugar, caseous matter, hydrochlorate of potash, acetate of potash, and phosphate of potash. It also contains lactic acid, a trace of lactate of iron, and earthy phosphates. All these have been dissolved in just so much water that, when properly heated, they form the best and most appropriate of all nerve foods. By the addition of salt—nature's best cathartic—the supposed dangers of constipation, or 'biliousness' so called, by the use of milk, are entirely eliminated.

"Blood contains water, albumen, fibrin, fatty substances, chloride of sodium, sulphate of potash, carbonate of potash, hydrochlorate of potash, carbonate of lime and magnesia, phosphate of soda, of lime, of magnesia, etc.

"Hence you may readily see, by a comparison of the constituents of milk and blood, that in the former may be found the natural means for rejuvinating the latter when it is worn by the effects of disease, or wasted by hard toil or over-use.

"Hot milk may, with almost absolute safety, form the daily diet and the mid-night hypnotic of the mental invalid. Should such a food prove too rich in some individual case, then the milk may be diluted with lime water, clysmic or seltzer waters. Should the proportion of cream in good milk seem too large, then it may be reduced by a process of skimming. Thus the amount of fat to be administered to a given patient may be regulated, by experience, to meet the actual necessities of each individual case. You may also enrich milk by the addition of cream, when necessary, for the better nourishment of emaciated cases.

"After a long continued course of hot-milk treatment, it will be observed that the patient, as a rule, has increased and in some cases quite remarkably, in weight; and also the tone and elasticity of the mind are encouragingly improved. But this increase in avoirdupois consists largely of soft, non-muscular fat. The nervous system floats, in a certain sense, upon a new sea of phosphorized fat; while the mind, freed from the cares of disease, soars aloft to elysian fields of happiness like the lark in the morning. The pains and discouragements of body and mind have passed away; but while in this delectable state, and before resuming the arduous duties of life, the patient must have a new supply, or a rejuvenation of muscle tissues. This final and desirable end may be attained by the substitution of grain foods and substantial vegetables for the liquid diet; or the liquids may be added to them."

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THE NEW YORK HOMŒOPATHIC MATERIA MEDICA SOCIETY has started out in life with a distinguished membership, for work toward a most worthy end. But if an outside barbarian may, in all cordial respect and good fellowship, offer a word of suggestion to the Society, it would take, in the present instance, the form of an earnest plea, that these vigorous workers may, in their gleaming the field of homœopathic literature for clinical veri-

fications — and it may be parenthetically hinted that it is in the swampiest corner of the field that the “verifications” grow thickest! — arduously, keenly, unvaryingly follow their excellent rule, to glean only verifications of “reliably-proved drugs,” having demonstrable “pathogenetic symptoms.” We are far from wilfully ironical in observing that of the enormous number of symptoms triumphantly reported as “verified,” amazingly few will pass this first, vital test of being the demonstrable pathogenetic effects of “reliably-proved drugs.” When a symptom has borne this test we agree with the Society, that its verification in clinical experience is of the utmost scientific value. But how few symptoms can abide this test! We commend to the most serious consideration of the Society the fact which cannot fail, in the earliest stages of their investigations, to force itself upon their attention, viz., that an amazing mass of “cures” and “verifications” most loudly exploited as such in homœopathic literature, are credited to drugs of no pathogenetic standing whatever; drugs whose so-called “provings” cannot stand the simplest scientific “verification.” To fog and confuse the atmosphere of clear truth and tested fact, in which medicine should move, by authoritatively presenting to it such “symptoms,” however noisily “verified,” would be to do homœopathy the worst of all services; but this danger can be triumphantly avoided by close adherence to, and not too lax interpretation of, the excellent rule which has been our text in this respectful little preachment.

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#### COMMUNICATIONS.

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#### *KERION: ILLUSTRATED BY A CASE.*

BY JOHN L. COFFIN, M. D., BOSTON.

The condition known as Kerion is so rarely seen that the author deems a short description of it, illustrated by the notes of the following case, may not be without interest to the readers of the GAZETTE. Kerion is a phase of trycophytosis tonsurous, in which a special acute inflammatory involvement of the hair follicles and glands of the skin, in one or more spots, limited in extent, occurs. It presents itself as a semi-soft tumor, varying in size from a pigeon's to a hen's or turkey's egg, tender to touch,

over the surface of which the hair is either absent or broken off in various lengths, and from which, through various openings and around the hairs, there exudes a sticky mucoid, or purulent fluid. The hairs over the patch are generally loose in their follicles, and the disease is liable to be followed by permanent baldness over the patch. If the inflammatory process has not been too acute the nycelia and spores of the trycophytose will be found on microscopic examination of the hairs. The tumor has a "boggy" feel to the touch, and slight pressure will cause increase in the flow of the exudate, especially around the orifices of the hair follicles. It may be mistaken for abscess, which it much resembles; but such a mistake is not for the advantage of the patient, as a free opening, such as would be demanded in abscess, is always contraindicated in Kerion where the pus is not contained in any one cavity, but is infiltrated throughout the tissues involved. This condition was first described by Celsus, and by him given its present name, from *Xypion*, a honeycomb. Silbury Fox, however, in 1866, was the first to discover its parasitic nature and identify it as one of the trycophytoses.

The notes of the following will illustrate a typical case of kerion: L. J. N., girl, age 6, plump habit, light complexion, fair hair, was brought to me on May 13th for examination and treatment. She showed on the right vertex a tumor, size of a hen's egg, partially devoid of hair, what hair there was remaining showing the characteristic "gnawed off" appearance, covered with a dirty yellowish crust, beneath which, from a reddened, inflamed, sore surface, there exuded abundantly a sticky, nasty muco-purulent fluid. There were also two small scaly spots on face, and one on the face of the mother, who brought the child.

Following history was given: During the winter and spring child had had whooping cough and measles. It was during the attack of measles, in January, that this lesion of the scalp appeared. It was diagnosed as an eczema, and had been treated, among other things, with cuticura. Microscopical examination of hairs showed abundant parasites, and a diagnosis of kerion with tryeophytosis cicinata was made. Treatment consisted first in the internal administration of hepar sulph., and locally a flaxseed poultice until the acute inflammation had subsided. This was followed by epilation and the daily application of murc. bichl. 2 grs. to ʒ in alcohol, followed immediately by nug. ag. rosar, and later by sodac hyposulphite ʒi to loanolin ʒi. By July 24th the disease was apparently cured, and the hair growing nicely over the afflicted area. Six months later the child reported as having had no further trouble.

## CEPHALALGIA.

BY F. W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

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

The subject of this paper is so well worn and familiar to all, that perhaps it may be thought great presumption to attempt anything further in the way of elucidation or interest. It may be understood at the outset that we do not expect to bring out any new points in diagnosis or treatment, and at best can only reiterate old and well-tried methods. The subject of headaches has been particularly brought to my mind for several reasons; among them the frequency with which we are called to treat many trying cases in our every-day work, and the perusal of a recent monograph on the subject, by an eminent authority of the opposite school, and a comparison of the methods of treatment recommended by this authority with our own far more simple and efficacious modes of procedure; simple in that they are guided by a well-known law, though requiring persistence and care in the exercise. In the above-mentioned treatise we are, as usual, first introduced to a learned division of the subject into the several heads of "Congestive," "Anæmic," "Organic," "Toxic," "Neuralgiac," and "Neurasthenic" headaches, followed by a labored diagnoses and explanation of each, with many subdivisions of the several classes. Then follows the most important part, treatment, consisting of a long list of variously compounded drugs to be prescribed, according to the idiosyncrasies of the physicians who may use them, rather than on account of any peculiarity that may be exhibited by the patient. Then there are many ingenious "systems" of treatment that have been devised by men with minds for novelty and desire for change, so often exhibited by these professors of the rational in medicine; such as pricking the cavernous bodies for the relief of constriction, the use of an alkaline spray, bleeding, leeching, douching, etc., etc., a delightfully arranged needle-bath whereby a spray may be directed toward almost any spot on the body and the temperature regulated to suit, various forms of electrical and magnetic appliances, and, finally, that most barbarous of all procedures—nerve stretching. Append to this a list of the so-called "tonics," and the recent additions of new drugs of chemical manufacture, as long as the "moral law," and you have the present status of the treatment of cephalalgia in all its "scientific" aspects, as practised by members of that school. Happily we, as homœopaths, have no need of considering such heterogeneous and bungling methods, the result of which, at best, can be but palliation. Homœopathy seeks higher ends, and in order to fulfil its promise must work toward the entire

eradication, or at least permanent modification, of disease; and, provided the case is an uncomplicated one, may proceed directly to the heart of the matter, which is the selection of the correct remedy.

How shall we do it? Just here, at the outset, is where we must exercise the greatest care, as our success or failure depends greatly on the manner in which we have "taken the case." The rules for the examination of the patient, as carefully formulated by Dr. P. P. Wells in an elaborate essay written in 1888, should be familiar to every prescriber, and put into practice with every case. Then, with the requisite study of repertory and materia medica, we need have few failures, and will be sure to make many brilliant cures.

If possible, we should endeavor to visit the patient during an attack at least once, that we may the better judge of the objective symptoms about which patients often unintentionally deceive us. Then, too, they can better describe the character and location of the pains while experiencing them than at a time of comfort. We must note the various positions assumed, and ascertain the reason for those positions, the conditions and times of aggravation and amelioration and the concomitants; but above all we must search most carefully in our examination for any peculiar symptom or condition that shall aid us in individualizing this case among others. This is where the specific nature of homœopathy comes to the front; each remedy is the specific against its own peculiar conditions, and those only, and one distinguishing symptom, like the "aggravation from cold drinks" of *sabadilla*, or the photophobia of *belladonna*, will prove of more aid in finding the correct remedy than a whole page of general symptoms, which are peculiar to nothing, and exhibited by more than half our sick and ailing patients. Now, having proceeded to elicit their symptoms from the patient in question, the next thing to do is to write them down on the spot as we take them, while they are fresh and vivid. It is impossible to properly study a case without this aid. The next step, providing the remedy is not already apparent, is the study of repertory and materia medica. With the intelligent use of the former it seems to me almost impossible to dispense, if we expect to make a correct prescription, and while it takes considerable time at the outset it is a saving in the end.

The repertory seemingly best adapted to this use is the "Therapeutic Pocket Book," of Boenninghausen, of which we now have a new edition by Dr. Allen. While incomplete in many ways, its arrangement is still such as to make it of great value in this form of case analysis.

My method of use is very similar to that detailed by Dr.



Holmes, in the January *Advance*, differing only in some minor points. First, I have a sheet on which are printed the names of nearly three hundred remedies, with a blank space following each. Then, after arranging the symptoms of the case in as concise a manner as possible, we may proceed to check the remedies on the printed blanks. For instance, we will suppose that our first symptom is headache at the vertex. Now in the Boenninghausen four styles of type are used, signifying different degrees of importance, which, in checking, we may indicate as 1, 2, 3, 4; therefore, under "vertex" we check the most important remedies, placing a figure 3 or 4, as the case may be, opposite the name of that remedy on the blank. Then proceed to the next symptom in the same manner, usually the character of the pain at the vertex, if it is "bursting;" we then look for that rubric in the repertory under the general head of "sensations," and place the value of every remedy found to be indicated in troubles at the vertex opposite what we have already placed in the blank space, and so on through the list of symptoms. At the end, by adding these values, our attention will be directed to a certain few of the remedies for study, and while the highest is not always found to be the similitum, the correct remedy will nearly always be found among the half dozen at the top of the list; while, if by some mischance we do not get it the first time the analysis of the case is made, a moment's consultation will usually give us what we desire in the way of further knowledge.

A few cases briefly noted will, while exhibiting nothing of unusual prominence, serve to show the results that may always be expected under like circumstances.

Case 1. Woman, 49 years of age, slender, dark complexion, had suffered, more or less, for the major part of her life with periodical attacks of migraine. About a year previous to my attendance a friend (?) had introduced her to the wonderful action of the Pheno-Caffeine pill in such conditions. She consulted her family physician, a prominent member of the opposition school in town, about these pills, and he characterized them as a "happy combination," advising her to use "anything" that would relieve those terrible headaches. Of course she took them, and they relieved the condition for the time being; but the headaches recurred oftener and oftener till, at the time of my first visit, she was in a half prostrated condition, with not enough energy to perform her usual household duties, which were light; a grumbling headache most of the time with frequent severe attacks, which now the pills had failed to relieve. The symptoms were as follows:

Headache preceded by hunger and extreme sleepiness, aching of face, upper jaw, teeth and front part of head, of the eyes on

turning them ; the attacks usually begin in the night and last through the next day, often with delirium ; sensation of dryness at vertex ; sensation that the scalp was drawn over head ; sensation that the bones of head were grinding together ; pains through root of nose, worse from noise, better from pressure ; perspiration of head during attack ; backache ; thirstless ; nausea from walking, relief from vomiting bile ; great restlessness ; cold feet. Concomitant symptoms were headache after eating fruit ; craving for sweets ; constipation, stool large and hard ; frequent nose-bleed from both nostrils, blood bright red ; can hear heartbeat like a hammer after eating. Silica was prescribed, and the improvement during the first week was gradual and marked, and has since continued. This was in November last, and there have been but one or two slight attacks since, which were readily controlled by a dose of the remedy.

Case 2. Woman of about 50, tall, spare, dark complexion, subject for many years to frequent headaches of great severity, obliging her to relinquish her household duties and remain in bed for a day or so at a time. The symptoms were as follows :

Drawing pain in nape and occiput, she must take down her hair ; dizziness ; nausea on rising in the morning ; pain, better when quiet and in a dark room, worse from light and noise — cannot bear it ; thirstless ; better from binding head, from cold water application, when sitting up, after sunset ; grating sensation in nape ; feet and hands cold ; rush of blood to the head ; headache preceded by craving for food ; pillow seems as hard as a rock, cannot lie on it ; profuse flowing of dark blood every two weeks. Although much resembling a belladonna case, this woman's remedy was found to be arnica, which speedily brought relief ; one new symptom, however, developing meanwhile — waking every morning with a cold spot in forehead. After searching through the materia medica it was found that this symptom was given under no remedy except arnica ; hence it was again administered, this time in a higher potency, and the symptom disappeared. For the past two years this woman has had very few headaches, and none that have not been speedily controlled by one or two doses of the same remedy taken early.

Case 3. Is of a young woman, about 22 or 23 years of age, who, for six or seven years, had suffered from severe periodical headaches at intervals, of varying frequency, lasting several days at a time, and unfitting her for any occupation. During these long attacks the headache was present, in some degree, constantly, but was greatly aggravated from about 4 p. m. through the early part of the night, so that she could not go to bed or lie down. The pain was much worse at the vertex and nape ; stiffness of nape ; dullness of senses ; better out of doors. Lycopo-

dium cured the case readily, and there has been no return during the past year.

Case 4. Woman, aged 40, single, dark complexion, subject to periodical headaches from childhood, at intervals from once a week to once a month, could distinctly remember having them at five years of age. Headache preceded by hunger; headache usually beginning in afternoon and reaching the climax of severity about 8 or 9 P. M., continuing until she can get sleep; headache often caused by shopping or getting overtired; headache in forehead and vertex; also aching in temples, back of eyes, and at root of nose; eyelids heavy; eyeballs feel too large for the sockets; vertigo; head and ears so cold that she must put on a woolen hood at night when she has a headache; worse from riding on cars, from eating — particularly from pork or saucers; from the hot sun, from stooping, from thunder storms, from acids; better from lying down, from sleep, accompanied by cold hands; by gas in stomach; nausea, but no vomiting; lame back; worse from storms, and on first moving; better from continued motion. Calcarea carb. proved the similimum in this case, and accomplished most excellent work. The case was treated more than three years ago, and in a letter received recently the woman says in regard to her headaches that "It was a gradual improvement. I did not have them as often or as hard; in fact I have had very little headache since that time, except during an attack of la grippe last winter."

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*A CASE OF PRURITUS — OPERATION — RECOVERY.*

BY J. F. BOTHFELD, C.B., M.D., WESTBORO INSANE HOSPITAL.

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

The following case of pruritus vulvæ is reported simply because of the unusual method taken for its relief, and because of the unexpectedly good result following the operation. An interesting correlation is demonstrated as existing between a chronic diarrhœa and the pruritus — the cure of the latter removing all symptoms of the former. In the literature at my disposal no record of such an operative procedure has been found.

The patient, Miss E. D., of Concord, N. H., age 42, first came under my observation on March 11, 1891. She came to be relieved of a chronic diarrhœa of one and a half years' duration. She had previously been under the care of four other physicians, at different times, two of whom were homœopaths, and for short spaces of time only had she received relief from her very troublesome complaint. She had apparently received the best

treatment, both as to dietetics and remedies, yet with only temporary benefit. She now appeared anæmic, and much debilitated by her frequent evacuations. The case presented many interesting features from a therapeutic point of view; but it will be unnecessary, for the purposes of this paper, to enter exhaustively into these now. Suffice it to say that sulph. 30x was finally determined upon as the remedy, and everything was done in the way of hygiene that suggested itself.

The patient reported steady improvement for a while, both as to frequency and consistency of discharges; and the first early morning evacuation was three and a half hours later than formerly.

On May 5th the remedy was changed to aloes 3x, for various reasons. This was continued, with the occasional substitution of sulph., for a period of three months, during which the patient said she had times of feeling almost well, only to be again discouraged by an aggravation of her diarrhœa, brought on by some slight indiscretion, or by having been without medicine for two or three days. She, on several occasions, assigned this last as being a sure cause of her feeling worse; so it is reasonable to suppose that the remedies had some influence on her disease.

Up to this time the patient had strenuously opposed a physical examination; but in July she was told that unless she submitted to one her case would be dropped, and she then reluctantly consented. She now, for the first time, told of a most agonizing and persistent itching about the vulva.

The physical examination was negative as relating to the rectum and bowels—nothing abnormal was observed in the genito-urinary system; but two extremely hyperæsthetic kidney-shaped areas were distinctly outlined just external to the labia majora, one on either side. Only on considerable urging would the patient speak about this pruritus. She finally said that it had been of years duration, antedating the diarrhœa, and that she had formerly been under treatment by two physicians of her own sex, by one of them for a period of eighteen months, but never with any alleviation. She described her suffering, especially at night, as something intense. The least touch caused the most unbearable itching, and cold water burnt like fire, followed by great pruritus. Her mother said that her condition was most deplorable; that it was difficult to exaggerate her misery; that she was bereft of sleep by night, and tormented constantly by day, so that she was despondent and depressed, and that she feared she would develop into a case of insanity.

As before stated, the areas of itching could be clearly outlined. There was a kidney-shaped surface of skin, with concavity inwards, just external to the labia majora, on each side.

These places measured about one and a half by three and a half inches, as demonstrated by the patient's sensations, for they were entirely unaccompanied by any apparent organic change in the integument. For over a month the patient was treated for this pruritus, without avail, by internal medication and external applications, and it was always noticed that when the pruritus was somewhat better the diarrhœa was always worse, and vice versa. As she had for two years been under the best of treatment for this trouble before coming under my observation, and as the patient was very anxious to have something radical attempted, an operation was suggested, to which she eagerly consented. This was undertaken on the supposition that the disease was purely a neurosis, since the three common causes — irritating discharge, skin diseases, and parasites — could be excluded; also because the demarcation between the normal and hyperæsthetic skin was so distinct.

On September 5, 1891, the patient was prepared for operation. The pruritic areas were first outlined by pencil, the parts having previously been shaved and treated antiseptically, and then the anæsthetic was given. She was in a much weakened and exhausted condition, and took ether badly. Elliptical incisions were made on the left side, around the hyperæsthetic skin, and the included integument dissected off, and the wound brought together by deep catgut sutures, reënforced by two or three deeper silk ones. On the completion of one side the patient was found to be acting so badly under the anæsthetic that operation on the other was postponed until another time. Recovery was uneventful; the wound healed perfectly without suppuration. She has never had any pruritus in the side operated on since September 5th, now more than eight months; and, what was quite unexpected, for three months she had none whatever on the right side either, so that that side has received no operation. Recently she has had slight itching at times on the right side. What was not unexpected, her diarrhœa practically ceased with her recovery from pruritus.

She writes (May 8, 1892) that she now considers herself a well woman.

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THE sanctity of the jury-room appears to be so well guarded that even in case of sudden sickness, a physician may not enter except after due process of law. In the Foss will case, tried recently in Boston, the jury were deliberating, when, late in the evening, one of them was suddenly attacked with what proved to be a stroke of apoplexy. The officer in charge notified the deputy sheriff, who, not having authority to let any one into the jury-room, drove across the city and informed the sheriff, but even this official was not high enough to act, and another expedition started in search of the judge. As the latter happened to be at home, the requisite order was obtained to summon a doctor. — *Boston Medical and Surgical Journal.*

## EPOCHS IN MEDICINE.

BY JAMES C. WOOD, A. M., M. D., ANN ARBOR, MICH.

[Being the Annual Presidential Address delivered before the Michigan Homœopathic Medical Society, May 17, 1892.]

If I were asked to name the discoveries or advances which, in my opinion, marked the four greatest epochs in the history of medicine I should, without hesitation, select the following: the discovery of the circulation of the blood, by Wm. Harvey; the discovery of vaccination, by Edward Jenner; the discovery of ether and chloroform; and the promulgation of the law *similia similibus curantur*, by Samuel Hahnemann. These several epochs have, I believe, more than all others, left their impress upon the development of medical science; but each has been important in its own particular way. Thus, Harvey's discovery marked a new era in the study of physiology and anatomy; Jenner's pulled the sting from that plague of plagues — small-pox; ether and chloroform robbed the operating amphitheater of its former terrors, and the application of the law *similia similibus curantur*, judged even by those who are not its advocates, demonstrated the utter uselessness, and indeed the actual harmfulness of the practice then in vogue, if it did not, as you and I believe, give to the world the best and most universally applicable law of cure yet enunciated.

William Harvey, the discoverer of the circulation of the blood, was born in Folkestone, on April 1, 1578. His father, a prosperous Kentish yeoman, sent him through the Canterbury grammar school. At nineteen he took his B.A. degree from Caius College, Cambridge, and at twenty-four he was made a doctor of medicine by the University of Padua, where he had for instructors the renowned anatomists, Fabricius and Casserius. On his return to England, in 1602, he settled in London, and in 1609 he applied for the reversion of the post of physician to St. Bartholomew's Hospital. His application was signed by Dr. Atkins, the president of the college, and by James I. The occupant, Dr. Wilkinson, died the same year, and Harvey succeeded to the post. As a practitioner he became very popular, and had among his clientèle Francis Bacon and the Earl of Arundel. In 1628 he published his "Exercitatio Anatomica de Motu Cordis et Sanguinis."

I will briefly review the state of knowledge appertaining to the circulation of the blood previous to the publication of the foregoing work. According to the theory of Aristotle the blood in man and the higher animals is elaborated from the food in the liver. Passing from the liver to the heart, it is carried by the veins throughout the body. His Alexandrian successors,

Erasistratus and Herophilus, modified his theory, and taught that the veins carry blood from the heart to the members, and that the arteries carry a subtle kind of air or spirits. Galen discovered that the arteries contained blood as well as "vital spirit," and are not merely "air-pipes," as their name implies. With this exception, the theory promulgated by Aristotle remained the same from the Christian era down to the sixteenth century. For nearly one hundred years before the birth of Harvey it was well known that the blood is not stagnant in the body; but until Harvey enunciated his doctrine the conception of a continuous stream returning to its source had not been thought of. It was believed that the blood moved irregularly, as regards both direction and speed, as air circulates in a house, or a crowd moves in the streets of a city. The functions of the heart as a motor were not comprehended. It was supposed that the septum of the heart, being pervious, permitted the blood to pass directly from the right to the left side; that one kind of blood flowed from the liver to the right ventricle of the heart, thence to the lungs and general system by the veins, and that another kind flowed from the left ventricle to the lungs and general system by the arteries. The supposed function of the heart was to commingle blood and spirits, after sucking in these fluids, during diastole. Sylvius, a sixteenth-century anatomist, described the valves of the veins. Vesalius demonstrated the complete closure of the septum between the two ventricles. Servetus believed that the *spiritus naturalis*, as he termed the blood, is transformed in the lungs into *spiritus vitalis*, and he, therefore, was the true predecessor of Harvey in physiology. Yet the significance of the valves was unsuspected, and the idea of a complete pulmonary circulation was not fully comprehended.

Harvey believed that "wise men must learn anatomy, not from the decrees of philosophers, but from the fabric of nature herself." He accordingly began his investigations into the movements of the heart and blood by examining them, as they actually go on in living animals. By experimenting on dogs, cats, pigs, serpents, frogs, etc., he most clearly demonstrated the anatomy of the heart, the veins, and the arteries. But he strove unavailingly to discover the channels by which the blood passes from the arteries to the veins. His conclusions may be summed up as follows:

1. The dynamical starting point of the blood is the heart, and not the liver.
2. The action of the right and left sides of the heart, auricles, ventricles, and valves is the same, the mechanism of both being for reception and propulsion of liquid, and not of air, since the blood on the right side, though mixed with air, is still blood.
3. The blood sent through the arteries to the

tissues is not all used, but most of it returns through the veins. 4. It is the contraction, not the dilatation of the heart, which coincides with the pulse, the ventricles, as true muscular sacs, squeezing the blood which they contain into the aorta and pulmonary artery. 5. There are no pores in the septum of the heart, so that the whole of the blood in the right ventricle is sent to the lungs, and thence back again to the left ventricle through the pulmonary veins, while in like manner the whole of the blood in the left ventricle is again sent into the arteries around by the smaller veins into the *venæ cavæ*, and by them to the right ventricle again, thus making a complete circulation.

Harvey's conclusions are given in the following celebrated passage: "And now I may be allowed to give in brief my view of the circulation of the blood, and propose it for general adoption. Since all things, both argument and ocular demonstration, show that the blood passes through the lungs and heart by the auricles and ventricles, and is sent for distribution to all parts of the body, where it makes its way into the veins and pores of the flesh, and then flows by the veins from the circumference to every part of the centre, from the lesser to the greater veins, and is by them finally discharged into the *venæ cavæ* and right auricle of the heart, and this in such quantity, or in such a flux and reflux, thither by the arteries, hither by the veins, as cannot possibly be supplied by the ingestor, and is much greater than can be required for mere purposes of nutrition, it is absolutely necessary to conclude that the blood in the animal body is impelled in a circle, and is in a state of ceaseless motion, that this is the act or function which the heart performs by means of its pulse, and that it is the sole and only end of the motion and contraction of the heart."

The discovery of the circulation of the capillaries between the arteries and the veins was made in 1661 by Marcellus Malpighi, of Bologna. Malpighi himself showed the capillary circulation to the delighted eyes of Harvey, who recognized in it the "missing link" of his own theory. Although Harvey's discovery, which he was nine years in perfecting, was perfectly capable of demonstration, it was attacked from all sides with the greatest acrimony. Hume remarks, as an evidence of obstinate adherence to preconceived opinions, that "no physician in Europe, who had reached forty years of age, even to the end of his life, adopted Harvey's doctrine of the circulation of the blood."

It would be interesting to review the arguments adduced to disprove this theory, but time forbids. It is simply the old story — first vituperation and then laurels. Fortunately Harvey lived long enough to wear his laurels, for his discovery was one that time and future research proved beyond the shadow of



doubt. Nevertheless, the College of Physicians and Surgeons of London ignored it, and nearly half a century after he had announced his discovery to the world, the Paris Royal Society of Medicine gravely listened to an essay which classed his discovery among the impossibilities.

Edward Jenner, the discoverer of vaccination, was born at Berkeley, on May 17, 1749. His father, the Rev. Stephen Jenner, was a rector, and came of a good family. He received his early education at Watton-under-Edge and Cirencester; after which he began his medical studies at Sodbury, near Bristol, under Mr. Ludlow, a surgeon of no great prominence. At twenty-one he proceeded to London, and won the good graces of the celebrated John Hunter, the founder of the Hunterian Museum, now one of the most famous of its kind in the world. He declined the post of naturalist in Captain Cook's second expedition in order to practice medicine in his native place. Like Harvey, his success in the practice of his chosen profession was marked. Jenner possessed many accomplishments and broad learning. He was a musician, a writer of no mean merit of both prose and verse, a biologist, a naturalist, and a geologist.

There was a popular belief among the rural people of his native county, Gloucestershire, that there existed an antagonism between cowpox and smallpox. The medical profession up to the time of Jenner, too learned to investigate this popular belief, supposed it "an imperfect induction of facts." Jenner could not interest even John Hunter, his benefactor and friend, in this inquiry. In 1775 he instituted that systematic investigation which was destined to immortalize his name. He first proved to his entire satisfaction that under the term "cowpox" two distinct and entirely different forms of disease had been confounded. Since only one of these protected against smallpox, failures were thus accounted for. He next ascertained that true cowpox, in order to prove prophylactic, must be communicated at a particular stage of the disease. A certain disease of the horse (grease) was known to produce vesicles and subsequent ulcers on the hands, almost indistinguishable from those of ordinary cowpox. Jenner, by raising vaccine vesicles on the arms of children by matter removed from the horses' necks, proved to his own satisfaction that all genuine cowpox comes from this disease. In 1798 he carried a drawing of the cowpox, as it appeared on the hands of a milkmaid, to London, for the purpose of interesting his friends in the subject. All agreed that the phenomena were "interesting and curious," but none appreciated their practical importance. His theory was proved correct beyond a doubt when, in May, 1796, he inoculated one

John Phipps, a boy eight years of age, with cowpox matter, and again, in the following July, with variolous matter. As Jenner had predicted, no smallpox followed, and his discovery was then complete. Unfortunately cowpox disappeared from the dairies at this time, and did not recur for two years; but, like a true scientist, Jenner patiently waited until he could repeat his first experiment before publishing his discovery to the world. He then prepared a pamphlet announcing it, and proceeded to London to demonstrate it to his friends. It was three months before he could find any one willing to submit to vaccination. He was fortunate enough to have the experiment first made by an eminent surgeon, a Mr. Cline, who applied the virus over the diseased hip-joint of a child, for the purpose of inducing "counter irritation." The patient was afterwards incapable of contracting smallpox.

Jenner first met with opposition to vaccination in the autumn of the same year. It proceeded from a celebrated physician and man of science, Dr. Ingehaussy. Very soon two noisy and opposing factions arose, which retarded the spread of vaccination. The adherents of one party looked upon it as a dangerous and useless practice, and fought it bitterly; the adherents of the other became equally troublesome by their rash and self-seeking advocacy. A certain Dr. Pearson, whose ambition placed him at the head of the latter faction, rushed into print before even seeing a case of cowpox. He did much to bring vaccination into disrepute by distributing virus contaminated with smallpox matter.

The spread of vaccination over England was encouraged principally by non-professional persons of position, the king, the queen, and the prince of Wales interesting themselves in the movement. It was introduced into the United States by Dr. Waterhouse, the professor of physic at Cambridge, and soon made rapid progress. The practice very soon spread throughout Europe, and to-day has extended over almost the entire world. In 1803 the court of Spain sent forth an expedition which circumnavigated the globe, diffusing cowpox through all the Spanish possessions in both worlds.

To Jenner's immortal discovery we are indebted for security from that horrible and once universal plague, smallpox. Vaccination is practised in nations of the most diverse climes, habits, and religions. It won its way quickly into popular favor, but not without the bitterest opposition. In due time, honors from abroad began to shower upon the discoverer, and Parliament ultimately made him a grant of £20,000. He died January 26, 1823.

Some of the arguments used by the early anti-vaccinationists

were very amusing. Thus, Mr. Ring, in his treatise on cowpox,<sup>1</sup> mentions "a lady who complained that since her daughter was inoculated she coughs like a cow, and has grown hairy all over her body." And Mr. Blair was told, on a late excursion into the country, that the inoculation of cowpox was discontinued there, because those who had been inoculated in that manner "bel-lowed like bulls."<sup>2</sup> A celebrated physician used in his clinical lectures a colored portrait of a "cowpoxed, ox-faced boy," with two scrofulous abscesses on his face, which were supposed to indicate sprouting horns. "This boy," gravely observed the lecturer, "is gradually losing the human lineaments, and his countenance is transmuting into the visage of a cow." Again this conscientious gentleman observes that "smallpox is a visitation from God, and originates in man; but the cowpox is produced by presumptuous, impious man. The former, heaven ordained; the latter is perhaps a daring and profane violation of our holy religion." And he subsequently proposed: "Whether vaccination be agreeable to the will and ordinances of God is a question worthy of consideration of the contemplative and learned ministers of the Gospel of Jesus Christ, and whether it be impious and profane thus to wrest out of the hands of the Almighty the divine dispensation of Providence." Dr. Squirrell reasoned thus: "Providence never intended that the vaccine disease should affect the human race; else why had it not before this time visited the inhabitants of the globe. The law of God prohibits the practice; the law of man, and the law of nature, loudly exclaim against it."<sup>3</sup>

In 1822, Edmund Massey, M.A., preached a sermon at St. Andrews, Holborn, on "The dangerous and sinful practice of inoculation." Various theological arguments are brought to bear against the "diabolical operation," the chief of which is "that if mankind should happen to become more healthy it is a great chance but they would be less righteous." The Anti-Vaccination Society appealed to the public to suppress "the cruel, despotic tyranny of forcing cowpox misery on the innocent babes of the poor — a gross violation of religion, morality, law, and humanity."<sup>4</sup>

Such were a few of the arguments which were stoutly and vigorously urged against the introduction of vaccination. I am aware that a limited number of medical men of the present time protest against it, notwithstanding the overwhelming evidence as to its utility. I am aware of the fact, too, that the universal

<sup>1</sup> Blair's Vaccine Contest, p. 69.

<sup>2</sup> Cowpox Inoculation, p. 105.

<sup>3</sup> Observations. Second Edition, p. 4.

<sup>4</sup> Mr. Blair's Pamphlet, p. 95.

practice of vaccination has been attended with abuses. I, nevertheless, maintain that humanity owes such a debt of gratitude to Edward Jenner for this great discovery as it can never pay. The opposition exhibited toward the practice of vaccination is of like character to that which has been made to all the radical innovations in medicine and surgery.

To whom the credit of modern surgical anæsthesia is due is yet a mooted question. The honor probably lies between Dr. Wells and Dr. Morton, two American dentists. There is, however, abundant testimony that the employment of anæsthesia is a practice of great antiquity. Homer mentions the anæsthetic effects of nepenthes; Herodotus refers to the practice among the Scythians of inhaling the vapors of a certain kind of hemp (probably hashish) to produce intoxication; Dioscorides and Pliny allude to mandragora as an anæsthetic in surgery. Mandragora was also extensively used as an anæsthetic in the thirteenth century by Hugo de Lucca. Shakespeare makes frequent mention of anæsthetizing draughts, as well as to the soporific effects of mandrake. The clinical researches of Priestly, towards the close of the last century, led to the more thorough investigation of gases and vapors. The anæsthetic properties of nitrous-oxide gas were described in 1800 by Sir Humphrey Davy, who experimented with it on himself with the object of relieving local suffering. As early as 1785 Dr. Pearson, of Birmingham, gave inhalations of sulphuric ether for the relief of asthma; and in 1805 a Dr. Warren, of Boston, used it in the same manner for consumption. In 1818 Farady demonstrated the similarity between the effects of sulphuric ether and nitrous-oxide gas when inhaled. The profession was again reminded of this property of ether by Goodman in 1822, by Jackson in 1833, and by Wood and Bache in 1834; but until the days of Wells (1844), and Morton (1846), these observations were looked upon as mere scientific curiosities.<sup>1</sup> A chemist of Liverpool, Mr. Waldie, suggested to Sir James Y. Simpson the anæsthetic properties of chloroform, a trial of which was made by the latter in 1847.

That the introduction of anæsthetics was an incalculable boon to humanity, no sane person would at the present day deny. The dread of submitting to surgical operations is lessened beyond measure; suffering has been reduced to a minimum, and it no longer requires a surgeon of "iron nerve" bordering on cruelty to apply the scalpel to his fellow-men. The death rate has been greatly diminished, and the curse of Eve almost blotted out.

<sup>1</sup> *Vide* "Memorial of Charles Thomas Wells," presented to the United States Senate (1859), and "An Inquiry into Modern Anæsthesia," by Hon. Truman Smith.

Yet, here are some of the objections interposed by the opponents of anæsthesia: Dr. Gull read a paper at the South London Medical Society on the "injurious effects of ether inhalation, in which he questioned the desirability of removing pain."<sup>1</sup> Mr. Bransby Cooper, surgeon at Guy's Hospital, affirmed it as his opinion "that pain was a premonitory condition, no doubt fitting parts the subject of lesion, to reparatory action, and, therefore, he (Mr. Cooper) should feel averse to the prevention of it."<sup>2</sup> Dr. Pixford affirms that "pain during operation is, in the majority of the cases, even desirable; and its prevention or annihilation is, for the most part, hazardous to the patient."<sup>3</sup> "Pain," argues Mr. Munn, surgeon to the Colchester and Essex Hospital, "pain is doubtless our great safeguard under ordinary circumstances; but for it we should be hourly falling into danger; and I am," he continues, "inclined to believe that pain should be considered as a healthy indication, and as an essential concomitant with surgical operations, and that it is amply compensated by the effects it produces on the system, as the natural incentive to reparative action."<sup>4</sup> M. Magendie, the distinguished physiologist, argued before the French Academy of Sciences that "pain has always its usefulness"; he doubted if there was a true advantage "in suppressing pain, by rendering patients insensible, during an operation," and argued that "it was a trivial matter to suffer (*c'est peu de chose de souffrir*), and a discovery whose object was to prevent pain was of slight (*mediocre*) interest only."<sup>5</sup>

I might go on quoting both medical and religious objections at one time brought to bear against these now universally employed agents, but it would be a waste of time. Mankind are to-day and always have been in sympathy with the dictum of Galen (*dolor dolentibus inutilis est*) — that pain is useless to the pained — and the few men who yet withhold, when indicated, the pain-relieving agents from suffering humanity because of religious objections or the mistaken impression that pain in itself is beneficial, will soon be looked upon as survivors of the dark ages.

Samuel Hahnemann, the founder of homœopathy, was born in Meissen, Saxony, April 10, 1755, and died in Paris, July 2, 1843. His preliminary education was obtained in the high school of his native town. At the age of twenty he went to Leipsic to study medicine, paying his way by teaching languages

1 Anæsthesia. Sir J. Y. Simpson.

2 London Medical Gazette, 1847.

3 Edinburg Medical and Surgical Journal, 1847.

4 Simpson. Op. Cit.

5 *Ibid.*

and translating foreign medical authors into German. From Leipsic he went to Vienna, and, in 1777, his marked ability attracted the attention of Quarin, physician to Joseph II., and chief physician to the hospital of Leopoldstadt. The latter turned over to him one of the hospital wards, and subsequently recommended him to Baron von Bruckenthal, governor of Transylvania, in whose family he remained for two years, as physician and librarian. He took his degree as M.D., at Erlangen, in 1779. The succeeding six years he devoted to the study of chemistry and mineralogy at Gommern, near Magdeburg, becoming one of the foremost chemists of his day. In 1787, he settled in Dresden and rapidly acquired a reputation as a physician and writer. But his love for the exact sciences caused him to become thoroughly disgusted with the then chaotic state of medicine, in which theories and hypotheses as yet took the place of facts and laws, and eventually he withdrew from a large and lucrative practice.<sup>1</sup>

Returning to Leipsic in 1789, and resuming his study of chemistry, he endeavored, with no great success, to support his numerous family by translating English and French medical authors. He tasted the very dregs of poverty, and at times could barely keep the wolf from his door. His desire to establish a new system of therapeutics was stimulated by the severe attacks of illness to which his children were subjected, during which he was compelled to prescribe for them according to a system in which he had lost all confidence.

The law enunciated by Hahnemann is tersely expressed in the well-known formula, *similia similibus curantur* — like diseases are cured by like remedies. He was anticipated in this doctrine by Paracelsus (1495–1541), Stahl (1660–1734), Haller (1708–1777), and even by Hippocrates, who mentions the law as governing isolated cases; but he was the first to show its general application in therapeutics. In 1790, while translating from the English into German, Cullen's *Materia Medica*, he was struck with the similarity of the effects of cinchona or Peruvian bark — from which quinine is made — when administered to persons in health, and the symptoms of intermittent fever. In order to test the matter for himself, he prepared an alcoholic tincture of cinchona officinalis of which he took a liberal dose, and was profoundly impressed with the similarity existing between the symptoms induced and the fever for which the bark had long been known as a specific. Hahnemann further noted that the more closely the symptoms of intermittent fever corresponded to those produced by the "provings" of the drug, the

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<sup>1</sup> In this brief biographical sketch of Hahnemann I have obtained my data chiefly from the more extended one in the *Encyclopædia Britannica*. J. C. W.

more certainly and quickly would the drug cure intermittent fever. He next experimented with other drugs in order to learn whether or not the law *similia similibus curantur* was of universal application. He was likewise impressed with the similarity existing between the changes of organization produced by mercury and sulphur, when administered to healthy persons, and the symptoms of the diseases for which they were considered specific (syphilis and itch). Early in his investigations he observed, too, that children who had been poisoned by belladonna frequently had an eruption resembling that of scarlet fever, and that the drug, when it was given in scarlet fever having a similar eruption, cured the disease.

As a result of slow and painstaking experiment, Hahnemann convinced himself that he had discovered a law of nature, and set to work to find out the method of its application. He argued thus: All drugs produce deviations from the standard of health, and it is presumed that every drug produces its own peculiar and characteristic (artificial) disease. If artificial drug diseases are to be employed in counteracting natural diseases, "we must have a knowledge of drug diseases commensurate with the infinite variety of natural diseases." He, therefore, began at once to build up a new materia medica based upon provings of drugs administered to healthy human subjects, a work which he continued until the end of his life.

Hahnemann soon learned that diseased organs are extremely sensitive to medicines given in accordance with this law — as an inflamed eye is sensitive to a ray of light which in a state of health produces pleasure — ; hence the necessity of reducing the dose. To his great surprise and pleasure he found that quantities of medicine infinitely smaller than ever before prescribed, impress the system in a most profound way when the drug symptoms correspond with the disease symptoms. This fact, together with the consciousness that he had discovered a great therapeutic law, undoubtedly dazed his mental perception, so that in later years he carried his dilution to what many of us consider an extreme, if not ridiculous, degree. He wrote and said many things, which, to my mind at least, it were better for homœopathy had he left unwritten and unsaid.

Hahnemann published the results of his experiments, asking that they be submitted to their only and ultimate test — a fair trial. He demanded the acceptance of no theory. By actual experiment he had been led, step by step, to the development of his system. Indeed, he emphatically asserts that he attaches no value whatever to any explanation, his own included, of this law "inductively founded upon innumerable instances." All that he insisted upon in the application of this law was "the

totality of symptoms, the single remedy, and the minimum (curative) dose." The minimum curative dose then meant and now means the smallest possible quantity of medicine capable of accomplishing the desired end, when given in accordance with the foregoing law, whether it be ten grains of the crude drug, or a dose of the higher potencies. What this may be in any individual case must, according to Hahnemann, necessarily be left to the wisdom and experience of the practitioner.

Hahnemann first applied the new law in the treatment of insane patients in an asylum over which he had been given complete control by the Duke of Saxe-Gotha. The trial was attended with complete success. In 1796 he made his first public exposition of the law in Hufeland's *Journal der praktischen Heilkunde*. As might be supposed, his suggestions were ridiculed, and for fifteen years he was the object of virulent and unremitting attacks, as even now is the case with his followers in many localities. In 1810 he published the *Organon*, in which homœopathy first received its distinctive name. He again returned to Leipsic, and, in 1813, having had allotted to him seventy-three cases of typhus fever, he treated them according to the homœopathic method and lost but one, an old man. This was more than the enemies of the system could tolerate. An old law, which prohibited a physician from dispensing his own drugs, was revived, and through this means he was driven from Leipsic to Köthen, where for a time he encountered the same hostility. Later on he moved to Paris, where he resided until his death, engaged in an active and lucrative practice. In both Leipsic and Berlin statues have been erected to his memory.

The foregoing brief dissertation upon homœopathy and its founder is given at the risk of boring you with familiar facts, for the purpose of again reminding you of the genius of Hahnemann, of his indomitable will and perseverance, of his prominence as a chemist, a physician, and a scholar. I have endeavored to show how the dogmatism of so-called science placed its seal of condemnation upon the great discoveries of Harvey, of Jenner, and of Wells and Morton. You and I, as members of the new school, know only too well with what homœopathy has had to contend from its very inception. To us younger men it is largely a matter of history, though there are but few of us who have not smarted at various times under the lash of medical intolerance. We have, however, escaped most of the hard fighting which our gray-headed *confrères* could not escape, and did not try to escape. For the pioneers of homœopathy I have the most profound gratitude. The hundreds of hospitals and dispensaries now under homœopathic control, founded and maintained by the wealth and culture of the land, are fitting memorials



to the memory of those who have gone before, and a perpetual benediction to those yet with us. It is no longer necessary to enlarge upon the triumphs of homœopathy. We have reached a point where we can afford to review the past and contemplate the present with calmness and deliberation.

In judging men's motives, we must not do so from our standpoint, but from theirs. As regards homœopathy, the reform — and to-day there are few men of the older school who will deny that Hahnemann's innovation was a reform — was so radical as to be almost incomprehensible. Indeed, the pendulum swung so far across the dial as to make absurdities inevitable. Within our own circle we find schisms and counter-schisms. Can we wonder then that men educated in the crudities of the medicine of one hundred years ago ridiculed the supremely esthetic system of Hahnemann! Can we wonder that to-day broad-minded, liberally-educated men, of that school — and there are many such — are kept from investigating homœopathy when at the very threshold of their investigations they are confronted with teachings so subtle as to transcend the mental horizon of many of us who have been born, reared and educated under its banner? Can we honestly condemn such an one when he points the finger of ridicule at some of the nauseous and disgusting agencies which have been saddled on homœopathy, although no part of it; or blame him if his conception of the school is based upon literature which would limit him, were he to subscribe to its tenets, to the absolute domain of *similia*? Taking human nature as it exists, and looking upon homœopathy from this standpoint, we must not consider a man educated in the dominant school entirely deficient in common sense and honest conviction if he cannot subscribe to these tenets.

We can, however, do this: We can remind the honest investigator that the practice of medicine is still an art, and probably will never become an exact science, and that so long as it remains an art, and until medicine shall have become an exact science, from the very nature of things, there will be a conflict of opinion regarding the administration of drugs in disease; we can assure him that the question of dose cuts no figure in homœopathy, so far as its tenets are concerned, but that if he prescribes drugs upon the principle of *similia*, experience will teach him the necessity of diminishing the dose, as it has taught Ringer, Bartholow, and Brunton, who, under the insignia of "substitution," recommend marvelously small doses of belladonna for angina, ipecac for vomiting, arsenicum for gastritis, etc. If he is honest enough to admit that this is homœopathy called by another name, but that medicines administered in minimum doses, or even one-tenth or one-hundredth minimum doses, are

still material, are still tangible, and within the grasp of the mind of the materialist, while even the medium potencies of the decimal or centesimal scale, not to mention the higher or extremely high ones, measured even by the calculus of fluxions, reach beyond human comprehension: to this declaration I should reply that, personally, experience has kept me from pinning my faith to the higher potencies, and that I can see no advantage in delving in them, but that some of my colleagues — honest, conscientious, successful men — prescribe the higher potencies with results satisfactory to themselves. I should further remind him that physics has not fixed a limit to the divisibility of matter, but that modern science is ever tending to lead the investigator from gross materialism into the realms of infinitesimals. Thus Koch has found that a solution of one part of gold to one million parts of water injected into the tuberculous guinea-pigs will put a check to the disease, and that even the presence of gold coin in gelatine containing tubercular bacilli will destroy them. He has rediscovered, too, what Hahnemann discovered at the very beginning of his investigations, namely, that because of the similarity existing between lymph symptoms and those of tuberculosis the victims of tuberculosis are infinitely more susceptible to the action of the "magic fluid" than are persons in health.<sup>1</sup> His dilutions, therefore, make even a credulous homœopath smile because of their infinitesimal character. Pasteur's researches are in keeping with Koch's, and from the standpoint of drug materialism regular credulity is not very far removed from homœopathic infinitesimalism.

I should in fairness admit that there are many absurdities in the teachings of Hahnemann, and in the homœopathic school; absurdities which, however, do not affect the reliability of the homœopathic law. Indeed, I should maintain that the very fact of the school growing as it has — attaining a prominence which has made it a power in the land, notwithstanding the absurdities which have attached themselves to it — affords the very best evidence in favor of the reliability and the usefulness of the law upon which the school is founded. Nor should I forget that "traditional" medicine has not run its course without the rise and fall of many innovations which do not redound to the glory of the so-called regular school. I do not understand that its members are especially proud of its record in venesection, a practice only abandoned when it became apparent that by it

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<sup>1</sup> This is not *homœopathy* but *isopathy*, yet it illustrates the point I wish to make, namely, the more closely drug effects correspond to disease effects, the smaller is the dose required profoundly to impress the organism. The fact that Koch's experiments made in this direction have proved unsuccessful, does not affect the force of the illustration.

thousands of lives were being yearly sacrificed.<sup>1</sup> I do not understand that Kibbe's fever cot, that Bergeon's rectal injections of hydrogen sulphide, and that Brown-Sequard's elixir of life, have proved startling successes. Nor do I understand that Koch's lymph has exterminated tuberculosis, or that Keely's "bichloride of gold" — the latest fad — has put an end to drunkenness. If regular medicine is proud of this record, and of much more that is in keeping with it, then homœopathy is proud of potentized moonshine, with all the advantages of harmlessness on its side.

I should conclude by affirming, and with much emphasis, that homœopathy is not exclusive. There is no law, divine, human or sectarian, preventing a practitioner of homœopathy from utilizing any or all agencies, from whatever source, tending to promote the welfare of his patient. In the vast majority of cases homœopathy ousts antipathic expedients by the gentler and safer law of *similia*; but when a still gentler and safer and better method than *similia* is discovered, or is more applicable in a given case, we deem it our privilege and our duty to avail ourselves of it. The followers of Hahnemann maintain a distinct organization, because the dominant school, by its illiberality and dogmatism, has made, and still makes, it impossible for us to affiliate with it without the sacrifice of principle and of the dignity of manhood and womanhood. When the time shall come, probably many years hence, when the homœopathic practitioner can discuss homœopathy in the American Medical Association, and similar organizations of that school, with the same freedom that characterizes his discussion in the now existing homœopathic societies; when he is permitted to enjoy equally all the rights, privileges and benefits of him who boasts of a medical ancestry dating back eighteen hundred years; when education, morality and merit are the only standards by which the physician is judged, then, and not till then, will there be an amalgamation of the schools. Until then homœopathy proposes to maintain her own organizations, her own colleges and hospitals, and her own examining boards. Self preservation is the first law of nature, and if the lamb and the lion are to lie down together the lamb does not purpose being inside the lion.

I believe that homœopathy can afford to assume no other attitude than this. As a school, we are strong enough to make our power felt, and we ought to be sufficiently liberal and frank to

<sup>1</sup> There is a tendency to revive the practice of bleeding in the old school. I quote from "Osler's Practice," 1892. "Pneumonia is one of the diseases in which timely venesection may save life. In a full-blooded healthy man [*sic*] with high fever and bounding pulse, the abstraction of from twenty to thirty ounces of blood is in every way beneficial."

acknowledge our indebtedness and gratitude to the Taits, the Bantocks, the Listers, the Virchows, and the Leopolds, of the older school. We have learned much from them and their *confrères*. We are willing to learn all that we can in the future ; but we ask in return a recognition of the indebtedness which the science of therapeutics owes to Hahnemann and his followers. Those of us who are daily and hourly administering to the sick, basing our prescriptions upon the principles promulgated by Hahnemann, know that we are pinning our faith to a law which, though not infallible, is capable, in a large percentage of cases, of doing all that can be done at the present time to promote the welfare of our patients. We cannot cast it aside without making light of our consciences, and we do not propose so doing. We believe that the interests of afflicted humanity would be better subserved by a more general application of it. Let us, therefore, present our system of medicine to the profession and to the world in its most presentable form. Let us strip it of the incongruities, which, I verily believe, have kept it from becoming the dominant system of therapeutics. Above all things, let us keep therapeutics within its proper sphere, remembering that there is a limit to the possibilities of drug action. Let us not forget the conquests of surgery, and the debt we owe to the many noted operators in the various special departments of our school, who have done so much toward dignifying homœopathy in the eyes of the public. And last, but not least, let us frankly admit that there are other methods and other laws of cure which are ours to use if we see fit to do so, and that if we choose homœopathy in a given case it is because we think it for the best interests of our patient so to do, and not because the precepts of our school proscribe another course. I am afraid that the "conceit of omniscience" is not limited to any one school of medicine, and I cannot believe that modern medicine can afford to be less liberal than modern theology.

Such in brief, ladies and gentlemen, is the history of what I have been pleased to designate the four greatest epochs in medicine. We have seen that all were destined to promote the welfare and happiness of mankind, yet all were contested and fought by human passions and human prejudices. Such was human nature, and such is human nature. Yet the progress of human thought is making rapid strides ; the future is full of promise.

In 1592 a celebrated anti-religious professor of Padua had so little faith in the discovery of Galileo that he declined to look through the great astronomer's telescope in order to disprove the charge of "heresy" which had been made by the church. In 1737 Galvani, when he announced his great discovery, was dubbed "the frogs' dancing-master." In 1743 Lavoisier, a

noted French scientist, declared, in discussing the possibility of ærolites: "There are no stones in the sky, and therefore none can fall upon the earth." In 1752 Benjamin Franklin was greeted with shouts of laughter by the Royal Society of Great Britain when he declared the identity of lightening with other electrical phenomena. And as recently as 1822 Daguerre came very near being consigned to an asylum for affirming that "he could fix his own shadow on magical metallic plates." Thus have the great sciences been evolved from the past. Such a retrospective study affords encouragement. Dogmatism will never be eliminated from the human mind; but there is less of it to-day than ever before. Great innovations will ever be contended against, and the fight which homœopathy has made, and is still making, is simply in keeping with the history of the past.

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CONSUMPTION-AXIOMS.

BY T. P. WILSON, M.D., CLEVELAND, O.

*Editor N. E. Med. Gazette:*

Dr. T. C. Duncan has given us a list of axioms,\* which all your readers have, without doubt, read with interest. It is almost needless to say that Dr. Duncan has been for many years an interesting and valuable contributor to our medical literature. I am not, however, disposed to let his statements go unchallenged. If his "axioms" possessed a mathematical quality, they would be self-evident and unanswerable. I do not see that one of his eight so-called "axioms" is above contradiction.

If he had designated his statements as *theorems*, he would have improved his classification. Take his I. "Axiom—That a change of climate offers the best chances for the cure of this disease." If this be an axiom why does it need the explanatory note that follows? Fortunately the explanation contains something better than the "axiom": *Put the consumptive or the person with weak lungs in the best climate with the best local surroundings.*" Stick a pin there. The statement is undeniable. But where is that climate? "Aye, there's the rub," as the Doctor clearly shows at the close of his article.

Take "Axiom III.—That the change should be directed by the [those] best informed on the subject." But who can tell who is best informed? Is it not a fact that thousands of these patients are directed to the informer's *favorite resort*? Isn't it an axiom that advisers, like other men, are influenced by mer-

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\* See Jan. Issue of N. E. MED GAZETTE.

cenary motives? And does not this undeniable fact go far to vitiate the "axiom" we have under consideration? Not to follow the Doctor through to the end of his "axioms" let us suppose them to be all true. Then we can easily get at the gist of the matter, by observing, that all the Doctor says is comprehended in this: that a "change of climate" is essential to the well-being of consumptives in the early stage of their disease. But even this is not axiomatic. It is not self-evident but a truth based wholly upon empirical data. How far we are from any definite and unchangeable rule in regard to this subject we need only to quote the closing sentences of the Doctor's article. Here they are: "The great question among Eastern physicians and Eastern people, is, where to send consumptives. Minnesota, which was the resort twenty years ago, has been [proved] disappointing except to a few and at certain seasons. The Pacific Coast and Florida have also been disappointing except for certain cases. There is too much moisture. And the eyes of all have been [are] turned to the South-West."

How any one can build axioms out of such material is not "self-evident." If a consumptive or his doctor should look through Dr. Duncan's article for reliable information as to climate, he would find quite as much disappointment as in the study of climatology.

Would it not be better to confess that the whole question is involved in empiricism? and that we cannot lay down rules, either dogmatic or axiomatic? And if "Eastern physicians" and "Eastern people" are so much interested in this question, what's to hinder Western physicians and Western people having a like interest? And, "where is that happy land," called South-West?

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YALOO, THE DOUBLE-BODIED HINDOO LAD. — Dr. George Bleything, having examined the double-bodied Hindoo lad recently brought to this country, has made the following report in regard to him: "I find him to be a remarkable case of arrested development in foetal life. The boy himself is a fine, bright, well developed youth of eighteen years, and attached to the extremity of his sternum is the incomplete body of a twin. The arms are given out from the attachment to the sternum of the young man, without scapulæ. The trunk is short and incomplete, but terminates in a pelvis, with which the legs are connected. There would seem to be no separate heart in the parasite, and the pulse, both radial and axillary, is synchronous with that of the autosite. There is ankylosis of the joints in the undeveloped child. The young man is conscious of a sensation when this second body is roughly touched." The parasitic growth appears to give him very little inconvenience, and he is very agile in his movements.—*Boston Medical and Surgical Journal*.

A NOVEL OFFENCE AGAINST A PHYSICIAN. — A recent number of *Vratch* quotes a statement to the effect that a St. Petersburg physician was about to prosecute a man who had caused one of the physician's prescriptions for his deceased wife to be posted over her grave, in order to call public attention to his belief that the medicine she had taken had been the cause of her death. — *Boston Med. and Surg. Jour.*

## CASES TREATED AT THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF J. P. SUTHERLAND, M.D.

[Reported by A. D. Hines, Medical Interns.]

This summary presents the medical cases treated at the Hospital from January 1st to April 1st, 1892. Several of the cases offering features of peculiar interest, are reported, somewhat in detail, in the pages that follow.

## SUMMARY.

DISEASE.	No. Cases.	Cured.	Improved.	Not Improved.	Not Treated.	Died.	Remaining.
Anæmia, Spinal.....	1		1				
Bright's Disease, Chronic.....	1			1			
Bronchitis.....	2	2					
Cephalalgia.....	1		1				
Chlorosis.....	2		2				
Cystitis.....	1	1					
Diarrhœa.....	1	1					
Diphtheria.....	1						1
Eczema, Chronic.....	3		2				1
Fever, Typhoid.....	1	1					
Fever, Remittent-Intermittent.....	1	1					
Gastritis, Chronic.....	2						1
Gastro-enteritis, Chronic Catarrhal.....	1						2
Gonarthritis.....	1						1
Heart, Dilatation of.....	1					1	
Inanition.....	2	2					
Insomnia.....	1			1			
Insular Sclerosis.....	1						1
La Grippe.....	7	7					
"    with Otitis Media.....	2		2				
Laryngitis, Chronic.....	1			1			
Menorrhagia.....	1						1
Myelitis.....	1					1	
Neurasthenia.....	9		4				5
No Disease.....	1	1					
Not Diagnosed.....	3				1		2
Otitis Media, Suppurative.....	1						1
"    "    with Mastoid Periostitis,	1	1					
Paralysis, Post Diphtheritic.....	1						1
Pathophobia.....	1			1			
Pleurisy with effusion.....	1	1					
Pneumonia.....	4	2					2
Prostatitis.....	1		1				
Rheumatism, Acute.....	3	1					2
"    Chronic, Artic.....	1		1				
"    Chronic.....	2		2				
"    Subacute.....	1						1
Scarlatina.....	1	1					
Senility.....	1			1			
Stomatitis, Mercurial.....	1	1					
Synovitis of Knee, Tubercular.....	1		1				
Total.....	70	23	17	5	1	2	22

## TYPHOID FEVER, WITH RELAPSE.

No. 662. Male; aged, 11.

Sickness was ushered in, November 20, 1891, with chilly sensations, nausea, and diarrhoea; some pain in abdomen, and hunger. At close of first week much thirst, lips parched, tongue heavily coated; sordes on teeth; mind wandering; two thin, greenish-yellow stools daily.

During second week he was restless, delirious, and tried to escape twice in one night. Near

the close of the week rose-spots and sudamina appeared on the abdomen. He would sleep most of the time, making it difficult to give him nourishment by the mouth. Three fæcal evacuations daily, of a thin, mushy consistency

In the third week abdomen became tympanitic; small pustules appeared on the body, and he began to cough, with no expectoration. Very hungry—cries for something to eat. Mind cloudy. Speech difficult.

During the fourth week his mental condition became better. Still some cough; pain in left iliac region; two stools daily—more nearly natural than previously; articulation better.

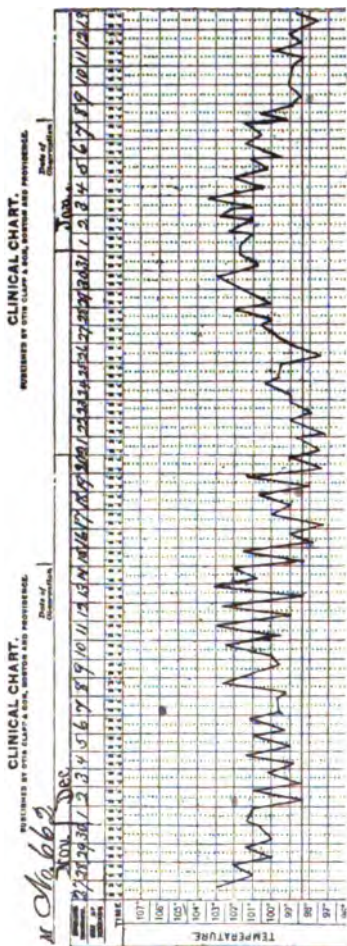
During fifth week had a relapse. Temperature became higher; diarrhoea increased; talks and cries a great deal; some delirium.

All the symptoms became more grave during the sixth week. Dr. Sutherland began to treat the case at the close of the sixth week.

During the seventh week there was gradual improvement.

Became constipated during the eighth week, which condition was persistent till near the close of eleventh week. An enema of warm water was used every other

day, until movements became natural. Swelling of feet during





first week in February ; but no renal or cardiac trouble was discovered. Improvement was gradual and continuous after January 4, 1892.

The accompanying chart shows the temperature variations up to the period of convalescence. The pulse chart presented corresponding curves. The peculiarities of the chart, for a case of enteric fever, need no pointing out (it should be borne in mind that the patient entered the hospital at the end of the first week of his illness) ; but the symptoms, as recorded, establish the diagnosis.

The treatment after January 1 consisted of ars., hyos., and rhus tox., as called for, the ars. being almost constantly used. Sponge baths were given occasionally, and the diet consisted of milk. About four weeks after leaving the hospital he reported, and had gained so much in flesh as to be almost unrecognizable.

Discharged February 10, cured.

#### ECZEMA, CHRONIC.

No. 713. Male ; aged, 38 ; printer.

*History.* For five years has been troubled with periodical attacks of eczema, and with occasional attacks of facial erysipelas. The eczema begins in left leg, and spreads to entire body. There is a great deal of burning and itching ; is constipated ; has been in habit of smoking three or four cigars daily ; has varicosis of legs.

*Present Condition.* Face, neck, chest, greater part of surface of arms and legs intensely red ; skin dry, thickened and covered with minute vesicles and crusts ; abundant desquamation of fine branny scales ; fierce burning and itching, the latter being nearly intolerable, and interfering with sleep. Otherwise, his condition was that of health.

Use of meat prohibited. Eczematous lesions not to be moistened. A generous farinaceous diet and an abundance of water to drink was given.

Anacardium 3x was given during January. There was marked improvement after use of anacardium.

Discharged January 18, improved.

Reported several times ; the last time showing quite a clean skin, and being practically cured. Anacardium was continued after leaving the hospital.

#### REMITTENT-INTERMITTENT FEVER.

No. 51. Female ; aged, 48 ; widow. Admitted Jan. 2, 1892.

*Previous History.* Has been suffering from headache, frequent spells of vomiting, pain in abdomen, and afternoon chills for nine weeks. Was taken sick while in Vicksburg, Miss.

*Present Condition.* Skin dry and eczematous, and of a yellow color—feels harsh, and never perspires; spleen not enlarged;

teeth loose; flatulent; raises much wind; coppery taste in mouth, and desire for cold foods only; chill, morning and afternoon—light and creeping, always accompanied by elevation of temperature, and sensation of great heat; vomits in the morning, about every third day. Nausea occurred daily, with marked prostration.

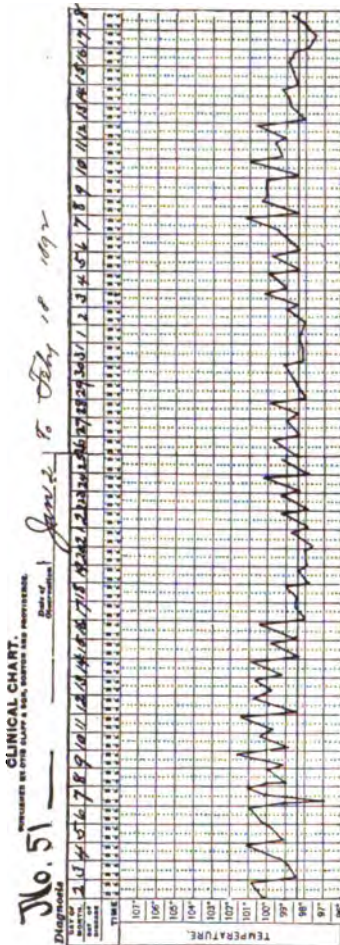
January 5. Urinalysis showed twenty-four hours' amount to be only twelve ounces (sp. gr. 1020), with phosphates in excess; no albumin. The quantity of urine increased gradually until thirty-two ounces were passed daily. Vomiting occurred at intervals of two or three days, until February 27th, after which there was no return of vomiting, though there was still some nausea. Chills became less and less frequent, and ceased on the 24th.

Diarrhœa set in February 26, and was followed by constipation February 28th.

Fowler's solution, 1 gt., t. i. d., was given during the greater part of her stay in hospital, and nux. v. 2x internally, for the gastric and intestinal disturbances.

Discharged March 7th, cured.

The accompanying chart shows the variations in temperature.



#### MERCURIAL STOMATITIS.

No. 71. Female; aged, 22; unmarried. Admitted January 16, 1892.

*Previous History.* An eruption began two weeks ago on the right arm, and extended over face and body. The eruption was attended by neither pain nor itching. She received medicine from the Bennett Street Dispensary (allopathic), and the eruption disappeared in four days. Swelling about inferior

maxilla began three days ago, and salivation followed rapidly.

*Present Condition.* A few brownish, irregular spots here and there on surface of body; sordes on teeth, which cannot be brought in close contact; gums bleed easily; opens mouth with difficulty, on account of swelling about the face and neck; tongue large, flabby, indented by teeth, and coated; mouth has a very strong and most offensive odor; excessive and constant ptyalism, the saliva running in almost a stream from the partially open mouth; many small and superficial ulcers in mouth.

Peroxide of hydrogen was used as a mouth wash three times daily, and a solution of hydrastis was used every one half-hour; nitric acid 1x internally.

January 22. Much improvement has been made, the general and special symptoms diminishing in severity; but the gums are still swollen, and bleed easily. The temperature, which was elevated for four days, is now normal. Kali iod. 5 gr. in twenty-four hours, with the idea of accelerating the excretion of mercury, and thus assisting in the recovery.

January 27. Great improvement; can open mouth easily; slight fetor to breath; two small ulcers remaining; no swelling of face.

*The question of diagnosis* in this case was a somewhat puzzling one. The patient's social status, and her condition on admission, more than suggested the existence of syphilis. The ephemeral character of the eruption, according to the anamnesis, the fact that no signs of characteristic lesions could be found on careful physical examination, and the positive and apparently sincere denial of unchastity, in addition to the rapid and satisfactory recovery, would seem to offer convincing testimony that the disease was not venereal. Sectarian prejudices prohibited any attempt to find out what treatment the patient had received at the hands of her dispensary physician; but the very characteristic objective symptoms pointed to an accidentally excessive, or unjustifiably rash use of some form of mercury.

Discharged January 29th, cured.

#### PNEUMONIA.

No. 110. Male; aged, 65; carpenter. Admitted February 2.

*History.* Had la grippe last November. Thought he had recovered. Has been sick for ten days with pain in the right side, and cough. Now has pain in the hepatic region; cannot take a long breath, the pain is so severe. Feels weak; no appetite; much thirst; coughs but little.

*Physical examination* shows marked dulness over lower lobe of right lung, crepitant râles, whispering bronchophony, increased vocal fremitus.

Pustular eruption appeared on the face. The cough became less frequent, and the expectoration more scanty. Eruption became more extensive, but disappeared before discharge. Signs of consolidation of lung gradually disappeared. The pain on breathing, which was present February 2, lasted only two days, and a similar pain was felt February 13. Was able to be up and dressed part of the day February 13. Improvement was constant from the first. Hepar sulph. 3x was given internally.

Discharged February 16th, cured.

*Peculiarities.* The attention of the internes and a few students was called to this case; and they were asked to examine it carefully. Signs of hepatization of the lower lobe of the right lung were marked, and the differences between the two lungs were distinct and easily demonstrated; and yet the temperature was but slightly elevated. Pulse was not very rapid, and "rusty sputa" were absent.

SUPPURATIVE OTITIS MEDIA, WITH MASTOID PERIOSTITIS.

No. 135. Female; aged, 28. Admitted February 16, 1892.

*History.* There has been some discharge from right ear since January 1, 1892. Discharge was bloody for first few days, then became of a purulent nature; has been deaf in the same ear since discharge commenced. Very little pain has been present until the last three or four days, during which pain has been quite severe.

*Present Condition.* Now there is considerable swelling and much tenderness in mastoid region; integument, over mastoid process, of a dark-red color; some shooting pains over right side of head and in mastoid region; slight purulent discharge from external meatus; watch not heard upon pressure. Dr. H. P. Bellows was called in consultation, and it was decided, in spite of the indications for operation, that syringing the ear with hot water ten minutes every hour, day and night, keeping an ice-water coil constantly applied to the mastoid region, and giving capsicum 3x internally, might still abort the impending mastoid abscess. Trial of these measures for twelve hours (or longer if indications were favorable) was determined upon, the temperature and pulse, as well as the local condition, to be carefully watched.

February 19th. Temperature and pulse show steady improvement, but locally not much change is noted; discharge from external meatus rather diminishing. Dr. Bellows made a free incision in the tympanic membrane, and in the superior wall of the external canal. The above measures to be continued for twenty-four hours longer, and, unless more decided local improvement, should resort to operative measures.

February 20th. Improving; after inflating ear with Politzer bag could hear watch three inches from ear; meatus swollen and red. Bell  $\phi$  on small pledget of cotton kept in ear to allay pain.

February 22nd. Water, of the temperature of the room, was used in the coil during the day, to be discontinued at night; ear syringed with hot water every two hours. Rapid improvement, yet much swelling of lower part of auricle and walls of external meatus. Milk and gruel diet.

February 26th. Much improved; some itching in meatus; very slight pain, and no discharge. Discontinue syringing and cold coil. Full diet. Merc. dulcis 3x.

March 2nd. Improving, yet rather weak. Hoff's malt t. i. d.

After February 22nd Dr. Bellows inflated the ear by catheterizing, or by the Politzer bag. The catheter had to be carried through left nostril, on account of a deviated septum. The ear was carefully inspected and cleansed daily by Dr. Bellows.

March 8th. Feeling well; can hear watch twelve inches from ear after inflation. Discharged, cured.

#### SCARLATINA.

No. 149. Female; aged, 10. Admitted February 24, 1892.

Has been sick four days. Tonsils large; deglutition not painful; herpetic eruption about lips, and on left cheek; fine, elevated eruption over entire body; very little redness; strawberry tongue. Says she feels very well. Pulse, 128; temperature, 100.4° F.

She was given a milk diet, and bell. 1x, 10 gtt. in half glass water — two teaspoonfuls every hour.

Temperature never was higher than 100.6° F. during entire illness. There was considerable photophobia during first four days. Eruption disappeared on 28th.

The correctness of the diagnosis was doubted by several who saw the case, on account of the mildness of all symptoms. The doubt was definitely removed, however, when there was complete desquamation of ends of fingers on March 8th. Bran-like desquamation commenced March 2nd, and continued, more or less, while in hospital; after which date she was given full diet, excepting meats, which were not allowed. No albumin in urine at any time. She made a very satisfactory recovery, and was discharged March 9th, cured. A few doses of sulph. having been given during the last few days.

#### PNEUMONIA.

No. 180. Female; aged, 25; chambermaid. Admitted March 15, 1892. II A. M.

*History.* Had diphtheria eight years ago. The present sickness commenced three days ago with severe chills, lasting half a day, followed by sweating, vomiting, and intense headache.

*At time of admittance.* Lips parched; tongue coated brown; pale and anæmic; pupils dilated; right cheek flushed; skin dry and hot; pulse, 120; temperature, 105.8°; respiration, 30; respiration labored and interrupted; entire right side of chest moves together, and differently from left; a few sonorous and sibilant râles over the chest; cough painful; glairy expectoration, scanty; broncho-vesicular breathing near apex of right lung, in front; diminished respiration in central and lower lobes, especially in central. Percussion, negative. Treatment, milk diet; sponge bath every two hours; cold compresses changed every hour; iodine  $\text{ix}$ , 10 gtt., in half glass water — two teaspoonfuls every half hour.

At 11 P. M. Pulse, 106; temperature, 102.8°; respiration quiet.

March 16th. Face pale and yellow; eyes sunken; feels very little pain; pain on pressure in umbilical and ileo-cæcal regions; scanty expectoration of glairy mucus. Five fæcal evacuations within twenty-four hours, of a thin pea-soup consistency. Vomits her food, and marked prostration. Treatment, wet pack, night and morning, and cold compress, and sponge bath to be continued until temperature falls below 102° F. Arsenicum 3x, one tablet night and morning; bryonia  $\text{ix}$ , in water, two teaspoonfuls every hour.

March 17th. Pulse soft and almost dicrotic; tongue coated yellow; stomach retains milk; considerable pain in umbilical and ileo-cæcal regions, from pressure. Six fæcal evacuations in twenty-four hours. Treatment above continued.

March 19th. Sleeping a great deal — has to be aroused to take medicine and food; red miliary eruption in epigastric and right hypochondriac regions; two rose-color spots in epigastric region; breathing shallow, interrupted, and painful; expectoration scanty, and of glairy mucus; pain in right scapular region while coughing; pulse soft and compressible. Four fæcal evacuations, and urine voided once involuntarily. Treatment continued.

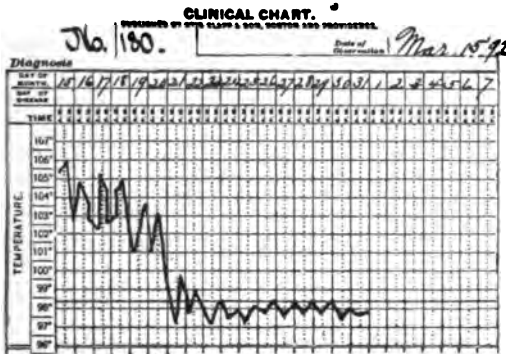
March 20th. Some improvement; lying with knees elevated in bed; eruption almost gone; not so stupid; coughing causes pain in abdomen and right scapular region. Above treatment continued.

March 21. A marked drop of the temperature, to normal in twenty-four hours. Cold-pack, compress, and sponge bath discontinued. Hot-water bags to feet.

March 23. Suffers no pain; constipated; urinalysis negative. Sulph. 3x.

March 27. Some rattling in chest; is anæmic; improving.  
Ant. tart. 3x. Soup and crackers added to diet.

March 31. Some pain deep in extremities, like bone pains; pricking feeling in ends of fingers; improving; bowels regular; slight cough, and no expectoration; breathing in right lung—approaching normal. Maltine and cod-liver oil; arsenicum 3x, night and morning, and ant. tart. 3x continued.



The peculiarities were the apparent coexistence of an enteric and pneumonic fever. This idea was abandoned on the abrupt termination of the fever. The typhoid condition was, however, marked for a few days. The negative results of percussion would indicate that the diseased portion of the lung was centrally located and separated from the thoracic wall by a stratum of non-hepatized tissue. The violent chill, high fever, rapid and labored respiration, flushed cheek, cough, and pain in right lung, with the abrupt resolution, establish the diagnosis.

CROUPOUS PNEUMONIA.

No. 108. Female; aged, 40.

*History.* February 10th, Alexander's operation was performed, and about four inches of each round ligament removed, to correct an obstinate retroversion. She bore the operation well, and was improving nicely until March 5th, when she felt an acute pain in left side of chest, low down, aggravated by motion or deep breathing. Slight cough, but no expectoration. Bryonia was given with marked improvement until March 17th, when she had a slight chill, faintness, and nausea. Exaggerated breathing in left infra-clavicular region, with diminished respiration, and dulness in lower left lobe. Pulse, 140; temperature, 101° F.

March 18th. Transferred to the medical side. Cheeks flushed; skin dry and hot; tongue coated dark yellow, with red stripe in centre; pupils dilated; respiration painful, rapid and interrupted; dulness over inferior lobe of right lung; crepitant râles; bronchial respiration on affected side; can lie only on right side. Pulse, 140; temperature, 102°; respiration, 40.

Milk diet. Cold compress around chest, below axillæ, until temperature falls below 102° F. Phos.  $\phi$  4 gtt. in half glass water—two teaspoonfuls every hour.

March 19th. Rusty sputa abundant; cough painful; crepitant râles; labored and bronchial respiration; percussion shows dulness of lower lobe of right lung, almost amounting to flatness; pectoriloquy. Pulse, 128; temperature, 101.4°; respiration, 35. Treatment continued.

March 20th. Feeling much better; rusty sputa abundant; only a few crepitant râles; marked dulness; any attempt to change position provokes a very painful cough; bronchophony, and whispering bronchophony. Substitute myro-petroleum for cold compress.

March 21st. Sputa glairy and scanty, with a few bright spots of blood; whispering bronchophony not so marked; no crepitant râles. Pulse, 98; temperature, 101.4°. Treatment continued.

March 22nd. A chill last night and two to-day, followed by fever and sweat; severe pain in infra-axillary region; lies on back; bronchophony not so marked. Pulse, 100; temperature, 100.8°.

After March 22nd there was continuous improvement, and gradual disappearance of all the pneumonic symptoms. There seemed to be a very abundant deposit of plastic material in the inferior lobe of right lung, however, which disappeared very slowly. Pulse and temperature became normal March 29th, and full diet allowed.

March 31st. No pain whatever; sits up some; gaining strength rapidly; appetite good; still signs of abundant deposit on right side, which disappeared slowly. Discharged April 16, cured.

*Peculiarities.* A patient in hospital convalescing from a surgical operation suffers from an attack of what was considered pleurisy in left lung, and later passed through a typical pneumonia of the lower lobe of the right lung. Query. What caused the pneumonia?

#### DILATATION OF THE HEART.

No. 98. Female; aged, 46. Admitted January 28, 1892.

*History.* Came into the hospital for operation. Has had interstitial fibroid of uterus and albuminuria for about two years. Has been troubled with bloating of abdomen. Climacteric not completed.

*Present condition.* Examination showed great increase (laterally) in the area of cardiac dulness; no definite valvular disorder; broncho-vesicular respiration, and jerking respiration of left side; nasal ducts occluded; vision blurred; anæmia and serous effu-



sion of retina of right eye; pupils dilated; trace of albumin in urine. She seemed to improve for a while, but on February 14th she had a slight epileptiform spasm, lasting about two minutes(?). These slight attacks persisted until a few days before death. They commenced by dizziness, weakness, and distress for breath, flushed face, followed by frothing at the mouth and rolling of the eyes upward, and severe palpitation.

March 3rd. Was suddenly taken with a few vigorous heart-beats, then loss of breath, as if cold water had been dashed into her face, followed by pulsating in the head for a few minutes. The heart beat very rapidly and irregularly, as though all control of the heart had been lost. The sounds would run together in such a confused manner, and the heart beat so rapidly, that it made it impossible to differentiate the sounds or count the beats.

March 6th. Hands and feet cold; lips cyanotic; vomited food; can't sleep on account of severe palpitation; slight icterus. The use of digitaline 2x, twice daily, and digitalis  $\phi$ , every two hours, was followed by a disappearance of the cyanosis and coldness, and a nearer approach to the normal action of heart, and a few nights' restful sleep; but this improvement lasted only a few days, and œdema of the feet and legs became quite marked by March 15th, and she had to be kept propped up in bed, on account of dyspnœa. œdema soon extended to the groin, and then up onto the abdomen. Heart-action became very rapid and irregular again.

March 22nd. Right leg cold, from knee to the foot; right side numb and immovable.

March 23rd. Tongue became paralyzed; copious perspiration; breathes with mouth open; can't sleep; œdema of right lung.

March 24th. Unable to take food; both feet and legs cold. Died near noon.

The above cases, in their variety and the acuteness of their disease-conditions well illustrate what the physician-in-charge, for the quarter in which they were treated, believes to be the best use of a hospital, namely, to serve the greatest possible number of patients whose condition calls for immediate relief, and who are susceptible of cure within a practically limited time. With the increased facilities of the hospital, it is to be hoped its possibilities of service in this direction will be very greatly extended. The arrangement which gives the hospital a resident superintendent greatly facilitates the immediate admission of such patients; and physicians, wishing to make arrangements for such, can obtain prompt information as to available accommodations by addressing the hospital's present able and courteous superintendent, Dr. T. M. Strong.

## A WORD ON ANTISEPSIS.\*

To the Editor of the New-England Medical Gazette.

In reply to your request for my opinion and experience in aseptic and antiseptic methods of treatment, I will reply as follows:

I have for more than twenty-five years employed antiseptic treatment — since it was first proposed by Joseph Lister, who advised compound fractures to be dressed with carbolic-acid putty. (If my memory serves me correctly, this was about 1865.)

I. I regard asepsis as the first requisite in every case where operative measures are to be employed, and if the surgeon and his assistants carefully carry out in detail such a course of practice, antiseptics will be scarcely needed. We shall then have no sepsis — no “blood poisoning.” (Our patients all seem to understand the term “blood poisoning,” and it is something that they universally dread. As soon as we tell them that the patient has “blood poisoning,” they do not inquire about any other symptoms, for they conclude that a fatal issue will be the result.)

II. It is not always possible to prevent “blood poisoning” (sepsis), and then it is the duty of the surgeon to carefully employ antiseptics. All surgeons who have been educated and properly instructed, and who understand antiseptic wound treatment, work antiseptically.

III. There is nothing in the principles of asepsis and practice of antiseptics incompatible with the practice of homœopathy, or rational therapeutics. I would as soon think that the removal of a patient from unhealthy and pestilential environments to some far distant clime, where he would recover by breathing pure air, was “incompatible with homœopathy.”

IV. From actual experience, I have seen in thousands of instances the advantages of asepsis and antiseptic treatment.

V. Any surgeon who does not regard the principles of asepsis in the management of his cases, is guilty of both negligence and ignorance. “*Peritis in arte, credendum est.*”

Yours sincerely,

T. GRISWOLD COMSTOCK.

St. Louis, Mo., 507 N. 14th St.

\* The above communication from Dr. Comstock arrived too late to be included in the GAZETTE's symposium, but we cannot, nevertheless, permit it to be lost to our readers.—Ed. GAZETTE.

FOLLOW DIRECTIONS. — Wife: Faith, Dennis, that is too bad; yer have oopset yer coffee; let me get yez another wan.

Husband (reprovingly): How kin yez tempt me so, Biddy, when yez know th' docthur gave me strict orthers that Oi should not take more than wan coop at each meal? Pour it out in the beer mug, Biddy, dear; we must obey the docthur.

**SOCIETIES.**

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, No. 264 Boylston street, Thursday evening, May 5th, 1892, at 8 o'clock. President Henry A. Spalding, M.D., in the chair.

The report of the last meeting was read and approved.

A. D. Bowman, M.D., was elected to membership.

The name of Emily Jones Baker, M.D., was proposed for membership.

The following delegates were appointed to the American Institute, to be held in Washington :

Henry A. Spalding, M.D., L. A. Phillips, M.D., A. Boothby, M.D., representing the Society.

Horace Packard, M.D., representing the Hospital.

A. B. Church, M.D., representing the Dispensary.

I. T. Talbot, M.D., representing the College.

J. P. Sutherland, M.D., representing the NEW-ENGLAND MEDICAL GAZETTE.

In accordance with the request of those members of the Society who are not to attend the American Institute, and are desirous of hearing of its transactions, it was voted to postpone the June meeting till after the return of the delegates. The next meeting of the Society will therefore be held June 23, 1892,

Dr. Horace Packard presented pathological specimens of Fallopian tube and ovaries, with ruptured gestation sac, removed from a patient thirty years old.

Helen S. Childs, M.D., reported an interesting case of abortion.

E. A. Bruce, M.D., read a paper upon "Portal Obstruction and Its Relation to Diseases of the Uterus and Its Associate Organs."

Grace E. Cross, M.D., presented a very interesting paper upon "Uterine Hemorrhage: Its Causes and Emergencies."

Eloise B. Sears, M.D., reported a case of "Ante-partum Hour-Glass Contraction."

Dr. George B. Southwick opened the discussion upon Dr. Cross' paper, and was followed by Drs. Hines, Powers, Sherman and Hedenburg.

The meeting adjourned at ten o'clock.

M. E. MANN, M.D., *Secretary.*

*WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held in the parlors of the Bay State House, Worcester, May 11th, 1892.

The Bureau of Surgery, Ophthalmogy and Rhinology presented through its energetic chairman, Dr. E. A. Fisher, the following interesting programme :

"Goitre, A Case." Dr. Geo. A. Searle.

"Acute Dacryocystitis." Dr. A. E. Perkins.

"Pruritus. Cure by Operation." Dr. J. Francis Bothfeld.

Presented by Dr. Geo. S. Adams :

"Two Common Forms of Rhinitis." Dr. E. D. Fitch.

"The Hypodermic Syringe." Dr. C. Otis Goodwin.

"Diagnosis of Common Diseases of the Eye." Dr. J. M. Barton.

"Mastitis." Dr. E. A. Fisher.

"A Clinical Case." Dr. Carl Crisand.

Dr. Amanda C. Bray was elected to membership of the Society, and the following names were proposed and referred to the Board of Censors : S. E. Fletcher, M.D., Chicopee ; Edith L. Clark, M.D., Westboro ; F. W. Edwards, M.D., Southbridge ; J. F. Bothfeld, M.D., Westboro ; Ellen L. Keith, M.D., Westboro ; Chas. F. Sruder, M.D., Westboro.

Dr. G. F. Forbes, of West Brookfield, the senior member of the Society, was elected as delegate to the American Institute of Homœopathy, and Dr. D. B. Whittier, of Fitchburg, as alternate.

CARL CRISAND, M.D., *Secretary.*

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ALUMNI ASSOCIATION, B. U. S. M.

The Alumni Association, B. U. S. M., held its annual meeting at Young's Hotel, Boston, Thursday evening, May 19th, being called to order, at 6:15 P. M., by President J. F. Hadley, the regular routine business being disposed of in order.

Following are the elected officers for the ensuing year :

President, Dr. B. P. Barstow, Kingston.

Vice-Presidents, Dr. J. K. Culver, Boston ; Dr. C. R. Hunt, New Bedford.

Secretary, Dr. C. H. Thomas, Cambridge.

Treasurer, Dr. W. H. White, Boston.

Delegate to American Institute, Sayer Hasbrouck, M.D., Providence, R. I.

A vote of thanks was tendered the retiring treasurer, Dr. J. Wilkinson Clapp, for the faithful and efficient manner in which he has for many years conducted the financial business of the association.

Dr. Horace Packard reported progress on behalf of the Ways and Means Committee relative to furnishing the new laboratories and library.

The association is on a firm financial basis, having a total of \$648.62 in its several funds.

A vote was passed authorizing the Executive, and Ways and Means Committees to expend such funds for the benefit of the laboratories and library, as they may deem proper. The meeting adjourned at 7.35 P. M., to participate in a reception given by the Faculty to the graduating class.

C. H. THOMAS, M.D., *Secretary.*

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*RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.*

A regular quarterly meeting of the Rhode Island Homœopathic Medical Society was held at the residence of Jeannie O. Arnold, M.D., 18 Cabot street, Providence, R. I., Friday, April 8, 1892, at eight o'clock, P. M. President Barnard called the meeting to order.

The following names were proposed for membership:

Gardner L. Miller, M.D., George F. Allison, M.D., and Ivan C. R. Amesbury, M.D.

The following papers were read:

"Infantile Colic." W. R. Amesbury, M.D.

"A Vision." Emma A. Phillips, M.D.

"Urinalysis." Jeannie O. Arnold, M.D.

"A Talk on Some Things of Interest in Some of the Clinics Abroad." H. A. Whitmarsh, M.D.

L. D. LIPPITT, M.D., *Secretary.*

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REVIEWS AND NOTICES OF BOOKS.

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THE NEW CURE OF CONSUMPTION BY ITS OWN VIRUS. By J. COMPTON BURNETT, M.D. Second edition. Philadelphia: Boericke & Tafel. 187 pp.

In the spirited, virile, radiantly-hopeful style which we have so long recognized as characteristic of Dr. Burnett, he here discourses of the curability of consumption by its own virus. He relates—in not very satisfactory detail, it may in passing be said—many cases which he claims to have cured by the virus of consumption, given in high dilution. He considers it to act most markedly in newly-developed and acute cases—in those cases, we would comment without ironical intent, which, under any rational system of treatment, sometimes yield surprisingly favorable results. Dr. Burnett is always interesting, and always suggestive, whether or no one accepts his premises or acquiesces in his conclusions.

**DISEASE OF THE EYE.** By G. E. de Schweinitz, M.D. Philadelphia: W. B. Saunders. 8 vo. 600 pps. Price, \$4.00 and \$5.00.

The arrangement of this work is practical, and is an outcome of a study of the needs of the student in ophthalmology as observed in the clinics and lecture-room over which the author has control. The anatomy of the eye is presupposed, and the first chapters deal with general facts of inspection, palpation, and external examination of the eye, the use of the ophthalmoscope, and the determination of errors of refraction; and the following chapters with muscular anomalies, and with diseases—their diagnosis and treatment, medically and surgically; this latter being included in a final chapter by itself.

Its distinguishing feature is its orderly classification, the subject matter of each chapter on disease being preceded by an epitome, and the first chapter dealing with inspection, etc., being preceded by directions for recording the results of our observations, thus saving much time and confusion. This seems to us to be of great practical value, and alone should commend the book. Again, an original feature is its description of the preparatory steps in antisepsis, of the patient, of self, of dressings, and of instruments preceding an operation. Personally, we believe that absolute cleanliness and sterilization by heat are the only essentials; but we do not recall a publication that has insisted strongly on anything of this nature that has been found of so great value, and has revolutionized the results of surgery. This, together with minor details of anæsthesia and of bandaging, reinforced by original illustrations, combine to give a practical tone to the whole work, and a finishing touch that is lacking in most publications of this kind. P.

The June CENTURY brings the "Naulauka" within a few chapters of its end. Mr. James Jeffrey Roche has a fine ballad on the "Fight of the Armstrong"; Mr. Fuller, of Pensieri-Vani fame, begins a new serial, "The Chatelaine of La Trinité." Dr. Weir Mitchell continues his interesting paper on "Characteristics." New York: The Century Co.

The June POPULAR SCIENCE MONTHLY has several papers of much interest to physicians: "First Actions of Wounded Soldiers," by Geo. L. Kilmer; Dr. Chapin's "Survival of the Unfit"; "Dust and Fresh Air," by T. Pridgin Teale, and others of equal value. New York: D. Appleton & Co.

"John Gray," by James Lane Allen, is the complete novel in LIPPINCOTT'S MAGAZINE for May. There is the usual variety of entertaining sketches and stories. Phila.: J. P. Lippincott Co.

## PERSONAL AND NEWS ITEMS.

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THERE is a good opening for a homœopathic physician at South Yarmouth, Mass.

DR. SIMEON O. PILLING has settled at 633 Warren street, Boston. Hours, until 9 A. M., 2 to 4 P. M.

DR. GEORGE P. DUNHAM, Class of '91, B. U. S. of M., has moved from Westboro, Mass., to Uxbridge, Mass.

DRS. JAMES and EDWARD R. UTLEY have moved their office to their new residence, 407 Centre, corner of Westley street, Newton.

DR. WINTHROP T. TALBOT has returned to Boston after a winter of European study, and is receiving the welcome of many old friends.

DR. LOUISE F. CHAMBERLAYNE, Class of '78, B. U. S. of M., has removed her office from 243 Alexander street to 127 East avenue, Rochester, N. Y.

J. H. BUFFUM, M.D., oculist and aurist, has removed to Venetian Building, 34 Washington street, opposite Field's, Chicago. Consultation hours, 9 to 12 A. M., 3 to 5 P. M.

DR. E. A. CLARKE, of Westboro, has completed the course at the New York Ophthalmic Hospital, and is now in Europe for additional study, in the hospitals of London and Paris.

THE Homœopathic Medical Society of the State of Michigan met at Detroit, May 17th and 18th. The meeting was fully attended, and an excellent programme of papers presented.

W. NEWELL EMERY, M.D., has settled at 274 Meridian street, opposite Princeton, East Boston. Office hours, 3 to 5, 7 to 8 P. M. Winthrop office with Floyd & Tucker, corner of Winthrop and Jefferson streets. Office hours, 11 to 12 A. M., except Sunday.

MEETING OF AMERICAN INSTITUTE OF HOMŒOPATHY. — The lines between Boston and New York, together with the Pennsylvania Railroad Company, have made a reduced rate for the meeting of the American Institute of Homœopathy, to be held at Washington, D. C., June 13-17. Delegates have the choice of any of the rail or sound-line routes between Boston and New York. Tickets and full information concerning the best way of reaching Washington may be obtained at the office of the Pennsylvania Railroad Company, 205 Washington street, Boston, Mass. See advertising columns, page 1.

THE new law passed by the State of Maryland, as to the licensing of medical practitioners, went into force June 1st. The homœopathic physicians who are to serve on the Homœopathic State Board of Medical Examiners are as follows: Milton Hammond, Robert K. Kneass, and Thomas E. Sears, Baltimore; Charles H. Brace, Cumberland; W. C. Karsner, Chesapeake City; R. K. Colley, Sudlersville; and Charles F. Goodell, Frederick. The board organized by the election of Robert K. Kneass president, and Thomas E. Sears, M.D., secretary. Applications for examination should be made to Robert K. Kneass, M.D., 1205 W. Fayette street, Baltimore, Md.

PHYSICIANS often find the Kodak of great practical value for the photographing of tumors, ulcers, and all sorts of peculiar cases, in various stages of development. No tripod, no glass plates, and no black cloth necessary. It is an easy matter to use it without the knowledge of the patient. If the busy practitioner has no time or taste for developing and printing the pictures, he can take his Kodak, or roll of film, to any photographer and have his developing and printing done; or, if the subject matter is not objectionable, this work will be done by the manufacturers. There is no camera so quickly available for every kind of work. The Kodak is

always loaded ready for use ; it is alway in focus. It needs but the pressing of a button to take the picture. Send to The Eastman Company, Rochester, N. Y., for circulars.

DR. N. EMMONS PAINE, so widely and honorably known from his superintendency of the Westborough Insane Hospital, has opened a private Nervine Hospital at West Newton, Mass. The purposes and facilities of the hospital are thus stated in Dr. Paine's prospectus :

The house stands on a hill, with a fine view of miles of country, and is in the centre of a lot of ground of twelve acres. A wide lawn surrounds the house, while the walks and the grounds, shaded in all directions by old oak, elm, and evergreen trees, are ample for exercise. Indeed, the rear portion of the grounds, for about one-fifth of a mile along the brook, is not only beautiful in itself, but is entirely secluded from public view. We have a daily supply of fresh milk and eggs from the place, and fresh vegetables in their season from the garden, together with a large variety of fruits and berries.

The name Nervine was chosen to signify that a variety of nervous disorders would be received and treated, especially those requiring the Rest Treatment — such as nervous prostration, hysteria, and chorea, as well as mild cases of insanity, for whose reception a license was obtained from the Governor and Council.

As the size of the house will permit me to receive only seven patients, it must be evident to all that my patients will be given a great deal of my personal attention ; that they will be free from the annoyance of a large number of fellow sufferers, and that persons whom they may meet will be necessarily those of wealth and refinement. It has been my object to furnish to the homœopathic profession a private hospital of the very highest character — one to which persons accustomed to luxury could be sent unhesitatingly by physicians, with the certainty of intelligent care, and the use of every means for restoration to health. To attain these results precludes low rates. For those, however, of limited means, who desire my services, arrangements have been made whereby I can care for certain cases outside my own house, at moderate expense. When resigning the superintendency at Westboro, in order to open the Nervine, I felt the step was warranted by the experience of the last few years. I found many nervous invalids, with ample means, who were unwilling to enter any large or public hospital, although wishing homœopathic treatment. This Nervine is for them.

Concerning my qualifications I shall only state that my experience with the insane began fifteen years ago, May 1st, 1877, as Assistant Physician at the Middle-town State Hospital, New York, and that the last seven years have been spent at Westboro Insane Hospital, Massachusetts — since April, 1885 (five years and nine months), — as Superintendent, during which time two thousand cases were admitted and treated.

West Newton being only nine miles from Boston, on the Boston & Albany Railroad, with thirty trains a day each way, is easy of access from all parts of the country. Consultations may be arranged at any time, at a distance as well as in this vicinity. I am also prepared to take charge of mildly-insane patients in their own homes (if not too far away) when for any reason their removal to a hospital might be unnecessary or undesirable.

N. EMMONS PAINE, M.D.

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THE *London Lancet* has been laying great stress on the importance of sleep and to those who would live a long and useful life. Seven to nine hours, according to the temperament and constitution, is the modicum that ought to be taken, and the greater the regularity of the hours of slumber the better its effects are. The public is urged not to unduly prolong the day ; for man, in common with most of the animal creation, has accepted the plain suggestion of nature that the approach of night should imply a cessation of effort. If he ignores this principle his work is done against inherited habit, and so far with additional fatigue. The practice of working by artificial light is strongly deprecated, and the *Lancet* shows that the old custom of early rest and early waking is certain to prove in future, as returns of longevity and common experience have shown that it has proved in the past, most conducive to healthy and active life.—*Times and Register.*



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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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*THE WASHINGTON MEETING OF THE INSTITUTE.*

The forty-fifth session and the forty-ninth anniversary of the American Institute of Homœopathy opened in Washington, on Monday, June 13th, closing session on Friday, June 17th, 1892. The meeting at Atlantic City last year, so large, enthusiastic, and valuable, incited the members to secure an equally good one this year, and the local committee, including nearly if not quite all the homœopathic physicians of Washington, have spared neither pains nor money to make this surpass any meeting of the Institute ever before held. From the moment the first delegate reached Washington till the time the last one bade adieu to that lovely city, their wants and wishes were cared for with the greatest attention. Nearly nine hundred were in attendance, including four hundred or more active members; and they represented not only the one thousand members who could not come, but the still greater host who are interested in everything which advances homœopathy. Four hundred men, intelligent, learned, and interested in any great subject, cannot remain in consultation for five days without developing much of general as well as special interest.

THE LOCATION.

Notwithstanding the heat, which, in this particular week, extended over the whole country, and was no more unbearable in Washington than in many other places, the city was delightful beyond expression. The gardens were laden with rich and beautiful flowers, and the foliage of the whole country along

both banks of the Potomac was of unequalled verdure. The Soldiers' Home, with its thousand varieties of forest trees, had additional interest from having been the summer home of Abraham Lincoln. Washington has changed perhaps more than any other city since the last meeting of the Institute there, in 1873, nineteen years ago. Its streets, which were then unpaved, and often filthy, are covered with asphalt, and are kept with the greatest care and cleanliness. The little triangles and squares and parks are, all of them, models of beauty. The streets, which radiate from the Capitol, bisect the squares in such a manner as to entirely change the appearance of rectangularity, so painfully felt in such a city as Philadelphia. Soon, if not now, Washington will excel in beauty any other city in America.

#### THE WORK DONE.

We do not propose to give in detail the professional work which was crowded into the session. This is already scattered among the twenty-five journals, all eager to procure their portion of it, and soon will be gathered up in the important volume of Transactions, which in a few months will be given to the profession. But the amount of this may be judged, to some extent, by the fact that twenty-five bureaus and committees, in which two hundred and sixty-two members participated, were included in its more than one hundred papers and reports. We shall, therefore, refer to some of the general subjects considered and acted upon at this meeting.

#### SCIENTIFIC WORK.

It has always been a problem how to condense into the short space of time allotted all of the material prepared for it; yet every bureau had assigned to it before the whole body a time for a general address, setting forth all important points of progress made in its department during the year, while all the bureaus had one or more sectional meetings at which their own papers were presented and carefully discussed. In some cases bureaus had at their command two and three sessions of at least three hours each. As a rule, the papers were prepared in the most careful manner, and the discussions were intelligent, and evinced great learning, observation and experience. The discussions alone, which were carefully and stenographically reported, will form a rich treasure of many personal opinions. Gynæcology, obstetrics, and surgery are always the most attractive and absorbing subjects, though *materia medica* and practice were of great interest. The great work in *materia medica*, which the Institute has given to the profession within the last eight years by the publication of the *Cyclopædia of Drug Pathogenesis*,

forms a storehouse from which the profession will derive great benefit, and to which they can in the future refer. The announcement that this completed work will be given to the profession in an attractive form, by Messrs. Otis Clapp & Son, was received with great satisfaction.

#### THE PHARMACOPŒIA.

For nearly twenty-five years the Institute has struggled with this subject, and endeavored to give an authoritative work to the profession. This has finally culminated in the earnest work of twelve of our most noted pharmacists, who, for several years, have labored upon the subject, and prepared a very complete Pharmacopœia, which is already in the press, and will soon be accessible.

It may be remembered that at the International Homœopathic Convention held in Basle, in 1886, a committee was appointed to take into consideration the construction of an International Homœopathic Pharmacopœia. The desirability of unity in things pertaining to pharmacy had been forcibly presented to the convention, and the ideas advanced were heartily approved, as shown by the resolutions adopted. Obstacles of various, but chiefly small, calibre have succeeded in so effectually side-tracking the committee that an International Pharmacopœia is probably a thing of the far-distant future.

The effect of habit and tradition on the human mind is very well shown in this matter of a pharmacopœia. It is proposed, for instance, by those whose opinions are founded on solid reasoning, to remodel the traditional, frequently obscure, irregular, and often unreasonably constructed, nomenclature of the past, and reconstruct it in accordance with modern scientific views. But, alas! the conservatism which might be confused by innovation, which has had no opportunity to carefully consider the reasons underlying the proposed innovation, and which does not fully comprehend the nature of the innovation, lustily cries "Hands off," "Respect the aged and infirm."

If international coöperation is not at present attainable it may be rendered the more possible by the adoption of a national standard, such as the Pharmacopœia of the Institute will prove to be.

#### MEDICAL EDUCATION.

No medical association has so earnestly and persistently labored for the improvement of medical education as has this Institute. Almost at its very foundation, now nearly fifty years ago, it considered this subject, and has, in various ways, taken measures to improve the methods and extent of professional education. In this connection, the following resolution, submitted by Dr. Orme, is of interest :

Whereas, The American Institute of Homœopathy has been in advance of all other medical organizations in its efforts toward the elevation of the standard of medical education, especially in requiring colleges represented in its body to exact attendance upon three courses of lectures, of at least six months each, in connection with four years of study as prerequisites for graduation; and

Whereas, The Institute desires still further to promote improvement in the qualification of graduates from medical colleges, therefore be it

*Resolved,* That the American Institute of Homœopathy would look with decided disapprobation upon the organization of college faculties in cities where ample hospital and clinical facilities shall not have been previously provided.

We give in this number several of the papers which were presented, and only wish we could have had a full discussion in which the leading professional men at this meeting could have participated. But, though the time of the Institute did not allow this, the subject, in many of its phases, was carefully discussed by

#### THE INTERCOLLEGIATE COMMITTEE.

This committee is composed of two delegates from each of the sixteen homœopathic colleges represented in the Institute. They held three sessions, two of which were more than four hours in length. The colleges have unanimously adopted a four years' course of study. The first year is made a preparatory year, in which the students must be thoroughly instructed in all the subjects required to enable them profitably to pursue more advanced medical studies, for which they require attendance through three courses of at least six months each in separate years. Three of these colleges have extended the lecture course to eight months, and one to nine months in each year. The course of studies in each of the four years was carefully considered, and the examination to enter upon the second year, or the first course of medical lectures, is required from every student in general chemistry, elementary physiology, biology, botany, elementary microscopy, physics, Latin terms and formulæ, and all the subjects of a good English education. It is not an easy matter to make the studies of the remaining years correspond exactly in all the colleges, but an effort was made to give as great uniformity to the curriculum as possible. Greater uniformity was also adopted in the methods of the examinations of students, as well as to establish better intercollegiate relations. It was gratifying to know that while under the four-years' course the number of students the past year has increased from 1,276 to 1,389 the number of graduates decreased from 406 to 310.

#### THE SENIORS.

A larger number than ever before was added this year to the Senate of Seniors, which now numbers more than one hundred. Of these thirty-nine were present, and it was a matter of no slight significance that, coming from such great distances, thirty-

nine men could assemble, who for upwards of twenty-five years, some even forty-five years, had been devoted to the interests of a common cause. It is a rank of honor which every member acknowledges and appreciates.

Included in the report of the Senate of Seniors is an official proclamation that patent-medicine men and specialists who belong, or claim to belong, under the particular protection of homœopathy, will be summarily ousted from its ranks, if the charge of charlatany is established against them. The report positively forbids any homœopathic physician from advertising himself possessed of any remedy or method of cure not known, and capable of being used, by the entire medical profession, emphasizing that the physician should depend for his standing upon his able judgment and training, and not upon discovering quack cures.

#### NEW MEMBERS.

About two hundred new members were elected at this session, which swells the total membership to upwards of fourteen hundred. This is a large number for a single association; but we hope in the near future to see these hundreds increased to thousands. There is no way by which a physician can obtain so much valuable information and professional position as through the publications of and membership in this association.

#### A HIGHER MEDICAL DEGREE.

An earnest effort was made to induce the Institute to petition the Congress of the United States to establish an examining board which could give a national degree of Master of Medical Science, (U. S. M. M. S.); but the majority of the members were opposed to placing the medical profession, in any way, at the mercy of politicians, and did not endorse the plan.

#### MONUMENT TO HAHNEMANN, THE MEDICAL REFORMER.

There is not in all America a single monument to the man who has done so much for the improvement of medical science and the saving of human life. A century has nearly elapsed since Hahnemann first made his observations which developed into homœopathy, and at this meeting resolutions were passed and steps taken for the erection, in the city of Washington, of a bronze statue to him. Subscriptions were made on the spot amounting to upwards of \$1200, and there are probably very few homœopathic physicians in the country but will be willing to contribute to this fund. Probably at least \$50,000 will be required and can be raised, and not a few of the laity, who have derived such great advantage from the labors of Hahnemann, will be willing to contribute to this object. We shall hear more of it and speak more of it later.

## SOCIAL MATTERS.

There is no place in this country that knows how to conduct social entertainments so well as Washington, and the local committee spared no pains to make this part of the Institute gathering a noted success. On Monday evening, at the beautiful National Theatre, some 1500 people, including many of the élite of Washington, assembled in full dress. The Marine Band, one of the most noted in this country, under the leadership of John Philip Sousa, was present and gave a concert of delightful music. After the invocation by the Rev. Dr. Bittinger, the chairman of the committee, Dr. J. B. Gregg Custis, welcomed the guests in a few well-chosen words, and introduced the Hon. J. W. Douglass, who voiced the official welcome of the District of Columbia. He described the old-fashioned doses of calomel and jalap, of which he spoke most feelingly. His entire speech had a pleasant "sugar-coating" of humor, and concluded: "The Capital, in her summer dress of green, greets you on every hand with a smiling welcome, which I, in turn, reiterate on behalf of her people."

Our Dr. J. H. Gallinger, of Concord, N. H., now Senator, was expected to make an address, but, owing to his important duties at Minneapolis, he was unable to be present, and the Hon. John Dalzell performed the double duty of addressing the audience as a Congressman, and as President of the National Homœopathic Hospital Association. This he did in a most admirable manner, describing the progress and success of the hospital, the aid which Congress had given to it, and the still greater hopes for further aid in the future. He concluded by reciting Leigh Hunt's poem of "Abou Ben Adhem." Dr. Tullio S. Verdi detailed the struggles of homœopathy for National recognition. This was followed by an oration by the President, Dr. Theodore Y. Kinne, touching many suggestive points in the history of our School, with a fine peroration to the portrait of Hahnemann, which, under its electric illumination, surmounted the stage. Then came a reception tendered to President Kinne and his lovely daughter, to whom many of the prominent members of the Institute were presented, with several hundreds of the invited guests. The brilliancy of this occasion has never been exceeded in the history of the Institute. On the following afternoon, Dr. G. W. Pope, one of the oldest physicians of our school in Washington, and his wife, gave a reception to the members of the Institute and their ladies, and several hundreds partook of their hospitality. Later in the evening, after the close of the regular exercises, the resident graduates of the Hahnemann College, of Philadelphia, gave a reception to the alumni of that school, with other invited guests.

On Wednesday afternoon, escaping from the uncomfortable heat of the city, about nine hundred members and guests made an excursion, on a steamer, down the Potomac to Mt. Vernon, which was dressed in its most beautiful garb of green. The place is owned by the Mt. Vernon National Association, which keeps it in excellent condition and retains the beautiful simplicity and elegance which characterized it in the time of Washington. In fact, one would not have been greatly surprised to have seen the Father of his Country upon the veranda, waiting to receive the enthusiastic guests. From this place the party crossed the river to Marshall Hall, where, in the open air as well as in spacious halls, tables were bounteously laden for the guests, and their good cheer much appreciated. A beautiful moonlight sail up the Potomac landed the entire party in Washington about eleven o'clock, without an accident or any flaw to the enjoyment. On Thursday evening, after the Institute exercises were over, the most *récherché* reception was tendered by the alumni of the New York Homœopathic Medical College.

We must also speak of the great attention bestowed upon the ladies who accompanied members to the meeting. Carriages were daily in waiting to take them to various points about the city, and the wives of the physicians as well as many distinguished Washington ladies accompanied them as companions and guides. Aside from these delightful entertainments, there were many comforts systematically arranged which relieved the members from annoyance and disappointments. A sub-postoffice, with a government postmaster in attendance, was arranged at Willard's Hotel, and all postoffice matter, to and from the members, was cared for in a most satisfactory manner. A bureau of information was also established, to which any member could apply for information upon any point connected with the Institute, or the city.

#### ELECTION OF OFFICERS.

Perhaps it would be hardly possible in a city so full of politics, for any association to hold a scientific meeting in Washington without getting a taste of these same politics. Yet for a time it seemed that there would be no attempt to mingle the politician's art of electioneering in the choice of officers of the Institute. It looked like a foregone conclusion that the Vice-President, Dr. McClelland of Pittsburgh, who, for twenty-five years, has labored, in the most efficient and unselfish manner, for the welfare of this association; who has scarcely been absent for a single session; who has done so much for homœopathy in his native city, and who has a reputation so distinguished, both at home and abroad, would be unanimously elected to the presidential chair, which two years ago he had declined, after receiv-

ing the majority vote of the Institute at Waukesha. But it was destined to be otherwise. A few persons seemed to think that the session would be a tame affair if politics could not enter into the matter, and so with the secret manœuvering and wire-pulling, the electioneering and securing pledges, under the pretence that Dr. McClelland had declined, and that the leading members of the Institute were opposed to him, and that their candidate must be elected to save the Institute from the eternal disgrace of putting some disreputable fellow into the chair, an hour before the election took place it seemed doubtful whether Dr. McClelland would be elected. But an informal ballot, made without nominations or fulsome speeches — which have at times disgraced the scientific character of the Institute — resulted in a large majority for Dr. McClelland, much to the discomfiture of the political wire-pullers, who had fruitlessly spent so much time in their midnight sessions and cabals. Let us hope that such means will always furnish similar results in the American Institute! Other officers elected were: First Vice-President, Dr. C. E. Fisher of San Antonio, Texas; Second Vice-President, Millie J. Chapman of Pittsburg, Pa.; Treasurer, E. M. Kellogg of New York city; Assistant Treasurer, Dr. T. F. Smith of New York city; General Secretary, Dr. Pemberton Dudley of Philadelphia; Provisional Secretary, Dr. T. M. Strong of Boston; board of Censors, Drs. Rush, Coperthwaite, Smith, Hoag, and Kenyon.

#### THE NEXT PLACE OF MEETING.

Unanimously, and without the suggestion of any other place, the Institute voted to meet next year at Chicago. As at Atlantic City last year, a congress will be held, in which the homœopathic physicians of the world will participate. The sessions of the Institute will be for business only, while the scientific work will be done in this congress which will form an auxiliary to the Columbian Exposition. The most extensive preparations are being made for this, and there is little doubt that the session will be one of unexampled interest and value. While, therefore, we look back with the greatest satisfaction upon the last two sessions, we may look forward to one of still greater importance and value in the congress at Chicago in 1893. Let every homœopathic physician, who feels any interest in medical progress, do something for the success of the next session.

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#### EDITORIAL NOTES AND COMMENTS.

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A LAST CHANCE to secure one of the most valuable scientific works of the generation, — the *Cyclopædia of Drug Pathogenesy* — at cost price, is offered to the members of the Ameri-



can Institute of Homœopathy. The facts on the subject are thus stated by Dr. Kellogg, the treasurer of the Institute :

"This most important work is now complete in sixteen parts, including Appendix, Supplement, and General Index. The Editors are now preparing a Repertorial Index, which will form a separate volume, and which, it should be remembered, is not included in the original subscription.

The cost price of each part is about seventy cents, to which should be added the present tariff duty (seventeen cents each), making the total cost of the sixteen parts complete, \$14.00. To facilitate its distribution and to enable members to obtain the work in bound volumes, arrangements have been made with Messrs. Otis Clapp & Son, of Boston, who have been constituted the authorized agents for the sale and distribution of this work. The agents have been instructed to accept subscriptions for complete sets from members of the Institute, up to July 15, at the following prices :

Sixteen parts, unbound, \$14.00;  
Bound in four volumes, cloth, \$16.50;  
Bound in four volumes, half morocco, \$20.00.

Postage or expressage extra, and, as the books are sold at cost, it will be strictly a cash transaction, and the money should either accompany the subscription, or goods will be forwarded for collection on delivery.

The books will be delivered as soon as received from London.

The right is reserved to increase the price after July 15, for the benefit of the Institute, and the agents will be authorized, after that date, to accept subscriptions from others, not members of the Institute, until all the sets shall have been sold.

The subscriptions are to be sent direct to the Institute's agents, Messrs. OTIS CLAPP & SONS, 10 Park Square, Boston. It will be noted that the above holds good only until July 15. Members of a procrastinating turn of mind, can take a significant hint from the fact that, in England, the price of the work has already advanced from about seventy cents to a dollar and a quarter (five shillings) per fascicle.

The absolute indispensableness of the Cyclopædia to every progressive and thoughtful student of homœopathy needs no dwelling upon. No study of the possibilities of homœopathy can rest upon securer foundation than that drawn from this rich treasure-house of tested facts.

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#### COMMUNICATIONS.

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#### "THE SCIENCE OF HOMŒOPATHY."

BY W. BUIST PICKEN, LONDON, ENGLAND.

To the Editor of the *New England Medical Gazette* :

Sir,—In reply to the editorial which you honor me with in the *GAZETTE* of April, pray believe that my motive is not of self-defence, nor of anything else personal, but is simply one with your own — the desire for more light, more fruitful truth.

Taking the several points of your criticism in the inverse order, let me first remark that there is a misunderstanding somewhere on the subject of *similia* as distinct from doctrines

of attenuation. It is some years since I openly took up the position which you somehow believe me to oppose. I cannot think from what part of my pamphlet you have derived the erroneous opinion, and would be obliged by having it pointed out to me, so that any misleading expressions may be corrected for future use.

I do not participate in the common confusion of thought about the homœopathic rule and "infinitesimalism." My own differentiation takes this form: *Contraria contrariis curantur* is a method of treatment with drugs in their *positive* relation to the organism; while *similia similibus curantur* is the complementary method of treatment with the same forces in their *negative* relation to the organism. A positively related drug is an external force, working inwardly (as disease works), and producing its specific effects by domination of organic states and tendencies. A negatively related drug is an interior force, working outwardly (as the *vis medicatrix nature* works), and inducing organic ends through restoration of dynamic equilibrium. Hence reaction in the one case, and the absence of it in the other.

That the positive state is the ideal relation of the organism to drugs, is manifest; antipathic action, therefore, implies an inversion of the ideal relation. The antipathic dose must be large enough to produce its own specific effects in spite of organic resistance, the dose varying with the resistance to be overcome. And as antipathic treatment is the great hereditary feature of "allopathy," a characteristic "allopathic dose" inverts the ideal (or best or right) relation of drug to organism, and through compulsory function effects arbitrary ends—it may be said to attack the organism on "the good old rule, the simple plan, that he should take who has the power, and he should keep who can." Homœopathic action, on the contrary, is secured only by having the dose small enough to keep it in the negative relation, the dose varying with the organic impressibility. If the dose be "too strong," then the drug becomes positive, and "an aggravation" results. The homœopathic remedy, as such, is absolutely dependent; firstly, on its qualitative relation of similarity, and, secondly, on its quantitative relation of negativeness. Hence it can never effect arbitrary ends, having of itself no compulsory tendencies. It is thus in the ideal relation to the organism, "renouncing self," that the organism may attain to its own salutary ends, under the divine law of *right is might*. In ethical language, we may say that the homœopathic remedy dies to itself, and thus saves.

There is, therefore, in the most philosophical sense, an "allopathic dose" and a "homœopathic dose." The former is the positive, independent, compulsory force of autocratic chemistry,

and is arbitrary, self-seeking, "prone to do evil"; the latter is the negative, dependent, persuasive power of republican medicine, and is constitutional, self-denying, instinctively altruistic in action. In technical phraseology, I should term the characteristic dose of allopathy *the pathogenetic dose*; the ideal or typical dose of *contraria contrariis curantur*, *the physiological dose*; and the dose of homœopathy, *the dynamic dose*. These are the three species in posology under which all varieties may be scientifically classified: the positive, the passive, and the negative.

The fifth point of criticism a little surprises me. It is objected that the interference theory implies instantaneous curative action, since the illustrations of interference in light, sound, etc., notably exhibit this quality of action.

In dealing with two-wave series of sound or light, we have two relatively simple forces to do with, under the control which is rendered possible to us by the nature of inorganic laws. The powers of even two drugs in complementary relation are quite fixed, and may be controlled by the experimenter with practical precision, *in their own sphere*, i. e., in relation to inorganic bodies or forms of force. But all this is necessarily changed vastly when a relatively simple inorganic force is brought into relation with an organic force of comparatively infinite complexity and scope of action—into a veritable world of forces, which the human organism certainly is. Surely it is not necessary to state the difference between the chemist's power over the inorganic things of his laboratory and that in his dealings with animal-spiritual organisms.

When a drug is administered, in any dose, to a human being, a relatively simple force is brought into relation with a whole world of forces which, in their several powers and unified equivalence, is never even approximately known; hence the always varied effects from similar use of the same agent. Moreover, *this world of forces exists under conditions of Space and Time*, like the stellar worlds, which are objective to us all. And, bearing the foregoing in mind, I affirm that this very quality of instantaneousness of action which characterizes interference in the inorganic relations *I am accustomed to observe in the inter-ferential action of remedies in disease*. Let it be remembered that in disease a world of forces are, more or less, disordered, and, therefore, that the phenomena of therapeutic interference must be looked for as it progressively occurs in the curative processes taking place throughout this immeasurable world.

The reference to typhoid fever is wholly irrelevant. When we discover a drug which will be capable of developing all the characteristic phenomena of typhoid fever in *any* subject at *any*

time, then, but not till then, shall we be logically entitled to expect from a typhoid remedy therapeutic results through interference absolutely analogous to the phenomena of interference in the inorganic world. Diseased conditions which are called by the same name are never the same in any two cases; nor does any diseased state remain strictly unchanged for two seconds of time.

Little need be added with reference to the fourth point, in which it is said that I take it "for granted that the homœopathic principle is an established law of science." I contend that the law of homœopathy is a law of nature, however scientists may classify it; and that this law, like any other, may be applied by us under the natural conditions which regulate the application.

The third and first items or criticisms may be taken together. *En passant*, permit me to make a single remark with reference to the second point, in which it is stated that my argument "assumes a hypothesis to be an established and demonstrable scientific certainty." There are, I take it, two general classes of demonstrations, namely, demonstrations directly through the senses, and demonstrations directly through the reason. Now, certain matters are naturally demonstrable after the one manner, and other matters after the other manner. And I am unable to see how the hypothesis in question can, from the very nature of things, be demonstrated to be either false or true except directly through the reason.

The cardinal objection to my argument is, that "it is an argument for isopathy, but not at all for homœopathy." Well, I'm pleased that this question has arisen, for it seems to me quite time that the cloudy thought in solution about isopathy and homœopathy should be shaken up and then properly crystalized. I cannot pretend to do this in a letter; but if nobody else gives the subject the attention due to it, what lies in my power that way will be done, as opportunity is found. In the meantime I offer some useful data.

The fatally weak point of the argument from inorganic phenomena of interference is asserted to be, that these phenomena do not result from similar, but from *identical* forces. It is conceded that the phenomena of interference do occur as described; but it is said that they are manifestations of "force counteracted by *identical* force." The phenomena of interference being acknowledged to follow from natural law, the question is of similarity *versus* identity. But if the law of interference related to identical forces, we should expect the repeated doses of daily medical practice to cancel each other. How, then, comes it that the phenomena of two consecutive doses of the same drug are not those of interference, but the opposite? They do not coun-

teract, but augment each other. If the argument from interference be "for isopathy and not at all for homœopathy," because interference relates to *identical* forces, then the identical forces should exhibit the phenomena of interference, which, as just observed in the case of medicine, we see that they do not. Does not the dissimilarity of effect suggest that the causal forces, called identical, are in reality *similar* forces? That the forces which evoke the phenomena of interference are not scientifically identical, but similar, can be clearly shown. The *forces* inherent to substances which exhibit the phenomena of interference may appear to be as truly identical as their names are, but, *regarded as specifically related forces*, they will be seen to be similars. Strictly identical forces must be identical in *all* respects; in which case they become one. If two streams of force from the same kind of substance be merely differentiated as positive and negative, they are no longer identical forces, but are necessarily similar.

From the editorial of the *Homœopathic World*, of the current month, here is a small extract which is peculiarly apropos; "In his 'History and Heroes of the Art of Medicine,' Dr. Rutherford Russell gives a story of Galen's art, which bears on this. The philosopher Eudemius had brought on an illness by the excessive use of theriacum. Galen cured him by giving small doses of the very same medicine! This is analogous to the cure of coarse drug effects by the same drug in high potencies. It may be isopathy rather than homœopathy; but it is by no means easy to draw a sharp line between the two." As "rough examples of possibilities of cure on the like-to-like principle," in the same article are mentioned "powdered snakes for snake-bite, 'a hair of the dog that bit him' for hydrophobia, and altered virus of consumption for consumptives." To which may be here appended our own classical illustrations of *similia* in the cure of frost-bite by application of snow-water or friction with snow, the cure of burns by the identical fire which caused the injury, the cure of bruises and the like by further gentle bruising, etc.

The varied phenomena which are superficially classified under the terminology of homœopathy and isopathy all occur under the same dual law. Homœopathy has regard, particularly, to *quality*, and isopathy to *quantity*, in the relationship of forces directed to therapeutic ends.

The semi-circle of law denoted by homœopathy is *similarity of quality*; the complementary semi-circle of law denoted by isopathy is *equality of quantity*; and the science of medical therapeutics is adequately represented only by the complete circle.

In conclusion, allow me to say that on page 25 of the *brochure*

under review may be found an indication of the real nature and relation of homœopathy and isopathy, as regarded by the writer; and that it is his intention, as circumstances favor him, to develop fully the indications referred to, with others of equal practical interest that are scattered through the essay which you have so generously reviewed.

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*A CASE OF SUPRA-PUBIC LITHOTOMY.*

BY W. K. BOUTON, M. D., MELBOURNE, AUSTRALIA.

On the eleventh of December, 1891, J. D. was admitted to the Melbourne Homœopathic Hospital. He was in his 70th year, and for a long time had been practically helpless and confined to his bed. His chief trouble for some years had been called rheumatic gout, and treated as such. A history of urinary difficulty dates back fifteen or twenty years, but so far as could be learned, stone in the bladder was not diagnosed up to December, when the present writing commences.

Patient complained of dragging pain before passing urine. At times there was incontinence. There were, also, both pus and albumen in the urine. His heart's action was very irregular and intermittent. He had of late become almost silly in conversation and action — decided mental aberration. Wanting to escape, but unable to do so. When spoken to, at times answers reasonably but soon wanders off in disconnected talk and ideas, mixes present and past dates and circumstances surrounding them. On passing a sound into the bladder it was seen that the condition was certainly unusual, and it was explained to the friends that, considering his age and state of health, an operation was a very serious matter; but they were very anxious to have something done, and remarked, "That he was better dead than as he was." Consequently, on Dec. 15th, bearing in mind the size and quantity of the stone, I decided to perform the supra-pubic operation. I may here say that no antiseptic conditions were observed, further than a rigid use of soap and water, which is the usual procedure with me in all operations. Ether was administered, a rectal bag was used, into which eight ounces of water was injected. The bladder, likewise, was filled with twelve ounces. An incision three inches long was made close down to the pubic bone; when the bladder presented in the opening a needle with stout silk was passed through to prevent the walls collapsing, and the incision carried through into the bladder. A pair of forceps was used to grasp the first stone, but it was crushed in the effort to extract it. In consequence I subsequently used two fingers, and removed in all six stones, the broken one being in many pieces. The bladder was then

flushed out until the water ran clear, a catheter tied in the urethra, and a drainage-tube put into the wound. The following day patient was taking nourishment well; temperature,  $100^{\circ}$ . The penis and scrotum very oedematous and swollen. Water was injected through the catheter until it came through tube quite clear, tube then removed, but catheter left in place. The second day, much the same; again bladder washed out, the catheter then removed. On the 24th, nine days after operation, the patient was troubled all day with involuntary liquid, scanty, dark stools; but this was only a temporary difficulty, for from this time all went well. On the thirteenth day, the wound had closed, and on the 4th of January, or twenty days after the operation, he was allowed to leave his bed and go about, a thing he had been unable to do for months. Ten days later he was discharged from the Hospital, cured. The mental symptoms had entirely cleared up, he ate and slept well, had no difficulty whatever with the bladder or contents; and, whereas, the old man had been practically helpless for years from rheumatic gout and other complaints, since recovery from the operation has been able to get about comfortably, and enjoys the usual degree of health for a man of his years.



The stones, as shown in the cut, are six in number, combined urates and phosphates. Four of them are a void in shape, the other two irregular. The one marked 2, is the largest,  $1\frac{1}{4}$  inches in diameter and  $\frac{1}{4}$  of an inch thick; weight, 1 ounce. Total weight of the six, 3 ounces. The one marked 5, which was crushed by the forceps, is in size and weight about equal to number 3.

It is now five months since the operation, the patient takes long walks, and, to use his own words, he "couldn't wish to feel better."

**MEDICAL EDUCATION.—THE HOSPITAL SHOULD PRECEDE  
THE COLLEGE.**

BY F. H. ORME, M. D., ATLANTA, GA.

*[Read before the American Institute of Homœopathy.]*

Prof. I. T. Talbot, in his excellent address before the International Homœopathic Congress, in summarizing the absolute requisites of a medical college suitable to the present time, includes "A hospital with at least one hundred and fifty beds," and "A dispensary capable of treating ten thousand patients annually." To emphasize the importance of these requirements is the purpose of this paper.

It would seem to be a work of supererogation to urge the importance of the hospital and the dispensary or clinic in the acquirement of an education for the practitioner. Such argument is surely not needed by those who are familiar with the advantage of these unequalled means of imparting instruction. Who, indeed, would gainsay or question them? It is well, however, to be reminded of what we know; and, as there are factors at work which tend to minify the importance of these advantages, it is worth while to keep attention well directed to the subject.

The time was, within the memory of at least the Seniors of this body, when such requirements would have been excessive and unreasonable; but in all departments of learning, and in the progress of civilization generally, there has been such advancement that these exactions are not only reasonable but are positively demanded.

In what might be likened to the "Stone Age" in medicine, when men were their own physicians, seeking, as do the lower animals, what they were guided to by inclination or instincts—often to their ruin—(there is no greater fallacy than that instinct is unerring), there were, of course, no restrictions upon what a man chose to do for himself or his family. Students and self-constituted doctors were compelled to pick up knowledge as best they could—a little here and a little there—and little, indeed, and seriously questionable in quality it generally was.

As civilization progressed, a period corresponding to the "Age of Bronze" was reached, when the art of dealing with the sick was specialized and centered in certain individuals. These were properly regarded as having peculiar qualifications for their vocation, and a pupilage under one of these, with a certificate of proficiency from the tutor, was the only warrant that could, with any show of reason, be looked for or required.

Later came the "Iron Age," with the formation of schools or colleges of doctors, who, in a lecturing way, taught some of the



knowledge that had been acquired from practice by themselves and others. These continued on, increasing their facilities, adding thereto illustrations and demonstrations until the best institutions—but only the best—were provided with opportunities for exhibiting cases of disease, with their treatment.

Now, however, in this glorious “Age of Steel” (not as exemplified by the lancet, which has had considerable rest) with the golden illuminations of Hahnemann, still better things may be expected; and with the present facilities of transportation, no one who should aspire to the profession can complain if compelled to attend a college where the proper opportunities for acquiring a thorough medical education can be furnished. The argument that some poor but worthy and ambitious young man may wish to engage in the profession, who must content himself with inferior advantages, is met with the fact that he is not the only or the principal party to be considered. The good of the general community comes first. If one be not fortunate enough to be able to secure the best education, modesty, to say nothing of generosity and justice, requires that he should adopt some pursuit within his reach, while those who are able may prepare themselves properly for the responsible office of taking the care of human life in hand.

It is the just pride of our Institute that it leads the van in the effort to elevate the standard of medical education. Not one of the sixteen homœopathic medical colleges which have representation in this body—not a homœopathic college in the United States—but makes the three years' graded course compulsory—thus being in the lead of other schools—and a four years' course of study is demanded of all who expect to receive a diploma from an homœopathic college. This is surely a creditable distinction. Let others follow the commendable example!

Without detracting from the importance and especially the past service of oral teaching, it must now be admitted that in medical didactics, the clinical demonstrations—the object lessons—are of the first rank. The principles, the *science* of medicine, with something of the results of different modes of treatment, may be taught in the ordinary didactic way; but the college that wishes to send out men qualified as they should be at this day, *must* be provided with ample hospital and clinical advantages: for it is through these that the *art* of practice is to be acquired, and without these there is no thorough preparation for the responsible duties of the practitioner.

Physiognomical presentations impress and inform the student or the physician more than any form of verbal description can possibly do. In the presence of disease we are instructed without words: we learn from the patient more than from the pro-

professional tutor. What we see, we remember better than what we hear. A flush upon the face, a stretched eye, a dilated fanning nostril, a sunken cheek, retracted lips — these are features that need no verbiage to depict. They burn themselves into the consciousness of the student. They awaken the brain and force themselves upon the attention as the most eloquent verbal portrayal will fail in attempting. They absolutely command attention and forbid forgetfulness. They need no note-book to preserve, for they are indelibly impressed upon the tablets of the memory. The brain imbibes these impressions, and stores them for use in the trying times that come to all engaged in our noble profession. Let these opportunities, then, be the most abundant possible. Let the hospital and clinic come well to the front as factors in the education of the physician, supplemented, of course, by the oral instruction of the expert who has had a long course of observation, and who can lecture the student upon the import of what he sees and will surely remember.

Were I asked for advice by a student wishing to select a college, I should not say, go to the city or the college in which I have most personal friends; or to the faculty that has the most eloquent lecturers; but go to the city and the college that is best provided with hospital and clinical facilities, where you can be brought face to face with disease with its multiform conditions, and where you can watch its course and the effect of treatment — witness its success and its failure.

One defect in the general teaching of colleges is that students are not taught, as they should be, as to what is *not* curable; for there is much that is incurable. There are many cases of disease or impairment which cannot be remedied by medicine. Surgery can relieve some of these; some are absolutely irremediable. This is a lesson which the hospital and clinics can teach. The student of *materia medica* alone is liable to imagine that, because he is able, from his knowledge of drug pathogenesis, to match the symptoms of his patient, he can consequently cure him, and proper surgical or other measures are delayed or neglected. A proper knowledge of what is *not*, as well as what *is*, curable will prevent mistakes, which are woeful alike to the patient and to the reputation of the physician.

Is it not time to take a stand against the unnecessary multiplication of colleges, especially in places where ample hospital and clinical advantages, in the nature of things, are not to be had?

Our sixteen well-equipped homœopathic colleges, all provided with hospital and clinical advantages, could go far toward supplying the demand for physicians in this whole, broad and lengthy land. And yet, behold, with the scores of existing

institutions, we find colleges springing up in nearly every community in which there are a few aspiring physicians, who are ambitious of having the prefix "Professor" to their names.

Only in places in which there is at least one large hospital already established should a college ever be thought of, however great the apparent demand.

Should we have State legislation to effect this restriction? By no means! The function of the legislature does not embrace interference in matters in which private choice or private interest are concerned. But it is the glory of our profession, and especially of our school — our Institute — that we can and do, without encroaching upon private right, make every effort toward educating the people to make an intelligent selection, and toward providing them with good material from which to select.

What, then, should we further do? I would answer, let the Institute proclaim it, as its deliberate decision, that no attempts at organizing college faculties in places where hospital and clinical facilities do not exist can be approved by this body. Thus will be set another good example, the following of which will tend still further to advance and elevate the standard of medical education.

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*PRIVATE PUPILAGE.*

BY HENRY E. SPALDING, M.D., BOSTON.

[*Read before the American Institute of Homœopathy.*]

A zealous seeking for something novel, a searching for the new, leaving behind the old and tried, is characteristic of our day. This spirit prevails not only in the marts of trade, in pursuits of agriculture, in the mechanic and æsthetic arts, in sociology, in politics, in religion, but also in pedagogics.

When we were enrolled as students of medicine the methods by which our fathers had been taught were being cast aside as cumbersome and crude.

Now, in their turn, our sons find their work laid out for them far differently than it was for us. From hard experience we have learned there were shortcomings and omissions in the opportunities given us as students.

Moreover, the science of medicine and surgery has made such rapid advances, has so greatly broadened its scope during the last quarter century, as to make the old methods and opportunities wholly inadequate to meet the requirements of to-day.

May it not be well, however, to halt a moment and ponder, lest, by chance, with the slag we cast away ingots of gold? Many a valuable drug has been hailed as a panacea, and had its day of universal use, for almost every namable and unnamable disease,

only to be cast contemptuously aside. This, not because it was valueless, but because it disappointed in not being the "all-potent" — because its real sphere of action had not been discovered, and its efficacy tested there and there alone.

In the methods of educating men and women for the practice of medicine and surgery we have made great and good changes. Instead of haphazard, routine courses of lectures, the graded course of study, and this with the longer terms and longer time required, the greatly multiplied advantages for dispensary work and hospital study are among the most important changes that have been made. One, however, has gone along with these, and, without written law, rule or open advocacy has become almost universal. I refer to the abandonment of private pupilage.

With all our boasted increase of facilities for study and practice in our hospitals and dispensaries, distribute these opportunities as equitably as possible among the large number of students and each gets but very little.

The real fact is, that few, by force of circumstances or personal endeavor, or by favor of those in authority, get all, or nearly all, and the many get little or nothing. The few hospital internes see those certain classes of medical and surgical cases that are most likely to be sent to the hospital.

If he is in the surgical wing he sees only surgical cases; in the medical wing only medical. He goes out into the world, with his college diploma and certificate of hospital service, with a one-sided fit. He has little knowledge of the thousand ills most frequently requiring the care of the family physician, or how to care for a patient dependent upon the nursing and environments of the home. The training and work of the hospital are of great value, but for the family physician not the greatest. But the hospital interne is only one of many.

Those who walk the hospital wards with the professors get much theoretical knowledge in diagnosis, and some in treatment. But the young student, who sees a case diagnosed and prescribed for, with no chance to watch daily the progress of the disease or the results of the treatment, does not get all that he needs. He, as well as the interne, may receive his diploma without ever having seen a case of the eruptive diseases incident to childhood, or of other infectious diseases, because they are not admitted to that special hospital or department.

The work in the dispensary, being more diversified, gives the student better opportunities for fitting himself for the position of family physician. Here, however, he is hampered by the presence of poverty, and usually of ignorance. He cannot do all that he would. He does not and cannot get the results from his treatment that his best efforts deserve. As a result, unless he

has the true missionary spirit, he is liable to become careless, and perhaps negligent. To the earnest student, however, this class of work has its advantages. In the presence of poverty he is compelled to improvise means and appliances that would be otherwise provided for in the home of wealth, and in the hospital. He is trained to meet emergencies with a cool head and a steady hand. He learns how never to be without resources.

Like the country doctor, who, with a bundle of grain from an adjoining field, and a few strings, adjusted a fractured leg, so that the patient was conveyed comfortably to his distant city home, he might be called a good emergency doctor.

But even with the thousands of poor people who daily flock to some dispensaries, or receive visits from the dispensary physicians at their homes, it really gives each of our hundreds of students very little practice. The greater part of this work is done by specialists or recent graduates, who are established practitioners and residents of the neighborhood.

Those students who are about to graduate may be assigned to special service for a limited time ; perhaps for two or more weeks. They may be principal or assistant in two or three obstetrical cases. This is about all. They go out into the world as physicians, presumably qualified to diagnose and treat any of the thousand ills flesh is heir to. That they themselves, as a class feel "sufficient unto all things" will not be questioned.

Assurance bred of inexperience is not necessarily fatal, and it usually meets a rapid cure through tribulation of heart to the young doctor, if not torture of flesh to the patient. Two or three instances happening under my own observation will illustrate.

I took a student, who had passed his examination in children's diseases, and been given his certificate, to see two cases of scarlet fever. They were typical cases ; one, at the outset of the disease, with the rash fully developed, the other with albuminuria and rheumatism as sequelæ.

Before entering, I said, "Examine these cases carefully, and when we come out give me your diagnosis and treatment." I gave him every opportunity to learn the history of the cases, and to make a physical examination.

He pronounced these cases measles, and suggested remedies little more appropriate than was the name he gave the diseases.

A young man, soon after his return from a postgraduate course in European hospitals, took charge of a physician's practice during the latter's temporary absence. There were soon cases of scarlatina in the neighborhood. He visited one typical case twice daily for three consecutive days before he could decide that it was scarlatina, and on the eighth day allowed the

patient to be removed, in a public conveyance, to his home, some miles away. At the same time, in the case of a young lady he was less lucky in his diagnosis. He pronounced the disease a simple rash, and allowed her liberties that endangered herself, and exposed others to the contagion. Luckily, no serious harm came to the patients themselves, and while he was most severely censured by patients and friends, he did himself no lasting professional injury, because he did not locate in the neighborhood.

Now neither of these men were lacking in natural ability, nor were they poor students, as their present standing as able and successful physicians proves. They lacked opportunities. Neither had ever before seen a case of scarlatina. Had these mistakes been made in a community where they had located for practice they might, as shadows of evil report, have followed their footsteps for years.

These are two among many like instances that have come under my observation, as they must have under the observation of my fellow practitioners, where the colleges, hospitals, and dispensaries have not given the students all the opportunities for study that best fit them for general practice in families.

Said one of our brightest young physicians and surgeons in Boston, speaking on this subject: "The two or three months I worked with you after my graduation were of incalculable value to me. It was not only the chance to study cases, many so unlike what I had seen as a student and hospital interne, but I learned a thousand little things that go to make one acceptable as a family physician. I could not have learned these things in any other way."

My plea, then, is that the old custom of private pupilage be not cast aside. That physicians show more professional fealty by receiving pupils into their offices, not only for the good of the individual student, but for the good of the profession at large, and to protect suffering humanity from needless errors of inexperience.

Let the student learn as well the proper treatment for a sprained ankle as the minute technique of a laparotomy; the symptoms and sufferings incident to difficult dentition, as the appearance of micro-organisms that may or may not cause tuberculosis. In short, let him understand the small, every-day ills that beset mankind as well as the large and infrequent, that make living a tragedy.

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Teacher — How many bones have you in your body, Jimmie?

Jimmie — Two hundred and nine.

Teacher — But the other pupils have not so many.

Jimmie — Well, they ain't had fish for dinner, like me. — *Pharmaceutical Era.*

## A PLEA FOR BETTER METHODS IN MEDICAL TEACHING.

BY WINTHROP T. TALBOT, M.D., BOSTON, MASS.

[Read before the American Institute of Homœopathy.]

At the present time, when the best and most progressive medical schools in this country have adopted increased requirements and the four-years' course as prerequisite to graduation, it is not strange that a demand should be made for reform in the methods of medical instruction.

Medical study to-day means of necessity economy of time and labor. Increased knowledge and the introduction of new branches essential to medical training bring added labor to the student, and the question is "How can the knowledge of our fathers be gained by their sons in a way which will leave sufficient time and force to enable them to conquer the new fields of knowledge also?"

Is it possible to improve upon the methods of the past? The lecture, as it has existed for many years in our schools and colleges, consists of a more or less carefully prepared digest or résumé of what is known on the particular subject treated, or what happens to be accessible to the lecturer. There are three classes of men who listen to lectures. The first and largest give fairly good attention one half of the time, and then wonder what the weather will be to-morrow, who made the pictures on the black-board, or how it is possible for a man to recite so many facts in such an impressive way without going into a state of senile degeneration. The second — *rari aves* — are conscientious and in good health, and give their whole minds to the lecture, endeavoring to fix it so thoroughly in the memory that they may recall it later at any time — and third, the very industrious and somewhat narrow-minded class, who make elaborate notes of the words spoken and the facts stated, to which they may (or may not) refer in some distant future. The second class, those who are blessed or burdened, as the case may be, with a memory which is an *omnium gatherum* of facts, are few in number. The third class, — the note-takers — intent on the words of the speaker, often confuse ideas, and many a lecturer would be startled by statements which may be found in an abstract of his lecture made by even a good student. The proneness of the human mind to err, especially in noting statements of fact, is notorious. So much for the general subject of lectures and indiscriminate donations of knowledge received without equivalent effort on the part of the student; when it comes to special branches let us examine the conditions which attend them.

The student must study anatomy: can he do so to better advantage than at present? He is a clever man who can lecture

for an hour upon anatomical facts and be original even in his method of presenting them. Is it not better for the student to spend more time in dissection and demonstrate more thoroughly what he has dissected rather than be compelled to listen to lectures which he justly suspects are cribbed from Gray or Quain? Yet, even in this branch, it is true that didactic instruction may sometimes be useful. In topographical anatomy, for instance, as illustrated with the living model, the lecturer occupies a field of great importance; no one subject perhaps is of greater service in making the student efficient when he comes to the clinical work in the wards or out-patient department — and yet no subject is more neglected in our medical schools than this.

Physiology is less definite — here of necessity we deal with theories, but the less of theory the better, at any rate before graduation, and a short course of lectures with plenty of laboratory work and quizzes three times a week, will cover the ground sufficiently well in one year.

Of Chemistry, it were idle to attempt to persuade intelligent persons that the lecture is of any value compared with laboratory work and recitations thereon.

To pass to more advanced courses: In Operative Surgery, after a few lectures to familiarize the student with the main lines of work, it is impossible for the learner to get as much benefit from lectures as to spend the same amount of time in doing the actual operations himself upon the cadaver under the supervision of an instructor, — there is not time for both, even in a four-years' course.

In Obstetrics will the student, after reading Lusk, learn as much from an hour's lecture on Version as from ten minutes' work on the manikin under proper instruction? In Clinical Medicine, who of those who have delighted in the classes of six or nine under the experienced first assistants in Vienna, will say that if the opportunity were offered for choice their preference would be for the old-fashioned bookish lecture? No, to-day men of ambition look for something better. No one can learn from lectures how to handle the laryngoscope or ophthalmoscope, or become practised in diagnosis or pathology without much labor in the ward, clinic or laboratory. It is not that the lecture is useless or that it is not the best means to certain ends — especially in Therapeutics and Materia Medica, but the plea of this paper is for a curtailment of its functions in the medical school. Ward work, laboratory work, practical work of all kinds — that is what fits the student to treat sick people, and makes a truly practical scientific man — not a mere theorist.

Aside from the work *done by the student himself*, the recita-



tion will do much to formulate his ideas and give exact and ready expression to his thoughts. It is a common saying that to learn a subject thoroughly, the easiest and best way is to teach it; that is to say, knowledge is crystallized into a lasting form only by giving definite expression to it. The mere pouring in of knowledge is nothing. Only that which is digested and properly assimilated gives growth and strength. The mind must be trained to observe and study rather than merely memorize. To learn how and when to gather in facts is as important as a knowledge of the facts themselves.

It is certainly true that the lecture cannot be abandoned — it has its important uses — rather let more be made of it by not abusing it. The student of to-day is lectured nearly to death. He has lectures in twenty-nine subjects in one of our best schools to-day — enough to overwhelm the most energetic note-taker. Of the information contained in these lectures, it is safe to say that with judicious advice from the instructor the student can get seven-eighths of the whole amount in less time, with less trouble, and more lastingly, from the excellent text-books which should be his daily pabulum, but which the present lecture system, with its everlasting note-taking, leaves no time for him to read.

From the standpoint of the instructor, also, a need of reform is evident. In the lecture-room there is a constant drain upon his resources if he be in earnest, no matter how well grounded in the work he may be; or, on the other hand, if he be of that kind, reading to class after class the same old pages, his interest flags as the years go by, and he utterly fails to inspire enthusiasm or interest in his pupils.

Perhaps it might be vandalism to pull down the venerable medical joke from its high estate and oust it from its throne in medical instruction. There is no scheme on foot to molest the funny story — there is plenty of room for it in recitation or demonstration. The inspiration to teacher or student under the stimulus of intelligent question and answer is very great. The student, compelled to personal *work*, and formulating his knowledge not "for examination purposes only," but every day and for the sake of the knowledge itself, feels his gain from day to day, and displays increased desire to learn. The instructor with a live class is inspired to do his best work, and the dull labor becomes interested pleasure.

The question is of vital importance to thousands of scholars, and as schools where homœopathy is taught have taken the lead thus far in every advance in medical education, these suggestions are offered in the hope that the men who have made medical education a part of their life work during many years,

and who, by adopting the four-years' course, two years ago, put the Institute in the van of medical progress, may again place their shoulders to the wheel, and give it another lift in the right direction.

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*ADDRESS ON THE METHODS OF MEDICAL EDUCATION: SHALL IT BE BY LECTURES OR RECITATIONS?*

BY T. GRISWOLD COMSTOCK, M.D., ST. LOUIS.

[*Read before the American Institute of Homœopathy.*]

The best methods of medical education, and every other education, have not yet been settled with any degree of unanimity.

The question to be discussed is, plainly, what are the best methods of acquiring a first-class medical culture, and *educing* the "Doctor optimus"?

Education, which is really synonymous with evolution, is the one word that expresses all the difference that lies between barbarism and our noblest civilization.

Education is the evolution of science, art, invention, and discovery, and all the grandest things that man, in a progressive state, has accomplished and made monumental in history.

The civilized world, for forty centuries, has been in a constant struggle to develop its noblest powers, through culture; but this has been through brain-sweat and the agony of myriad failings. And even now the many plans and methods insisted upon for the sake of obtaining the highest culture are so various that the best modes of study and acquisition have not even been wholly settled.

In the classic days of Greece there were no primary schools, no kindergartens, and, in fact, no schools for children; but in the groves of Academus, Socrates taught the youth of Athens, in the double methods, by lecture and interrogation — in the Socratic method. And Aristotle taught them in the lyceum of Athens. Plato, Zenophon and Alcibiades were developed, and won fame in all the ages for profound intellectual culture. And there were hundreds more whom the relentless tides of Time have swept into oblivion.

Doubtless there were recitations and discussions, questions and answers, and also a great deal of oral teaching was given — what we call lectures. But the question is still mooted, "Which is the better way; all lectures, or no lectures, all recitations, or no recitations?"

We know that the practice of the medical universities of Berlin, Vienna, and Paris, is almost wholly devoted to lectures; except in the gymnasium, and the lower schools, there is little done in recitation.

The pupil does the listening, if not weary and sleeping, while the professor, not always attractive or brilliant, does the talking. And thus attending a course or courses of lectures entitles the graduate to a "prüfung" (rigorosum), and, if satisfactory, then to a diploma; but this diploma gives no right to practice medicine in Europe. In addition, he must pass a long and thorough and painful examination by the government authorities ("Staats Examen") before he is permitted to write a single prescription, or give a prognosis of any disease. I pause here a moment to say that that is just what should be in every State of the Union. Neither should we accept the dicta of a home-made or foreign diploma until a thorough examination has verified them.

A severe and thorough examination (like the "Staats Examen" in Germany) should tell the right of a graduate to practice. A diploma is not sufficient. What right have these graduates of Europe, or Canada, armed only with a college diploma, to come here to practice, without examination, upon the lives of free-born American citizens, when our physicians are not allowed to practice there? Reciprocity is a principle as good in medicine as in merchandise. Why should we give more credit to the foreign diploma than is allowed to ours? Nothing is more dear to an American than fair play.

The State Board examination should ascertain what the graduate knows of himself; not what he has heard some lecturer say on the subject in some college, whether in Vienna, or Berlin, or Montreal. They are not allowed to practice in their own country on their diploma; but they presume to come here and take advantage of our slack methods.

And now a special word in point. In the face of the practice of medical colleges in Europe, I would insist upon the urgent necessity of studies by recitations, and even bedside studies, in addition to lectures. The truth is, that the young graduate should gain some practice in medicine before he begins to practice. I trust this apparent solecism will be taken in good part— not recitations alone, not lectures alone, but a mixture of both methods should prevail, and the best results will come from a thorough drill in recitation and bedside practice.

The whole civilized world, since any system of education has been in vogue, has recognized the necessity of the drill which only recitations, thorough and exact, can produce.

What proficiency could be achieved if a regiment of soldiers should hear lectures on the manual of arms, and never have anything but the theory to go on?

If there is any one thing more needed than another it is the exact and thorough mastery of medicine and disease; and this must come through the ministry of all the faculties and the

senses — through the eye and ear, through the brain-sweat, and the constant drill of memory — and by hard work, and not merely by the ear.

It may be very nice and wonderfully easy to listen to the learned professor; but we must study the authorities for our selves, and there is no better test of exact knowledge than by recitation.

There are two distinct methods of human culture: one refers to the great fact of receptivity, or the receiving of facts, and data from all history, science, and thought — that is, what men have said and done. The true scholar is always a receiver, and in his profession he must give account of his receivership, "*qui non proficit, deficit.*" In this sense the mind and the memory are a sort of hopper, to gather facts and history, and adjust the same. While this is of the last importance, it is not all by any means. The mind must give out as well as take in, and this is the true process of education.

Grass and grain are good for milk and cream, but the digestive and internal arrangements are necessary to convert the coarse material into the finer product; so the knowledge poured into the mind must be worked out by internal processes to get the best results. For what is education? It is a grand word full of meaning; it is the culture, the educing of the mind, not filling it up with outside matter; it is the leading out of the mental powers, an intellectual development, an evolution.

The original Latin word education means the culture and discipline of the mental forces; thus training the faculties to act upon whatever comes in contact with the mind as fact, a science, a theory, or a philosophy.

The medical student is not merely to be receptive automaton, and to receive his education through the auditory nerve alone. With every sense and faculty alert he must use the midnight oil; he must dig, and delve, and develop, and put into shape, for active duty, what he knows, and this he can best do by faithful study and recitation. And all his professional study and work must be based upon a preliminary classical education; Latin and mathematics should come before professional duties. I believe in a thorough education. "*Non doctior, sed meliore imbutus doctrina*" — (Not more doctors, but doctors better taught).

"Let us, then, be up and doing,  
With a heart for any fate;  
Still achieving, still pursuing —  
Learn to labor, and to wait."

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"Now, my little man, describe your symptoms." "I haven't dot any symptoms, I dot a pain."

## SOME REMARKS ON APPENDICITIS.

BY ALONZO BOOTHBY, M.D., BOSTON, MASS.

[*Read before the American Institute of Homœopathy.*]

Among the diseases characterized by pain and swelling in the right inguinal region are prominently mentioned typhlitis, perityphlitis and appendicitis. According to many recent authorities perityphlitis, as a distinct pathological condition, does not occur, and typhlitis is rarely found except in a secondary inflammatory process, but the appendix vermiformis is held to account for nearly all of the trouble.

Concerning this point I shall express my views later on.

By most authorities typhlitis (inflammation of the cæcum) is recognized, associated with lodgement of feces. Males between three and thirty years of age seem to be most susceptible, and there is usually a history of constipation, errors in diet, or, not unfrequently, traumatism. There is pain in the right iliac fossa, constipation, nausea, slight fever, rarely above 101 F.; usually there is discomfort on extension of the right thigh. On pressure there is tenderness, and in many cases a doughy, "sausage-shaped" tumor may be detected. The attack lasts from three days to a week. The pain and tenderness gradually subside, the tumor disappears, and recovery is completed in the majority of cases. Rarely fecal ulcer occurs with perforation and its consequences.

Perityphlitis, or inflammation of the connective tissue about the cæcum, may coexist with inflammation of the cæcum itself, or occasionally may exist primarily. Pus may form, and perforation into the bowel take place, or resolution may occur, as in typhlitis.

Appendicitis is described as occurring under three forms: Catarrhal, ulcerative, and perforative. In the catarrhal form the entire tube is thickened, firm and stiff, the mucosa covered with tenacious mucus; slight circumscribed peritonitis may have occurred, so that adhesions are often formed with adjacent structures. Very frequently small fecal concretions are present.

The ulcerative and perforative forms of appendicitis may be due to tuberculosis, typhoid inflammation, irritation from foreign bodies or enteroliths, or from obliteration of the cæcal end and distention of the lumen with fluid.

The results of perforation may be as follows: (*a*). No adhesions forming, perforations may at once produce diffuse and violent suppurative peritonitis. (*b*). Quite commonly adhesions do form, and peritonitis remains local with circumscribed abscess, following which resolution may take place. (*c*). If the appendix passes behind the cæcum and colon, and is not in the

peritoneal cavity at all, the perforation causes retroperitoneal abscess, which may burrow in various directions.

If we consider appendicitis alone as being responsible for the greater portion of the disturbances in the right inguinal region, we must acknowledge its diagnosis from certain other inflammatory conditions, especially typhlitis or perityphlitis, as extremely difficult.

It is very important that we notice the variability of the location of the appendix in different subjects, and the different relations which it may hold to adjacent parts. Perhaps its most common position is behind the ileum, with the tip pointing toward the spleen. I have, however, occasionally found it turned up behind the cæcum, and in a few instances lying upon the psoas muscle, with its tip at the margin of and even in the pelvis. It is said to have been found in almost every region of the abdomen, in relation with the bladder, adherent to the ovary and broad ligament, in contact with the gall-bladder, and, in one or two instances, in relation with the sigmoid flexure at the left of the median line. My colleague, Prof. Sutherland, had the position of the appendix noted in a large number of subjects in the dissecting-room last winter, and he confirms the statement in regard to the variability in position of this small appendage of the bowel. Such unreliability in location renders the mere presence of pain and tenderness in a small area — spoken of as “McBurney point” — of very doubtful significance, especially as pressure in any part of the right flank, or in various parts of the abdomen, during the inflammatory process, causes acute distress.

But in my opinion, the question as to whether the appendix itself be inflamed, or the bowel from which it has its origin, or the connective tissue around it, need not so deeply concern us in the matter of diagnosis, as so many surgeons of the day would emphasize; but we are to carefully differentiate between right inguinal inflammation, more or less acute, and certain other pathological conditions which may call our attention to the same locality. It is neither safe nor scientific at the present day to stand in the presence of a case of peritonitis and speak of its idiopathic origin. Some definite cause, aside from “taking cold,” must be sought for, and to the abdominal and pelvic viscera we have learned to direct our inquiries. Here, as in all investigations regarding diagnosis, the method by exclusion is of the greatest value. It is often easy to decide that certain conditions do not exist. If we are quite certain that it cannot be anything else it makes it extremely probable that it is the disease under consideration. The prominent affections likely to demand consideration are: inflammation of the right ovary and broad

ligament, renal disease of the right side, tuberculous disease of the mesenteric glands or of the spine, resulting in psoas abscess, volvulus, intussusception, malignant disease of the bowel, fecal abscess resulting from perforation of the bowel from various causes, and incomplete strangulated hernia. The anatomical structure of the bowel, in the region of the appendix, is such as to favor the lodgement of foreign bodies at this point, which may result in ulceration and perforation.

It is not my purpose to go into the differential diagnosis of these various diseases very minutely; but I shall content myself with reference to a few diagnostic points. In women, the fact that pelvic inflammation occurs so much more frequently than so-called appendicitis may tend to mislead us, but the light which vaginal examination throws upon the former should render errors quite unnecessary. The location of kidney disease would be above the usual site of this trouble, and would be likely to be preceded or accompanied by some abnormality of the urine.

The passage of a renal calculus is unaccompanied by tumefaction, and there are often blood and concretions in the urine. Tuberculous disease is preceded by other symptoms, as cachexia; it is not acute in its onset, is less painful, and there is frequently no peritonitis.

Complete obstruction of the bowel may quite closely simulate right inguinal disease from other causes; but bloody discharges, or complete stoppage, and later fecal vomiting, will not leave us long in doubt.

Malignant disease of the cæcum is of very moderate growth; there is a fixed, firm swelling, which has developed slowly, frequently a marked cachexia, and usually increasing obstruction of the intestine.

Abscess in the abdominal wall may be extremely difficult to distinguish from abscess about the cæcum, but the former is not associated with intestinal irritation; neither is peritonitis present.

When neither of the above-mentioned conditions seems evident, what symptoms will especially point us to the vicinity of the cæcum and its appendix? I should say here, that I do not consider it possible to distinguish between typhlitis and appendicitis in a large number of cases. In fact, until quite recently, typhlitis has been described as an inflammation of the cæcum and its appendix. First of all pain; but remember that the locality of the pain is often misleading, and, according to Fritz, only about one half the cases refer the pain in the beginning to the real site of inflammation.

However, if there is distress on extension of the right thigh, and a more or less circumscribed tenderness, especially to deep

pressure in the right flank with tumefaction, accompanied by unaccountable gastro-intestinal disturbance, particularly if there be a history of constipation, we shall most carefully watch our patient. As the position of the appendix varies so much and so frequently, it is self-evident that the point of tenderness, if due to inflammation in the appendix alone, must vary to some extent; still tenderness on pressure in a comparatively limited space is of considerable value. While bearing in mind that it is the combination of symptoms that establishes certainty in diagnosis, we must look to the general condition of the patient for a portion of the facts that are to guide us in giving an opinion. The importance of the case depends upon the course the disease pursues; whether it remains local or extends to a general peritonitis, or ulceration with perforation occurs, followed by an abscess. If the disease remains local, and there is no abscess formation, then the case is one that will be diagnosed according to the peculiar views of the medical attendant — appendicitis, typhlitis, local peritonitis, or possibly "slow fever."

The question of treatment in every case of right inguinal disease certainly demands a deliberate consideration, fully as much by the surgeon as by the medical practitioner. In the early stages by all means give the patient the advantage of rest in bed, limited quantities of liquid food, hot or cold compresses (in most cases hot compresses are preferable), not merely to the site of pain, but encircling the entire body, and wide enough to cover the whole abdomen; and instead of large doses of opium, according to the teaching of our old-school contemporaries, and, I am sorry to say, to the practice of some of our own school, which benumb the patient, obscuring to us his real condition, and lessening moreover his chances by its undoubted interference with the natural forces at work toward effecting resolution, give him the indicated homœopathic remedy, which may quite likely be found among the preparations of aconite, bryonia, mercurius, arsenicum, or gelsemium.

At the same time do not fail to be alert for conditions, which may require the most prompt and radical interference.

It is always well to make digital examination per rectum, for in extended suppuration there may be a tendency to pointing in this direction.

One surgeon of Boston has recently reported two cases of drainage by rectum, with recovery; but in the present status of abdominal surgery very little hesitation should be made in such cases in opening the abdomen, for investigation at least, even though rectal drainage be also established.

The question of when to operate is one which demands the best judgment, and into which are brought the finest profes-



sional qualities of the surgeon. It is always to be considered that danger lies on either side—so formidable an operation cannot be considered as entirely within the limits of safety—and certainly the lessons of the past show us that danger too often lurks in delay. I believe that these cases should always be given the benefit of conservative surgical advice, the surgeon following the case with the medical practitioner; and if our patient is so situated that we can watch him closely, and note at frequent intervals any change in his condition, it seems to me better, until the risk from waiting becomes plainly the greater, to assume the risk of delay rather than that of operation.

The symptoms clearly demanding operation may be either general or local, or both. Even with quite pronounced local symptoms, not excepting diffuse peritonitis, the general condition of the patient may sometimes warrant our waiting, and many cases of general peritonitis recover. On the other hand, very slight abdominal symptoms may be present, and yet the condition of the tongue, pulse, temperature, etc., sharply demand decided action. When there is plainly a tendency to pointing, or palpation reveals the probable presence of pus, nothing is gained by delay.

No special technique for operation can be laid down. The objects in view will be the evacuation of pus, the search for and, if possible, the removal of the irritant, whether a diseased appendix or not, thorough irrigation, disinfection, and proper drainage. How these objects will be attained vary in individual cases. For the incision, probably the right semilunaris offers the most favorable site, unless marked tumefaction or actual pointing direct elsewhere.

I have records of eighteen cases to which I have been summoned in consultation, where the seat of disturbance was in the right iliac fossa, and the symptoms pointed strongly to what is laid down in the literature of the day as appendicitis. Twelve of these cases under treatment recovered without operation; the six which received operative treatment I will briefly refer to.

CASE I. Man; 24 years of age; recurrent attacks for several years. Detected pus, and evacuated a circumscribed abscess in cæcal region. The appendix could not, with certainty be found, although something appeared which might have passed for this organ in a necrosed condition. No other cause for the abscess appeared. Recovery.

CASE II. Bank teller; had suffered from probable recurrent peritonitis for some years. At the time of operation peritonitis was diffuse. There had been obstinate constipation for several days. On opening the abdomen, I found appendix in a normal condition. There was what at first appeared to be a slight twist

at one point in the small intestine, but inasmuch as it disappeared suddenly during the necessary manipulation for closer examination, no positive demonstration that it was the direct cause of the trouble could be made. The small intestine was thickly covered with small, dark spots, and no other pathological condition appeared. Recovery.

CASE III. Man; aged, 63; presented in the *left* inguinal region all the symptoms of that which would at once have been termed appendicitis had it occurred on the other side. I had previously examined the patient and quite fully decided upon the presence of an incomplete left-inguinal hernia, although there was some suspicion of a malignant growth. The symptoms being urgent, I operated and found a part of the descending colon strangulated in the inguinal canal with perforation and fecal abscess. There was, also, considerable indurated tissue, which was submitted to microscopic examination, with a report of nonmalignant appearance,

An attempt at closure of the perforation was made, which at first seemed unsuccessful from the appearance of fecal discharge through the drainage-tube, but this finally ceased, and the patient made a complete recovery. Six months later I was called to see the patient, and found him with every symptom of appendicitis (as per books), this time upon the right side. In view of the fact, however, that suspicion of malignant growth had been aroused by the previous conditions, and no especially urgent symptoms occurring, the patient was carefully watched and delay advised; but suddenly symptoms of perforation developed, and laparotomy was performed. The appendix was found perfectly normal, but the ascending colon presented several perforations, and also a strip for five inches along its anterior surface from two-eighths to five-eighths of an inch in width, which was denuded of peritoneum. I approximated the edges of the peritoneum, and closed all the perforations which could be found, but I was by no means certain that all were reached. The patient died in forty-eight hours.

CASE IV. Boy; aged, 12; upon whom I had operated four years previous, evacuating a deeply-seated abscess in the right inguinal region. A fistulous opening remained for two years, occasionally discharging, but finally closing and remaining so for some time, when it again broke out, and I was called. I decided to open the abdomen for the purpose of ascertaining the condition of the appendix, and found it, after a tedious search, adherent, together with the cæcum to the peritoneum close to the mesentery of the colon, nearly on a level with the umbilicus. I did not deem it wise to make sufficient dissection for breaking up these adhesions for fear of infecting the general peritoneum

by opening into the abscess cavity. I therefore tied the appendix off by a double ligature and closed the wound. There was no improvement in the discharge from the fistula, and as soon as the boy recovered from the laparotomy I decided to explore from the side, following in the main the fistulous tract. I did so, and found as the cause of all the disturbance a large brass pin imbedded in the tissues behind the ascending colon. This pin at first appeared to be a shawl-pin with an elongated head, but the head proved to be a stony concretion nearly a half inch in length and one-fourth inch in diameter. The pin undoubtedly came from the intestine, but it is an open question whether it perforated the cæcum or the appendix itself. The patient made a perfect recovery.

Very many post-mortems have showed the appendix in all stages of ulceration even to total obliteration, when there had occurred absolutely no symptoms of disease in its locality.

In at least twenty-five laparotomies for other causes in which I have taken occasion to observe the appendix, I have usually found it normal, but in a few instances, somewhat enlarged, as from inflammation, though seldom adherent.

That the appendix itself so frequently threatens human life, I believe has not been clearly demonstrated, and I predict that the views of modern surgeons will, when the sanguine opinions which are so liable to arise from early successful experiments have been submitted to the criticisms of expert experince, be decidedly modified.

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#### MICROSCOPICAL TECHNOLOGY.

BY S. R. F. LANTZIUS-BENINGA, M.D., BOSTON, MASS.

In the following I will briefly describe the principal methods which, during the last year, I have used in the pathological laboratory (B. U. S. M.) to mount microscopical specimens of pathological and normal tissues.

Sections were made from fresh, hardened, and hardened and imbedded tissues. As hardening medium alcohol was preferred; Müller's fluid, bichromate of potash, bichromate of ammonium, chromic and picric acids, corrosive sublimate and Flemming's solution only on special occasions. After hardening, the specimens were generally imbedded in celloidin and then mounted on cork. In any case — whether the tissues were fresh, hardened, or hardened and imbedded — they were cut with the freezing microtome with the exception of some of those which were included in celloidin. With a sharp knife, and due care, their sections can be made even of very large size; and I have found it of great advantage to get sections always as large as possible, as I

have in that way obtained many valuable specimens, as sections of nerves, arteries, glands, etc., while examining the tissue for an entirely different purpose. Sections to be mounted are then stained with the exception of those in celloidin. This takes many stains, and it is, therefore, best to remove it before staining. This can be done by immersing the sections in a mixture of alcohol and ether in equal parts, or, if this is not possible, because the sections are too thin, or consist of several pieces which must retain a certain relative position, they can be put on slides, spread out and then washed with the alcohol-ether mixture till almost all the celloidin is dissolved. Then they are allowed to dry, and the remaining celloidin will glue them securely to the sides, so that the staining can be done without disturbing their position. If oil of cloves is used to clear them up, the amount of coloring matter taken up by the small quantity of the remaining celloidin is not sufficient to interfere with the clearness and beauty of the specimen. Most of it, probably, is removed with the dissolved celloidin when the oil is taken off by means of filter paper.

For clearing up stained sections I always used oil of cloves, if there were no special indication against it. That it dissolves the celloidin is thought by many microscopists sufficient reason to abstain from its use, and to take some other oil. I regard it rather as an advantage. Besides, it is, aniline oil excepted, vastly superior to all other oils used for clearing sections. I have tried oil of bergamot, of santal, of thyme, of peppermint, of origanum, of turpentine, and others, but none of them gave satisfactory results. Kerosene oil is about as good as any of them, and a good deal cheaper. Aniline oil clears up beautifully, and can be used directly after the staining process is finished, as it mixes with water; but it has to be removed entirely before the sections are mounted, or it will, in course of time, stain the whole specimen—the section as well as the Canada balsam—brown, and spoil it; and to remove it another oil is necessary. For including specimens to be kept permanently Canada balsam was used, and in some special cases glycerine.

The principal stains used were hæmatoxyton and aniline dyes. The hæmatoxyton stain I prepared in the usual manner—by mixing a saturated alcoholic solution of it with a watery solution of alum (about 1§ or 2 §). This mixture has very little staining power when fresh, but grows stronger with age, and ought not to be used till it has ripened a few weeks. I used it undiluted, leaving the sections in it for a few seconds to several minutes; they can then be mounted directly after washing out the superfluous stain with water. They are then purple. It is much better, however, to leave them in water for several hours; the

color then will become blue and darker, and only the nuclei retain the stain. To prevent precipitation of the hæmatoxylon the sections ought to be washed two or three times with fresh water directly after they are taken out of the staining fluid. This can be used again, but ought to be filtered every time before and after use. As contrast stains, were used orange G in saturated watery solution, eosine in alcoholic solution, and picric acid in saturated alcoholic solution. Orange G gave a pretty stain, but was not reliable. Eosine in alcoholic solution can be improved greatly by addition of a few drops of ammonia, which makes the hæmatoxylon stain darker blue, and so heightens the contrast. Picric acid in alcoholic solution turns the blue or purple color of the hæmatoxylon to brown or black, and is especially adapted to bring out the cell nuclei distinctly. If ammonia (mixed with alcohol) be used after the picric acid the brown color of the nuclei changes to a very dark green, or to the original blue, while everything else remains yellow. Very clear pictures are obtained in this way. Picric acid is especially good to partly decolorize sections overstained with hæmatoxylon, as it does not cause shrinking. It may be used after the eosine, and then removed by washing with ammoniacal alcohol — an extremely fine stain is obtained in that way. About other combinations of different stains with hæmatoxylon I shall speak later.

Carmine, as lithium-carmine, borax-carmine, picro-carmine, etc., I have not used much, as the staining with these colors is too complicated, and needs constant attention. Another objection to their use is, that frequently hydrochloric acid is required to remove the superfluous color, and frequently spoils the sections by curling them up. A saturated solution of carmine in equal parts of acetic acid and glycerine, filtered repeatedly till it is perfectly clear, I have used especially to examine and mount specimens containing fat. The sections cut fresh, or after hardening in a medium which does not dissolve the fat, with the freezing microtome are put into the staining fluid, and may remain there any length of time; then they are transferred into glycerine. This, in course of time, takes the stain out of everything but the nuclei, and the sections can be mounted in glycerine. The nuclei are red or brown, and the fat-drops appear in their natural state, very clear and distinct. Specimens are mounted very easily in this way, and keep any length of time. I prefer this method of examining specimens for fat decidedly to the hardening in Flemming's solution, which contains osmic acid, as with this the process of repairing the slides is very complicated; specimens mounted even with the greatest care will not keep long, and last, not least, as the fumes of the osmic acid

are exceedingly offensive and poisonous. In books on microscopy I have found the statement, that specimens mounted in glycerine must be sealed up, because the cover-glasses will slip off when the slides are not in a horizontal position; but I hardly ever fasten the covers, and have never yet seen one displaced in the least. I prefer not to seal them to the slides, as it is very easy, if necessary, to remove them for cleansing, or any other purpose, and put them back into their place without injuring the sections.

The combination hæmatoxylon-picrocarmine gives an exceedingly pretty stain, but is not simple enough for common use.

Of aniline dyes I have used chiefly Bismarck brown, fuchsine and acid-fuchsine, methyl green, orange G, and methyl blue. Bismarck brown stains very well in watery solution, the superfluous color being removed by washing with alcohol. The effect is different, however, with the same coloring matter from different manufacturers. I have tried three different makes, and like best that from Grüber, Berlin. Acid-fuchsine, methyl green, and orange G in saturated watery solution, mixed in the proportion of 2:5:10 (Ehrlich-Biondi) give an excellent stain. This fluid is not to be filtered, and can be used diluted with water or concentrated for any length of time; the superfluous color is removed by washing in alcohol. I have used this stain alone, and as second stain, with hæmatoxylon or Bismarck brown — the combination with hæmatoxylon is especially good; but still better results can be obtained if sections, stained either with the three-color mixture alone, or with hæmatoxylon first and then with the three colors, are treated with ammonia and picric-acid solution. If a section stained with the three-color fluid is immersed in a mixture of ammonia and alcohol it is completely decolorized in a very short time. If it is then transferred to alcohol the color returns partly; but if picric-acid solution is used instead of the pure alcohol the whole section will grow red. If, however, the decolorization by ammonia has been intense enough only the red will return in pure alcohol; and the same will take place in picric acid, only more intensely. Now the parts stained red originally are the connective tissue and horny parts of the skin, and after the section has been treated with ammonia and picric acid, these only will be stained, and stained red. This is a valuable means of differentiating connective and muscular or nerve tissue. If hæmatoxylon is used first, and then the above-described process is gone through with, the hæmatoxylon stain will be partly retained, and the distinction will be easier. Sections of the uterus, e. g., show the cells of the lining membrane and glands colorless, with blue nuclei, the connective tissue red, and the smooth muscular fibre green. In sections of

nerves the axis cylinders are blue and the neurilemma red, while everything else is colorless. In sections from an epithelioma of the hand the nuclei of the cells in the cancer nests and stroma were stained purple; those of the sweat glands blue; in the epithelial pearls the horny centres were deep red, and the zone around them, where the cells had changed only partly, yellow. Evidently it is the red acid fuchsine which stains the connective tissue; but it is not possible to use it alone for that purpose, for if used without other colors it will stain the cell nuclei, the protoplasm, etc., the same as the connective tissue, and no amount of ammonia will take out the color from the other tissues and leave it in the connective tissue alone. But if the acid fuchsine is used with the other colors, it can stain the connective tissue and horny parts of the skin only, because the other tissues have a greater affinity for the other stains, and therefore do not take the fuchsine stain. If afterwards ammonia is used this will destroy the other colors faster than the fuchsine, and in that manner make it possible to obtain sections where only the red stain is left in the fibrous and horny parts.

This property of ammonia to decolorize tissues stained with aniline dyes can be used in other ways. I have lately taken ammonia instead of acids or fluoresceine to decolorize specimens stained with carbolic-acid-fuchsine and to be examined for tubercle bacilli, and have had very good results. I use as decolorizing fluid a mixture of ammonia and alcohol, and wash the cover-glass with the specimen in it, till almost all the red color has disappeared. If examined then everything appears very faintly red, while the tubercle bacilli are brightened. On after-staining with methyl blue the tubercle bacilli alone retain their red color, while other bacteria cells, etc., become a blue. The specimens prepared in this way are very clear, and as the only drawback to ammonia is its pungent smell, while it has no color and never causes sections to shrink, it is decidedly better than acids in the preparation of specimens for examination for tubercle bacilli.

Lastly, I will mention a little practical use of ammonia. I find it the best and speediest means to remove any stains of aniline dyes from the hands. Every one who ever has tried to get the fuchsine color from the skin of his hands, will be able to appreciate this.

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LACTATION INDUCED BY MASSAGE. — The patient had had four children, and had never been able to suckle any of them properly (*Frauen Arzt*). On this, the fifth occasion, the breasts were quite undeveloped, and allowing the child no suck, the dry nipples caused the mother great nervous irritation. Massage was practiced, the breasts steadily increased, and on the seventh day the child was suckled. She was delivered in September, and five months later the mother was still suckling her child, and both were doing well. — *Weekly Med. Review.*

*THE NERVOUS SYMPTOMS OF HELLEBORUS NIGER.*

BY E. P. COLBY, M.D., WAKEFIELD, MASS.

[*Read before the Hughes Medical Club.*]

Hellebore at one time acquired a reputation as being curative in hydrocephalus ; but modern pathology makes us more than doubt the correctness of the claim ; at least to doubt its efficacy in all cases where there was true hydrocephalus, originating, as this does, in tubercular deposit in the ependyma. It may and undoubtedly is beneficial, and possibly curative, in those cases occurring in young children, where, from a disturbance of blood pressure, the cerebral vessels become engorged and a transudation of serum into the ventricles produces the well known symptoms of cerebral compression ; this pressure resulting both from the intraventricular fluid and from the enlarged vessels. If this be sufficiently severe and long continued we may get an exudation of leucocytes and the establishment of cerebritis and the hellebore still be indicated. Such were, probably, many of the instances of so-called hydrocephalus.

It has proved useful in cases of otitis media with extension of inflammation to the adjacent cerebral membranes. Many of us can, undoubtedly, remember some case in our early practice which had, to us, every appearance of severe cerebral disease, with severe headache, delirium, convulsions, and subsequent coma, presenting also strabismus and the peculiar cerebral cry ; all of which subsided when the child seemed to be just at the point of death, upon the appearance of a discharge from the ear. These cases would now be earlier and more correctly diagnosed ; but it is in such examples that hellebore has earned a well-merited reputation.

This brings to my mind another condition peculiar to childhood, and marks the intimate relation between the pulmonary organs and the higher nerve centres. In young children we sometimes have a rapidly developed pneumonia, and at the same time all the symptoms of ependymal meningitis. The two conditions are developed so synchronously as to lead us to entertain the possibility of true pneumonia of cerebral origin.

I can recall more than one instance in which the cerebral preceded the pulmonary symptoms by several hours, and were not the usual nervous symptoms marking the onset of most acute diseases in childhood. This may certainly have been only the manifestation of increased blood-pressure upon the vessels in the choroid plexus in very susceptible children. In these cases hellebore has produced its best results, and has helped to a happy termination many a bad case. Arguing inversely, it is found to be useful where pneumonia, or even bronchitis of the smaller



tubes, so interferes with the circulation as to induce serious cerebral complication. Pneumonia, or capillary bronchitis, in children usually causes sufficient cerebral disturbance to excite our anxiety, and is not seldom the direct element in the fatality of the case.

The remedy has proved quite reliable in the convulsive and nervous symptoms occurring in children who have become seriously and rapidly reduced by diarrhoea or cholera infantum.

As will be seen, the remedy finds its widest field of usefulness in the irritable and immature nervous system of early childhood; and in attempting an explanation of its mode of action I can only say that it is probably through its control of the cerebral vascular system. I have never seen any results indicative of its action below the fourth ventricle, nor any showing a marked influence upon the cerebral convexity.

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## SOCIETIES.

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### HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The regular quarterly meeting of the Homœopathic Medical Society of Western Massachusetts was held at the Cooley House, Springfield, Mass., on June 8, 1892. First Vice-President P. R. Watts, M.D., in the chair.

The records of the last meeting were read and approved.

The resignation of A. S. Oliver, M.D., was read and accepted. It was then moved and seconded that Dr. Oliver should be made an honorary member, which motion was carried.

G. F. Forbes, M.D., read a paper on the "Contagious Character of Tuberculosis," which was thoroughly discussed.

B. A. Sawtelle, M.D., reported a case of sarcoma of the right breast; after a short discussion of which, the meeting adjourned.

H. L. CLARKE, M.D., *Secretary*.

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THE meanest man in Great Britain has been found. His discovery was due to a suit to recover the amount of a bill for medical services brought by his physician. The man had ample means, and held several official positions in the county and town administrations. But it appears that he was connected in some way with some extensive quarries in the place, and had been made an honorary member of the quarries' benefit club, of which his family physician was surgeon. His defence was that he was entitled to the services of his family physician free, as being an honorary member of this club, although he paid very much smaller dues than the regular members. The court very promptly overruled this defence, and then he put in a more valid, but equally mean, plea, and finally succeeded in avoiding the payment of about seventy-five per cent. of the claim. — *Medical Record*.

## GLEANINGS AND TRANSLATIONS.

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LILLOIR, on checking obstinate hiccough by compressing the phrenic nerve, says: "The left phrenic nerve was strongly compressed for three minutes with the finger between the two sterno-clavicular attachments of the sterno mastoid muscle. The first case was that of the little girl, twelve years old, who, for a year and a half, had suffered from intractable hiccough." A cure was made in a single sitting, and never returned.—*American Journal of Medical Science.*

HOW TO DRINK MILK.—Some complain, says a contemporary, that they cannot drink milk without being "distressed by it." The most common reason why milk is not well borne is due to the fact that people drink it too quickly. If a glass of it is swallowed hastily, it enters the stomach and then forms in one solid, curdled mass, difficult of digestion. If, on the other hand, the same quantity is sipped, and three minutes at least are occupied in drinking it, then on reaching the stomach it is so divided that when coagulated, as it must be by the gastric juice, while digestion is going on, instead of being in one hard, condensed mass upon the outside of which only the digestive fluids can act, it is more in the form of a sponge, and in and out of the entire bulk the gastric juice can play freely and perform its functions.

ALTERATIONS OF THE PERIPHERAL NERVES IN DIABETES.—Auché reviews the opinions of different authors upon the cause of the implication of the nervous system in diabetes, and finally adopts that which holds the peripheral nerves as the seat of the nervous disturbances in this disease, for which theory, however, strict anatomical testimony was, until now, wanting. This testimony the author endeavors to furnish. In his comparison of symptoms he shows that the upper extremities are less frequently paralyzed than the lower. The paralysis may be one sided or bi-lateral. Rectum and bladder are always intact. In the paralyzed muscles atrophy with reaction of degeneration appears. The disturbances of sensibility in the disease may appear alone or may precede or accompany the motor troubles, and consist of pains, paræsthesia, hyperæsthesia and anæsthesia in different degree. The vaso-motor disturbances are local hyperidrosis, œdemas, glossy skin and ecchymoses; the trophic changes are perforating ulcer, localized atrophy of the skin, deformity and spontaneous shedding of the nails, gangrene, etc. The loss of

the patellar reflex, which is so frequent in such cases, is to be referred to the neuritic process. Finally among the symptoms is the frequently observed disturbance of co-ordination, giving rise to a pseudotabetic form of diabetic neuritis. Auché then shows the agreement of all authors in the view that the severity of the nervous symptoms bears no relation to the amount of sugar in the urine. By experiment he found that sugar had no deleterious influence upon a living nerve exposed to its action. Hence the changes in the nerves in diabetes must have some other cause, such as deficiency of water or the presence of acetone in the blood, or general nutritional changes, or perhaps some, as yet unisolated, chemical substance in the circulation of the diabetic.—*Archiv. de med. experim. et d'anat. path.*—*N. Am. Jour. of Hom.*

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#### REVIEWS AND NOTICES OF BOOKS.

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HOMŒOPATHIC BIBLIOGRAPHY OF THE UNITED STATES, FROM THE YEAR 1825 TO THE YEAR 1891, INCLUSIVE. Compiled and arranged by Thomas Lindsley Bradford, M.D. Philadelphia: Boericke & Tafel. 1892. 596 pp.

The time is quite ripe for a book of just the character of this one. It is historical in nature, and will be of increasing worth every year. It is in the writings of the Fathers of American Homœopathy that one can gather some idea of their struggles, of the obstacles they overcame, and of the truths for which they were willing to labor and suffer. To the younger members of the profession even the names of many of the hard-working pioneers are unknown. Their names and writings are found here set down, so that anyone desirous of knowing of the literary growth of homœopathy can, by consulting this book, find the means of gratifying his desire. The book contains a list of all the books and pamphlets written by American homœopaths up to 1892, under the authors' names, arranged alphabetically; a list of all the books written against homœopathy; homœopathic magazines, directories, publishers, libraries, and previous bibliography; condensed histories, data, and bibliography of the homœopathic societies, colleges, hospitals, asylums, dispensaries, pharmacies, etc., now or at any time existent in the United States; besides a list of Hahnemann's writings. For frontispiece is found a photogravure of the old Allentown Academy, the first homœopathic college building in the world. The work has been carefully and conscientiously done, and should be heartily appreciated by the profession.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine. By William Osler, M.D. New York : D. Appleton & Co. 1892. 1079 pp.

This book is presented to the profession without the customary "preface." No explanations or apologies are made for its appearance ; nothing but a note of thanks to friendly assistants. Its title-page is its only introduction ; its merits are to be judged by the reader, and only by a study of the text itself. The author's classification of diseases is convenient and practical. First is placed the great class of Specific Infectious Diseases ; then Constitutional Diseases ; then Diseases of the Digestive System ; of the Respiratory System ; of the Circulatory System ; of the Blood and Ductless Glands ; of the Kidneys ; of the Nervous System ; of the Muscles ; followed by the concluding sections on the Intoxications, Sunstroke, and Obesity ; and on Diseases due to Animal Parasites. The numerous subdivisions of these classes, like the classes themselves, are mainly anatomical. The author's purpose evidently is to give, in the fewest words possible, a clearly recognizable picture of "medical" diseases. His style is admirably suited to his purpose, being concise and graphic. As a consequence, the work lacks somewhat in detail, and the important matter of "treatment" is frequently only suggestive. In the treatment recommended for the multitudinous diseases described, "Nature," diet, hygiene, and non-medicinal measures, are allowed a fair chance, drugs being advised with a commendable conservatism. Where advisable, as in the section on diseases of the stomach, valuable hints on methods of clinical examination are given, which add greatly to the usefulness of the work. The work is that of an accomplished and successful teacher, and is admirably adapted as a text-book for the medical student who should be capable of digesting and assimilating "condensed food." Its popularity as a text-book is a foregone conclusion.

TREATISE ON THE DISEASES OF WOMEN. By Alex. J. C. Skene, M.D. Second edition. New York : D. Appleton & Co. 968 pp.

Extended notice of a work that, in a field well occupied by competitors of the highest order, has, in a brief period, won its way to a wide and acknowledged popularity, is hardly necessary. The work retains its characteristics of directness and clearness of text, and the frankness of its author in quoting the opinions and referring to the experiences of his colleagues. As in the first edition, the last third of the book (about 300 pp.) is devoted to the diseases of the urinary organs, and it may not be an undue

reflection on the rest of the work to say that it is in this portion that the author's originality is most evident. The prominence given to diseases of the urethra, bladder and ureters is one of the many excellent features which so strongly recommend the work to the busy, general practitioner. In this edition several changes are to be noticed. Certain portions on urethral and vesical fistulæ have been omitted, and excellent chapters on diseases and injuries of the ureters and on ectopic gestation inserted. It must be added that the majority of the numerous illustrations, and the chromo-lithographs are exceptionally good, and that the work, in its present attractive form, is certain to make additional friends among those who can appreciate what is best in medical literature.

**DISEASES OF WOMEN; A MANUAL OF NON-SURGICAL GYNECOLOGY.** By F. H. Davenport, M.D. Second edition. Philadelphia: Lea Brothers & Co. 1892. 323 pp.

In the May, 1890, issue of the *GAZETTE* this work, then in its first edition, was recommended as a practically useful book to the medical student, and one that will give many a valuable hint to the practitioner. For it is not designed to supplant the larger text-books on gynecology, only to supplement them by giving special attention to the description of minor, though important, points usually omitted in text-books. It is the simpler and more ordinary procedures only that are considered in this little book. It is eminently practical, and its size is not such as to discourage the reader. The changes noted in this, the second edition, are not particularly radical, but are chiefly in the nature of additions, which augment the size of the book by several pages.

**ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.** Edited by Charles E. Sajous, M.D., and Seventy Associates. Philadelphia: F. A. Davis Co. 5 vols.

The fifth series of these encyclopædic volumes but calls for a renewal of the praise elicited by their predecessors. A comprehensive and exhaustive survey of the field of medicine—as regarded from an old-school standpoint,—of surgery, and the allied sciences, such as hygiene, bacteriology, and the like, is furnished in the sixty-three admirable papers, on the many subjects of medical importance, which make up the work. The papers are practically summaries, in paragraph form, of the theories and the formulated experiences of physicians, on the subjects dealt with, as gleaned from the medical literature, for the past year, of the civilized world. Such a treasure-house of suggestion is of a value which needs no dwelling upon. The

specialist in any field of medical work can here gather, in half-an-hour, the latest word of his brother specialists on the details of their common work; the practitioner, battling with a difficult case, can gather hints as to the newest dietetic or hygienic help in its safe conduct; and all those interested in matters of general public sanitation will find such papers as that by Dr. Walter Wyman, of Washington, on "Hygiene and Epidemiology," of keen and permanent interest. The work is excellently indexed for quick reference, and is gotten up very handsomely and substantially in all respects.

THE POPULAR SCIENCE MONTHLY for July has several papers of especial moment to physicians; that upon "Physiology and the Prevention of Disease," by Dr. J. M. Rice, for instance, which is an earnest plea for better systems of physical exercise in our schools; and "Proper Diet for Hot Weather," by Dr. N. E. Yorke Davies. New York: D. Appleton & Co.

In the July CENTURY the "Naulahka" at last comes to a conclusion; a happy one in the main, though Tarvin, the resourceful, gets but half his heart's desire. There is a deal of fiction in the number, including the last chapters of Dr. Weir Mitchell's "Characteristics." The second instalment of "The Chatelaine of la Trinité" is given, and the third instalment of Mrs. Mary Hallock Foote's story of "The Chosen Valley." There are also short stories by Maurice Thompson, Charles Belmont Davis (a brother of Richard Harding Davis), and George Wharton Edwards. Among the poets of the number are Miss Guiney, Frank Dempster Sherman, Edgar Fawcett, Edith M. Thomas, Elizabeth Akers, and others. New York: The Century Co.

THE complete novel in LIPPINCOTT'S MAGAZINE for July, "White Heron," is by M. G. McClelland, and one of the quaintest and most cheerful mountain stories that writer has yet given her readers. In the *Journalist Series* Max de Lipman recounts "The Newspaper Illustrator's Story" with the help of numerous illustrations. In the *Athletic Series* W. P. Stephens contributes an illustrated article on "Canoe Life." "Peary's North Greenland Expedition and the Relief" is interestingly covered by those authorities on the expedition — W. E. Hughes and Benjamin Sharp. Agnes Repplier talks about the "Trials of a Publisher" in her naturally readable style. The short story is by Molly Elliot Seawell. The poetry of the number is contributed by Edgar Saltus, Rose Hawthorne Lathrop, Flavel Scott Mines, and Harrison S. Morris. Philadelphia: J. B. Lippincott Co.

THE current issue of *The Weekly Bulletin of Newspaper and Periodical Literature*, published at 5 Somerset street, Boston, is

twice its usual size, containing a classified index of 1,300 articles from recent numbers of the periodical press. *The Bulletin* catalogues the important articles in the leading daily and weekly papers and the monthly magazines of the United States and Canada, including THE N. E. MEDICAL GAZETTE. Its value to readers, writers and students is sufficiently indicated by its title, and, although still in its first volume, its success is deserved and assured.

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### MISCELLANY.

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COUNTRYMAN (to dentist): The tooth next to that 'un aches, too, doctor.  
Dentist: Yes, it aches in sympathy.  
Countryman: Yank it out. Durn such sympathy. — *Ex.*

SEVEN hundred and nine of the descendants of Margaret Jukes, of the State of New York, have been convicted of crime, from that of petit larceny to murder, at a cost to the State of one and a quarter millions of dollars. — *Med. Tribune.*

A GERMAN biologist says that the two sides of the face are never alike. In two out of five the eyes are out of line; one eye is stronger than the other in seven persons out of ten; and the right ear is higher than the left. — *Weekly Med. Review.*

THE daily press announces that it is a common practice in European cities, and even in New York, for ladies to inject different perfumes hypodermically, by which means a perfumed perspiration is produced, which is said to add greatly to their personal charms. — *Boston Med. and Surg. Journal.*

DEATH AND THE DOCTOR. — A curious compliment to a dead man was uttered by the Marchioness of —, who, when told that the celebrated physician Borden had been found dead in his bed, exclaimed: "Ah! death was so afraid of him that he did not dare attack him except when he was asleep." — *Weekly Med. Review.*

A LITTLE Topeka three-year-old boy, feeling stuffed up with a cold one morning, was asked by his aunt: "How do you feel Charlie?" "Don't feel well," said Charlie; "my nose wont work." The next day the cold had broken, when she asked him the same question. "Feel bad," said Charlie; "my nose works too much." — *Kansas Med. Journal.*

THE periods of gestation are the same in the horse and ass, 11 months each; camel, 12 months; elephant, 2 years; lion, 5 months; reindeer, 8 months; monkey, 7 months; bear, 6 months; sow, 4 months; dog, nine weeks; cat, 8 weeks; rabbit, 4 weeks; guinea pig, 4 weeks; wolf, 90 to 95 days. Goose sets 30 days; swans, 42 days; hens, 21 days; ducks, 28 days; pea-hens and turkeys, 28 days; canaries, 14 days; parrots, 40 days.

OUT-DOOR GAMES IN GERMANY. — A course of instruction in out-door games will soon be opened for teachers in Berlin. This is an omen of a better time coming for young people in Germany, where the more or less complete absence of out-door games, for young and old, is a sad feature in the life of the people. The emperor is enthusiastically in favor of a change in this direction, and plays football himself with his own sons and Prince Henry, at the new palace near Potsdam. — *Boston Med. and Surg. Journal*

MRS. CRIBBER: What has become of all your Cleopatra jewelry — the asps, snakes, serpents, and things?

Mrs. Bibber: Hush! Don't let my husband hear you. I have hidden them away.

Mrs. C.: Haven't you worn them at all?

Mrs. B.: I wore them once, and the moment my husband saw them he rushed off to a doctor. The next morning he took the pledge. I shan't wear them again, unless he backslides. — *New York Weekly.*

## PERSONAL AND NEWS ITEMS.

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DR. O. A. BEMIS, formerly of Craftsbury, Vt., has located at Whitman, Mass.

AMONG the Boston physicians who will spend the summer in Europe are Drs. F. C. Richardson, F. B. Percy, J. K. Culver and W. S. Smith.

DR. HORACE PACKARD will pass the summer at Winter Harbor, and on a fishing trip in the woods of northern Maine.

DR. E. B. RICHARDSON, Class '91, B. U. S. M., has removed from Danville, Vt., to East Dennis, Mass.

THE many friends of Dr. J. E. Briggs, who have heard with concern of his severe illness, in Vienna, from septicæmia, learn with pleasure of his complete recovery, and early return to Boston.

DR. J. HERBERT MOORE, of Brookline, will spend his third summer at The Pemberton, Hull, as hotel physician. During July and August he will be at home to attend to his Brookline practice, from 8:30 A. M. to 4:30 P. M. daily, with office hours from 8:30 to 9 A. M. and 2 to 3 P. M.

The officers for the current year of the Indiana Institute of Homœopathy are President, M. H. Waters, M.D., Terre Haute; First Vice-President, W. T. Gott, M.D., Crawfordsville; Second Vice-President, E. B. Grovesnor, M.D., Richmond; Treasurer, I. S. Martin, M.D., Muncie; Secretary, W. B. Clarke, M.D., Indianapolis.

MESSRS. A. L. CHATTERTON & CO. announce the publication, in the early autumn, of the first number of a magazine to be called "*Childhood*." It will be a sixty-four page journal, devoted to the interests of children — physical, intellectual, and ethical, — and will aim to combine the scientific and the popular. It will be edited by the well-known homœopathic practitioner and writer, Dr. George Wm. Winterburn.

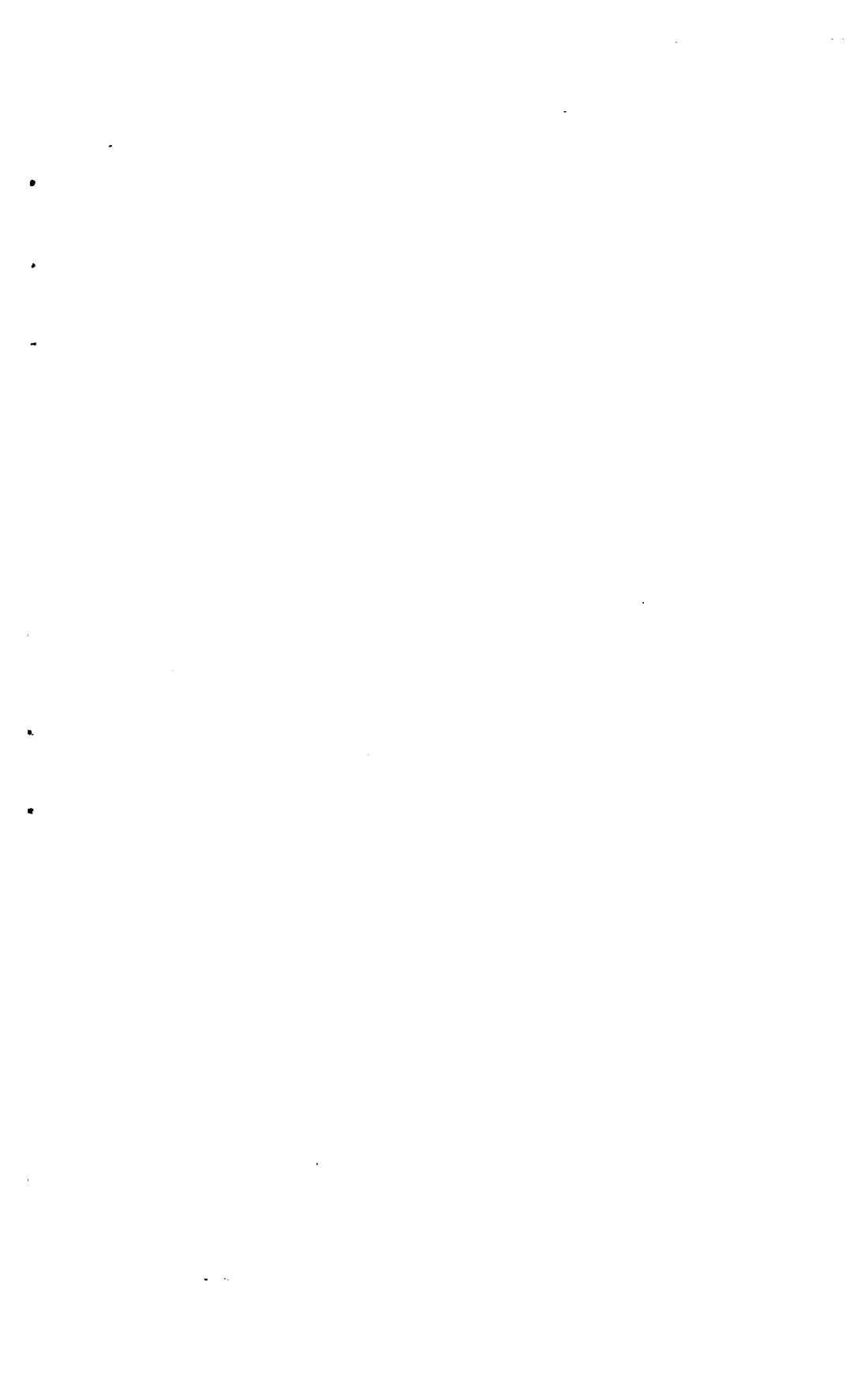
A PHYSICIAN, in a city of the Eastern States of 55,000 inhabitants, with a good and well-established cash-paying practice, for good and sufficient reasons, which will be given on application, wishes to dispose of the same to some good and well-recommended homœopathic physician. For further information address, with references, stating where and when graduated, E. F. G., care of Messrs. Otis Clapp & Son, No. 10 Park Square, Boston.

DR. AUGUST GRÜNEWALD and DR. FREDERICK DELOSEA, of Frankfort, Germany, were the guests of honor, on the evening of June 9th, at an informal and exceedingly pleasant dinner given for them, at the Copley-Square Hotel, by a coterie of Boston homœopathic physicians. The hearty good-fellowship of the hour found expression in the passing from hand to hand of the loving-cup, in which was pledged the health of the distinguished and welcome guests.

THE GAZETTE extends a cordial right hand of fellowship to its always-honored contemporary, the *North American Journal of Homœopathy*, on its entrance upon a new régime of editorship. Under Dr. Dillow's notably able, discriminating and conscientious direction, the noble old journal easily kept the place it so long ago won, in the van of medical progress, and added new laurels to the wreath with which the appreciation of the profession crowned it, when the century now so nearly sped, was in its prime. Nor can this record be lowered, while the *Journal* has so strong a hand at its helm as that of Dr. Eugene H. Porter, who, with the June issue, entered upon the arduous duties of its editor-in-chief.

MEDICAL EDUCATION. — The time a medical student has to spend in college is: Austria, five years before obtaining his degree; Belgium requires eight; Canada, four; Denmark, seven; England, four; France, four; Holland, eight; Hungary, five; Italy, eight; Norway, eight; Portugal, five; Russia, five; Spain, two; Sweden, ten; Switzerland, eight; and the United States three or four. — *Current Literature*.







LAPAROTOMY ROOM OF MASSACHUSETTS HOMOEOPATHIC HOSPITAL.

THE  
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EDITORIAL.

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*IN THE NATURE OF A BOOMERANG.*

There are many famous and proverbial illustrations of malicious endeavor which proved fatally reactionary. There, for instance, is the man who digged a pit for his enemy, to fall therein himself; the engineer hoist with his own petar; the inexperienced boomerang-thrower on whose own head his weapon recoils. And, lately, the same idea is brilliantly illustrated by the gentleman who is in the way of doing homœopathy admirable and lasting service, through an artless effort to bring homœopathy to confusion. We refer to the gentleman who, with all the ardor which inspired Quixote of windmill-fame, has, within a few months, started out to fight fiery dragons which his own diseased imagination sees in the sails of certain medical windmills which are daily grinding out honest and useful grist of help for mankind's fleshly ills. The spear of this modern Quixote is his vitriolic pen, and his tourney-ground the columns of our once reputable contemporary, *The Medical News*. A recent assault on his delirious dragons takes the form of a prize, modest indeed in amount, offered for the paper which shall most thoroughly and effectively "expose" homœopathy.

Since, without doubt, there are many in the ranks of allopathy to whom even the small sum in question, coupled with the advertisement to be secured from competition in this not altogether savory contest, will make persuasive appeal, homœopathy may congratulate itself that it is shortly to be rendered a two-fold service. The offer of our dragon-haunted friend will serve the

cause against which it runs amuck in two ways. First, it will introduce homœopathy, as homœopathy is to-day, to a goodly number of young allopathic practitioners, who else might remain indefinitely in careless ignorance of its scientific status, its merits, and its claims. The merely venal and shrewd among those who take the offer seriously will, of course, grasp the idea at once that what is wanted is not the results of honest investigation, but of malicious invention, and will set themselves on the straight road to success by studying Don Quixote's own recent example, and presenting a tissue of ingenious misrepresentation, unblushing falsification and coarse abuse. Their work, and the outcome of it, can safely be left to the fate that has unfailingly overtaken such since attacks on homœopathy began. But it is hardly to be doubted that many honest minds may be led to study homœopathy in a spirit of fair-mindedness, and thus, inevitably, in a search for demonstrable errors, discover demonstrable facts and merits. Such will not, in a study of homœopathy as it exists to-day, hark back to the mistakes of yesterday, or accept eagerly the vagaries of its fanatics as the creed of its representatives. Studying homœopathy in the only spirit possible to any honest investigator, namely, as it is preached and practised to-day by its most scholarly, broad-minded, and able practitioners, the investigators will find so much which appeals to reason and challenges experiment that we fearlessly predict many conversions to homœopathic practice, which shall date from this malice-prompted search for homœopathy's errors. Second, and not less important service that will be rendered to homœopathy by this last onslaught of Don Quixote, will be the absolutely unanswerable argument it affords, that the spirit of rabid, unscrupulous, cowardly prejudice is the sole spirit in which those allopathic societies and coteries work, who yearly, persistently, blatantly demand, in the name of a helpless and injured public, legislation adverse to homœopathy. This printed offer, and the essay to which its prize will be awarded, will be testimony past price for homœopathy to lay before fair-minded legislators everywhere, as to the animus in which their adversaries are working, as to their adversaries' utter and wilful dishonesty, their self-revealed hypocrisy. No "campaign document" could be of more instant

and convincing worth than this which Don Quixote is considerably preparing for our use. Let us joyously thank him, and eagerly await its coming.

Don Quixote? The title is inaptly given after all. Addle-witted as he was, the noble old chimera-fighter, he at least had a brave and honest heart. His pardon, then, for taking his name in vain! Let us rather, with un-malicious laughter, see in our young friend of the *News* the *fin-de-siècle* Mrs. Partington sweeping back the ocean of medical progress with his droll little broom of outraged prejudice; while the ocean's mighty billows must boom ever forward long after the droll little broom is broken to bits and the sweeper's ardor hopelessly and forever Gould — we beg pardon — cooled.

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#### EDITORIAL NOTES AND COMMENTS.

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A SERVICEABLE, PRACTICAL, AND HONEST DISTINCTION is that made between "curative" and "palliative" therapeutics, by our much-esteemed *confrère* Dr. P. Jousset, in a recent address on "Positive Therapeutics and Homœopathy." Dr. Jousset answers the familiar charge of our friends the allopaths, that homœopaths are charlatans, trading on a name, because they sometimes employ medicines other than homœopathically, by the sensible claim that homœopaths, remaining loyally such, have as honest a right to employ palliative means as they have to employ surgical means, or dietetic means, or any other means within the possibilities of the broadly-educated practitioner, for the alleviation of suffering. It is not curatively but palliatively, and altogether legitimately, that the homœopathist, in frankly non-curable cases, will employ morphine to alleviate agonizing pain, or chloral to secure necessary sleep. And as to the size of dose employed, says Dr. Jousset, the homœopathist, like all common-sense practitioners, will "follow the teachings of the clinic, and no other guide." If the clinic teaches that syphilis demands mercury in appreciable doses, and malaria does the like with quinine, he will employ these entirely homœopathic remedies courageously, in whatever doses experience teaches him will be most effective. And as to the allopathic taunt, that homœopa-

thists employ dilutions only for imaginary ills, "let them," says Dr. Jousset, "study our clinical records, and mark the results following our invariable employment of small doses in pneumonia, typhoid, the eruptive diseases, cholera — maladies not ordinarily classed, I believe, as benign!"

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THE GROWTH OF HOMŒOPATHY IN AUSTRALIA is a fortunate and interesting fact to which we have often taken occasion to refer. A glimpse of the subject, as viewed from the inside, is furnished in a pleasant letter, which lately reached the GAZETTE, from Dr. W. K. Bouton, of Melbourne. We take pleasure in quoting a few passages from the letter in question for the benefit of our readers. We may add that Dr. Bouton, having left hospital work for private practice, his present address is 7 Collins street, Melbourne. Dr. Bouton writes: "A brief history of matters in this part of the world might interest you, and is prompted by the receipt in this mail of papers giving the opening of the new buildings — hospital and medical school — at Boston, in which, of course, I am very much interested. When I came to Melbourne, in '85, the old hospital (which was a private house used as such) consisted of sixteen beds, and was just closing. Soon after, the new building was opened, with a capacity of sixty beds; though at one time, in the height of a fever epidemic, I managed to crowd into it as many as seventy-eight patients. When first opened, and in fact for the first year, we had a difficulty in maintaining an average of one half the regular capacity. So little known and appreciated was homœopathy or the hospital that it was with the greatest difficulty we could get sufficient funds to carry on the small work that fell to our lot. But what do we find now, six years later (after spending \$150,000, in paying debts and adding to buildings and surroundings)? A hospital double its former size, beds constantly full, and applications standing over; while financially there is a steadily increasing fund at the bank, and this too in the face of great financial depression throughout the country. Don't think that this has been easily achieved; on the contrary, adverse criticism is very strong, and homœopathy has only succeeded by its successes. We have just as much to contend with as ever,

but we hope the future has even greater triumphs than the past. We have the honor thus far of being the only homœopathic hospital in Australia. For six years after coming here I continued as resident medical superintendent, and during that time we treated, besides other diseases, over 1,500 cases of typhoid. In the treatment of this one disease we forced the public to appreciate us. With a death-rate averaging less than one half that of the best successes in old-school treatment, we made even the most prejudiced give us recognition; and now that this disease is largely an epidemic of the past, we still maintain our good repute, and each year we are reaching out more and more into all branches of medicine and surgery, especially the latter, for the new portion of the hospital is devoted to surgery, and is known as the surgical wing. One of the principal factors in the success of the hospital, and homœopathy, has been the perfection to which our nursing staff has been brought. So much in demand are positions now that we have applications standing a year or more ahead. The pupils are taken for a two-years' course of training. The first year they receive no wages; the second they receive a salary of \$75. They live at the hospital during the entire term. They are obliged to take two courses of lectures on hygiene, anatomy, physiology, and nursing in its various branches. They must pass examinations, on each subject. The lectures are given by members of the honorary medical and surgical staff. We have recruited from graduates of our nursing school, until we now have no others in the hospital; even the matron having been appointed from among the number. We carry a larger staff than is necessary, in order to (as was originally intended) supply nurses to the homœopathic medical men for their private work. So excellent is the reputation of our nurses that they are in demand by the old-school doctors as well, and are sent for at a distance, even going as far as Tasmania. The hiring them in a private capacity is a considerable source of income; for, while employed at a salary by the hospital, the charges in private engagements are sufficient to give a handsome return to the institution. Shortly before the close of my term as resident, a vacancy occurred on the surgical honorary staff, to which, on my commencing private practice,

which I did in September, 1891, I had the honor of being appointed by the hospital board. Thus I am privileged in assisting to give the hospital a standing in surgical treatment, which we hope to see vie with the good opinion held respecting the success of its medical ability. In point of numbers our medical men are few. In active work we can scarcely count on more than eight in this colony. All are in Melbourne, and connected with the hospital—four as honorary physicians, two honorary surgeons, and two residents. We have no medical publication; even the allopaths have but one. I trust my little effort may have some small interest as coming from this side of the world, especially as Dr. Ray and myself are Boston University 'boys.' By the way, we are within a stone's-throw of each other, on the same street. There is one thing more I will say before closing, and that is, we are unfortunately situated respecting numerical strength, and the law here is such that it allows prejudice to largely control matters. The medical board of registration is composed entirely of old-school men. We have little consideration at their hands, and of late, more than ever before, there is a very strong feeling against all American degrees, of any school. Registration has been refused in more than one instance. I am afraid recruits holding American degrees are destined to limitation, for some time at least, though there is work for good men, with means enough to make a start, which is a matter of not less than £600 (\$3,000)."

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A FORCIBLE BIT OF ORIGINAL OBSERVATION is found in an article by Dr. E. Landolt, of Paris, on the abuse of mercury in diseases of the eyes, which article, through the courtesy of a colleague, reaches us in the form of a reprint from the *British Medical Journal*. Dr. Landolt's observations are noteworthy, not only for their originality, but for their good sense, their logical force, and for the courtesy and the honesty shown in giving credit to the work of a brother practitioner, who was a homœopathist. We herewith reprint selections from the article in question:

"Nothing is more difficult than to establish the effect which a drug may exercise upon the course of a pathological process. In the first place, two cases of the same



disease are never identical, because the character of the disease varies with the individual. Moreover, among the innumerable circumstances which influence the evolution of the morbid process there are so many which escape our observation, so many which we do not even suspect, that it is often impossible for one to have a clear notion if a change arises in the course of an affection — especially a change for the better — whether it may be attributable to the so-called remedy employed, or to quite another cause.

The visual organ, though very accessible to diagnostic investigation and to the application of curative means, is, nevertheless, often the seat of affections of which the nature is still little known, and of which the therapeutics leave much to be desired. One seems, then, to oppose to the gravity of the disease the violence of the remedy, and that without sufficient indications, to say the least of it.

Mercury is one of these remedies, and its use in ophthalmology tends to undergo an extension, such as many certainly do not suspect. I have assisted for many years, as an attentive spectator, in these dangerous experiments, for the patients go from clinic to clinic, from one doctor to another. I observe the results of mercurial treatment, and I compare them with those obtained without it. I have refrained from speaking sooner because, as I have said, to give an opinion upon the effect of a drug is a very difficult matter. But now my convictions are formed, and I consider it my duty to communicate them. It is needless to say that in ocular affections engendered by syphilis the appropriate treatment for such a diathesis — and amongst others mercury — is absolutely indicated.

Is it equally so of the atrophy of the optic nerves symptomatic of *tabes dorsalis*? If this disease depends on syphilis, it represents such an advanced stage of it that mercury seems to me to have little chance of modifying it in any possible way. I never observed the least favorable influence from its use upon the degeneration of the optic fibres. This ought not to surprise any one. Whoever has observed under the microscope the state of the optic nerves, the hyperplasia of the connective tissue, the degeneration, the disappearance even, of nerve tissue, cannot but be astonished at the fact of any one dreaming of regenerating by means of mercury an organ already dead. There is even more than death of the optic nerve, since its very fibres have disappeared. If this is true for tabetic atrophy, it is still more so for all the other forms of optic atrophy. Mercury has absolutely no power over these. On the contrary, these unfortunate patients, already blind or threatened with blindness, are for the most part so weakened, through the want of exercise, by the malady which has given rise to the affection of the optic nerves, which forces upon them a state of dependence, and also through the moral depression too easily appreciated, that everything which impedes their digestive functions or alters in any way whatever their well-being has a fatal influence upon their general condition as well as upon the state of their visual organ. We have, on the contrary, frequently observed that after a stay in the country, at the sea coast, in favorable hygienic conditions, the power of vision declines less rapidly, remains stationary, or improves even in proportion as the general health improves.

Just as some administer mercury in the form of inunctions, pills, hypodermic injections, in atrophy of the optic nerves, so one sees it employed in affections, already of old date, of the retina and of the choroid; in retinitis pigmentosa, choroido-retinitis, and in choroiditis disseminata with extensive atrophy of the uveal tract. The ophthalmoscope, revealing as it does the state of ruin of the choroid, the pro-

found degeneration of the retina, one again asks how mercurial treatment could have the power of regenerating the rods and cones, the nerve cells which are destroyed, and reëstablish the delicate functions of the most delicate organ.

No doubt that, in the matter of therapeutics, *a priori* deductions, however logical they may appear, and good commonsense, however indispensable it may be for a medical man, are not sufficient to judge the value of a remedy. Experiment has the last word, and observation is the only judge; but the experiment has been made only too often, and observation has given the verdict. Mercury has proved to be quite useless. It is also inert in other affections in which the absorbent effect attributed to this metal seemed to give it a certain right to be tried. I mean the chronic exudative inflammation of different parts of the uveal tract—iritis, irido-cyclitis, serous irido-choroiditis. Except when these affections depend upon syphilis, mercurial treatment is at least superfluous, if it do not exercise a bad influence. In fact, these ocular diseases are met with almost always in cachectic persons, in children, young anæmic girls, badly nourished, living in deplorable hygienic conditions, in women with irregular menstruation suffering from leucorrhœa or from uterine troubles. The treatment of these affections, the raising of the general tone are here the highest necessity, and this is obtained in a way far different from hypodermic injection or inunction of mercury.

I have never had recourse to this heroic form of treatment, and moreover, in studying the reports of special clinics, in observing the patients who have been submitted elsewhere to treatment of this kind, I may assert that hygiene, combined if necessary with local treatment, and with a rational general medication directed against special lesions, always suffices to bring about a retrocession of the morbid process, and to save the organ of sight.

A friend brought me his young wife. She had gradually lost the sight of her right eye in the space of a few weeks. It was scarcely possible for the patient to recognize the movements of the hand; a large portion of the retina was no longer functionally active, and produced a scotoma in the visual field. The ophthalmoscope revealed an optic neuritis of a most evident character, swelling of the papilla, serous exudation, in which the tortuous and gorged blood vessels were immersed. I did not hide from the husband the gravity of the affection. I explained to him that it depended probably upon a general disease, and that local treatment would not at all suffice, and I therefore sent him to the family physician. This colleague was a homœopathist; he gave infinitesimal doses of those remedies into which there does not enter an atom of mercury. Along with this, a state of hygiene, local and general, was strictly observed, and at the end of six months the neuritis had disappeared entirely, leaving the papilla sensibly pale. Vision, direct as well as indirect, has become normal, and things remain in this state still.

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A UNIQUE CASE.— We extract the following from the *British Medical Journal*: "A nice point of law has lately been debated before a French court. The question was, whether an operation on a dead body by an unqualified person came within the meaning of the enactment forbidding the illegal practice of medicine? It appears that a pregnant woman had just died, the cause of death not being stated. The Cure of the village, who had been with her in her last moments, induced a neighbor, who was in the room, to perform Cæsarean section on the corpse, with a view of saving the child. The operation was successful, but the operator was brought before the magistrate and fined fifteen francs for having been guilty of illegal practice of medicine."— *Med. Argus*.

## COMMUNICATIONS.

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*THE SCALE EMPLOYED IN MAKING DILUTIONS AND TRITURATIONS.*

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

*Chairman of the Committee on Pharmacy.**[Read before the American Institute of Homœopathy.]*

The object of this paper is to discuss the process known among us as potentiation by dilution, its objects and its effects, and also to ascertain what is actually known about it, and what is theoretical. This will appear more clearly at the end of an investigation of the reasons why we have always made use of two definite scales, as they are called, of diluting drugs—the centesimal and the decimal scales, as if these two depended on some fixed and unalterable law of nature, from which we must on no account depart. Hahnemann finally adopted the centesimal scale as a standard, which, for no reason except that it was so ordered, was adopted as a law, till Hering and Vehsemeyer, probably, objecting to the vastness of expansion, or through some other reason discovered the law that the greater the mass of vehicle, so much the easier is the effect of the medicinal substance; according to which “law” decillionths, potentiated in the ratio of 1:10, are much stronger than decillionths made in proportion of 1:100. In the proportion of 1:1000 the billionths act easily and quickly, while in the proportion of 1:10,000 all effect soon ceases. This is quoted by Buchner from the *Archiv.*, Vol. XIV.: 2, p. 134. Since that time the decimal scale has been adopted, never to be departed from. Whatever reasons or proofs Hering may have given of his law, I doubt very much if they were more than rather positive assertions.

Be that as it may, why do we dilute or potentiate? It is for the purpose of diminishing the virulence of very active or “poisonous” drugs. This was the very natural and rational motive of Hahnemann, originally underlying the introduction of the process. It naturally arose from the experience of the time when excessive doses of very active drugs led to disastrous results which physicians sought to obviate by increasing their doses. To obviate the danger of such practice, there arose the humanitarian principle, upon which homœopathy is based, namely, that medicine to do any good, must first of all be made safe by removing the danger of excessive dosage. The finding of the principle of similars, under which the quality rather than the quantity of a drug came into play, made the reduction of dosage useful and efficient, which is deemed impossible as long

as medicines are used only as antagonists, though there is no real reason why this should be invariably the case.

Gradually it was thought that potentiation or, better, expansion of surface by dilution or trituration, not only served to diminish the force of very active drugs, but that it essentially served to develop the strength of not very active drugs; and even to cause ordinarily inert bodies to become medicinal. All this is perfectly rational on general principles, and is illustrated by numerous examples; of which the relation of undivided quicksilver to that metal in fine subdivision, is a familiar example which illustrates a rule without which physics, chemistry, pharmacy, and mechanics would hardly have an existence — *corpora non agunt nisi soluta (sive comminata)*.

But we speedily arrive at a paradox as soon as we take into consideration the particular method pursued by pharmacists in preparing drugs for homœopathic use. Here not only is the strength of every active drug diminished, and the latent powers of mild or inert substances developed, but now the decimal scale, with its very swift progressive diminution by ten, comes into play; this diminution was still more swift and beyond the powers of the mind to follow in its flight when the centesimal scale was in use.

The paradox by which we are now confronted is involved in the question: Granted that dilution or expansion of surface increases drug-activity, do active drugs, like belladonna or arsenic, grow more active when diluted or expanded? Do weak drugs, like coffee or charcoal, grow more active under the process of equally progressive dilution involving constant diminution of substance with constant expansion of surface? Again: Is the medicinal power increased while the substance is diminished; and if so, in what ratio? Thirdly, is the medicinal power indefinitely increased as the substance is indefinitely or infinitely diminished? Fourthly, what is the relation or ratio of the power of an originally poisonous drug to the power of an originally feeble drug when both have been carried to an advanced stage in progressive "potentiation"? Let us ask, for instance, what is the relation of arsenic in the 30th (supposing this were attainable) to coffee in the 30th?

Those to whom homœopathy is a religion, will scorn as sacrilege the attempt at finding a solution to any of these questions. Those to whom it is a matter of knowledge lacking much in accuracy, will keep on trying to find some satisfactory resting-place for their minds, besides and beyond the clinical test which, even in its most reckless form, is made to support everything doctors do or think.

In order to solve one or all of the propositions just mentioned,

we should, to begin with, have a definite idea or conception of what goes on with a drug while being potentiated, and, above all things, we should know exactly, in the case of each drug, in what ratio its power increases at every step of progression. Does its power keep pace with it, or does it go ahead of it, or fall behind it? In other words, if a drug is expanded tenfold, is its power also increased tenfold—or is it increased more, or less, than tenfold? And what becomes of the developed force during progressive reduction of substance?

To answer these questions it should first be positively known at what rate the medicinal power of a drug increases by expansion of its surface. That such an increase takes place is known with regard to matter in general. Chemistry would be an unknown science without this quality of matter, and chemical forces of matter are estimated by the proportion of their combinations, which take place almost exclusively during solution or under the influence of heat, pressure, etc., in substances in a state of solution or comminution. But medicinal power can *not be* calculated in that manner, and can only be *assumed* to exist. When, therefore, we dilute, i. e., expand the surface of a given quantity of a drug ten times, we may assume, without clear evidence, that its power has also been increased tenfold, but it might with equal right be assumed that its power would be increased twentyfold or only twofold, for there exists no accurate or even approximately correct method of determining this point.

For argument's sake, let us assume that if a given quantity of a drug were diluted by ten times its quantity of a vehicle, its power would be increased tenfold; by adding ten parts more of vehicle its power would be increased twentyfold, and so on thirty times. The power of the whole of the original quantity expanded thirty times would then be three hundred (300) times greater; and if it were possible to introduce the whole quantity into the human system, its effect should, theoretically, be three hundred times greater than if the original quantity *unexpanded* had been taken into the body. Whether this is so or not we have not so far been able to ascertain, and we are all working with an hypothesis.

But in actual practice we never can, nor do we attempt to, use the whole quantity of a potentiated drug expanded by dilution through many stages, e. g., the whole of the tenth, twentieth, or thirtieth, but only a minute fraction of it, either at a dose, or for the purpose of making the next higher dilution; of this we again take a tenth part and so on, as far as we please. This, expressed in the simplest arithmetical form, would be perhaps made plain by considering the original quantity of a drug to be composed of two factors, the power and the quantity. In this instance we

have assumed that if the substance is expanded by ten, its power is also increased by ten; but this is merely a tacit assumption of very ancient date. We have no positive method of determining toxic force, or power, in a given drug, or means of expressing it in a true and intelligible formula. In reality the same drug probably varies in toxic power at different times of its production; likewise does the organism of the prover vary; in fact, we are confronted by a problem of *an unknown quantity of resistance to a variable or wholly unknown quantity of force*. If any there are who can furnish us with a reliable working formula regarding this relation, based on experimental research, I am unacquainted with them or it, and fear that nothing of the kind exists in therapeutics or toxicology.

If this is so, we are thrown upon our resources of deduction from general observations; that is, we assume a thing to be thus and so. This being the only course left open to us, we assume that the development of force by the scale of ten, is equal to ten at every step; or we may assume a variety of proportions or scales; but whichever we adopt, the formula will remain the same; namely, that the quantity and power divided *progressively* by any number, 10 or 100, and then divided by the same number, that is, if *both power and quantity are multiplied by ten and then divided by ten, both are increased and diminished in exactly the same ratio*. So that even if the power is developed tenfold at each step of the progression, and if we use only one tenth of this we lose nine tenths of what we have gained, *and are, therefore, diminishing the power just as fast as we are diminishing the quantity*.

This is perfectly plain under the hitherto assumed proposition of gain of strength by progressive potentiation, and this expression, therefore, becomes a very fallacious one, and cannot be applied practically to the medicines we are using. It has led to a misconception of the whole subject by holding fast the idea of potentiation, and dropping out of sight the idea of progressive loss of power with substance. Hence the fear of many, that the method might dangerously increase the power of a potentiated drug, amounts to a superstition. This has created endless mischief by introducing an element of mystery which our school has never shaken off, notwithstanding the protests of an Atomyr, a Grieselich, a Dudgeon, and a Skoda.

For all that, the simple method of dilution, and of using small quantities of drugs whose surfaces have been increased by dilution, wet or dry, has been the medicine of the past century, as it will be the medicine of the future. Expressed in a few words, this is the groundwork of our practice; it is this and nothing more. Unfortunately the simplicity of the principle has been

lost sight of, running on the one hand into mysterious excesses, and being on the other hand almost neglected by too many who, using crude drugs, forget that by reasonable dilution much more may be accomplished. Mysticism, uncertainty, flagrant skepticism, are the results; and the most prominent sign of stagnation is the remarkable phenomenon that homœopathy has run aground high and dry on certain empty names and phrases. These *names* are the centesimal and decimal scale and the *numbers* of certain "potencies," between which nothing is thought to exist.

If any one were to use another "scale," or proportion of drug to vehicle, say 1:1 or 1:3, etc., or were to report a case cured with the 7th or 29th or 133rd potency, I would not dare to say that his standing in this society, or its rival, would be an agreeable one; he would find little credence; but eyes and ears would readily open to the statement that the 3rd, 10th 30th or 200th had accomplished a cure. We are creatures of habit.

I have shown elsewhere, and repeat here, that the progression by 100 is far too rapid for even very active drugs. The first centesimal, representing  $\frac{1}{100}$  of the drug, may possibly be more active than necessary; while the second, representing the  $\frac{1}{10000}$ , already is far too weak; for, as I have just pointed out, in this instance we are not using the whole but only  $\frac{1}{10000}$  of the potentiated power. This in the third and fourth steps of progression, has vanished into nothing; it is useless to examine the scale further than that. It is simply self-deception to think that the thirtieth (and, ye gods! the cms.) have any power left; and the deception lies in the idea, with which many are possessed, that they are really using something dangerously and materially powerful — a psychological state akin to idolatry. If they really were capable of forming an idea of the transcendental, ethereal sublimity of a high dilution — they would not use it!

The decimal scale, although an improvement on the centesimal, and showing a tendency to return from mysticism to rationalism, is still open to the same objections; it goes ahead too fast. The interval between 10 and 100 is very great; so is that between 100 and 1000, and still the latter is only the third step in the scale of progression. The intermediate grades are lost. The  $\frac{1}{10}$  may be unsafe or useless; the  $\frac{1}{10000}$  of many drugs is very often already inert. A case reported cured with the third is very uninteresting, because it is perfectly natural and commonplace, while one reported cured with high dilutions has about it an air of irresistibly fascinating mystery.

And yet we are not getting along fast enough, because we are aground on certain unprogressive notions. There is much work yet to be done in weeding out flagrant errors of pharmacy,

which, though they will not be encouraged in the forthcoming pharmacopœia, will, nevertheless, be practised. The work is most needed where therapeutics and pharmacy merge into each other; above all things, medicines want to be prepared so as to do the most good with the least danger to the patient, and, as before stated, if there is one fundamental principle upon which all physicians will stand united, it is that principle of expansion by dilution divested of all excesses and mysticisms. And now, having prepared the way by a somewhat elaborate preamble, my proposition can be briefly stated.

Admitting the axiom, that expansion of surface by wet or dry dilution is the simplest and most beneficial form of administering medicine, it must also be admitted that it has limitations: it may be carried too far, and it may not be used when it should be. There are many drugs which develop their active principle quickly and noticeably to a dangerous degree. Their active principle is not latent, but free, e. g., prussic acid, belladonna, arsenic. There are others whose active principle though free, is not dangerously so, e. g., chamomilla, coffee in ordinary quantities. There are still others in which the active principle is latent, i. e., not readily apparent when these substances are, in a crude state, introduced into the body.

To treat these different classes of medicinal substances according to one undeviating, arbitrary scale is an error, for, while the decimal or even the centesimal scale would be serviceable as applied to very active drugs of easily-liberated powers, this same scale often entirely invalidates the efficacy of the less active medicines of the second class, so that already in the third or fourth dilution we are dealing with inefficacious, because too highly diluted, material. For the sake of argument, it may be admitted that it makes no difference whether we suppose the force separated from the substance or not, in either case *it is lessened by such fearful strides that only too soon nothing is left of either matter or force.* Now, it can be successfully maintained, that this class of substances should be treated according to a different scale making less rapid progress in its steps, so that the intermediate possibilities of effect are not lost, but open to trial between  $\frac{1}{100}$  and  $\frac{1}{1000}$ , etc. While it is possible that the  $\frac{1}{1000}$  will accomplish what the  $\frac{1}{100}$  will not accomplish for want of proper expansion, the opposite condition is more likely to prevail, e. g., that the  $\frac{1}{100}$  will do what it is impossible for the  $\frac{1}{1000}$  to do, on account of its too great dilution.

In one class of instances we have to make use of dilution chiefly for the purpose of reducing an excess of free power, while in the third class we make use of dilution for the opposite purpose, that is, with a view to the increase or development of latent force.



There are only three instances calling for a variation from the common standard of scales of diluting, but they would have to be increased many times to adapt them to different drugs to be classified according to their powers; but this is avoidable and unnecessary when we revert to the fundamental principle, that is, *development of force by expansion of surface*. This is the principle to be held fast; the *scale*, to which too much importance has been attached, *is not the principle*, and should be *varied* according to the substance to be expanded. This is the only method by which a very minute and safe amount of drug-matter can be made to accomplish all that can be accomplished by medicine when used for the purpose of developing the specific effect, and this effect may be expected, provided we do not transcend the limits of possibility.

How, then, shall we best utilize this principle of potentiation if the old scale proves inadequate? Change the scale, is my answer. But, it may be asked, would not a multiplicity of scales become necessary and create confusion? This is easily avoided without violating any principle or without becoming in the least inconsistent: It is to adopt a scale which shall obviate enormous intervals by a slower rate of progression. Such a scale would be in the proportion of 1:1, 1:2, 1:3, etc.

This would answer best for the drugs of medium power as well as for those which in their crude form are practically inert. It is easy to adapt it to the wet and dry dilution potencies. If, e. g., coffee or chamomilla is diluted in the proportion of 1:1, the first would be of  $\frac{1}{2}$  the strength of the tincture; the second, of  $\frac{1}{3}$ ; the third, of  $\frac{1}{4}$  of the original substance with a proportionate degree of power. The power, though reduced in equal ratio with the quantity, is not lost so soon as it would be in the decimal or, much more certainly, in the centesimal scale. By this method we simply preserve the intermediate degrees of potentiation which are absolutely lost in the use of the usual scales. As we are unable to determine for drugs in general, or for any drug in particular, the ratio of increase of strength, and only able to assume by generalization that expansion of surface increases and develops molecular drug-power, we are equally unable to determine at what stage of potentiation a potency may cease to be practically useful before the substance reaches the point of extinction, which is reached somewhere between the twentieth and twenty-fourth decimal. At all events, long before the thirtieth centesimal. Hence, to make sure that we are not simply losing the beneficial effects of a chosen remedy by too rapid progression, we should seek every opportunity of testing, in cases of disease, those intermediate grades of potencies which have hitherto been unused; for instance, the possible

grades between the third and fourth decimal, representing all fractional parts of substance and power between  $\frac{1}{10}$  and  $\frac{1}{100}$ . In potencies of the centesimal scale, the difference between probably very efficacious fractional parts; for instance, between the third and fourth centesimal, or between any other two numbers, is vastly greater than is the decimal scale, and hence the probability of loss of therapeutic value and opportunity is much greater.

This is easily obviated by the employment of scales of less rapid progression, of which that of the proportion of 1:1, 1:2, and 1:3, are advisable, although scales of still less rapid progression readily suggest themselves.

The application of this proposition in the scale of progression to very active substances, might be just the same as with substances of less easily-liberated power. With poisons the object of dilution is not potentiation, but *depotentiation*. If, e. g., we desire to use a very poisonous substance as a medicine, our first object should be to reduce it in quantity and power. Now, the proportion of 1:1 might be too slow. For example,  $\frac{1}{2}$  grain of sulphate of morphia is far too bulky for our therapeutic purposes;  $\frac{1}{4}$  gr. would be so still, and so would  $\frac{1}{8}$  gr., especially if expanded in surface, as it would be at that stage of our proposed new scale. Hence, to obviate repetition, it is an easy matter to reduce all known dangerously active substances by the decimal, centesimal, or even any other scale of much more rapid progression, to the second or third decimal or centesimal potency, after which progression should be much slower, as would be the case in the scale of 1:1 or 1:2, because, after the third or fourth decimal the intermediate grades should not be lost, because they may lose us our patient.

But how does this apply to practically inert substances, charcoal, graphite, silica, etc. If much of our knowledge of the development of physical and toxic properties of drugs of known active nature, rests on assumption and, to say the most, on working theories, we must, one and all, freely admit that our knowledge of the laws of development of toxic and therapeutic powers of inert substances is much more deficient. But, if we may assume that the toxic properties of charcoal, for instance, are increased tenfold by a tenfold subdivision,\* we must also take it for granted that in the process of potentiation it will share the same fate as active substances, namely, that its power will diminish in exact proportion with the substance; but we must

\* This means either that a quantity of charcoal has been expanded by grinding to ten times its original surface, or it may mean also that nine molecules of a medium (alcohol, sacch. lact.) have been interposed between every two molecules of charcoal. The latter is the case in an ideal, but practically unattainable trituration.

also bear in mind that its original latent force, whatever this may be, is very small as compared with the energy of very active drugs; and that hence it will be lost much more quickly than in the case of drugs of free energy which has to be controlled. And yet, it is to be hoped that some of our time-honored "antipsorics" may prove much more satisfactory when a scale is adopted which, while developing latent powers in one step, does not waste them in the next; but which acts as a slow and conservative method of retention.

One more explanatory remark brings me to the close. It would be an easily-refutable error to suppose that this method would lead away from the good old ways of high potentiation. Any one is free to continue this as heretofore, and he may consider himself perfectly safe in the use of the new scale, which is as endless as the older ones, and will surely lead to the remotest part of the universe if continued long enough.

I have used this scale for three years whenever I feared that my medicines were either too strong or too weak. Like other physicians, I felt that I was leaping or, rather, flying between extreme points; while, by adopting a rate of slower progress, I felt my way along cautiously, from point to point, without losing sight of intermediate ground, and without so much danger of missing therapeutic opportunities, which in the system of leaping progression, are hopelessly lost.

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*SOME SYMPTOMS PERTAINING TO THE SKIN, GLEANED FROM  
THE CYCLOPÆDIA OF DRUG PATHOGENESY; WITH  
OCCASIONAL REMARKS THEREON.*

BY JOHN L. COFFIN, M.D., BOSTON, MASS.

APIS MELLIFICA.

*Prover No. 1 a. Dose, 1 drop*  $\phi$ . — After two days, small elevations of the skin, like ants' bites, appear over the external end of the eyebrow; pain as if raw, and very sensitive to pressure.

*b. 2 dr. of 1st dilution.* — Transient, smarting itching over the right eyebrow. Pricking itching in left eye, on the lids and round about the eye, mostly in the inner canthus. Burning like fire on small, well-developed spots on hands for several mornings. Itching of right eyelids, in fits, during the day.

*d. 2 dr. 2d dilution.* — Itching of the eyelids. Painful vesicle, as tender as a boil, with red areola, suppurating in the middle, on the left side of the hairy part of the pubes, remains painful for several days. (This symptom occurred on the tenth day after taking the drug, and is the only symptom, with one

exception, showing any vesiculation in the whole pathogenesis. I should doubt its value very much. J. L. C.)

*e. 6 dr. 6th dilution.* — Some pricking in the palms, back of hands, face, forehead, underneath eyes, and on the body, at sharply-defined small spots.

*f. Dose not stated.* — Swelling of the lips, and swollen feeling for several days, followed by a slight eruption round about them, and dryness and exfoliation of the lower lips. Burning of toes, with redness and heat of them, whilst the feet are cold.

*Prover No. 3. Poison of one bee.* — After two and a half hours, itching on palms, worse on the left side, in small, burning spots. Burning itching here and there, especially severe on left thigh, posteriorly. Burning places here and there on the back, which itch also.

*Prover No. 4. From quite constant exposure to the poison.* — Pricking itching round the eyes, on eyebrows, lids, and eyes themselves, worse on left, especially the inner canthi, with inclination to press or rub the eyes strongly. A quantity of vesicles and small, sore, red places on tip and left border of the tongue.

*Prover No. 9. From  $\phi$ .* — Pricking all over body, most on palms and back of hands, face, and forehead, chiefly at circumscribed spots.

*Prover No. 10. From  $\phi$ .* — On fifth day, at night, on removing boots and socks, feet were found highly swelled, with sensation of weight and stiffness; upper part of feet bright red; felt rigid and itched. Soles and balls of toes had painful sensation of fulness, and in walking gave sensation as if cushioned.

*Prover No. 11 3rd dilution.* — Itching pricking of the skin in different parts.

*Prover No. 13. 10 drops 2 x.* — Soon itching of scalp, extending to face and neck. After repeating dose, itching extended to thighs and hands.

*Poisoning No. 1 a. From the sting.* — Skin extremely sensitive to contact, painful to the slightest touch; could not bear the shirt upon him. Red and white blotches over the body and extremities, like nettle-rash.

*b. Same man stung again.* — A condition simulating collapse was followed by hot flushes, nausea, vomiting, watery diarrhoea, twitching of the muscles, rash, red blotches, with great sensitiveness of the skin to contact. This sensitiveness of the skin extended all over the body.

*Poisoning No. 2. From sting.* — Body covered with large wheals, slightly raised, and quite white, interspaces being scarlet.

*Poisoning No. 6. Boy was stung.* — On undressing saw eruption of nettle-rash all over, which itched much.

*Poisoning No. 8. Girl stung in the neck.*— On undressing her, forty to fifty minutes after, she was found covered with red spots, size of a hand, as though they had been scalded.

*Poisoning No. 9. Boy stung on commissure of the mouth.*— At once a feeling of general numbness, and after a few minutes a most violent itching, like needle-pricks; had to rub the whole body with cloths to allay it. After rubbing he was observed to be covered from head to foot with small white spots, as after gnat-bites.

*Poisoning No. 10. Man stung on tip of nose.*— He suddenly felt an indescribable sensation through the whole body, with a prickly feeling, and white and red spots on the palms, arms, and legs.

*Poisoning No. 12. A man stung by a bee on testicle.*— Part swelled to such an extent there was scarcely room for it in the scrotum, with tensive feeling, and the most violent itching. Soon afterwards the whole left side of body swelled, first in the joints, where lumps appeared, which looked somewhat inflamed, and itched violently.

*Poisoning No. 13. Woman stung on temple.*— Followed by urticarious rash all over the body, and profuse perspiration.

*Poisoning No. 14. Robust man stung on top of head.*— The whole body was covered with wheals, but without change of color; indeed, the wheals were whiter than the rest of the skin.

*Poisoning No. 15 b. From sting.*— Entire skin was covered with a red rash, very much resembling scarlatina, only, if anything, of a less bright color, and somewhat rougher to the feel than the common type of that exanthem.

*Poisoning No. 15. Boy stung by a "yellow-jacket."*— Immediately commenced itching and burning all over, and when he reached home was "all broke out." He was found covered, from head to foot, with elevated circular and oblong patches, which soon ran together, forming an entire blotch over back, arms, and legs. Eruption, on its first appearance, was white, but on rubbing the parts would become pinkish. It was accompanied with intense burning, itching, and stinging, causing continual scratching and rubbing.

From these symptoms, viewed collectively, it will readily be seen that this drug causes a general cutaneous irritability, manifested by maculæ and wheals appearing all over the body, but more especially about eyes, hands, face, neck, and extremities. Urticaria evidently is the condition in which we should expect the best effect from its homœopathic application, and clinical results have not disappointed such expectations. It is, however, more applicable to those cases of urticaria accompanied with

great reflex irritability of the whole cutaneous envelope, cases where scratching at one or two points on the body is immediately followed by the abundant appearance of wheals elsewhere, and especially if from the sting of insects as an exciting cause. The many symptoms of bladder irritability experienced by the provers would warrant its use in urticaria occurring as a reflex from this cause rather than from the same condition resulting from gastric or internal irritation. Case No. 10 of the provings shows a not bad description of pernio.

ARGENTUM NITRICUM.

*Prover No. 3. Dose, 1 x trit., as much as would cover the point of a penknife.* — On ninth day of the proving chancre-like ulcers were discovered on the prepuce. At first their tips were covered with pus, after which they became spread out over a pretty spacious depression, exhibiting distinctly the greasy covering of a chancre. They began to diminish the next day after appearance, and on the fourth day they had dried up, except a little remaining dampness.

*Prover No. 5 a. Same dose as above, in the morning.* — That night had an acute pain in the wrist-joint, and in the morning found a pimple not far from the joint with pus in the tip, causing a stinging pain as if a splinter were lodged in it. The tip with the pus was surrounded by a red, hard base of considerable extent. Itching vesicles on the back, the itching being especially violent in the evening and obliging him to scratch; here and there an eruption of small itching vesicles, resembling scabies, especially on chest and back, toward shoulders; intolerable itching at night in region of boundaries of the hairy scalp in the nape. Sixth day, restless during night, owing to itching in various parts of the body. On confines of hairy scalp and nape are irregular blotches, which itch much, and are sore when scratched. These blotches become inflamed after scratching for a time, and appear to emit a humor. All during this day eruption spread, especially on back, but was gone on the eighth day.

*Prover No. 5 b. Dose, 10 drops 2 x in water, taken before retiring.* — Next day, at noon, pimple on septum of nose, which bleeds easily; pustule on skin of upper lip, arising from a painful, red, shining spot. Fifth day, painful blotches in left corner of mouth; tumor-like, itching elevations in hairy scalp and nape of neck; pustule in left corner of mouth.

*Prover No. 5 c. Dose, 10 drops of 6 x.* — Pricking, itching of various parts of body, especially marked about left nipple.

*Prover No. 6. Dose, 3 dr. of 2 x mixed with 10 dr. of water.* — Next day a good deal of itching in scalp. After the third

day smaller itching blotches were found, then gradually disappearing.

*Prover No. 18. Dose, 10 or 12 drops 6th centesimal*—Tenth day, pricking, itching in a minute spot at back of neck, in the hair, near the hair border (the skin sensation was like that of erysipelas); increased sensitiveness, with diminished power to distinguish sensations—a hyperæsthetic-anæsthetic condition—without any objective symptoms. Twelfth day, under the left eye an elevated spot, size of split pea, with red base, looking like a blister, but only semi-fluid. It was seen before felt. There was a little burning. (This was unlike any urticarious spot I have seen, and I never, to my knowledge, had anything of the kind before, though I have frequently since, and do now.) On thirteenth day this spot had nearly gone, and another appeared on margin of right lower lid. On twenty-second day, on both lower eyelids, on tarsal edges below the lashes, a spot of the same kind. Fourteenth day, irritable urticarious spot on back of right shoulder; itching in the perinæum.

*Poisoning No. 5. Dose, absorption from using pomade.*—The skin of the legs showed, besides the slate-gray discoloration, a hardness and tension which made it impossible to raise up the skin in folds, so that it assumed the complete character of brown sclerema; nevertheless, the sensation, temperature and transpiration of these parts were normal. On the upper part of chest and on the hands appeared a faintly-marked brown discoloration.

*Poisoning No. 6.*—Shows the well-marked steel-gray discoloration resulting from argyrisms.

The principal symptom here seems to be an irritable itching, especially worse in the evening, accompanied with fine vesiculation especially located on the scalp, and nape at the scalp line. The condition, so similar to sclerema, as shown in the above case of poisoning, is especially interesting as indicating possible usefulness in this direction.

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**HOMŒOPATHY: WHAT IS IT? WHAT HAS IT ACCOMPLISHED?**

BY C. E. STARK, M.D., NORWICH, CONN.

[*Presidential Address at the Annual Meeting of the Connecticut Homœopathic Medical Society.*]

*Colleagues of the Connecticut Homœopathic Medical Society:*

Centuries ago, when civilization was in her swaddling clothes, when her faithful handmaid—history—had scarce arrived at the age of puberty, primeval man recorded events by notching a stick, in his own crude way.

It seems apropos to-day, as our society passes one more mile-

stone in her history, as an association for the furtherance and perpetuation of truth in medicine, and especially in view of the fact that our craft throughout the civilized world is about to place the century mark of approval upon the law so ardently enunciated by our professional forefather, Samuel Hahnemann, for me, upon whom you have conferred the honor appertaining to the presidency of your honorable body, and for which I thank you, to notch the stick of medical history, in a modest way, and to present, as a subject for your passing consideration, Homœopathy: What Is It? What Has It Accomplished?

The scope of the subject must at once be evident. Were I to develop it in its entirety, this address would be almost interminable. Were I even to refer briefly to the historical fact of "what it has accomplished" my paper would soon become encyclopedic. As I have no wish to reproduce the therapeutic history of the last century, I trust that you will graciously accept a brief *resumé* of the most salient features, for, as Dr. Dudgeon says, "The history of homœopathy is the indictment of the medical profession."

"Nothing succeeds like success." "Truth is mighty and will prevail." These two texts seem, like the brilliant aurora borealis, to illuminate the celestial vault, o'ershadowed by the lowering clouds of hate, prejudice, and oppression of a century ago. When we of to-day lift the veil of history and reverently turn the pages of chronicled fact backward one hundred years, we see, "as thro' a glass darkly," the first faint outlinings of a new fixed star in the firmament, small, and not as brilliant as some of its older brethren, but modestly refulgent with a pure, steady light — an unrecognized new "Star of Bethlehem."

I need not tell this intelligent body of ladies and gentlemen the name by which *we* know this luminary.

Contemporaneous medical astronomers declared that the new celestial object was only a comet, ethereal in composition, undecided in its course, and therefore erratic; that it only illuminated by reflection from *the* medical sun; that it, like the *ignis fatuus*, was intangible; that, in short, it undoubtedly was a misfit nebulous mass of vaporous nothingness, that evidently had been discarded by the "powers that be" when in the resolution of the nebular hypothesis no permanent place could be assigned to it in the empyrean vault.

Scientists investigated the newcomer telescopically, analyzed it stereoscopically, and decided *ex cathedra* that the new heavenly body was — only a comet! But we to-day know that this same so-called comet was, and is, a fixed star of the first magnitude — a *sun*, a brilliant centre in space, illuminating, with the pure, white light of truth, the great vault of the universe.



But what of the prophet, whose star of empire thus startled the be-wigged doctors of one hundred years ago?

From 1790 to 1796 Hahnemann made many and arduous ascents of the mountain of knowledge, and finally brought down from those altitudinous heights the incontrovertible law, "*Similia similibus curantur*," which subsequent history has proven to be the "open sesame" to the rugged secrets of nature as found in the human economy, and which is the cornerstone of our arch that has withstood the brunt of battle and the jarring vibrations of the rhythmical tread of armored battalions for the past century.

To you, fellow disciples of this modern medical Moses, the name of Hahnemann must always be an inspiration.

Of his personality I need not speak at length. He was a cool, conservative, conscientious chemist; a prominent, progressive, practical physician; a serious, searching, scientific student; an indefatigable, invincible, independent investigator. Medical literature of the current century teems with tributes to his individuality; to his rugged perseverance, in the face of the most bigoted opposition from the established school of medicine; to his herculean efforts to cleanse the Augean stables of the accumulated *débris* of scholastic prejudice, festered in its putrid fermentation by the big-wigs of the day. I would but be "carrying coal to Newcastle" if I were to yield to the temptation and relate, even in brief, historical facts with which you are all perfectly familiar. A less able man than Hahnemann would have given up in despair; a less conscientious man would have yielded to the terribly vindictive attacks made upon him from all sides. Put yourself in his place. Would you or I have had the necessary fortitude to assume the unenviable position of "one man against all the world"?

It is almost impossible at this time, when the jagged edges of vindictive criticism have been very materially dulled by the persistent application of the file of sober second thought, to fully comprehend what must have been the environment of that one man. See the keen lancet of that day, dripping with the sanguinary evidence of the antiphlogistic touch. Yea, verily! "Blood did tell" in those days.

Note the bulky and decidedly drastic purgatives, which were then a *sine qua non*, and the equally potent emetics. Be it remembered that, at that time, the conceptions of the phenomena presented by the healthy and the sick were forced into systems, deduced from scanty observations by individual authors, and altered from time to time to suit the views of the period. Upon the authority of Stoll, most illnesses resulted from gastric impurities; mostly bile. A rival prophet, Kampf, the forerunner,

no doubt, of the microbe and bacilli apostle of this later day, gravely promulgated the doctrine that "infarctus" was the generic cognomen of the reigning pathological "devil of the deep sea." The name "infarctus," not unlike many very much more modern scientific bug-a-boos, was applied specifically to "an unnatural condition of the portal veins and larger blood vessels, in which they are plugged up and distended in various places by variously degenerated and coagulated blood," and, *pro tempore*, to "infarctus" was accredited all the ills that could not otherwise be accounted for. So hydra-headed a monster as "infarctus" must needs be attacked from all quarters. What more natural than that the therapeutic eye should discover another avenue by which the satanic "infarctus" could mayhap be assailed. Consequently "infarctus" was actively assailed by clysters, and when we remember that upon current authority it was gravely promulgated that "two or three clysters can be taken daily without detriment to health," and again, "this may be continued for years, as many persons require as many as five thousand clysters before they entirely get rid of the infarctus," it can easily be imagined that every active practitioner of that day included in his saddle-bag armamentarium a goodly quantity of "rough on infarctus," — a fact at once evident.

We turn another leaf in the chronicle of fact, and, by the light of the Hahnemannian star, readily decipher John Brown. This sage earnestly promulgated the doctrine that health depends upon just the right amount of irritation, and, *vice versa*, disease is due either to a greater or less amount of irritation than the normal. Therefore therapeutics, according to John Brown, consisted simply in establishing the golden mean coincident with health — either by bleeding, emetics, cathartics, or cold applications where reduction was necessary, or, in the asthenic condition, by the application of heat, the use of stimulants, wines, etc.

The medical atmosphere then, as now, was rife with theories, schemes, and sure cures; and medical opinion then was, as is allopathic medical opinion to-day, beating up and down, to and fro, as dead leaves move before the autumn wind. Upon this scene, filled with the discordant trumpet blasts of these would-be leaders, there suddenly came a clear, ringing note, individual in quality, and with a gradual *crescendo* that to-day echoes and re-echoes through the civilized world.

Thus was homœopathy born. To this single clarion tone the century has added, one by one, the various instruments that go to make up the grand orchestra, while the halt, the lame, and the blind throughout the world form a grand chorus, whose song of gratitude is one of the most loyal tributes to the genius of Samuel Hahnemann.

To you, ladies and gentlemen, I need not answer the first query of my text, "What is Homœopathy?" To you, as to me, it is the embodiment of truth, all truth, and nothing but the truth; but to the great masses, and to the members of the allopathic profession, it usually means small doses.

This leads me to reiterate what has often been seen said before, that we owe it to ourselves, to our law of cure, and certainly to the memory of Hahnemann, to educate the masses, and impress upon them the salient features of our system.

The word homœopathy comes from two Greek words, meaning "like affections," and is under the guidance of the law "*Similia similibus curantur.*" Prescribing according to this law constitutes homœopathy. The size of the dose has nothing to do with it. Homœopathy has to deal only with therapeutic measures, and in all other branches of medical art and science we work in full accord with all other medical schools. This law of cure has made homœopathy the science of therapeutics, and has elevated medicine, from its position of experiment and jugglery, to the high plane of accurate deductions and positive knowledge. And this brings me to the consideration of "What Homœopathy Has Accomplished."

In 1825 there was but one homœopathic physician in this country, Dr. Gram, who located in New York city; he stood alone, with few friends, and without patients. To-day, sixty-seven years later, there are in this country alone seventeen thousand physicians worshipping at the shrine of homœopathy, and their *clientele*, which are among the most intelligent and influential in every community, are numbered by the millions. Homœopathy has revolutionized medical thought; it has rusted the dripping lancet of fifty years ago, and relegated it to the dusty shelves of the curio collector; it has throttled the poly-pharmaceutical prescription of a generation ago, and established the one-remedy-plan of prescribing; it has proved the value of trituration, by converting drugs, which in their crude state are inert, into active and valuable remedies; it has raised the standard of medical education, for it was the homœopathic colleges which first made a longer course of study obligatory to obtain a diploma; it has modified the dosage of the old school.

In literature it has developed a Ringer and a Bartholow, both of whom virtually advocate, while they deny the truth of, our law of cure.

And, more than all, it saves human life, which, under any other known system of medicine, must have been sacrificed.

I have statistics to prove this statement. In the city of Norwich there are twenty-four old-school physicians in active practice. There are three homœopathic physicians, all of whom I know to

be treating the diseases upon which these estimates are made. The proportion of allopaths to homœopaths is eight to one. My records were taken for the six months, July to December, 1891, inclusive, from the Bureau of Vital Statistics, as filed with the registrar of the town :

DISEASES.	LOST.	
	Old School.	Homœopaths.
Pneumonia, - - - - -	13	0
Pneumonia and La Grippe, - -	10	0
La Grippe, - - - - -	13	0
Peritonitis, - - - - -	3	0
Cholera Infantum and Diarrhœal troubles, - - - - -	23	1
Croup, - - - - -	3	0
Total losses, - - - - -	65	1

Total loss: Old School, sixty-five; Homœopaths, one.

We will multiply our loss by eight, to make the proportion even, and we have a death rate of eight to their sixty-five, or a loss on their part of eight to our one.

A canvass of the city has shown that the homœopaths treat one-third of the population, and, calculated upon that basis, the allopathic loss would be much greater; but to be entirely fair to them I have based these proportions upon the relative proportion of physicians. I do not claim that these proportions will always hold; but I do claim that in all curable diseases homœopathy saves from two to eight times as many lives as allopathy.

Who can estimate the value of a human life, or who will attempt to compute the value of the thousands of lives homœopathy saves each year. Upon the people generally homœopathy has accomplished much, in giving them greater intelligence in medication, positive opinions upon curative measures, and general insistence upon the adoption of less nauseous compounds; and from the people has come the pressure that has forced the old school to prescribe less heroic doses.

How truly prophetic, in the light of the present day, are these words of Hahnemann, written nearly a century ago, "Our art requires no political lever, nor worldly decoration, to become something. It grows gradually, at first unrecognized, surrounded, as it is, by all manner of weeds which luxuriate around it, from an insignificant acorn to a sapling. Soon its summit will overtop the rank weeds. Patience! It is striking deep its roots into the earth, it is increasing in strength imperceptibly, but all the more surely, and will, in its own time, grow into an oak of God, which, no longer to be shaken by storms, spreads

out its branches into all regions, that suffering humanity may be healed under its beneficent shade."

The death of homœopathy has been announced a thousand times by the old-school journals. A homœopathic physician wrote, in 1834, "The grave of homœopathy has been dug for more than twenty years by more than thirty thousand allopathic doctors. They are all standing around the grave, and are waiting for the *cortège* which shall commit the long-looked-for corpse to their eager hands, that they may bury it as soon as possible and show it the last honors. Its funeral sermon was prepared. But see! The grave still stands open, and the corpse does not arrive."

We of to-day have beheld a shadowy line of would-be mourners slowly filing past the empty grave, their faces but illy concealing their chagrin and disappointment at not receiving the long-wished-for cadaver; and while the unwilling minions slowly and regretfully filled the unoccupied tomb, and the solemn notes of the long rehearsed funeral march by the band sobbed and echoed the thought, "It might have been," an ethereal figure, angelic in beauty and purity, gently floated in the midst of this funeral *cortège*, and, pointing with a shadowy hand to the same evening star of hope that so puzzled their forefathers of a century ago, unpinned the sable curtains of night and revealed to them a message, written in eternal fire upon the scroll of heavenly blue — "*Similia similibus curantur.*"

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*ABDOMINAL SURGERY IN THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.*

BY HORACE PACKARD, M.D., BOSTON.

The surgery of the peritoneal cavity has reached its present prominence mainly through the perfect technique of antisepticism.

The boldness with which the abdominal organs have been operated upon in the last few years, is something almost startling.

Expertness and celerity on the part of the operator are, without doubt, important elements of success. In general hospitals, the greatest obstacle to the best results is the fact that abdominal cases must be more or less mixed with cases of general surgery, many of which are of a septic nature. It is obvious that an operating-room which is liable to be used daily for foul cases of abscess, fistulæ, ulcerating cancers, etc., must be totally unfit, even with the most scrupulous care, for the conducting of those critical operations, in which the total exclusion of septic matter is the most important element in the future well-being of the patient.

Surgeons have come to recognize this of so great importance that many hospitals have expended large sums of money for the erection and equipment of operating-rooms and wards exclusively for abdominal surgery.

Unquestionably excellent work is done and very good results are obtained in hospitals where abdominal operations are performed in a general operating-room ; but, to-day, results are not reckoned alone upon the recovery of the patient, but also, whether or not the patient's convalescence has been prolonged by suppuration.

In accordance with the most recent ideas of abdominal surgery, a portion of one of the new additions to the Massachusetts Homœopathic Hospital has been set apart for that exclusive use.

An operating-room with a plate-glass window six feet four inches by five feet nine inches, admitting the northern light, and with a sky-light, has been arranged.

The floor is of German asphalt laid in the most perfect possible manner, with a very slight inclination from the periphery to the centre. The walls are finished with zinc enamel.

The heating is effected by a large wall-coil so arranged that it can be used in common with the other steam-heating apparatus under low pressure in winter, and in the warmer months, when steam heat is not in use in other parts of the building, connection is readily made with the high-pressure pipes, such as are constantly in use, the year round, for the jacket-kettles and for running the machinery of the Hospital. A fireplace and two flues give abundant facilities for ventilation. A marble dado extends across the side of the room where the water and anti-septics are in use. A porcelain-lined sink, with hot, cold, and filtered water supplied, furnishes facilities for hand washing. A marble slab, eight feet long and fifteen inches wide, is placed on a level with the top of the sink. A steam jacket-kettle, by means of which water can be heated to the boiling point in a few seconds, is arranged near one end of the sink. Two plate-glass shelves, each ten inches wide, are placed at a height of six feet, and extend over the sink and marble slab ; upon these are placed the filtered-water tank, jars for sponges, sutures, etc. The basins, pails, etc., are all of the best quality agate ware, and are designed to be kept upon another plate-glass shelf beneath the marble slab.

The water is filtered, under pressure, through a Pasteur filter which is coupled onto the cold-water supply-pipe, and in turn has an outlet leading directly to the reservoir ; the latter having a capacity of ten gallons. The reservoir is provided with an overflow-pipe so that, in case of neglect to shut off the water from the filter at the proper time, the overflow finds its way to the sink.

The room is provided with a complete set of laparotomy instruments, exclusively for that apartment, which are kept, when not in use, in an upright iron case with plate-glass shelves, and side and front panels of glass. Preparatory to each operation, the instruments are sterilized in a Lauterschläger sterilizer, in which they are kept, for at least a half-hour, at a temperature of 212°, F. This sterilizer is heated by gas flames, and, for accuracy, is provided with a thermometer and thermostat.

The operating-table is of iron and zinc, and is made after the pattern of Martin, of Berlin.

An instrument-table, also of iron, upon casters, with a glass tray and plate-glass rack, is designed for the instruments during an operation. Another iron table, upon rubber casters, with plate-glass top, is designed for dressings, towels, etc.

It is designed to keep the temperature of the room at about 80°, F. Preparatory to an abdominal operation, the room is thoroughly heated by having the steam on during the preceding night, and the atmosphere of the room is charged with steam, which is allowed to settle, carrying with it any particles of dust; and the floor of the room is sprinkled.

The assistants in an operation are either required to wear a washed suit which has not been used in other parts of the Hospital, or a long frock which completely covers the clothing.

The patient is prepared by having a full enema the night before the operation; a bath; the abdomen and external genitals scrubbed in three changes of soap and water, followed by ether, and lastly by 1:1000 sublimate solution; the pubic hair also is removed and a sublimate compress bound over the abdomen, to remain until the time of operation. The morning of the operation the patient is early given a cup of beef tea. She has a pair of leglets of canton flannel made like large stockings, put on, which fasten about the thighs with lacing-strings, and a clean undervest and nightdress.

She is etherized in her own bed, and transported to the operating-room on a rolling stretcher.

Anæsthesia is effected with etherated air. This method seems particularly valuable in abdominal surgery, since there is far less profound intoxication than results from the old method, and correspondingly less of the usual unpleasant after-effects. The prolonged nausea and vomiting from the effects of the anæsthetic have, in the past, been an extremely annoying sequel to abdominal operations. The extremely minor character of this, or entire absence, since anæsthesia by etherated air was adopted, has been very satisfactory. By this method the total amount of ether used has usually been less than three ounces. The contrast between this and ten to fifteen ounces, as commonly

consumed by the old method, is quite sufficient comment.

At the present time there is but one other hospital in New England which has an operating-room exclusively for abdominal surgery, which can compare, in completeness of equipment, to this. It is the only hospital in New England to which persons in affluent circumstances can come, and secure the much greater safety in passing through the critical ordeal of an abdominal operation which this perfectly-organized department affords. Curiously enough, the other hospital referred to, admits only charity cases, thus debarring the well-to-do from securing that which their means should enable them to get.

The doors of the Hospital and the benefits of this department are open also to the poor, who receive exactly the same care and attention, as far as the operation is concerned, and all necessary isolation and nursing during convalescence.

#### RULES FOR THE USE OF THE LAPAROTOMY ROOM.

*First.* No furniture, instruments, apparatus, utensils, operating-frocks or dressings are to be removed from, or transferred to, this room from other parts of the Hospital.

*Second.* This room is to be used exclusively for Non-suppurative Abdominal cases, and Brain Surgery, but not including compound fractures of the skull.

No case of cancer, of any description, or suppurative cases, or cases in which suppuration is suspected, shall be operated upon in this room.

The room shall be used for no other purpose than as above stated, and shall be kept locked when not in use.

*Third.* The Internes, when occupying the room in preparation for, or during an operation, must wear white cotton suits which have not been in use in other parts of the Hospital.

*Fourth.* After an operation: (a). The instruments and apparatus must be cleansed without delay, by the senior Surgical Interne, or under his supervision.

(b). The room, utensils and tables must be promptly cleansed, and all soiled linen and débris removed by the Nurse in charge (see sect. VII.), or under her supervision.

*Fifth.* Physicians or students, not to exceed twelve in number at one time, may be admitted by special invitation only of the Operating Surgeon.

Physicians in attendance upon septic cases, and students attending exercises in the dissecting-room, are not to witness operations in this room.

Visitors may be admitted for the inspection of the room only when accompanied by the Superintendent, or some member of the Surgical Staff, and when the room is not otherwise in use.



*Sixth.* The temperature of the room is to be kept approximately at 80°, F., during an operation.

In cold weather the steam heat is to be turned on the night before the date appointed for the operation.

Two hours previous to an operation, the steam stop-cock is to be opened, and the atmosphere filled with steam vapor, and the same allowed to settle.

The floor, previous to every operation, shall be sprinkled with sterilized water.

All instruments, silk and silver wire, to be used in an operation, shall be wrapped in gauze and sterilized by dry heat for a half-hour at a temperature of 100°, C.

Gauze dressings shall be sterilized by steam heat for one half-hour preparatory to each operation.

*Seventh.* The Surgical Staff recommend: (a.) That the general care and supervision of the room be given to a responsible permanent nurse, who shall attend at all the operations.

(b.) That each Surgeon provide two operating-suits, which shall be kept exclusively for his personal use in this room.

*Preparation of Catgut and Silk-worm-gut.* — First, thoroughly scrub, with a hand-brush, in soap and water, after which place for half an hour in ether, and then macerate in a 1:500 alcoholic-sublimate solution for twenty-four hours; finally, transfer to a 1:1000 alcoholic-sublimate solution for permanent preservation. A half-hour before using, place in plain 95% alcohol.

*Preparation of Silk.* — (Iron-dyed silk to be used exclusively.) Scrub the silk in several changes of soap and water, until all excess of coloring material is removed, then wind on glass spools and preserve in a 1:10,000 alcoholic-sublimate solution. (See sect. vi.)

*Preparation of Silver Wire.* — Carefully cleanse, as mentioned for other sutures, cut into ten-inch lengths, place in a clean ignition-tube, plug the opening with absorbent cotton, and sterilize by keeping it at a temperature of 100°, C., for a half-hour.

*Preparation of Sponges.* — Thoroughly beat them to remove dirt and bits of shells, then macerate in six changes of water for at least twelve hours, squeezing them dry at each change. Next, place in a saturated aqueous solution of potassium permanganate for twenty-four hours, renewing it once during the time; then rinse very thoroughly in clear water. Transfer them to the bleaching-solution, which is a 1:100 aqueous solution of sodium hyposulphite, to which a little hydro-chloric acid should be added, (a half drachm to the quart). As soon as decolorized, remove at once and wash thoroughly in several changes of water. Carefully pick out all bits of foreign matter,

such as shells, and trim off any loose bits of sponge. Keep them in a 1:1000 aqueous sublimate solution until required for use. All soiled sponges are to be discarded and removed from the room.

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*A CASE OF COMPOUND FRACTURE.*

BY W. K. BOUTON, M.D., MELBOURNE, AUSTRALIA.

That the world is small and experiences similar is exemplified by a case which happened here in Melbourne under my care, and which I have decided to report after reading the February number of the *GAZETTE*, in which a case of "compound fracture of the tibia and fibula" is reported by Dr. Rand, of Monson. I do not offer the case for comparison, nor that I may tell a "bigger one," but simply to show that at times cures will occur in spite of all rules, and without the consent of the surgeon.

In 1891, March 18, J. S., a man, aged 29; height, six feet; weight, about 170 pounds; was engaged in a contract of removing a bank of earth. A two-wheeled dray was loaded with nearly two tons, and the horse, a large, powerful brute, started off in a wrong direction, whereat J. S. ran forward to turn him, and before he could save himself his feet had slipped forward in front of the wheel, which passed over the legs at the lower third. The ground being soft, the left leg being underneath came off with but serious bruising and a wound, which required only two stitches. With this we have nothing more to do. But the right leg was decidedly a serious matter. Both bones were badly broken, and the tibia laid bare nearly its entire length, a wound twelve inches long, with tissues sadly mangled. To be candid, of several surgeons who saw the case, not one of us but thought it waste of time to defer amputation. But the patient was determined to have a trial made to save it. Consequently a dressing of sponges was used, side-splints applied, then the whole put in a box-splint with adjustable flaps, and a beginning made. Within three days the crushed and injured tissues were actively gangrenous. On the sixth a line of demarcation began to form, and in eight days there was a sloughing surface commencing just below the knee, at a point running diagonally backward on both sides, seeming to follow the outer margin of the soleus muscle, until it reached the lower third of the leg, when it dipped backward, passing directly round, leaving the whole anterior portion denuded of skin, and a space at the back three inches in length; thus a full half of the leg was laid bare, and the muscles exposed. The tibia for half its length was to be seen, even the periosteum being torn away. Dressings with sponges were continued, renewed every six hours. As soon as

the line of demarcation formed, the gangrenous slough commenced to clear off, and granulation began to fill in the open part. The patient's strength was fair, and the same applications were carried out for five weeks and three days. Thus, on the 25th of April all but two inches of bone was covered by granulation. Everything seemed progressing but the one essential point. There had been no attempt at union of the bones; on the contrary, out of each broken end of the tibia, which overlapped, had grown granulated excrescences. Under the circumstances, I determined to try what a little mechanical operating might do. So, under an anæsthetic, a good half-inch of bone was sawn off each exposed end, holes drilled front to back and side to side, two pieces of steel wire passed through the separate holes and twisted, and, in order to make it still stronger, the drill was passed between the wires diagonally from the upper segment into the lower, and left there. The side-splints, heavily padded at either end, were applied. This left the centre of the leg with a space between the splints, so that the granulated surfaces could be readily dressed. The whole put up in the box-splint. On the 6th of May, eleven days after the suturing, the bone was covered and the drill removed. On the 17th the wires had become so loose that, through an incision of the newly-made tissue, they were drawn out, bringing with them a piece of bone one and a half inches long by one inch wide. From this time there was little trouble. The surface went on filling in, skin formed over the denuded part, and on July 7th, or one day short of sixteen weeks, it had all covered. There was a fistulous opening at inner seat of bony union, which discharged slightly. The entire limb was now encased in a plaster-splint, and the patient allowed to go about on crutches. A trap was cut at point of fistula and dressed with dry lint. After some weeks the discharge ceased. In four months the plaster was removed, and he was allowed to use the leg. At present writing, thirteen months after the injury, he can walk five miles at a stretch, without the aid even of a stick. The boot of the injured side has been raised only a quarter of an inch to make it equal with the other.

*Query.* — Extension was never applied — Where does the extra length come from? He suffers no pain now, except in cold, wet weather, and but for his limp no one could tell that he had been injured. Notwithstanding his prolonged vacation he declares he would not exchange his leg for any number of wooden ones. It is some years now since I have used extension in fracture of the leg, and yet, of numerous cases treated, good, bad, and indifferent, in no single instance has there been shortening, except in the case just reported. If splints are not to hand, any piece of board will answer, cut in length from knee to heel,

and three to four inches wide, with a right-angle extension reaching to the height of great toe; one applied to each side of leg. Care must be used in padding not to allow the splint to press on the bone at the knee or ankle, and to have the great toe on a line with the inner margin of patella.

While writing the above another case has come to mind, peculiar in the fact that, happening in the unsettled back country, or "bush," and no doctors to hand, it was expected to get well without treatment; but after three weeks, as it got worse, the man was brought to Melbourne, and, falling into my hands, I found fracture of both bones. No attempt at union, but side-splints applied, like an ordinary case, and, though rather protracted, it did not hesitate to do itself credit.

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#### *A JEWISH CIRCUMCISION.*

BY J. HOLBROOK SHAW.

I recently attended a Jewish circumcision, and as the details of the ceremony may be interesting to the readers of the *GAZETTE*, I will give them. The armamentarium consisted of: First, a glass of water, containing two pieces of cloth; second, a glass of vinegar and water, containing a sponge; third, a wine-glass of carbolic acid (five per cent.); fourth, a bottle of tincture of arnica; fifth, two strips of bandage of cotton flannel, one inch wide and eight or ten inches long; sixth, a knife, resembling a table knife in shape, with ivory or bone handle, very bright, two-edged, and apparently very sharp; seventh, a silver instrument for holding the prepuce perfectly flat.

The ceremony was supposed to take place at 9 A. M. The Rabbi arrived at 9:30, and at 10 an oldish man, whom they called the principal, and a younger man (his son, I thought) came. A huge pillow was placed on the bureau, and the young man, who was rather corpulent, sat down on it, much to my astonishment, as I had supposed that the baby went on that.

I was thus far sitting without my hat on, but was now requested to put it on, which I did, the more willingly as the room was rather cold.

The baby was brought in on a pillow and placed in the arms of the fat young man, head towards him, feet away, thighs flexed, one in each of his hands. Just before this arrangement was completed the Rabbi engaged in a lengthy and quite unintelligible chant, and the oldish man took a position on the infant's right, armed with a cup of sugar and water and a sugar-teat, which teat he applied at the critical moment with an assiduity which did him credit, and contributed much toward making the operation a success.

The Rabbi now wiped the infant's genitals and neighboring parts with a napkin, and the penis itself with the carbolic solution, using considerable care in getting it clean.

The prepuce was pulled well down over the glans, and the instrument for the purpose of holding it placed in position. One quick cut of the sharp knife did the work, and the shortened prepuce was pushed well back upon the penis, the sponge of vinegar and water being at once applied over the whole with the right hand, while the left grasped the penis firmly at the frænum. Application of the tincture of arnica was next made, and the bandages slowly and carefully applied in a circular manner, the glans being left uncovered.

The bandaging being satisfactorily done, the child was placed upon a napkin, folded in a triangle and applied in the usual way. Another napkin was bound around over the first to keep the whole in place. The cloths from the glass of water were then placed over the penis, and the operation itself was over.

There was a gold-embroidered scarf which various ones wore during the ceremony ; but up to this time at least they seemed to feel free to converse on any subject, as the youth who held the baby gave his opinion of certain plays which he had attended.

Another man now put on the scarf and held the baby while a glass of beer was given to the Rabbi, who held it in one hand and a book in the other ; and standing before the child he chanted away at a break-neck speed, with more or less assistance from the others, though their efforts were dwarfed by his, decidedly. At length the Rabbi, who had at the beginning of this part of the ceremony wet his right forefinger in his mouth (whether to turn the leaves of his book, or for some occult purpose, I do not know), dipped this finger in the beer and placed it in the child's mouth, after which the man with the sugar-teat did his duty. Amidst the chanting of the assembly the child was conveyed by the principal to the arms of a woman, who retired with it, and the ceremony was over. The principal, the fat youth, and the Rabbi retired, while the rest of the company sat down to a table spread with cake and liquors. Of these good things I was cordially invited to partake ; but I satisfied myself with a small piece of cake, and, on the plea that professional business demanded my attention, I begged to be allowed to withdraw. They very kindly excused me from further attendance, though evidently much distressed on account of the pleasures which I was obliged to forego.

I was much pleased to have had the opportunity to witness so ancient a ceremony, and to observe that it had not escaped the antiseptic tendencies of the age.

*STENOSIS OF THE NOSE.*

BY D. G. WOODVINE, M.D., BOSTON, MASS.

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

Stenosis of the nose we understand to be a narrowing of the nasal passage below the normal size, even to occlusion.

There are a variety of causes which may bring about a narrowing of the post-nasal passages, while another train of causes may produce an occlusion without a narrowing of the passages. One cause of narrowing of the post-nasal passages may be said to be the too early removal of the primary incisor teeth of the upper jaw. This may be done accidentally, or through ignorance. It is true that a child may accidentally fall and knock out two, three, or even four of the upper primary teeth, and, as a consequence, we may have a contraction of the jaw, and on the appearance of the secondary teeth they will overlap each other, or else they will come in sidewise. Again, it may be induced by the too early removal of the teeth, when they decay early, and parents think that they are unhealthy if allowed to remain, and consequently insist on having them removed, frequently in spite of the advice of the dentist to the contrary. When the teeth loosen early, ignorant and meddling persons sometimes take upon themselves the important duty of removing them. These unfortunate circumstances are all likely to occur to children during the period of primary dentition. Similar accidents may also occur occasionally during the early period of second dentition, for even in the latter case the patient has not arrived at maturity, and there is likely to be a contraction of the upper jaw and a narrowing of the roof of the mouth, making a deep groove in place of what would otherwise be a broad and flatter surface. It is patent what would be the effect upon the nasal passages where such an accident occurred. The perpendicular capacity of the nares would be reduced as well as the lateral diameters, which would materially interfere with the breathing capacity of the nose.

Direct blows upon the nose may result in deviation of the septum to a variety of extent. The most common form of deviation of the septum is the S-shaped, or bulging out of the septum to one side or the other, closing, practically, the nostril in which the bulging occurs. This is practically a temporary occlusion, which may be temporarily removed by forcing the end of the nose around in the direction of the bulge, when the air will readily pass through the nostril, as long as the end of the nose is held in this position.

Temporary tumors of the septum may occur, so says Choin, On Diseases of the Throat, as a result of blows upon the nose. These

are of an ecchymotic character, which, if properly and early treated, are not likely to last long. The colloid tumor of the septum is of a jelly-like character; but, like other tumors, obstructs the nasal cavity, and thus narrows the breathing capacity of the nose. Cartilaginous tumors, or hypertrophy of the septum, may occur as a result of injury to the nasal septum. Obstructions to the nasal cavity, called foreign bodies, are sometimes of a very serious character. These may be divided into two classes; one consisting of bodies introduced from without, and the other consisting of calcareous concretions in the nasal fossæ.

Œdema of the septum, as described by Choin, may become a means of decided narrowing of the nasal passage.

Tumors of the nasal passages, such as polypi, single or multiple, may so obstruct the nasal passage as to greatly interfere with nasal respiration; not by narrowing the passage, but by either partially filling up the passage, or by packing the passage so that it is completely occluded. The polypi, which are found in the nasal cavity, are of the mucous or gelatinous, fibrous or granular character. Another variety are the malignant tumors, which are not as common.

Occlusion of the posterior nares may be congenital, as reported by Choin and Dr. Carl Emmert, who had each a case in his practice. We have seen one case of occlusion of the posterior nares resulting, according to the statement of the patient, from a very severe attack of acute pharyngitis, in which the veil of the palate and the soft palate became adhered to the posterior wall of the pharynx. In this case there was not a particle of air that passed through the nose into the pharynx. In another case there was a very small opening, the veil of the palate being adhered. A third case was evidently the result of secondary syphilis. In this case there was destruction of the tonsils and the pillars of the fauces, and mostly all the soft tissues of the pharynx. Where the soft palate should have been there was an aperture about the size of a buck-shot, and this was closed up by a false palate, which some ingenious dentist had devised to aid the young man in talking. This last case was one of the most remarkable that we ever witnessed. In all these three cases it was distressing to see them attempt to remove any secretion from the nostrils, especially in the case of complete occlusion of the nares.

Adenoid growths in the posterior nares, or on the posterior wall of the pharynx, may greatly interfere with nasal breathing; also very much hypertrophied tonsils. In these cases there is great distress in breathing at night, when the patient is asleep. The patient lies with the mouth wide open, because he cannot

breathe through the nose at all when lying down. The result is that, after the patient has been asleep for a few moments, the mouth and throat become dry, which gives rise to feelings of great discomfort, uneasiness and involuntary muscular demonstrations, which finally result in awakening the patient, and frightening the parents, so that a perpetually anxious feeling exists in the mind of the attendant during the whole night. The patient no sooner gets over one attack than he falls asleep again only to repeat the same experience. The writer has known of several cases where the child has been a constant source of anxiety for a period of five years, during which time the parents said that they had not experienced a single night of perfect rest such as people ordinarily enjoy. Such cases demand prompt treatment to relieve the patient; also for the sake of the parents. Where there is hypertrophy of the tonsils in the worst form, that is where they are enlarged to such an extent that they are brought into close proximity in the median line, there is no way of making an examination of the posterior nares by means of the rhinoscope, and, consequently, the adenoid growth may for the time being be overlooked. The method of treatment followed in the college dispensary is, first, to remove the tonsils by means of the tonsillotome, then let the parts heal; after which, if there be no relief from the difficult breathing, you will be almost sure to find adenoid growths in the posterior part of the pharynx or nares. If they are found on the posterior wall of the pharynx they can be most readily removed by the finger nail of the index finger of the right hand, or by the use of the post-nasal forceps. If they are in the posterior nares, or some other growth is obstructing, they are best removed by means of the *écraseur*, nasal forceps, or nasal scissors.

In cases of accidental closing of the posterior nares by adhesion of the veil of the soft palate and the soft palate itself, the passage may be easily reopened by passing a bougie through the nose from the front to the posterior portion until the curved end may be seen pressing against the pharyngeal obstruction; then the curve-pointed bistoury, with the cutting edge protected by means of adhesive plaster, leaving about a quarter of an inch at the point uncovered for use, firm but gentle pressure being made upon the bougie in order to make its presence prominent behind the adhesive veil; just below this point, the point of the bistoury should be pushed through the tissues, in the direction behind the end of the bougie. The opening should be made only large enough to allow the end of the bougie to pass through; then the tissues may easily be dissected upon either side, or on the side through which the bougie has been passed, when the bougie may be removed and passed into the other



nostril, and the other side dissected up in the same manner as the first. When the tissues are thoroughly dissected up, the parts should be kept separated by means of pledgets of lint drawn up into position by means of the Belocques' canula, in the same manner as in plugging the nostrils for epistaxis, the ligatures attached being tied together in front of the septum.

In the case of secondary syphilis there was so large a destruction of the parts that an operation was not considered advisable. In this case, as before stated, the opening through the posterior nares was about the size of a buck-shot, and this was closed by means of the artificial palate. This was held in place by a hard-rubber plate, in which there was an air chamber for suction; and while this was worn the patient could talk quite well, but could not breathe through the nares, which made him appear very awkward. This difficulty was overcome by drilling a hole through the hard-rubber palate, about the size of a post-nasal aperture, which did not in the least interfere with the air chamber, and consequently was a great blessing to the patient in allowing the air to pass through the nares during the process of talking.

Edema of the nasal septum may be relieved by puncturing the mucous membrane of the septum, and following the operation with occasional doses of *apis mel.* internally.

Tumors of the septum resulting from accident, such as severe blows upon the nose, have required puncturing, and the application of a weak dilution of *arnica* or *calendula*, as the case might require.

Tumors of the nares, such as mucous polypi and fibroids, we have been able to remove by means of the nasal forceps or the *écraseur*. In regard to the internal treatment we have not been as successful. It has been our practice to give *pulstilla*, *calcareo carb.*, or *sanguinaria Canadensis*, as we thought the case required, to prevent a return of the tumor, but without any apparent effect.

Deviations of the septum which have been the result of injury we have been able to correct by the use of the double crucial knife, or punch. This punch is carried along into the groove of the deviated septum, and at the same time the smooth jaw of the forcep is carried behind the extreme point of bulging, and carried up well into the nostrils, then the handles forcibly pressed together, thus punching completely through the septum, then draw the knife toward us and punch again; after this is done, take Adams' forceps and forcibly straighten the septum and maintain in position with a plug of absorbent cotton pushed into the nostril where the stenosis occurred from the bulge.

We have found the following method the best way to prepare

the plugs : Take a fine steel probe and moisten it, and wind on the end an amount of cotton sufficient in length and thickness to completely fill the nostril, and carry it on the probe to the position you desire. This will require a little force in order to hold the septum in its proper place. After this is accomplished the probe should be given a turn or two in the opposite direction from which it was turned in winding on the cotton; this will liberate the probe, and it can be easily removed, leaving the cotton firmly fixed. Another method I have tried, which I did not like nearly as well; that is the solid ivory or hard-rubber plug, which is difficult to hold in position, and is more painful to the patient. I should have stated that this operation is performed under the influence of ether.

We have never met in practice the concretions to which reference has been made; but the foreign bodies from without have been numerous, such as shirt and shoe buttons, tacks of various sizes, bits of sponge, wads of paper, beads, peas, beans, kernels of corn, etc. A skilful use of the probe in the nares when foreign bodies are lodged there is of the utmost importance. A few months since a patient was sent to me for the removal of a polyp, and, on examination with the probe, I stated that I did not think that the child had a polyp, but that some object had been pushed up the nose. The parent was very sure that I had made a mistake, until I introduced a small-sized curette in the direction of the middle meatus, carrying it well back; then pressing the end of the instrument down upon the object, and drawing it forward, a piece of foul-smelling sponge was removed about the size of the end of my thumb. Another case of interest was a little girl who came with her mother, with the left nostril highly inflamed, and smelling badly. The nostril was examined with a fine steel probe, the end of which was protected with cotton, and we found something which showed some resistance, and which seemed to fill the passage, as the child could not force air through the nostril. After trying several times to bring the object forward without success, the mother, protesting that the child had never done such a thing as to put anything up her nose, we finally took a Belocque canula and gently pushed the object back into the pharynx, and the child spat it out. On examination, this was found to be a wad of common wrapping paper tightly rolled.

Tacks have been about the worst objects to remove, especially the large stair-carpet tack, about an inch in length; these become incrustated and fixed crosswise in the nostril, and frequently remain in the nose for a long period. The course to pursue in such a case is to take a blunt-pointed, flexible probe and try and learn the form of the object by carefully following its outline;

then disengage the point and remove with the nasal forceps. For the removal of smaller, round objects the small curette has been used more than any other instrument, and with better success.

In cases of threatened deformity from the too early removal of the primary or secondary teeth, the case should be put under the care of a good dentist. Where the deformity has already become pronounced, proceedings should be undertaken to correct the deformity by such appliances as are used in the dental art. If these are persisted in the deformity may be wholly overcome.

The reasons for the most of the operations on the nose for stenosis of the nose and the occlusion of the passages are, first, the benefits the child gains from them, in being made so much more comfortable, and in enjoying better health; second, the improvement in the voice and speech, and the better appearance in the school-room and in all public places. The child's opportunities for advancement in many directions are greatly increased by opening the nares.

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*GANGRENE FOLLOWING THE STING OF AN INSECT.*

BY N. R. PERKINS, M.D.

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

June 22d, 1889, 4 o'clock P. M., I was called to see Mrs. B., aged 30, married, and the mother of two children. From her I learned the short history of the case. About three hours previous, while she was at work in the garden, she felt the sting of an insect on the back of the neck. Soon her face began to swell, and in a short time her eyes were closed, her ears swollen enormously, features distorted beyond recognition, her hands and arms were swollen from finger tips to the elbow; but no other parts of the body were involved. By the next morning the dorsal aspect of the hands and fingers were assuming a dark, mottled appearance, also the pinna of the ears. The swelling of the face had abated a little; temperature and pulse normal. On the previous evening had prescribed lachesis, and enveloped the hands and arms in cotton, and directed that they be kept warm with bottles of hot water. This prescription was continued. On the following morning the line of demarcation had formed, beginning at the wrist joints and extending around the hands, midway between the dorsal and palmar sides of each finger, to the wrist, embracing the dorsal surface of each wrist and hand. Separation soon began, and the skin and cellular tissue sloughed off over the back of the hands and fingers. The necrosed tissue was cut away as fast as it separated. Poultices were used of slippery-elm bark, made with infusion of eucalyptus leaves. Granu-

lations were healthy, and in a short time healing had completely taken place. Lachesis was given in water every two hours, until the necrosed tissue had all been cut away.

*Query.*—Was this the sting of an insect? If so, why was necrosis of tissue caused from it? And why was the circulation cut off from this particular locality, i.e., back of hands and wrist?

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### SOCIETIES.

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#### MAINE HOMŒOPATHIC MEDICAL SOCIETY.

##### *Editor Gazette:*

The report of the annual meeting of the Maine Homœopathic Medical Society, held June 7 and 8, has been delayed by the absence of the secretary at Washington, in attendance upon the American Institute of Homœopathy.

This meeting of the Maine Society, marking, as it did, the completion of the first twenty-five years of its existence, the second day was given to its celebration, and the president's annual address was largely statistical, historical, and biographical.

The society has been called during the past year to mourn the death of two of its members, W. S. Howe, M.D., of Lewiston, in August, 1891, and F. A. Roberts, M.D., of Waterville, in May, 1892. These are the first losses by death the society has sustained in several years. Resolutions were passed expressing the society's loss, and sympathy towards the bereaved families.

Seven physicians were elected to membership, as follows, viz., Edwin H. Durgin, M.D., of Searsport; Roscoe L. Graves, M.D., of Saco; L. C. Jewell, M.D., of Cape Elizabeth; W. Scott Hill, M.D., of Augusta; R. L. Dodge, M.D., of Portland; A. D. Bowman, M.D., of Mechanic Falls, and Arthur L. Parsons, M.D., of Bucksport.

The meeting was opened with an invocation by Rev. Henry Blanchard, D.D., followed by the roll-call, showing the presence of twenty-three members. There were also present five applicants for membership, and several visitors.

There were present, as delegates from the Massachusetts Homœopathic Medical Society, Dr. J. H. Sherman, of Boston, and Dr. W. K. Knowles, of Everett. This visit of Drs. Sherman and Knowles was very pleasant to us, both from old associations and because of the mark of fellowship between the two societies. To the elder delegate, Dr. Sherman, the society voted, unanimously, the title to honorary membership. Dr. Sherman's address on the status of homœopathy in Massachusetts was full of interest.

Papers from the several scientific bureaus were read, as

follows: "Hydrastis," by Solon Abbott, M.D., of Biddeford; "A Case of Cancer Not Cured by Arsenicum Album," by M. S. Briry, M.D., of Bath; "Cases From Practice," by F. O. Lyford, M.D., of Farmington; a paper in materia medica on "Plantago, and Involuntary Provings of Camphor," by J. T. G. Emery, M.D., of South Waterboro; "A Clinical Case—General Calcification of the Joints," by Lyman Chase, M.D., of Kennebunkport; "Clinical Medicine," by L. P. Graves, M.D., of Saco; "A Case of Hemorrhage of the Stomach," by H. I. Harvey, M.D., of Newport. For the Surgical Bureau, A. K. R. Harvey, M.D., of Lewiston, presented a paper entitled "A Few of My Failures." For the Bureau of Gynecology, J. W. Whidden, M.D., of Portland, read a paper entitled "Can Women Expect Help?" Anna G. C. Ohler, M.D., of Portland, read a paper on "The Science and Practice of Midwifery."

Free discussion ensued upon a number of these papers.

Drs. A. I. Harvey, J. C. Gannett, H. C. Bradford and W. Scott Hill were appointed delegates to the American Institute of Homœopathy. Delegates to the several New England Societies were appointed as follows: To New Hampshire, Drs. M. C. Pingree and Charles R. Cole; to Vermont, Drs. F. O. Lyford and M. K. Dwinell; to Massachusetts, Drs. E. F. Vose and Cora M. Johnson; to Rhode Island, Drs. M. S. Holmes and H. P. Heald; to Connecticut, Drs. F. A. Gushee and T. N. Drake.

The following were elected officers for the ensuing year, viz.: For President, W. E. Fellows, M.D., Bangor; Vice-Presidents, J. C. Gannett, M.D., Yarmouth, and E. Vose, M.D., Portland; Recording Secretary, J. C. Gannett, M.D., Yarmouth; Corresponding Secretary, R. H. Pulsifer, M.D., Waterville; Treasurer, Solon Abbott, M.D., Biddeford; Censors, Drs. H. C. Bradford, J. M. Prilay, W. V. Hanscom, A. F. Piper, C. S. Philbrick; Committee on Legislation, Drs. W. F. Shepard, A. I. Harvey, C. M. Foss, J. W. Whidden, M. S. Briry.

The second day was given up to a sail by steamboat among the beautiful islands of Portland Harbor and Casco Bay, and a typical shore dinner at the Portland Club House at Great Diamond Island. The day was beautiful, the bay at its prettiest, the company, to the number of about thirty, ripe for enjoying everything, the dinner one of the best for which the club is noted. Following the dinner informal toasts and speech-making were in order.

The matter of a new insane hospital was discussed during the afternoon, and the matter was left in the hands of the general legislative committee.

The Maine Homœopathic Medical Society, with the strength of young manhood in its years and membership, marks out for

itself in the future a higher stand — a stronger influence, if possible — than in the past.

JAMES C. GANNETT, M.D., *Recording Secretary.*

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CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The Connecticut Homœopathic Medical Society held its meeting at Hartford, May 17th.

Dr. Stark, of Norwich, President, read his annual address, his theme being "Homœopathy: What Is It? What Has It Accomplished?"

Papers were read as follows:

Dr. Emily Pardee, of South Norwalk, "A Report of Three Cases of Scarlet Fever and Measles Appearing Simultaneously as Distinct Diseases."

Dr. E. B. Hooker, of Hartford, "The Health of Hartford."

Dr. E. H. Linnell, of Norwich, "An Every-day Case and Some Homely Deductions."

Officers were elected as follows: President, Dr. C. B. Adams, of New Haven; Vice-President, Dr. H. P. Cole, of Bridgeport; Secretary and Treasurer, Dr. E. B. Hooker, of Hartford; Librarian, Dr. G. H. Wilson, of Meriden; Censors, Drs. W. F. Hinckley, of Naugatuck; C. L. Beach, of Hartford; E. A. Wilson, of Meriden; Sophia Penfield, of Danbury; and C. H. Colgrove, of Willimantic.

Dr. Plumb Brown, of Norfolk, was elected a member of the society.

It was voted to hold a semi-annual meeting of the society, at Meriden, on the third Tuesday in October.

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REVIEWS AND NOTICES OF BOOKS.

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TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. TWENTY-SEVENTH SESSION.

This substantial and interesting volume offers the record of much thorough, enthusiastic and fruitful work on the part of our Pennsylvania *confrères*. Every bureau furnishes papers which give food for discussion and for afterthought. Dr. Bier's "Cases of Mental Suggestion" venture into a field but little known by homœopaths, though already worked, with results of much interest to science, by progressive practitioners of the old school. Dr. M. M. Walker's "Fifty Cases of Typhoid Fever" illustrate the value and interest of carefully-studied and tabulated instances of familiar disease. Dr. Cranch's brief notes on "Spider Poisons" have the Wellerian merit of making one "wish there vos more." The volume, as a whole, is a richly creditable one.

THE POCKET PHARMACY, WITH THERAPEUTIC INDEX. A Resumé of the Clinical Applications of Remedies Adapted to the Pocket-Case, for the Treatment of Emergencies and Acute Diseases. By John Aulde, M.D. New York: D. Appleton & Company. 204 pp.

This may be looked upon as one of the remarkable books of the age. Its advent was referred to in the May issue of the GAZETTE, but it deserves more than the

passing notice there given it. It offers as novelties things that have been known for nearly a century, and on the plea of usefulness recommends drugs, doses, preparations, and indications for their administration, which have attained a clinical reputation through their application in accordance with the rule of similars. Even the arrangement of the text will appear familiar to one accustomed to "sectarian" text-books on practice. For instance, the book presents in alphabetical arrangement under each remedy, a "resumé" of the clinical applications (sic!) of twenty-four remedies, which, in tablet-triturates or compressed tablets or granules, can be purchased of a well-known firm, neatly put up in a pocket-case of convenient size. Among the twenty-four remedies are to be found aconite, atropine sulph. [bella. ?], calcium sulphide, bryonia, rhus tox., ipecac, trinitrin [glonoine], and others equally well known; and among the symptoms, or at least in the "resumé of clinical applications," may be found many symptoms which may also be found in the pathogenetic records of these drugs. Even small doses are not wanting; in fact, the "*brochure* is in the nature of a plea for small doses," and the author might have added, for the law of similars, and not been far from the fact.

It is encouraging to read in the "explanatory note" that "physicians who adopt this plan for the first time, will be surprised at the prompt effects secured from medicine, but they will be more astonished at the number of ailments which can be met by this small number of drugs, all because of the more thorough acquaintance with their therapeutic properties." Of course the work is wholly original, for no acknowledgments of any kind are made. The "preface," "introduction," and "explanatory note," are each of them worth the "price of admission," and they should be read by every physician. Every progressive physician should be acquainted by personal study with the contents of so noteworthy a book. It will be found, especially by intelligent and fair-minded students of the relations between old school and new, to prove much more than it claims to do.

**DISEASES OF THE NERVOUS SYSTEM.** By J. A. Ormerod, M.D., F.R.C.P. Philadelphia: P. Blakiston, Son & Co. 343 pp.

This admirable little book is intended chiefly for those who, beginning their studies of nervous diseases, are dismayed by the formidable proportions of the work before them. As an introduction to that work it will prove of great value, for it furnishes a solid foundation that will need no rebuilding. It contains only eight chapters, but they cover the ground in outline at least. The first chapter is a concise anatomical and physiological introduction, and no apology need be made for it; for in no branch of medicine is a knowledge of anatomy and physiology of greater service than in this. The second chapter is on the morbid anatomy of the nervous system; the third, on certain general symptoms and methods of investigation. Then are considered "Symptoms referable to the Organs of Special Sense," "Symptoms referable to Special Districts," "Neuritis: Organic Spinal Diseases," "Organic Cerebral Diseases," and, finally, "Diseases of which the Organic Basis is not known."

As this classification of subjects might indicate, the book is written from the pathological and diagnostic standpoint chiefly. "Treatment" is only hinted at occasionally; but within its scope the book is a practical and useful epitome.

**DISEASES OF THE URINARY APPARATUS. PHLEGMASIC AFFECTIONS.** By John W. S. Gouley, M.D. New York: D. Appleton & Co. 342 pp.

This book contains twelve lectures which have been published in the *New York Medical Journal*, but which, after revision, are here republished, with an addendum on "Retention of Urine from Prostatic Obstruction in Elderly Men." The first three chapters are devoted to generalities,—anatomical, physiological and pathological considerations,—the third chapter giving evidence of wide experience, humor and conservatism, and containing a trenchant warning against overdoing in treatment, is exceptionally interesting reading. One reads here, for instance, "It is almost needless to say that diseases are not cured by medicines or by surgical operations. . . . Nature effects the cure." The fourth chapter is devoted to "Interstitial Nephritis, Pyelonephritis, and Perinephritis;" and the remaining chapters to the different forms, complications, consequences, treatment, etc., of cystitis, urethritis, and prostatitis, all of which subjects are treated in a masterly manner. As a whole, the book will well repay careful study, and it may be looked upon as a valuable addition to the literature on these serious disorders.

The author's erudition, however, and his penchant for coining words, not infrequently lead him into what seems like pedantry. For instance: such terms as phallic, auxetic, echmatic, nephraux, sychnuresis, ascheturessis, algeinuresis, prostataux, aconuresis, etc., though precise and even elegant, are not intelligible to the majority of readers, who would look in vain for many of them even in the largest and best medical dictionaries. In contrast with these tendencies to over-niceness of phrase, one may be pardoned a feeling of surprise to note that more than once the participle "practised" is misspelled.

**DISEASES OF THE NERVOUS SYSTEM.** By Jerome K. Bauduy, M.D., LL.D. Second edition. Philadelphia: J. B. Lippincott Company. 352 pp.

This, although a "second edition," is practically a new work, since the first edition was published in 1876, and the text has been consistently brought into line with contemporary knowledge in neurology. The subject-matter is presented in the form of lectures, nineteen in number. The first four discuss hyperæmia and anæmia of the brain and the cerebral circulation; seven lectures are devoted to considering the different forms of meningitis; and insanity in its various manifestations forms the subject for the remaining lectures. A second volume, devoted to diseases of the spinal cord and functional and peripheral affections of the nervous system, is promised. That the author is a wide and close reader is evidenced by his very numerous quotations, which are usually exceedingly *apropos*, from more than a score of writers, among whom are Seguin, Spitzka, Hammond, Ranney, Folsom, Allen Starr, Gowers, Clouston, Maudsley, Tuke, Schroeder van der Kolk, Krafft-Ebing, and Charcot, besides many others. While thus to a great extent sinking his own personality, he offers to his readers a valuable critical analysis of the matters dealt with, under the guidance of his extended and observant experience.

**INTERNATIONAL CLINICS.** Vol. IV. First Series. Vol. I. Second Series. Philadelphia: J. B. Lippincott Co. 1892.

The subscriber to "International Clinics," so that he be a thoughtful and intelligent reader, finds himself invited, without expensive and time-wasting journeys, to the Mecca of the ambitious and progressive student of medicine; namely, the clinics held at great cities on both sides of the sea, by the great masters of their craft. Thus the possessor of these two latest volumes of the unique and most valuable series has the privilege of hearing Sir Dyce Duckworth, lecturer on clinical medicine at the great St. Bartholomew's Hospital, discourse on acute pneumonia, giving hints on diet and local treatment, which even the practitioner who looks most askance at his sturdy advocacy of occasional bleeding may follow with profit. He may hear Dr. Solis-Cohen relate an unusual and instructive case of tracheotomy for multiple neoplasms of the larynx, the pathological condition being so clearly described and the operative procedure so minutely detailed as to bring the whole case before the reader in an amazingly graphic fashion. Dr. M. Allen Starr, Professor of Mental and Nervous Diseases in the College of Physicians and Surgeons of New York, presents a case of the successful treatment of sub-conscious pain by hypnotism, which is rich in subtle psychological suggestions both of pathology and of therapeutics. Dr. Gilman Thompson talks of reduction of temperature in typhoid fever by the Brand method of cold baths, and expresses and explains his growing confidence in this method. And thus the list of famous talkers and interesting talks extends itself; while carefully executed illustrations greatly aid the reader's ability to fully grasp the points brought forward. "International Clinics" must heartily be classed among the happiest thoughts, medically speaking, of the generation.

**A TEXT-BOOK OF THE PRACTICE OF MEDICINE.** By R. C. M. Page, M.D. New York: William Wood & Co. 568 pp.

This new candidate for professional approbation deals, as its title indicates, with non-surgical diseases, and is intended to meet the wants of the busy practitioner and student. It covers the field of general practice, and, without going into detail, it gives such practical descriptions of the diseases considered that the diagnosis can in any case be established. Only the essential points in etiology, pathology, prognosis, diagnosis, etc., are given, but the subject of treatment receives rather more



ample consideration than is customary in books of similar scope. Not only are drugs mentioned, but in the majority of instances the prescription is written out and the dose clearly indicated. This may be looked upon as a chief characteristic of the book. Some of the prescriptions are traditional, some are credited to authors or colleagues of the author, and others are presumably original. It may be noticed that on pages not widely separated different formulas are given for "Blaud's pills." The conciseness and practical nature of the work will speedily win for it many friends.

A TEXT-BOOK OF NURSING. By Clara S. Weeks-Shaw. Second edition. New York: D. Appleton & Co. 391 pp.

The six years which have passed since the first appearance of this book have brought much that is new as regards the possibilities of medical and surgical nursing, and have relegated to the obsolete much that was then in vogue. Mrs. Weeks-Shaw has brought her excellent manual closely within touch of the latest ideas and experiences in its chosen field; has enlarged and revised it, and added many illustrative cuts, which render its teachings much more graphic and easily comprehensible. The chapter on "Observation of Symptoms" is especially valuable, and physicians as well as nurses could glean useful hints from it. The work is practical, comprehensive, and full of sound sense and useful information; and its second edition will doubtless rival the popularity of the first.

A GUIDE TO THE CLINICAL EXAMINATION OF THE URINE. By F. H. Whipple. A. B. Boston: Damrell & Upham. 206 pp.

This is one of the fascinating little hand-books that are the delight of students, for in its small compass it contains the essentials of the chemical and microscopical examination of urine, systematically arranged and tersely expressed. As a matter of fact, it is an admirably condensed presentation of the subject. A somewhat novel but extremely practical feature is the presence in the appendix of a score or more records of analyses of urine, followed by the inferences to be drawn from them. Though the entire field is far from being covered by these possible cases, a sufficient variety is offered to illustrate methods of reasoning, and also some of the difficulties experienced, in making absolutely definite and correct diagnoses.

A vigorous statement of the scientific principles upon which the treatment of criminals should be based, opens the *POPULAR SCIENCE MONTHLY* for August. It is by Prof. Edward S. Morse, who takes as his title "Natural Selection and Crime," "An Ethical Study of Veracity," by Herbert Spencer, is among the contents of the issue. New York: D. Appleton & Co.

LIPPINCOTT'S *MAGAZINE* for August has, as its "complete novel," the somewhat lurid tale of "Martlet Seal," by Jeanette Walworth. John A. Cockerill prophesies concerning "The Newspaper of the Future." Poems are contributed by Louise Chandler Moulton and others. Phila.: J. B. Lippincott Co.

Among the noteworthy articles in the August *CENTURY* are: "The Ascent of Fuji the Peerless," by Mable Loomis Todd and David P. Todd; "Sea-Longings," by Thomas Bailey Aldrich; "In Gloucester Harbor," by Reginald Cleveland Cox; "The Philosophy of Relative Existences," by Frank R. Stockton; and "Architecture at the World's Columbian Exposition," by Henry Van Brunt. New York: The Century Co.

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EVERY day in the year 17 persons are killed, and 72 others are injured, on the railways of the United States. This is the dreadful story told, by taking the daily average of the railway casualties shown in the annual statement by the statistician of the Interstate Commerce Commission. These figures include employés and passengers, and also the many thousands of other persons (numbering in one year 3,584 killed and 4,200 injured) who met their fate at street and road-crossings, or otherwise on railway tracks or trains, being neither passengers nor employés. But, deducting all these and the actual passengers, we still find that, on the average, every day sees almost 7 railway employés killed, and over 61 injured.—*Railway Age*.

## MISCELLANY.

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LAWYER: I'm not feeling very well, doctor; does it make any difference on which side I sleep? Doctor (with a wink): Well, a good lawyer will never lie on the left side. — *Binghampton Republican*.

PHYSICIAN — What is the gastric juice?

Medical Student — It is a very powerful narcotic, and extremely dangerous when taken in large doses. — *Pharmaceutical Era*.

A GERMAN anatomist has just announced the fact that after a careful examination of woman's knee he finds that it is unfitted for maintaining a standing position, and it is proposed to post this up in the street cars. — *Med. Era*.

"WHAT do we get from iodine?"

Inquired the tutor, placid.

"I think," replied a brilliant youth,

"'Tis idiotic acid."

The tutor frowned, and said, "A-hum!

Young friend, have you been taking some?"

— *Pharmaceutical Era*.

SOME ANSWERS OF STUDENTS. — The *Chemist and Druggist* quotes from the *Bedford College Magazine* some curious specimens of students' answers about nitrous oxide. One of these is the following: "Nitrous oxide is often called laughing-gas. With this gas they pull out teeth; this is the reason they call it laughing-gas." Another is: "Nitrous oxide has a sweet taste; has a soothing influence; is an esthete." Others there were that were quite as wide of the mark, but these will show how superficial an impression can be made on the mind of a chemistry student. — *Jour. Am. Med. Association*.

TEA A CAUSE OF COLD FEET. — Mr. Hutchinson says in the *Archives of Surgery*, that he once advised a lady to drink more tea. "I cannot touch it," was her reply, "It makes my feet icy cold, and wet with cold perspiration." On further inquiry, she assured Mr. Hutchinson that she was quite certain of her facts, and had often tested them. Mr. Hutchinson says he had long been familiar with the fact that tea made the feet cold, but did not know that cold perspiration attended it. It does not do so in all persons. The coldness is caused, he believes, by contraction of the arteries, for the feet at the same time shrink. Alcohol has usually a precisely opposite effect. — *Med. Times*

EXAMINER (to aspirant for pharmaceutical honors): Well, now, Mr. Murphy tell me how you would prepare extract of logwood?

Candidate (hesitatingly): I'd — I'd get me logwood, sur.

Examiner (approvingly): Just so, Mr. Murphy.

Candidate (confidently): I'd get me logwood, sur, and — and — (after a long pause, desperately) — put it in a tincture press; squaze the juice out av it; filter through paper; boil, to soften the albumin; thin evaporate to a syrupy consistency; decant the ethereal solution, and preserve in a stoppered bottle.

Entire collapse of examiner. — *Ex.*

TOO PREVIOUS. — Alexander Dumas, fils, dined one day with Dr. Gistal, one of the most popular and eminent physicians in Marseilles. After dinner the company adjourned to the dining-room, where coffee was served. Here Gistal said to his honored guest:

"My dear Dumas, I know you are a capital hand at improvising. Pray oblige me with four lines of your own composing here in this album."

"With pleasure," the author replied. He took his pencil and wrote:

Dr. Gistal has been anxious — very.

Result: The hospital is now pulled down,

"You flatterer!" the doctor interrupted, as he was looking over the writer's shoulder. But Dumas went on:

And in its place we have a cemetery.

— *Weekly Med. Review*.

### PERSONAL AND NEWS ITEMS.

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DR. PEMBERTON DUDLEY, General Secretary of the American Institute, has removed to 1405 N. 16th Street, Philadelphia.

A. L. KENNEDY, M. D., has removed to Hotel Hamilton, corner Clarendon Street and Commonwealth Avenue. Hours: 8 to 10, 3 to 5; Sundays, 5 to 6.

"CHILDHOOD," the new magazine to be edited by Dr. Geo. Wm. Winterburn, is owned by its editor, who proposes to make it a telling force toward the education, physical and mental, of the young.

THE ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY held its annual "Field Day" at the "Winne-Egan," Baker's Island, Salem Harbor, Wednesday, July 27th. The occasion was a very merry and successful one.

DR. EDWIN A. CLARKE has opened an office at 72 Pleasant Street, Worcester, where he will give his exclusive attention to the treatment of diseases of the eye and ear. Office hours: 2 to 4 P. M. He will hold a clinic at the Worcester Free Homœopathic Dispensary, 11 Trumbull Street, on Tuesday and Friday, from 4 to 5 P. M.

THE homœopathic physicians appointed to the staff of the new general hospital, at Malden, Mass., are: Surgeons, Drs. W. B. Perkins and La Forrest Potter. Physicians, Drs. Julia A. B. Russell and C. Maria Nordstrom.

The following have also been elected on the consulting staff: Drs. G. B. Sawtelle, W. B. Perkins and La Forrest Potter.

The hospital will be opened for the reception of patients August 1st, although there are now two emergency cases in the institution which are being treated.

#### WORLD'S CONGRESS NOTES.

The International Hahnemann Association has been invited to take part in the Congress.

The Congress will convene Monday, May 29th, 1893, and continue its sessions through the week, the last session being held June 3rd.

The decision of the American Institute to hold its next session in connection with the World's Congress of Homœopathy, at Chicago, in 1893, will insure the largest and most representative meeting of our school ever held.

The Great Northern Hotel, new and elegantly furnished, absolutely fire-proof, has been engaged for the headquarters of the Congress. It is about three blocks from the Art Building, where the sessions of the Congress will be held. Rooms will be furnished at regular rates. Application should be made at once to Dr. J. H. Buffam, Venetian Building, Chicago.

The magnificent Art Building, to cost \$1,000,000, in which the meetings of the Congress are to be held, is now being rapidly built, and will be completed May 1st, 1893. It will contain two audience rooms, seating 3,500 each, and a dozen or more halls, seating from 300 to 700 each. Ample facilities will be afforded for introductory exercises, general sessions and committee meetings, under the same roof.

One of the most interesting studies for physicians at the Exposition, will be its sewerage system. Six thousand sanitary closets will be built in marble compartments. From these the sewerage will be conveyed to large tanks at the south-east corner of the grounds, there purified by chemicals, its solids pressed into cakes and burned in furnaces. Arrangements are made for a permanent city of 300,000 inhabitants. This method will, therefore, receive a thorough test.

### OBITUARY.

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BRIGADIER-GENERAL EDWARD AUGUSTUS WILD, M.D., was the son of Dr. Charles and Joanna (Rhodes) Wild, and was born in Brookline, Mass., November 25, 1825. His father was one of the first physicians in Massachusetts to adopt the practice of homœopathy, and for his marked ability, combined with rare professional insight and eccentric manners, was a noted physician. The son inherited some of his father's peculiarities. He graduated from Harvard College with the

degree of A.B., in 1844, spent one year in the medical school of Harvard University, and received his medical degree from Jefferson College, Pennsylvania, in 1846. On June 12, 1855, he married Francis Ellen, daughter of John W. Sullivan, Esq., and niece of General Dix. During the Crimean war he served as medical officer in the Turkish army, receiving, at the end of the war, a medal from the Turkish government in recognition of the value of his services. On his return from Europe he resumed practice in Brookline, where he soon acquired a distinguished popularity. From his boyhood military life possessed a charm for him, and at the very commencement of the rebellion he was among the first to offer his services to the State. On May 22, 1861, he was commissioned as Captain of Company A, First Regiment Massachusetts Volunteers. He served in the regiment at the first battle of Bull Run, and in the Peninsula Campaign under General McClellan. At the second battle of Fair Oaks he was severely wounded in the right hand, and returned home disabled. Before his wound was healed he was commissioned successively as Major and Lieutenant Colonel of the Thirty-second Massachusetts Volunteers, and on the 11th of August, 1862, was commissioned Colonel of the Thirty-fifth Regiment, which had recruited under his direction. On the 22nd of August, the regiment, one thousand strong, left the State with Colonel Wild at its head, his arm suspended in a sling, and on the 14th of September following, at the battle of South Mountain, where he led his regiment with the greatest bravery, he was again severely wounded, in the left arm, which was first amputated at the middle third and afterwards at the shoulder. Most persons would have felt that they had sacrificed sufficient to their country, as for some time his life was in great danger, but, recovering from his wound, with determined will he brought into service his almost useless right hand, and on the 23rd of April following he was commissioned Brigadier General of the United States Volunteers. After assisting in raising the Fifty-fourth and Fifty-fifth Massachusetts regiments, composed of colored troops, he assumed command of the organization known as Wild's African Brigade. He served under General Foster in North Carolina, and under General Butler in the Army of the James, and in May, 1865, was ordered to report for duty in Georgia, under Brevet-Major Saxton, Assistant Commissary of the Bureau of Refugees, Freedmen and Abandoned Lands. Finally, by an order of the department, dated December 28, 1865, he, with 122 general officers, was honorably mustered out of the service of the United States. His long and severe military service unfitted him, in his own opinion, for a return to the medical profession. He became interested in the mines of Nevada Territory, and, with varying fortunes, spent many years of his life, replete with adventure and hardship, in the wildest regions of the West. Long-continued hardship and exposure brought on a premature age, which was graced by a dignity and nobility of bearing rarely equaled, but quenched not the fire and daring of his early life. Although his health was impaired, yet he engaged in an undertaking, with a party of civil engineers, to make surveys for a railroad from the Magdalena river to the city of Medellin in South America, for the government of Antioquia. The party sailed from New York on July 1st, 1891, and after a hard journey reached Medellin about the last of the month. Severe sickness came upon him, and he died at Medellin, on the 28th of August, 1891, in the sixty-sixth year of his age. During his entire sickness he received distinguished care and attention, and, as a "General of a friendly nation," General Wild was buried with military honors. A company of soldiers escorted his body to the cemetery, while the bells of the cathedral tolled, and the governor of the province, secretary of the treasury and other government officials, as well as the employés of the railroad company attended the funeral services of the distinguished dead.

Although the military career of Dr. Wild formed a very important part of his life, still his ardent, enthusiastic, persistent and enduring temperament, had he continued therein, would have made a lasting imprint upon the medical profession. He was deeply interested in all pertaining to it — in its literature, its institutions, and all that served for its advancement. With the poorest child he would sometimes sit for hours, watching the effect of a carefully-selected remedy. He was a firm believer in homœopathy, and an active member of our medical societies. He joined the State society in 1853; was a member of some of its most important committees, and in 1860 he delivered the annual oration, in which he dwelt upon the occult power of mind over matter. He became a member of the American Institute of Homœopathy in 1859, and had been eight years a Senior at the time of his death.

I. T. T.

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EDITORIAL.

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*ANOTHER WORD ON "VERIFICATIONS."*

The New York Homœopathic Materia Medica Society, through its secretary, Dr. A. R. McMichael, has done the GAZETTE the honor to reply, somewhat *in extenso* and very courteously, to the GAZETTE's editorial note, of a few months ago, on the Society's methods and purposes. We take great pleasure in reproducing this letter in full :

"THE NEW YORK HOMŒOPATHIC MATERIA MEDICA SOCIETY.  
*To the Editor of the New-England Medical Gazette :*

SIR, — The June number of the NEW-ENGLAND MEDICAL GAZETTE, in referring to the New York Homœopathic Materia Medica Society, has, in the form of a criticism on the object of the Society, evidently been led astray as to its true intent and purposes. The object, in part, of the Society, as set forth in the February number of the *North American Journal of Homœopathy*, is briefly as follows :

To collect and preserve all verifications, not only of reliable pathogenetic symptoms, but clinical as well, from every source extant. At the end of each year a value is to be given to each symptom, whether pathogenetic or clinical, should it reach the standard imposed by the Society. This standard will likely be similar to the following :

If a symptom has been verified ten times it will be considered a grand characteristic of that drug ; should five verifications be found it will stand as a characteristic, pathogenetic or clinical, as the case may be ; the two being kept apart, and printed in the collaborator's report as such. All symptoms that do not reach the standard at the end of each year will go over and occupy the

same place, and have the same relation and value as those previously considered.

In this way, drugs that have reliable provings will have their symptoms verified, not only by one individual, but by many; and drugs that have not been proven, but clinical symptoms many times verified, will assume a practical value, if not scientific.

It is true that many reported cures, or verifications of symptoms, will be found which are unreliable; but if the final standard of value be made sufficiently high, allowance can be made for reports which otherwise would not stand the test of scientific investigation.

It is also true that drugs that have not been proven can be used intelligently; if their clinical symptoms are verified sufficiently by close observers our prescriptions then would savor less of empiricism, and would not detract from the scientific value of well-proven drugs.

Very truly yours,

A. R. McMICHAEL, M.D."

We cannot but suggest, though with all possible respect, and under correction, that the pith of our former comment seems here to be somewhat missed. That point was — and is — that to gauge the value of a clinical "verification" by the number of times it is found reported, here or there, may be, with the best intent, to do science a grave mischief by securing the survival of the unfittest. For, unhappily — speaking broadly and in the rough — the most confident reports of "verifications" are usually the least reliable. It is the novel, the unproved, and frequently the inert, or the wildly impossible drug with which the ardent enthusiast in therapeutics loves best to experiment, and from which he is most certain to report triumphant cures. As tales of these cures spread abroad through the journals more ardent enthusiasts experiment with the drug (*sic*), and more cures are reported; and not ten, but a hundred "clinical verifications" thus press forward in support of the claims of a substance which even cautious empiricists look at askance, and for which homœopathists, as such, can have no possible use, since the substance in question has no pathogenesis. It is a humiliating fact that "clinical verifications" are of very little more value, as found in medical magazines, than are "testimonials" to patent medicines, in the columns of daily newspapers. Both may be honest; both may stand for the fact that certain results may seem to follow the administration of certain substances, and the

value to science of both is *nil*. Yet *lac caninum* may, because of its hundreds of "clinical verifications," be respectfully catalogued by scientific gentlemen who would smile compassionately at the "clinical verifications," in the homely vernacular called "testimonials," offered by "Paget's Pain Palliator." Yet after all, what sound testimony to values is there in the one case that there is not in the other?

The scientific mind can recognize but one condition under which "clinical verifications" can be of value; namely, when they outnumber clinical *nullifications* of the same drug, when compared with these in parallel column. Which is to say, that when the sphere of homœopathy is deserted for that of empiricism — which is done whenever we deal with the action of drugs having no reliable pathogenesis — we should at least adopt the best methods of empiricism, and seek records of the cases in which the drug has been *unsuccessfully* administered, and cases under which recovery from the disease-condition has been made when no drug was administered. It is only when such cases are put in comparison with the "verifications" that the latter can claim any solid value.

Homœopathy stands so sadly to-day in need of the best service of her best minds — service in building up a clean and strong drug-pathogenesis on which, and on which alone, scientific homœopathic practice can safely and proudly rest — that for homœopathy's best minds to lend themselves, though ever so little, to the service of empiricism, by methods to whose fallacy the whole history of old-school practice bears age-long testimony, seemed a risk over which the GAZETTE, from the depths of a friendly heart, ventured to sigh. And if this sigh has voiced itself in phrase too frank, the friendliness which breathes through it all must plead excuse.

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#### EDITORIAL NOTES AND COMMENTS.

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"WHAT'S IN A NAME?" may, in good-humored irony, be asked of the gentleman who, judging from a recent communication to the *Boston Medical and Surgical Journal*, seems to be under the impression that to change the name of a medicinal agent will alter

the facts of its history. The gentleman in question is Dr. Kenelm Winslow; and the drug, on whose properties he discourses, is glonoin. With a reasonableness akin to that of the head-hiding ostrich, this writer refers to our old homœopathic stand-by under the extraordinary and meaningless name of *glenoine*; thereby proving his timorous conviction that to call the drug by the name bestowed upon it by the famous homœopathist who introduced it to America, were to expose, too flagrantly, his own absurdity in treating of the drug as a recent and valuable discovery by allopathy. This caution comes too late; since, apparently unknown to him, authoritative writers of his own school — Robert T. Edes and Farquharson, for example — have already accepted and employed in good faith the name glonoin, recognizing, doubtless, the sound, scientific reasons which influenced Dr. Constantine Hering in thus christening the substance which he had the honor of introducing to the medical profession nearly fifty years ago. These reasons it may not be uninteresting for us to recall in Dr. Hering's own words:

"But above all things the child required a name. Sobrero had not considered one necessary, and the gun-cotton had not even been chemically christened, so I coined a name from the components — glycerine, or hydrate of glycyloxyde with nitrosulphuric acid gave the product. The sulphuric acid and the water remaining, our substance was **G**lycyloxyde and **N**itrogen **O**xygen, the latter perhaps as nitric acid, and the elements of the first transferred to alkalis. All this we did not even know how to investigate, and were obliged to wait for adepts to discover it. But the name could not wait, so to Gl. O. N. O. *inum* was added, to designate *what is derived*, abbreviating which we had the euphonic and significant name of glonoin, the *i* long and accented."

Some years later Hering wrote: "Since analysis has shown that it is not a compound of nitric acid and glycerine, but a new-formed combination, the name nitro-glycerine ought to be left to exploders and their working-men. The name glonoin is formed according to the custom of all the great explorers, from the initials of the elements and compounds in combination, like aldehyde, and several others."

Petty puerilities are many in the history of the relations of the old school and new, in the way of efforts to ignore, in all imaginable ways, the credit due homœopathy for its contributions to



medical science. But this pleasant jest of changing one letter in an old familiar drug-name strikes us as among the drollest of such puerilities, lately to be observed.

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THE PERILS OF SENTIMENTAL FICTION. — The mischief done by sentimental fiction as an etiological factor in many abuses and aberrations, should not be overlooked by thoughtful physicians, or by the parents and guardians of youth, whose opinions such physicians may often help to form. It is a queer fact that parents closely overwatch in health, and physicians assiduously inquire into and regulate, in sickness, the foods which go to nourish and build up the bodies of the young under their care ; while the books, which are as the diet of mind and soul, are very rarely made the subject of inquiry or regulation by either. Such a negligence is especially odd, and especially unpardonable in these days when hypnotism and "mind-cure" demonstrate to us the marvellous power of spirit over matter, and how a fixed idea of an unwholesome sort may lead by a straight, short road to diseased physical conditions, and how a trained and resolute will may practically, and for a long time, nullify physical ills. Beyond all question, the books that are read by the young are responsible, to an incalculable degree, for the birth of impulses and the training of the will for good or evil. In all cases of nervous disease, especially of the hysterical sort, a close inspection of the patient's library may be followed by as useful results as a close inspection of the patient's diet-list. Everything pessimistic, everything morbidly sentimental, everything even remotely erotic should be hunted down and banished from the mental pabulum as intelligently and definitely as anything indigestible or dangerously stimulating from the physical. Literary therapeutics will yet become a useful branch of that liberal modern medical practice which aims to treat the patient as a whole, and is powerful and wise in treating the mind through the mind, as the body through the body.

No one who intelligently followed, in detail, the testimony in the shocking Ward-Mitchell case, and especially the letters that passed between the wretched girls, can fail to be struck by the fact that many passages in the letters read like *verbatim* quota-

tions from the crassly silly and erotic novels, which too often form the sole mental food of young people of their type. There can be little doubt that more than one seed which blossomed to the black flower of that sickening tragedy was sown by precisely such books, read and assimilated by those callow and too receptive — and in one case at least — hereditarily unhealthy young women. There can be little doubt that hundreds of thousands of such seeds, destined to blossoming only less black, are being sown the length and breadth of our land by cheap, foolish, coarse novels, read and mused upon by foolish, immature minds. It is no fanciful danger; it is no whimsical hint which we thus seek to give to the physicians whose household influence is so widespread and so vital.

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THE CHOLERA IN EUROPE is, it is true, a subject of less momentous importance to-day than in the days when the appearance of the dreaded scourge on one side of the ocean was the immediate and inevitable *avant courier* of its appearance on the other. Vigilance, born of dear-bought experience, and improvement in quarantine matters, are to be thanked for the hopeful fact that one European cholera epidemic, of serious severity, waxed and waned a few years ago without at all affecting America. There is every indication that the present visitation of cholera to Russia, France, and elsewhere, will cease as harmlessly, so far as we are concerned. Nevertheless, as when the war-cloud on the horizon is no larger than a man's hand, it is sane and safe to give a comprehensive study to defences and military resources, so when a disease-epidemic is but a speck in the distance it is no bad idea to search out the weak places in our sanitary armor, which it would certainly and disastrously find should it travel our way. In the course of such search it might be a surprise to hygienists to discover that many of these danger-spots are not confined to the squalors of the slums, but exist in quarters where the sanitarian would hardly dream of turning his search-light. For a single instance — in what is popularly known as the "court end" of the city of Boston, most of the householders leave town for a long vacation season. In many instances their houses are not altogether

closed, servants or other care-takers being left in charge. So rarely in summer do the refuse carts visit this section of the city that waste food not infrequently overflows the accommodation for it, putrefies in the hot air, with results which fail to attract the attention of the city authorities as promptly as they would attract the attention of the cholera microbes. Again, according to the statement of a leading newspaper, it has lately been discovered that in a pleasant and populous street within city limits there is a block of twenty houses which never have been connected with a sewer, and whose sewerage drains into a creek connected with a brook. How promising a cholera-trap this!

It is not to be supposed that Boston is alone or even prominent among American cities in permitting and overlooking such crying and dangerous sins against good sanitation as those instanced above, and whose list might easily be extended. But with even the smallest cloud of a possible epidemic on the horizon, it were well for every physician, every sanitarian, every public-spirited citizen to do his personal utmost toward the exposure and correction of every such evil that comes within his knowledge.

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### COMMUNICATIONS.

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#### *HOMŒOPATHY AND THE INSANE.*

BY N. EMMONS PAINE, M.D., WEST NEWTON, MASS.

[*Read before the American Institute of Homœopathy.*]

Until very recent years the insane of the whole world have been cared for in asylums under old-school management. With the exception of one country, the same statement is true to-day. That one land where an insane man is accorded his medical rights is our own. Yet this declaration must not be received too broadly, as we look about and recognize in how few States of the Union this right is enjoyed. Three States only have done their duty, and they are New York, Massachusetts, and Minnesota. Each of them has chartered a State homœopathic hospital. Michigan follows, at a distance, with a State institution under homœopathic control, but not homœopathic by legal requirements; and Connecticut is supplying the lack through private enterprise.

In five, then, of the forty-four States an insane homœopath may be treated by his chosen school of medicine. What is the

history, briefly sketched, of this growth, and what is the outlook?

The fact may not be known to the profession at large, that the first hospital for the homœopathic treatment of the insane in the world was a private institution. It was situated at Margarettsville, N. Y., and was owned by Dr. Hilon Doty. The first printed notice of his place was made twenty-four years ago in the Transactions of the New York State Homœopathic Medical Society for 1868.\* It appears, in connection with the report by the secretary of the society of an effort to obtain the appointment, by the Legislature, of a commission to locate a State homœopathic asylum. That first attempt failed, and no commission was appointed; but a year later, April 28, 1869, the "Margarettsville Retreat for the Insane" was incorporated, with a long list of trustees and medical councillors, with the evident intention of accomplishing by private means what had failed of State patronage.† It appears that Dr. Doty treated about thirty patients at his Retreat during the few years prior to the time when, in the autumn of 1869, failing health obliged him to discontinue his work. The history of the whole movement demands that due emphasis be laid at this point upon the fact that Dr. Hilon Doty was the first man in the world's history to open a hospital for the homœopathic treatment of the insane.

The next step was taken by Dr. George F. Foote, who issued a circular, December 1, 1869, asking for subscriptions of money for the erection of a hospital for the insane. Middletown was finally chosen, providing the town contributed \$50,000 as an inducement for locating there. Dr. Foote's plan was to establish neither a private asylum nor a State institution, but a corporation on the model of the Bloomingdale Asylum in New York, or the McLean Asylum in Massachusetts.‡ This plan was opposed by the Albany County Homœopathic Society, and others, and the original intention of a State asylum was maintained. One year later, April 28, 1870, the New York State Homœopathic Asylum for the Insane was incorporated, and \$150,000 appropriated by the State, on condition that an equal amount should be obtained by private subscription before receiving any of the State aid. This requirement was unfair, and it was insuperable; and in 1871 the charter was amended, permitting the use of certain sums for building in advance of the total subscription. Construction was then commenced at once, and the world's first State homœopathic hospital for the insane became a visible reality.

For the sake of historical completeness, a moment's digres-

\* Page 32.

† Transactions N. Y. State Hom. Med. Society, 1869, p. 411.

‡ Ibid, p. 424.

sion should now be made. It is a step I have hesitated about taking, for obvious reasons, but one where the proprieties must give way to a statement of facts. To one man more than any other is due the credit of the establishment of the Middletown asylum and the inception of this whole movement of securing State homœopathic hospitals, and that man is Dr. Horace M. Paine. His hand is evident in the membership of the commission of 1868 for locating a site. It is shown again in 1869, in the incorporation of the Margarettsville Retreat. And again in 1870, when the enterprise had secured the coöperation of most of the leading physicians and the energetic efforts of Dr. Foote, his hand appears once more in the change made, from the private corporation that was planned to the State hospital chartered for the people of the whole commonwealth, and for the poor as well as the rich. It is this pioneer work in New York which has made possible, or at least has smoothed the way, for similar successes in other States. But even in 1870 the charter might not have been obtained in that year had not the omnipotent man of the time become interested and nodded his approval. That man was "Boss" Tweed.

Upon the completion of the main building, the Middletown asylum was opened by appropriate ceremonies in June, 1874, although patients had been admitted some months previously. Dr. Henry R. Stiles was the superintendent at the time, and continued to fill that office until 1877, when, in May of that year, he was succeeded by the present superintendent, Dr. Selden H. Talcott. Under his well-known and able management the hospital has become famous the world over for its uniformly high recovery rate and its low mortality. The results of treatment at Middletown have always been the starting point for appeals to legislatures in other States for similar institutions, and they are appended as table *A*. Its buildings have steadily increased in number and value, and its insane population now numbers between 800 and 900. In spite of its great prosperity efforts have been made by certain State officials, during the past three years, to limit its usefulness; but the fight is still in progress, and without doubt our parent institution will retain the rights granted to it by its charter.

Another asylum in New York State has often been regarded as a homœopathic institution. That is the one at Binghamton. It is true that Dr. Theodore S. Armstrong, the superintendent from July 1, 1880, until his death, December 27, 1891, was a homœopathic physician; but the charter was not in favor of homœopathy, nor were the trustees adherents of our school, and the assistant physicians, together with the present superintendent, are allopaths.

It is singular that the next institution should offer a parallel to the Binghamton situation. The Michigan Asylum for Dangerous and Criminal Insane, at Ionia, was chartered in 1883, and opened for patients in 1885. There was no provision for homœopathic treatment; but the superintendent, from the beginning, Dr. Oscar R. Long, is a homœopath. The treatment has always been homœopathic, and therefore the results are appended as table C. But the asylum cannot be regarded as a permanently homœopathic institution until the charter is amended and the present treatment continued by legal obligation. Further than this, in making comparisons of results, Ionia cannot be regarded as a hospital, because it is only for criminals, and not for the community at large. Its showing, however, is especially praiseworthy, for the criminal insane do not afford so good material for hopeful treatment as the ordinary, law-abiding population.

Before leaving Michigan and its institution, a digression should be made to the one at Traverse City. It is known as the Northern Michigan Asylum for the Insane. During its construction, in 1883, "the legislature passed an act authorizing the board of trustees to appoint a homœopathic physician as superintendent, it being then in course of construction. In 1885, when the time came to appoint, the board offered the position to one who declined the office, and, as none of the other applicants were acceptable, and the word *authorized* used in the act is not mandatory, they selected a superintendent who is not a homœopath." This incident is worth recording, because it is unique in the history of hospitals, and because it is a warning to others of the necessity of great care in the selection of words for a charter.

The next State to give an institution to the homœopaths was Massachusetts. The movement originated with Dr. Samuel Worcester, in 1880, when he read a paper\* before the State Homœopathic Medical Society in its advocacy. He had previously urged the same step in June, 1873, in April, 1874, and again in April, 1879; but it was not until his fourth attempt that favorable action was taken by the State society, which appointed a special committee, with Dr. I. T. Talbot as chairman and Dr. Worcester and others as members.† By a petition of a large number of the best citizens of the State, by hearings before legislative committees, and by other methods, all being directed by the persistent and skilful chairman of the committee, a charter was obtained June 3, 1884, establishing the Westborough Insane Hospital. The buildings previously occupied by the

\* New England Med. Gazette, Feb., 1881.

† New England Med. Gazette, Nov., 1881.

State Reform School were transferred to the hospital, and \$150,000 appropriated for making the necessary changes. Dr. N. Emmons Paine was appointed superintendent in May, 1886, continuing in that position until February, 1892, and was succeeded by Dr. George S. Adams. The buildings were opened for patients December 1, 1886. Its capacity is four hundred patients, but over five hundred and forty have recently been crowded within its walls. A table of statistics of all the Massachusetts hospitals for the last five years is appended, *B*.

The last of the State institutions is that in Minnesota, at Fergus Falls, known as the Third Minnesota Hospital for the Insane. The details of its organization not being at hand, it has been impossible to sketch, even hastily, that interesting period. It was opened July 29, 1890, and has one hundred and forty-four patients, with accommodations for one hundred and sixty, which will be increased shortly to three hundred and twenty-five. Dr. Alonzo P. Williamson, the superintendent, assumed office in May, 1890. Its first year's record is appended as table *D*.

These, then, are the three State hospitals established for the homœopathic treatment of the insane—Middletown, Westborough, and Fergus Falls; and Ionia may be added so long as it remains under a homœopathic superintendent. The total number of patients now in these four hospitals is nearly seventeen hundred (1680).

Let us now consider the private hospitals for the insane under homœopathic management.

The first one, Dr. Doty's, at Margarettsville, N. Y., has been described already.

The second was that of Dr. George F. Foote, established at Stamford, Conn., after leaving the Middletown asylum, and which was in existence only a few years.

At the present time the oldest private homœopathic hospital is "Dungarthel," the property of Dr. Henry S. Stiles, the former superintendent of the Middletown asylum. It was opened in July, 1887, is situated on Lake George, at Hill View P. O., N. Y., and is licensed for six patients.

Drs. J. T. Greenleaf and Edward E. Snyder are the owners of Glenmary Home, at Oswego, N. Y. It has been in operation since 1889, and is licensed to care for thirty patients.

Dr. White's Private Homœopathic Insane Asylum at Sandwich, Mass., was opened by Dr. G. E. White, in October, 1891, and accommodations are offered for nine patients.

Dr. Amos J. Givens opened his private hospital, Stamford Hall, Stamford, Conn., January 1, 1892. He now has accommodations for twenty-two patients.

The Newton Nervine, at West Newton, Mass., owned by Dr.

N. Emmons Paine, received its first patient February 1, 1892, and can care for seven mildly-insane or nervous invalids.

We have now considered the existing hospitals, both public and private. Let us see where our school is making efforts for the establishment of new institutions.

The first State in point of time is Pennsylvania. There are already five large hospitals within its borders — at Norristown, Harrisburgh, Danville, Warren, and Dixmont — besides the large semi-private corporations at Philadelphia and Frankford.

There is still need, however, of another hospital, and the next one should be ours. Homœopathy is strong in Pennsylvania. There are more physicians of our school in one city than in whole States where our brothers are already securing their rights. The profession is standing on a solid foundation of colleges, journals, hospitals, and dispensaries, with patrons possessed of marvellous wealth. All that is needed now is union and coöperation, and another magnificent institution will surely result. An array of facts and arguments in favor of a hospital was most ably presented by the president of the State Society, Dr. Hugh Pitcairn, in his official address to its members, September 18, 1888. So far as I can learn, no active interest has been taken in the matter since that time; but the feeling is prevalent that a new activity is imminent, and that hopeful results are anticipated during the coming year.

In looking for the next outcropping of the demand for medical rights we shall discover that it appeared in the extreme East, the State of Maine. Dr. A. I. Harvey writes that the legislature appropriated money in 1888 "for the purpose of buying the necessary real estate on which to build an insane asylum in Bangor. The land was bought and plans made for the new institution, and it was expected that the appropriation for buildings would be made at the last session of the legislature, 1890-91. At that time the homœopathic physicians of this State, through a committee appointed for that purpose, applied to the legislature for the control and management of the new asylum. The result was that the legislative committee granted leave to the petitioners to withdraw, and the legislature refused to make any appropriation for buildings whatever, so that the matter remains *in statu quo*. Our society is united in the movement, and we shall take steps to lay the matter fully before the public before the next session, and we hope to be successful. We have about one hundred physicians of our school in this State, and the population by the last census was about six hundred and fifty thousand." These efforts in Maine are certainly bold, and deserving of success. The State contains only one insane hospital at present, that in Augusta; and if our school can secure the new one at



Bangor our down-east brethren will become the banner State in possessing one-half instead of one-fifth of the hospitals of any given State. They must certainly succeed, because, 1st, The State Society is the moving body. 2d, The members are coöperating heartily. 3d, They are planning to enlist popular approval. 4th, This one defeat will be followed by more systematic and earnest work.

In passing to the next State we shall certainly realize that "extremes meet," and Oregon will next claim our attention. It has already built one insane asylum — that at Salem. The total population is only 325,000, and the number of homœopathic physicians is ninety; yet when, in 1890, more accommodations were needed members of our school, as Dr. Osman Royal says, "were watching, and if a new building had been erected, instead of adding a wing to the old building, we should have asked for its care."

The next State for our consideration is Kansas. It has already two asylums, one at Osawatomie and another at Topeka. The homœopathic physicians now number between four and five hundred, and the population is a little less than 1,500,000. Dr. E. R. McIntyer reports that members of our school presented a bill to the last legislature, in 1891, asking for an asylum, "but that it failed, owing to the extreme economic views of the Alliance members; although some of the county jails contain one or more insane patients, because of lack of room in the asylums." Another effort will be made at the next session of the legislature, in 1893.

California will claim our attention next, but only for a moment. The State already has four large asylums, two being at Stockton, and one each at Napa and Agnews. Another is needed, and the homœopaths will probably ask for its control of the next legislature.

In Kentucky active work by the State Society has already been begun. An attempt has just been made, in 1892, to obtain control of one of the three existing asylums, but it has failed. This lack of success can easily be accounted for, when we know: 1st, That it is almost impossible for an opposing medical school to obtain possession of an active and successful institution. 2d, That the society cannot claim more than one hundred members. 3d, That organization and experience are the results of time and defeat. It is probable that a medical college will be opened within a year or two, and that the work necessary for its establishment and success will develop the coöperation and experience necessary for obtaining a due share in the State institutions.

There are three other States in which the subject of homœo-

pathic asylums has been brought before the legislatures or the societies. In Wyoming a bill was presented to its legislature about three years ago, and failed, as my informant stated at the time, by only one vote. In Texas, last year, there was a similar movement; but the details of the matter are not at hand. And, lastly, in Illinois an active effort has been made recently. No State appears more hopeful of successful result than this, with its hundreds of physicians, and its colleges, journals, and hospitals. It needs only a hospital for the insane before the opening of the Columbian Exposition to stand before the world well-rounded in the front of the homœopathic ranks.

In conclusion, then, What do we find? We find three chartered homœopathic hospitals in active operation — Middletown, Westborough, and the Third Minnesota, and our method of treatment also in the Ionia asylum. We also discover that active work has been done in nine other States — Pennsylvania, Maine, Oregon, Kansas, California, Kentucky, Wyoming, Texas, and Illinois. Within the next year or two successful results will be evident in one or more of them. As the number of homœopathic physicians increases in any given State a demand will be made for a share in its public institutions. This demand will certainly be accorded as rapidly as the public become acquainted with its justice and the gratifying results it has always shown among the insane. Within the lives of members now assembled here there will come the time when homœopathic hospitals for the insane will be found in every State of the Union.

In order to reach this result, it is advisable for those in the future who decide to engage in such undertakings to know, at the beginning, what are the lessons learned from past successes. They are three: 1st, That some one man, prominent, tactful, and diplomatic must give much of his time to organizing the movement in each State, so that the whole mass of physicians and their adherents may act as a unit. 2d, The people throughout the State must be kept informed, through the local papers, of what is demanded; they must be convinced of its advantage and its justice, and their assistance must be invited. 3d, The fight, when once begun, must be carried on to victory, even through many disappointments, as shown by the three years' struggle in New York, and the four years in Massachusetts. That the right is on our side is evidenced by the uniformly high rates of recoveries shown by each of our hospitals as rapidly as they are established. It is plain, too, that this success does not all depend upon the physician in charge, nor upon the locality, nor upon the construction of the buildings, but upon the system — the principle of *similia*.

TABLE A. — NEW YORK.

BY SELDEN H. TALCOTT, M.D., MIDDLETOWN, N. Y.

[From "The Conglomerate," Sept. 16, 1891.]

TABLE No. 1.

Percentage of recoveries on number discharged.										Percentage for whole period.
Year.....	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.		
Utica.....	34.12	23.18	28.37	17.17	26.22	24.08	29.48	32.92	26.94	
Buffalo.....	30.95	31.12	28.41	24.92	29.72	31.29	34.88	42.25	31.69	
Hudson River.....	24.46	31.60	21.72	28.57	27.46	32.11	36.29	45.29	30.93	
Middletown.....	46.00	48.22	50.38	50.95	51.33	46.94	51.79	53.57	49.89	
Ave. per cent. recoveries, old school.....	30.92	27.75	26.78	22.44	27.81	28.29	33.02	38.90	29.48	
New school.....	46.00	48.22	50.38	50.95	51.33	46.94	51.79	53.57	49.89	

TABLE No. 2.

Percentage of recoveries on average number of daily residents.												Percentage for whole period.	
Year.....	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	1889.		1890.
Utica.....	22.74	25.41	20.45	17.55	21.82	14.52	20.80	13.60	16.30	16.45	20.06	19.53	19.11
Buffalo.....	.....	17.02	22.00	22.00	26.01	21.80	22.20	28.30	20.70	23.40	29.90	23.33	23.33
Hudson River.....	9.00	11.00	9.00	18.00	18.00	21.00	13.00	17.00	20.00	18.00	21.00	18.00	16.00
Middletown.....	28.91	32.79	28.64	29.11	26.03	23.52	20.06	19.51	20.55	19.76	18.84	18.16	23.82
Average percentage of three old schools.....													19.48
Average percentage of the Middletown State Homœopathic Hospital for the same period.....													23.82

TABLE No. 3.

Percentage of deaths on whole number treated.										Percentage for whole period.	
Year.....	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.			
Utica.....	5.80	5.65	4.00	5.20	6.43	5.87	6.40	8.01	5.92		
Buffalo.....	8.34	7.11	4.67	4.02	6.14	7.14	5.74	5.59	6.09		
Hudson River.....	5.84	8.27	7.70	6.26	6.68	5.42	5.94	5.11	6.40		
Middletown.....	4.39	4.96	5.55	2.99	3.42	5.35	2.11	3.74	4.06		
Average percentage of the three old school hospitals.....											6.13
Average percentage of the Middletown State Homœopathic Hospital for the same period.....											4.06

TABLE No. 4.

Percentage of deaths on daily number of residents.													Percentage for whole period.
Year	1879.	1880.	1881.	1882.	1883.	1884.	1885.	1886.	1887.	1888.	1889.	1890.	
Utica	7.73	6.84	8.15	9.17	9.64	9.13	6.84	9.01	10.25	9.98	10.69	13.46	9.24
Buffalo			20.00	6.04	15.00	12.90	8.50	7.63	11.60	11.10	9.90	10.21	11.28
Hudson River	10.00	15.00	13.00	15.00	11.00	14.00	12.00	10.00	12.00	9.00	10.00	8.00	11.58
Middletown	9.09	6.99	7.42	8.43	6.79	7.25	8.20	4.14	4.71	7.11	2.79	5.19	6.51
Average percentage of the three old school hospitals													10.70
Average percentage of the Middletown State Homœopathic Hospital, same period													6.51

TABLE No. 5.

OLD SCHOOL. Poughkeepsie, Buffalo and Utica State Hospitals						NEW SCHOOL. The Middletown State Homœopathic Hospital.							
Year.	Whole number treated.	No. of deaths.	Percentage of deaths on No. treated.	Whole number discharged.	No. discharged recovered.	Year.	Whole number treated.	No. of deaths.	Percentage of deaths on No. treated.	Whole number discharged.	No. discharged recovered.		
1883	2017	131	6.49	776	240	1883	410	18	4.39	150	69		
1884	2187	148	6.76	872	242	1884	423	21	4.96	141	68		
1885	2251	117	5.19	922	247	1885	486	27	5.55	131	66		
1886	2364	122	5.16	967	217	1886	568	17	2.99	157	80		
1887	2367	152	6.41	1014	283	1887	642	22	3.42	187	96		
1888	2371	144	6.07	919	260	1888	672	36	5.35	213	100		
1889	2512	153	6.09	963	318	1889	709	15	2.11	195	101		
1890	2809	181	6.44	928	361	1890	802	30	3.74	196	105		
												46.00	
													48.22
													50.38
													50.98
													51.33
													46.94
													51.79
													53.57

COMPARATIVE TABLE.

Showing the proportion of Patients discharged as Recovered, Improved, Unimproved, and Dead.

Compiled from the reports of the State Commission in Lunacy, and the several hospitals named.

OLD SCHOOL. Poughkeepsie, Utica, and Buffalo.					NEW SCHOOL. Middletown.						
Year.	Whole number treated.	Discharged recovered.	Discharged improved.	Discharged unimproved.	Discharged dead.	Year.	Whole number treated.	Discharged recovered.	Discharged improved.	Discharged unimproved.	Discharged dead.
1887	2367	283	204	342	152	1887	642	96	23	46	22
Per cent.		11.83	8.70	14.45	6.42	Per cent.		10.28	3.58	7.32	3.43
1888	2371	260	176	350	144	1888	672	100	31	46	36
Per cent.		9.10	7.42	14.76	6.07	Per cent.		14.88	4.61	6.84	5.35
1889	2512	317	159	281	153	1889	709	101	28	49	15
Per cent.		12.66	6.33	11.18	6.09	Per cent.		14.25	3.95	6.91	2.11
1890	2809	361	198	158	181	1890	802	105	38	23	30
Per cent.		12.85	7.05	5.62	6.44	Per cent.		13.09	4.74	2.87	3.74
Average per c.		11.61	7.38	11.50	6.26	Average per c.		13.13	4.22	5.98	3.66

TABLE B. — MASSACHUSETTS.

NAME OF HOSPITAL.	1887.		1888.		1889.		1890.		1891.	
	Percent. of Recov. to Discharges.	Percent. of Deaths to Whole Num. Treated.	Percent. of Recov. to Discharges.	Percent. of Deaths to Whole Num. Treated.	Percent. of Recov. to Discharges.	Percent. of Deaths to Whole Num. Treated.	Percent. of Recov. to Discharges.	Percent. of Deaths to Whole Num. Treated.	Percent. of Recov. to Discharges.	Percent. of Deaths to Whole Num. Treated.
Northampton Lunatic Hospital. ....	27:170	31:639	36:154	31:635	42:190	25:636	32:121	21:616	44:180	31:632
	15.8	4.8	23.3	4.8	22.1	3.9	26.4	3.4	24.4	4.9
Worcester Lunatic Hospital. ....	74:379	61:1073	81:313	67:1083	103:353	63:1162	119:462	80:1247	87:467	81:1273
	19.5	5.6	25.8	6.1	29.1	5.4	25.7	6.4	18.6	6.3
Taunton Lunatic Hospital. ....	59:300	59:934	50:270	61:894			62:269	70:948	52:239	53:910
	19.6	6.3	18.5	6.8			23.0	7.3	21.7	5.8
Danvers Lunatic Hospital. ....	64:452	79:763	61:427	66:740	56:307	76:1066	49:332	86:1145	65:331	85:1135
	14.1	10.3	14.2	8.9	18.2	7.1	14.7	7.5	19.6	7.4
Westborough Insane Hospital. ....	55:123	19:432	78:236	44:642	84:303	56:806	104:305	53:813	142:412	57:905
	44.7	4.3	34.3	6.8	27.7	6.9	34.0	6.5	34.4	6.2

TABLE C — MICHIGAN. — The percentage of deaths to the whole number treated in 1886 was: Kalamazoo, 4.7; Pontiac, 4.8; Traverse City, 4.0; and Ionia, in 1888, 4.4. The results in Kalamazoo and Pontiac are from biennial reports, and should be divided by two in order to obtain approximate results for one year.

TABLE D — MINNESOTA. — The percentage of recoveries to discharges in 1891 was: St. Peter, 32.71; Fergus Falls, 70.; and the percentage of deaths to the whole number treated was: St. Peter, 4.88; Fergus Falls, 2.81.

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*A FEW QUESTIONS ANSWERED.*

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

*Dear Doctor:* While listening to your lectures on *materia medica*, some years ago, you reported a case which was cured by a "high potency" of a drug where low potencies of the same and other drugs had utterly failed.

The case was that of a young woman who was afflicted with eczema of the scalp. The case was exceedingly aggravated, the head being covered with a thick crust, which so injured her personal appearance that she shunned society almost entirely. She had been treated by other good physicians, without relief, before she applied to you. Enquiry showed that she had taken about every indicated remedy, and the thought occurred to you that a change of potency might be better than a change of remedy. So you selected *calcarea carb.* in a "high" potency — somewhere between the 30th and 100,000th — and sent her away. In a reasonable time her symptoms improved, and the case was cured.

To-day, in looking over your article in the *GAZETTE* for August, you state that it is "simply self-deception" to think that there is any power in the 30th potency. What, then, was the cause of the recovery in the case mentioned? Was it a case of spontaneous recovery, and the time a simple matter of coincidence? Or did her faith play any part in the case? . . .

I am not an enthusiast as regards "high potencies," and rarely prescribe them. Still I have no prejudice against them. Is it not possible that there are forces in drugs which the microscope is powerless to discover?

Respectfully yours,

August 11, 1892.

*My Dear Doctor:* I well remember the case you mention. It occurred when I had been in practice about six years (twenty-nine years ago), and impressed me more than it would to-day.

It was an aggravated case of pityriasis, and it got well. It was a case of spontaneous recovery; the medicine (calc. carb., 200 Lehrmann) could by no means have had anything to do with the cure. I was laboring under a deception — call it self-deception if you like — though the fault lay with men under whose influence I then stood, and who denounced every one as a “mongrel” who did not use “high potencies.”

You ask, “Was it a coincidence?” The case got well. I know now that many graver cases get well without medicines, under even very careless dietetic management, and I know how difficult a matter it is to distinguish such cases from remedial cures, especially when our dietetic management and nursing are good

You ask, “Is it not possible that there are forces in drugs which the microscope is powerless to discover?” The microscope has nothing whatever to do with disclosing medicinal forces, as I have been obliged to declare and explain many times, and in many places. And I repeat here, that the microscope applies only to hard, practically insoluble substances, the limit of whose divisibility it easily demonstrates. The limit of divisibility of solubles is also demonstrable by much more complex physical methods, and is known to be a long way *below* the thirtieth.

This is acknowledged by Dr. Fincke, and other high dilutionists, who now say that they care not for matter and its divisibility, as they henceforth deal with the “liberated spirit” of the drug.

In that realm they are perfectly safe from the encroachments of the microscope, or those of physical science generally. Nobody will trouble them there in their occultism and spiritism, engrafted on homœopathy by Jenichen, Korsakoff, Lutze, Jaeger, and their numerous followers, for whose patronage Schuessler made a shrewd bid. All of these stand as representatives of homœopathy, with the result that it has been obscured to such an extent that many who claim to practise it do not know what it is, so that its general acceptance has been indefinitely postponed.

If I have written a few words beyond a simple answer to your questions, excuse me, but believe me always sincerely yours,

Boston, Aug. 15, 1892.

C. WESSELHOEFT.

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**THE DANGER OF CELLULOID BUTTONS.** — Professor C. Vernon Boys, of England, reports the case of a lady, standing near a bright fire, who suddenly found herself enveloped in smoke. A gentleman who came to her rescue succeeded in crushing the ignited portion of her dress, not, however, without severely burning his hand. On investigation the fire was found to have originated from a spot where a large fancy button had been, but had disappeared. Similar buttons were subsequently examined, and were found to be highly inflammable, being made of celluloid. — *Med. Record.*

*THE NERVOUS SYMPTOMS OF COCCULUS INDICUS.*

BY E. P. COLBY, M.D., BOSTON.

[*Read before the Hughes Medical Club.*]

This remedy has acquired some considerable reputation in certain forms of dyspepsia and in sea-sickness, in both of which maladies there are other drugs which would seem to be more frequently indicated. Beyond this there has been but little use made of it by most practitioners. In fact, it is one of our little-used agents. It having been rather a favorite remedy with me for over twenty years, I have thought it not out of place to call your attention to a few of its prominent nervous symptoms, more particularly as the majority of them have been verified by its clinical results. It has been stated by Hughes that its effects must be upon and through the nervous system; to which theory we must at once assent, as there does not appear to present any congruous series of symptoms pointing to organic disease in any other sphere. Let us first consider some of its recorded symptoms.

- Effects of motion of carriage or vessel.
- Spasms of hysterical females or suppressed menses.
- Spasms of the hands, as though one were writing.
- Convulsions from wounds.
- Traumatic tetanus.
- Epilepsy.
- Unilateral chorea.
- Total and partial spasmodic paralysis occasioned by increase of sensibility and later decrease of motor power.
- Paralysis of lower limbs with insensibility of affected parts.
- Paralysis of tongue.
- Fainting of hysterical females.
- Vertigo and vomiting.
- Alternate going to sleep of alternate hands and feet; difficulty of speech during the attack, and difficulty of reading and thinking after the attack.
- Migraine.
- Headache in those who indulge in excesses.
- Tabes dorsalis and affections of the cord.
- Vertigo, with nausea and falling down unconscious.
- Vertigo when rising in bed, as if everything turned around, and inclination to vomit.
- Stupid feeling, obliged to read over several times what he has previously read to understand it.
- Various kinds of headache.
- Dim sightedness.



Noise in the ears, noise of rushing waters, with hard hearing (labyrinth?).

From Hughes we read that poisoning from picrotoxine produces tonic and clonic spasm, with semicircular and backward movements, and rolling over on the axis of the body. This he attributes to the *crura-cerebri*. (Of this I will speak later.)

"Her hands tremble when eating, the trembling increasing in proportion as she lifts the hand higher up." The nausea and other symptoms, as effects of motion, can only result from action through the sensorium, whether this may be through sense of sight or through the labyrinth, and is undoubtedly reflex.

The spasmodic symptoms would show it to have a marked action upon the cord and medulla, with a preference for the motor sphere, where its action is more of an excitant than true paralytic; — *i. e.*, the symptoms in man are more those of spasm than paresis. Its paralyzing action when given to fishes cannot be directly applied to the symptomatology of the warm-blooded animals. It would seem to heighten the reflexes, although we have no careful physiological experiments recorded to demonstrate such as a fact. But, in evidence of this, there occurs in the symptomatology convulsions from wounds, and traumatic tetanus. These must necessarily be clinical, and in evidence only as corroborative. The symptoms of unilateral chorea would hardly be important until it can be made clear that it was a symptom produced by the drug, and to what extent. By far the greater portion of the symptoms would indicate the benefit of the remedy in hysteria, as notice, — fainting of hysterical females, paralysis of the tongue, numbness of alternate hands and feet, with difficulty of speech during the attack; the various pains in the head, migraine, dimsightedness. You will notice the peculiar symptom, spasm of the hand, as though one were writing, and also trembling of the hand when eating, with increase as the hand approaches the mouth. If these symptoms occurred in the same subject we should have all that is necessary to make out a case of that rare form of paralysis agitans with tremor on voluntary motion. There is no evidence of a condition which could be put down as multiple sclerosis. More regular as an indication, however, is the group of noise in the ears, noise as of rushing water, with hardness of hearing, vertigo, with nausea and falling down unconscious. If this were made to read noise in the ears, and as of rushing waters so that it produced deafness, vertigo, nausea, falling down, etc., we should have all that is necessary, save obliteration of bony transmission, to make out a case of Ménière's disease.

And in this relation we may also properly consider the symptoms referred by Hughes to the *crura-cerebri*, as the symptoms

apply with much more force to labyrinthian disturbance. In fact, with the cerebral physiology as we now know it, I do not see just how these symptoms could originate in the crura; although they might result from irritation of some of the grey nuclei in the medulla. Fortunately for our patients, Ménière's disease is not common; and I have not had opportunity to make a clinical test of any value in this group of symptoms, but have just now one case under treatment.

One other condition you must all have met occasionally. A patient is taken "deathly sick" with nausea, and on sitting up the vertigo is almost terrifying. The countenance is pale, pulse slow and rather weak, and the skin clammy. All these symptoms gradually disappear after three to five days, never ending fatally in my experience, but still making a very troublesome case. It seems to be a purely functional disturbance, and does not arise from gastric or hepatic disorder.

You find this group under cocculus, and I know of no other remedy which has given so much relief. Clinical experience is in favor of this drug in that form of occipital pain having its origin in a tired spine, and it is one of the most common forms of headache we are called upon to treat. The pain extends from the occiput, down the nape, to the lower cervical region. In such cases picrotoxine seems to be more efficacious than the entire drug.

A word regarding the use of picrotoxine in epilepsy. Dr. Ramskill found that hypodermatic injections of picrotoxine, in doses of 15 to 18 mgr., would produce a fit in 20 to 30 minutes. When more than 5 mgr. were injected a sense of giddiness followed, and at 18 mgr. a fit was always produced. In another patient, giddiness and headache followed 8 mgr., and at 15 mgr. a severe epileptic fit; and in several cases the same result followed from doses of 10 to 24 mgr. In one case 10 mgr. caused giddiness and dazzling before the eyes, and in 30 minutes an aura — a sensation of something creeping up the arm to the top of the head, and numbness and twitching in the right thigh. No fit followed, but the patient was dull and stupid as after a fit.

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*ANÆSTHESIA WITH ETHERATED AIR.—A NEW METHOD OF ETHER ADMINISTRATION.*

BY HORACE PACKARD, M.D., BOSTON, MASS.

At the outset I wish to state clearly that the method herein described is that used in the Junker system of chloroform administration, and, while the method cannot be claimed as a new one, it is new so far as its application to ether is concerned.

I have learned, while conducting experiments during the past

six months, that other attempts to administer ether by this method have been made, but have failed; and it has been stated by an eminent surgeon connected with one of the large hospitals of Boston that the method is impracticable, his experiments convincing him that intoxication without anæsthesia results.

In the simplest terms, the method consists in forcing air through a volume of ether, and then conducting it to the patient's respiratory tract. It has always been accepted that the anæsthetic mixture resulting from the less potent ether, in this way must be totally inadequate to produce surgical anæsthesia.

My first experiments in this direction impressed me with the falsity of this theory, for I found that the vapor which reached my nostrils was of such strength that my respiratory tract could not at once tolerate it without still further dilution. My first practical attempts to etherize patients by this method were with the crudest possible apparatus. The final development of the apparatus in its present simple and efficient form I attribute solely to the good fortune that the first two cases were very susceptible to ether anæsthesia, for my later experience showed me that, in very many cases, it was impossible with the same apparatus to carry patients beyond a state of intoxication.



1. Air Valve.

2. Ether Reservoir.

3. Etherated-Air Reservoir.

4. Hood.

5. Hand Bulb.

In brief, the results of this method with the apparatus now used are :

*First.* The induction of surgical anæsthesia with from two to six drams of ether.

*Second.* The minimum of discomfort to the patient while taking it.

*Third.* The consumption of about three ounces of ether per hour.

*Fourth.* The very rare occurrence of cyanosis.

*Fifth.* Recovery with frequently no vomiting, and, when it does occur, but very little.

It will at once be seen that, by this method, there is an enormous economy in the use of ether, and that a great many of the unpleasant features of ether anæsthesia are obviated. I cannot better illustrate the importance of this last-mentioned desirable feature than by relating an experience with a boy of six years, upon whom I wired a compound fracture of the lower jaw. He objected strenuously to taking the ether, but after a few moments conversation he decided to take it voluntarily. When he found there was nothing unpleasant about it, he took it without the slightest resistance, and in a few moments was completely etherized, with the consumption of two drams. On making examination I found it desirable to defer the operation until the following morning, and the ether was at once removed. In a few moments he awakened and began to talk, and the following conversation ensued between the patient and his aunt, who was close at hand :

*Auntie* — "Nice boy, good boy, took it well."

*Georgie* — "'Twasn't wet, . . . 'twas kind of dusty, . . . 'twasn't hot, . . . 'twasn't cold."

*Auntie* — "How was it, dear?"

*Georgie* — "Just middlin'."

The next morning, at the hour appointed for operation, on entering the room I said: "Well, Georgie, will you take ether for me this morning?" He answered without the slightest hesitancy: "Yes, sir"; and allowed himself to be placed upon the operating-table and etherized, without the slightest resistance. Two or three days later, on proceeding to make some change in the dressings, he asked me if I would please give him some ether.

Such an experience as this, with a child, was all so new to me that I thought it worthy of record, as being the best possible testimony of the desirable qualities of this method of anæsthesia.

I herewith append a table showing the exact amount of ether used and time consumed in all the cases so anæsthetized, with the apparatus in its present perfected state:

TABLE.

Case.	Complete Anæsthesia in	Am't of Ether Required.	Total Time.	Total Amount of Ether Used.	Case.	Complete Anæsthesia in	Am't of Ether Required.	Total Time.	Total Amount of Ether Used.
No. 1	9 min.	1 oz.	20 min.	2½ oz.	No. 14	10 min.	1 oz.	63 min.	3½ oz.
" 2	7½ "	" "	30 "	3 "	" 15	8½ "	" "	18 "	1 "
" 3	8 "	" "	20 "	5 "	" 16	6 "	" "	50 "	2½ "
" 4	7 "	" "	36 "	2½ "	" 17	12 "	" "	60 "	2 "
" 5	8 "	" "	29 "	2½ "	" 18	7 "	" "	62 "	2 "
" 6	9 "	" "	47 "	3½ "	" 19	8 "	" "	43 "	2 "
" 7	7 "	" "	30 "	2½ "	" 20	4 "	" "	55 "	2 "
" 8	8½ "	" "	72 "	2½ "	" 21	10 "	" "	100 "	3 "
" 9	5 "	" "	81 "	4 "	" 22	8 "	" "	55 "	1 "
" 10	9 "	" "	65 "	3½ "	" 23	6½ "	" "	64 "	2 "
" 11	12 "	" "	59 "	3½ "	" 24	8 "	" "	66 "	3 "
" 12	11 "	" "	37 "	3 "	" 25	9 "	" "	35 "	2 "
" 13	10 "	" "	32 "	2 "	" 26	6½ "	" "	34 "	1½ "
Total.....	215½ "	18¼ "	1,266 "	66½ "					

Average time required for anæsthesia, 8½ minutes.

" amount of ether required for same, 5¾ drams.

" total duration of anæsthesia, 48 minutes.

" " amount of ether consumed, 2½ ounces.

The 26 patients have been etherized on a total of about 3½ lbs. of ether. In only 7 of the 26 cases has there been vomiting which would at all compare with that usually experienced.

The apparatus consists of an ether reservoir of a capacity of four ounces, a hand bulb, and face piece, with the necessary rubber tubing for connections. The face piece is so constructed that it fits, *air tight*, over the mouth and nose, and is provided with an air valve and a vapor reservoir.

One of the greatest conveniences accruing from this method of using ether is the facility with which patients can be kept anæsthetized while operations are in progress about the face, nasal and oral cavities. *E. g.*: In operations about the lower part of the face or within the mouth, a bifurcated curved tube, terminating in bulbs which just fit the anterior nares, through which the etherized air is forced, enables the anæsthetizer to continue the anæsthesia without interruption. During operations involving the nasal cavities or upper part of the face, the same result is attained with the aid of a tube, curved not unlike a male catheter, held in the angle of the mouth, and reaching to the pharynx. One who is familiar with the interruptions incident to cleft-palate operations, resection of the jaw, removal

of post-nasal adenoid vegetations, or in fact any prolonged operation about the face, will be more than delighted with this method of anæsthesia.

It has been my experience that the most satisfactory way of employing ether by this method is to purchase the four-ounce cans of Squibb's preparation. This always insures perfectly fresh ether for every case, and I have never yet had an operation so prolonged that this quantity proved insufficient. A recent operation which occupied an hour and forty minutes required a total of three and one-third ounces of ether. The quarter-pound cans prepared by Squibb actually contain 100 grams.

#### DIRECTIONS FOR INDUCING ANÆSTHESIA WITH ETHERATED AIR.

Before beginning the administration of the anæsthetic, it is well to address the following reassuring words to the patient :

"Do not fear; you will have plenty of fresh air; you will feel no sense of suffocation."

Having placed the face piece in position, with the air valve wide open, command the patient to "breathe rapidly." (Let the breathing go on in this way a few seconds before introducing any ether vapor to the reservoir.)

Begin *very gentle* compression of the hand bulb. (This last direction is extremely important, for the strength of the vapor is such that, if in the beginning it is carried to the patient's face to the full capacity of the inhaler, it will overwhelm and frighten him.)

After the lapse of a very few seconds, — 15 or 20 — half-close the air valve. (Continue all the while the *very gentle* compression of the bulb.)

After the lapse of 15 or 20 seconds more, close the valve to three-quarters. (Continue the same *gentle* pressure of the bulb.)

At the end of one minute, completely close the air valve. (Slightly increase the pressure of the bulb. The patient is now breathing in and out of the bag, the contents of which is replenished with the etherated air — oxygen and ether vapor — to the exact amount of each bulb pressure. The respirations of the patient are readily followed by observing the expansion and collapse of the bag.)

From this point on one forcible half compression of the hand bulb at every other expiration will result in complete surgical anæsthesia in from six to eight minutes. (Repeated full compressions of the bulb during this stage of anæsthesia usually result disastrously, in overwhelming the patient and interrupting the progress of the anæsthesia.)

As soon as the patient fails to respond to questions, three or

four short, rapid compressions of the bulb during each expiration will hasten the anæsthesia.

In a few moments the conjunctival reflex is lost, and entire muscular relaxation ensues, with full and deeper respiration.

The air valve should now be half opened; very gentle compression of the bulb at every third or fourth expiration is quite sufficient.

Coughing during anæsthesia, or labored respirations tending to stertor, indicate that more air is required, and the valve should be opened wider.

Throughout the whole course of anæsthesia, careful watch should be kept for any indication of cyanosis.

Some cases, when once in a state of surgical anæsthesia, require but an extremely small amount of etherized air to keep them anæsthetized; not infrequently the air valve can be kept wide open during the whole period.

In brief, keep the patient just within the bounds of surgical anæsthesia, and no farther.

It quite suffices for all surgical purposes to have the patient so superficially narcotized that at all times there is slight reflex on touching the conjunctiva.

#### *Summary.*

1. Compress bulb *very gently* at first.
2. Close air valve by the end of the first minute.
3. Watch carefully for signs of cyanosis.
4. At first indication of stertor open the air valve wide.
5. At the end of six to eight minutes the patient should be in a state of surgical anæsthesia, with the consumption of two to six drams of ether.
6. Two and one-half ounces of ether should suffice for each hour of anæsthesia.

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#### *FURTHER OBSERVATIONS OF TUBERCLE BACILLI.—THE LESSON OF ONE HUNDRED CASES.*

BY J. P. RAND, M. D., WORCESTER, MASS.

[*Read before the Worcester County Homeopathic Medical Society, August 10, 1892.*]

*Gentlemen:* A year and one-half ago, as some of you will remember, I read a paper before this society, giving my personal observations of Koch's Bacilli and results as taught by a summary of fifty cases. My object to-day is to supplement the lessons of that paper by the subsequent history of cases then reported, and to substantiate or weaken the evidence it contained by additional facts.

I make no claim for the results of these examinations. They

must speak for themselves. If I have failed to find bacilli in a real case of tuberculosis, it proves nothing positively regarding my skill as an observer or the bacilli as an ætiological factor. As Prof. Clapp has very truly pointed out, bacilli may be present in the lungs and not continuously so in the sputa; and as the particle used in a single examination is very small, not a thousandth part of the expectorations of a single day, would it be strange if, in that small part, bacilli in a genuine case were sometimes absent? Then, too, the process of staining and searching for such minute objects is delicate; so that the fault may be in the observer through haste, poor luck, or lack of skill.

However, I am not here as an advocate. The evidence I bring for your consideration comes from the two score of physicians for whom I have done work of this kind. They have no interest in me, or in any theory that is not founded upon facts. Some of them have very kindly expressed their opinions regarding the value of this kind of work. You can have them for what they are worth; but I call you to witness if the evidence they bring is not entitled to more consideration than the opinions of a like number of physicians who never had a patient's sputa examined, and know nothing about it.

Of the fifty cases reported in my last paper, you may recall that thirty-seven of them contained bacilli, of whom not one had fully recovered; eight had improved, four were then living, and twenty-five had died. Of the other thirteen cases, in which no bacilli had been found, eight had recovered, four improved, and one had died from gangrene of the lungs. Not one, at that time, had developed consumption; which is more than I can boast of to-day. Thus, you see, of the twenty-four patients alive at my last report, twelve of them had bacilli in their sputa, and in twelve I had been unable to find them. These cases are of much more interest than my recent ones, and, naturally, come first.

Let me begin by reporting the death of my own wife, whose lungs began to fail her four years ago, whose sputa I examined in the fall of 1888, and whose case I reported in my last paper. At that time she was in the best health she had known since her lungs became affected. In July, 1891, she had an abscess gather in her right lung, and again I examined the sputa. No bacilli were present, and again she recovered so as to be free from cough. In August of the same year, she had another attack, which confined her to her bed for about three weeks; and she coughed and raised continually after. In March, 1892, I found her sputa full of bacilli; and on the 6th of May she died. Her history confirms a belief which I have long entertained, that many cases of pulmonary consumption are not tuberculous



at the start. The lung may become impaired from a variety of causes, and a lower vitality resulting therefrom renders it a prepared soil for the germs of tuberculosis, as a saccharine substance readily undergoes fermentive processes through the absorption of yeast.

Of the other eleven patients whose sputa I had examined without finding bacilli, two have left town, but were well when they left; eight are as well as when I gave the report; and one has not been heard from.

These cases have no such general interest as the remaining twelve, in whose sputa bacilli were found. In a slipshod way they may represent the character of the specimen examined and the ability of the man who did it, but they prove nothing either way. Even should they all die of consumption, as did my wife, it would not prove them to have had it at the time of the examination. Strong people have been known to take the disease, and the weak are surely much more liable to do so. I even believe that we may have a destruction of lung tissue to a great and perhaps to a fatal extent without its becoming tubercular, or even showing the characteristic bacilli. If such is the case, we must learn not to give too much weight to the value of a microscopic examination that does not reveal them. Even though repeated examinations have been made, with negative results, we are only presumptively better off. We are still agnostics so far as a possible tubercular condition is concerned. It may develop if it has not already done so, and it is simply foolishness to try and build up hopes on a foundation of ignorance, however permanent that foundation may be. On the other hand, we have no right to despair of our patients, even though we know them to be subjects of tubercular disease. If the reports of hospitals are true, one-half of all who die therein have had it, three-fifths of whom having recovered, afterward died from something else.

I shall show you at least seven out of the thirty-seven reported in my last paper who are alive, and three of them in better condition than they were then. But thirty deaths out of thirty-seven patients is a pretty big mortality, and I would rather take the chances of a condemned murderer for life than those.

I think the cases which showed bacilli at my last report are of sufficient interest to merit individual notice, and, if you will bear with me, I will hastily review them.

CASE I. Maiden lady of 40. Is a maiden yet, and exceedingly vexed with me for placing her age so high, and not reporting her as perfectly well in my last paper. I should not dare to ask her how she was; but her neighbors have no fear of her dying for a good while yet.

CASE 2. Mill operative, who went to work upon a farm. For a time he seemed to be running down, but is now better than he was a year and a half ago.

CASE 3. Plumber (nobody can beat a plumber), whose sputa contained a few bacilli. He is decidedly better than he was two years ago.

CASE 4. Young married woman, reported to have a little dullness in the left lung. She has been living on a farm since, and apparently holding her own. She still coughs some, and, while quite comfortable, is not by any means well.

CASE 5. W. P. Reported as improving on calc. phos. and whiskey and sugar. Has spent his winters in Florida, but is now very slowly and surely running down.

CASES 6 AND 7. Both patients of Dr. Wilcox, of Willimantic, Ct., and both improving at time of my last report, one having gained fourteen pounds in weight in the three and a half months previous. Six months later saw them both in their graves.

CASE 8. Patient of Dr. Wilkins, of Palmer, in whom Dr. Clapp found a hardening of the apex of one lung. He developed no further symptoms of tuberculosis. Cough had disappeared before my last report, and he remains quite well.

CASE 9 I have been unable to hear from. He was a patient of Dr. F. L. Barnum, of Carlisle, Pa., and at last report was going down.

CASE 10. Nephew of Dr. Roberts, whose sputa was full of bacilli before his lungs showed any physical signs of disease. He picked up wonderfully in the Adirondacks, and returned to his home in Vermont nearly well. He continued comfortable for nearly a year from my first examination, but died in June of 1891, about a year later.

CASE 11. Mrs. A., patient of Dr. Carl Crisand, of this city. Has enjoyed very good health since her illness in 1889, except during an attack of la grippe, which left her with a severe cough. In February she moved to Pennsylvania. The cough has left her entirely, and she has gained considerably in weight.

CASE 12. Patient of Dr. O. A. Palmer, of Warren, Ohio. He writes: "Patient died in about six months from the time of the examination, of consumption, after everything had been used to benefit him. He had been ill for about fifteen years with digestive troubles before he developed the fatal disease."

This, gentlemen, is the story of the patients last reported. There were twelve of them living then; there are only seven now. Tuberculin has been a failure, and all our efforts seem a failure when we recall our dead and lost.

I turn now to the histories of subsequent cases, all of which have been furnished me by physicians outside. I purposely refrain

from introducing any new cases of my own. This paper has already outgrown my expectations, and there is a limit even to a doctor's patience. I will be brief as I can without doing injustice to my friends; and right here I wish to thank all who have so kindly aided me. This production is not mine: it is their's, and they should have the credit of it. I have simply tinkered together their various contributions, and hope the undertaking will meet the approval of this board of health. The order will follow my necessity and convenience, and when the items are all in we will add up the account and see how it stands.

CASE 1. J. P.; young man of 21 years. Sputum examined Jan. 20, 1890. Though it contained bacilli, he has improved somewhat, and is now learning telegraphy; yet he is not well.

CASE 2. C. A.; age, 20. Sputa contained bacilli July 11, 1891. He had the usual ups and downs of the disease until last June, when he came near to being killed by a bolt of lightning. He was confined to his bed at the time, but has improved steadily ever since. Here is a hint for electricians. It is a very quick remedy, and little, if any, more dangerous than Koch's lymph.

CASE 3. P. H. O. Irish. Bacilli found Oct. 7, 1891. Is still able to be about, but cannot work much, and will not probably recover.

CASE 4. Mrs. N. J. H.; age, 30. Died about a month after the finding of the bacilli.

All of the foregoing cases were patients of my brother, Dr. N. W. Rand, of Monson.

Next come the patients of Dr. P. R. Watts, of Stafford Springs, Conn.

CASE 5. Miss P. Has bronchitis, with emphysema. Sputa examined April 19, 1891. No bacilli present. She takes no treatment, and at present remains about the same as she was a year ago.

CASE 6. E. P.; age, 26. Bacilli found Sept. 17, 1891. He went to Colorado, from whence he writes that he is doing nicely, and expects to return home in a year or two, well. Please notice this case. If Colorado is not good for bacilli, we all ought to know it.

CASE 7. Miss M. E. P. Bacilli found July 22, 1891. She died a few weeks later.

CASE 8. J. R. Bacilli found Oct. 4, 1891. He died a short time after.

CASE 9. F. G. B. Bacilli found Dec. 18, 1891. He also died.

CASE 10. Dr. Charles L. Nichols, of this city, has reported on this as follows: "The case to which your date (Aug. 16, 1891) refers was one of undoubted tuberculosis coming on as a sequel to

chronic bronchitis, or the epidemic of influenza, two years ago. She passed into the hands of another physician at the time of my wife's illness, and died about two months later. My opinion regarding the value of bacilli as indications is governed by my very limited experience. I have seen death follow within a few months of the examination (not of the first existence) for bacilli in four cases, in spite of the treatment by careful homœopathic symptom covering, accompanied by the plan of super-alimentation; and in spite of the recently vaunted kreosote treatment, as carefully tried."

CASE 11. Our next report comes from Dr. W. H. Sawyer, of Boston. "Dear Doctor: The patient whose sputa you examined for me June 23, 1891, left town the following month, after which I did not see her. I have since learned that she died in November. The presence of bacilli in this case, to my mind, determined the nature of the disease. She had the general appearance of a tuberculous person, but physical examinations of the chest had given negative results up to July 14 (nearly a month after your examination), when I found a cavity in the left lung. Previous to her coming to me she had been treated at the Homœopathic Dispensary, where she had been told that no trouble could be found with her lungs."

CASE 12. I have a word from Dr. F. E. Wilcox, of Willimantic, Ct., regarding this case, in whose sputa I found very many bacilli, June 20, 1891. "Dear Doctor: I am sorry I am unable to give you history of Mr. D. But he was not my patient; only came to me for a physical examination of lungs, my diagnosis and prognosis of his case. I diagnosed his case acute tuberculosis, and sent you the sputa, as a protection to myself possibly. You see, he had been under old-school treatment for bronchitis and dyspepsia, and I did not care to leave any loose ends in my diagnosis. He returned to the old-school lines with his information,—and bronchitis,—and died at 9 o'clock, P. M., Aug. 13, 1891. You came within three hours of being correct in your prediction of date of death. If he had had homœopathic treatment, he probably would have covered that three hours and died on time."

CASES 13 and 14. Specimens examined were not sputa at all, but pus from a diseased joint and fecal matter from a suspicious discharge. In neither of them did I find bacilli, and as a possible apology for myself in the first instance, allow me to quote the words of Friedlaender on this point. He says: "In tuberculous abscesses tubercle bacilli are naturally often observed, and they always possess a pathognomonic significance." On the other hand, they are not so invariably present as in pulmonary phthisis. Bacilli cannot be

found in many genuine tuberculous abscesses. According to Schleghtendal they are met with in only about one-half of the cases. These patients were cared for by Dr. B. A. Sawtelle, of Enfield, regarding whom he writes: "The patient whose pus I sent you September 24, 1890, had a hip trouble. The discharge had been but little; at times the opening has been wholly healed. On June 2, 1892, I opened and removed all I could find of the diseased bone. The wound has nearly healed, and the patient is well nourished, and healthy in every other way. The other patient, whose fecal discharges you examined, has wholly recovered, I think, as it has been some months since she has had any disturbance. Hope you will get up another paper on bacilli. It is only by such efforts that we are able to judge of our progress."

I now come to some very interesting cases, furnished me by Dr. O. W. Roberts, of Springfield.

CASE 15. No bacilli. She was a sister-in-law of Dr. Roberts, of whom he writes: "She recovered from the attack which Dr. Hathaway, of Weymouth, thought would lead to tuberculosis, and has been free from cough since."

CASE 16. H. H. S.; builder. April 10, 1891, had hemorrhage of about a teacupful, caused by severe hawking to remove mucus from the bronchi, following the use of Higbee's oxygen and catarrh treatment. No bacilli were found in his sputa, and he fully recovered, and has been well ever since.

CASE 17. A. E. H.; age, 38. Sputa examined May 21, 1891; no bacilli. This is an exceedingly interesting case. I will be as brief as I can in relating its history. Patient was taken ill in the fall of 1890 with pain in the right side. First attendant called it bilious fever. Two weeks later, another physician was called, who diagnosed pleurisy with effusion, which, after six weeks, he attempted to remove. He got about a pint, but the next week failed to get any. Two other doctors followed, all agreeing that the patient had tuberculosis in right lung. Dr. Roberts was called April 25, 1891. At that time patient was much emaciated, very weak, and had a distressing cough, with profuse expectoration. Temp., 102°; pulse, 120. Feet œdematous; almost total lack of expansion; nearly complete dullness, and loss of all kinds of murmurs in lower two-thirds of right lung. The upper third had mucous râles and slight expansion. Failed steadily for two weeks, until he could not sit up at all. Such cough and expectoration the doctor never saw before. May 13th, upper two-thirds of lung quite clear in front and better in the back; appetite improved; up and dressed. May 23d, fully three-fourths of the lung clear; able to walk around; temp., 100°. Has only two paroxysms of coughing

a day; sleeps well; and, although a skeleton, he looked so bright that the doctor wrote: "I believe he will get well." But he didn't. The lung gradually gave way, and he died the last of October, 1891.

This man had pulmonary consumption. Did he have tuberculosis? At the time of his improvement, when his lung cleared up, I do not believe that he had. The location of his trouble, in the base of the right lung, was unusual for tubercular deposit; the improvement in the physical signs, the same; and he lived much longer than any of us expect of our phthisical patients in his condition of strength.

Here is a questionable report for my microscope. The sample of sputum was the best: so thick, it would not flow from the vial. I was careful in my work. If the patient had only recovered, it would have been a good card for me; but he didn't. I wish he had, or, if not, that I might have been able to have tried his sputum again. I suspect that, later on, it may have become infested with bacilli, as did that of my wife. I am sure that the doctor has not lost confidence in the microscope, for he writes: "So far as my own personal experience has extended, I have great confidence in the discovery of bacilli as a means of diagnosis. In each case in which you have examined sputa or feces for me the results have been very satisfactory. Until different results are obtained I shall rely very much on this class of work."

CASE 18, our next, will not occupy so much time, though the results were no more satisfactory. It belonged to Dr. W. S. Hincks, of Hyde Park; and whether a he, she, or it, I cannot tell. My notes at time of examination were: Had pneumonia, followed by abscesses and tapping; slight cough, raising a glairy mucus, in which I found no bacilli. Patient passed into allopathic hands, and died about three months later.

CASE 19. Age, 28; mother of two children. Had cough, night sweats, diarrhoea, and was very anæmic. Found bacilli in both sputa and feces. Dr. G. F. Spencer, of Ware, concludes the history. She died about a month after.

CASE 20. J. S.; age, 25. March 28, 1891, found many bacilli in sputa. Dr. E. A. Sprague, of Penobscot, Maine, informs me that patient died some months ago. He had suffered since boyhood from a chronic discharge from the ears, but was comfortable, and continued to work at his trade until that was suppressed by local treatment. He received an injury about this time in his side, which caused him to raise blood with his cough, and he failed continuously after. The doctor adds: "It has been a satisfaction for me to know that your examination confirmed my opinion, and I would, if able, have all cases in the earlier stages examined that way."

CASE 21. Mrs. W., patient of Dr. Frank S. Davis, of Quincy. March 31, 1891, found bacilli in her sputa. At present she is much improved in general health, but still has some cough and considerable irritation in her throat.

CASE 22. Miss E. M.; age, 25. A few bacilli in sputa March 31, 1891. Dr. Will S. Thompson, of Hallowell, Maine, attending physician. The case is unique in one particular. Patient had had slight cough for a year or so. Upon receiving my report, Dr. Thompson gave the mother an unfavorable prognosis, and the very next day the patient had a severe hemorrhage from the lungs. She held her own during the summer of 1891, but of late is not quite doing so, though she is taking no treatment. He says: "I am led to have considerable confidence in microscopical examinations of sputa to determine the existence of consumption, and I trust your second paper will be as satisfactory to me as the first one was. I shall await anxiously for its appearance."

CASE 23. Mrs. R.; age, 25. Patient of Dr. Edith L. Clarke, of Westborough. She writes: "Symptoms in February, 1891, were short, hard cough, hoarseness, occasional loss of voice, constant pain in chest, soreness, dullness on percussion, impaired respiration, loss of flesh. April 10, 1891, Dr. Rand examined sputa, but found no bacilli; cough gradually disappeared, and other symptoms improved, so that in July of 1891 she was in her usual health, with no trouble in her chest. February, 1892, she had a normal labor, and is about her customary duties now."

CASE 24. Patient of Dr. Murdock, of Spencer. April 15, 1891, found no bacilli. I copy the following notes from my record: "Do not remember the character of the specimen, but presume it was poor, as the patient had but slight cough at the time, but suffered mostly from his stomach. Saw the doctor about a month later, and he said patient was going to die; that bacilli were undoubtedly present in his sputa then, though he did not think they were at the time of my examination. May 23, 1891, patient died, and I had opportunity to peep at his pulmonary tissues, in which I found a few spore-eaten bacilli. Dr. Murdock further informs me that the patient had a gastritis at first, but the pain was wholly located just under the navel. Had been there at times for a year, and no lung symptoms developed until about two weeks before death."

CASE 25. E. E. S. Bacilli found July 2, 1891. Patient a young man of good habits and great vitality, who has had excellent care. The past winter he spent in Florida. He is now very feeble. Such is the report of Dr. G. F. Forbes, of West Brookfield, who further adds: "My own observation points unmistakably to the proof of the great diagnostic value of the microscope in detecting

tubercle bacilli prior to the giving of our positive professional opinion in any case. The only advantage I can see in ignoring the microscope in phthisis is, that a physician can conscientiously deny the existence of the disease for a little time, and thus keep his patient along."

CASE 26. Age, about 24. Dr. Charles W. Adams, of Franklin Falls, N. H., writes regarding this case: "You found bacilli in sputa August 4, 1891. Patient had been sent to Colorado two years before, and was now brought back to die. I found symptoms of phthisis well marked, and sent you the sample to determine how long he would probably live. He died about the last of January."

CASE 27. Dr. Adams says of this case also: "To substantiate my diagnosis, the examination of sputa was made; no bacilli were found. Patient died March 10, 1892. An allopathic physician, who attended him, pronounced the cause of death typhoid fever, though an autopsy proved it to be peritonitis. The young man had quite a cough, though I could not believe it phthisical. I do not know as I can add anything regarding the value of the bacilli discovery in relation to phthisis. I look upon it as of very material importance to those of us who are unable to make a satisfactory diagnosis in suspected cases, especially those of the most incipient stages."

CASE 28. Age, 58; locomotive engineer. October, 1889, consulted Dr. F. W. Patch, of South Framingham, for a severe cough, which he had had for about two years. Strength and flesh reduced, but physical condition of the lungs was not such as to excite alarm. He had begun slowly to improve when the epidemic of 1890 claimed him as a victim. His recovery was tedious, leaving him with a bad cough. The winter of 1891 was spent in Iowa. October 13, 1891, I found many bacilli in his sputa, and he died the following December.

CASE 29. Mrs. F.; age, 32. Reported by Dr. Edwin H. Durgin, of Searsport, Maine. Patient was mother of two children, and caught cold last September, which was neglected for six weeks. When called, the doctor found her temperature 102°; pulse, 110. Sibilant and sonorous râles in upper third of left lung; bronchial cough with profuse expectoration, in which I found many bacilli. In March she became pregnant, and is fairly well at the present time. "But," the doctor adds, "the disease is still there, and will break out as soon as the child is born, and both will be in their graves before a year."

CASE 30. Mrs. C.; age, 35. Wife and daughter of a sea captain; tall, slight, dark complexioned, of nervous temperament; has had malaria; every cold settles on her lungs. Four months ago had sympathetic whooping-cough; sputa showed many



bacilli. She also is a patient of Dr. Durgin, of whom he writes : "At present she has dullness in apex of left lung, with sibilant and sonorous râles, and raises heavy sputa. Right lung is normal ; no sweats." He further adds : "I consider the presence of bacilli positive proof of phthisis. I hope the time will soon come when every physician can examine sputa, and thus detect the disease in its incipiency. Cures can then be accomplished."

CASE 31. Mrs. W. ; age, 22. Patient of Dr. W. H. Bennett, of Fitchburg. He was called May 29, 1891, three days after an attack of la grippe. Found patient with hard cough ; slight fever, with rise at night ; night sweats ; hectic flush ; dullness of apex of left lung. Called counsel, and diagnosed probably quick phthisis. Sent sputa to Dr. Rand for examination ; no bacilli found. July 6, lung nearly clear ; no fever ; no sweat. September 10, dismissed her cured, and she has been all right ever since. Accompanying he sends the following note : "Dear Doctor, I consider the presence of tubercle bacilli the only positive sign of phthisis, and therefore their discovery one of the greatest value to the profession."

CASE 32. Mrs. F. T. A few bacilli found in sputa Jan. 9, 1891. CASE 33. Mrs. J. J. M. Many bacilli present July 14, 1891. CASE 34. Mrs. E. B., whose sputa showed bacilli July 31, 1891. All were patients of Dr. Carl Crisand, of this city, of whom he writes : "All are living ; all are very poorly, and have not shown the slightest signs of recuperation. They are all gradually going down." CASE 35. Miss J. Bacilli found Oct. 30, 1891. She, also, was a patient of Dr. Crisand. He informs me that, though she had hectic every afternoon, she gained some flesh, but not strength. She left town last fall, and he has not heard from her since. What the doctor's letter lacks in clinical detail is made up in free expression, and I know of but few better qualified to render an intelligent opinion. He says : "It is impossible for me to say whether the bacillus is the cause or the effect of consumption. This much is clear in my mind, that whenever bacilli were manifest in the sputa, in either large or small numbers, my patients have all gradually lost ground. Careful treatment and diet have proven beneficial, but not curative. I consider it very important to have the sputa of all suspicious cases examined, for we often find patients who present symptoms simulating consumption. If in such cases no bacilli are found, it relieves me very much ;—not that I consider their presence or absence an infallible criterion to base our diagnosis upon, for I know they may be present in the lung tissue without having made their appearance in the sputa, but it is encouraging not to find them. My cases in which the bacilli were not found have fully recovered, and are doing finely. It seems to me that

so long as the microbes are not found in the sputa they cannot be very plentiful in the lung substance, and consequently cannot be doing much, if any, injury to the patient."

CASE 36. Patient of Dr. F. M. Bennett, of Chicopee. Sputa examined April 25, 1891; no bacilli present. I have no history to give you, but the doctor sends me word that patient is enjoying a fair state of health, and thus far has shown no further indications of tuberculous disease.

CASE 37. C. P. G., patient of Dr. Edward L. Mellus, formerly of this city. Owing to the doctor's absence, I am unable to give you any history of the patient save that I found many bacilli in his sputa June 14, 1891. Through the kindness of Dr. Allen I am informed that he went to Colorado not very long after, where he has since enjoyed a certain degree of health; is able to work some, though he is not well. This makes our second bacillous patient who is holding his own in Colorado, and, as such, is worth our notice.

CASE 38. Miss G., patient of Dr. Frank P. Todd, of Danielsonville, Ct. Sputa examined Jan. 31, 1891; a few bacilli present. She was of a nervous, hysterical type, though not of a consumptive family. She first came to Dr. Todd about three years ago, when she had, in addition to her nervous debility, a tickling throat cough. Later the cough increased, when the doctor found by examination slight dullness of the apex of the left lung. Hoarseness was present nearly all the time; sputa sometimes streaked with blood. She left town, and the doctor has not seen her since last April. At that time her general condition was about the same as in the year before, but the throat trouble was worse, amounting at times to almost complete aphonia. Since then she has been taken to a Boston physician, who pronounced her case incurable.

CASE 39. Mrs. A., patient of Dr. T. C. Royal, of Ballston Spa, N. Y.; mother of six children. Had la grippe two years ago, which was followed by a dry, troublesome cough. In the fall of 1890 took a severe cold, and consulted an old-school physician, who assured her that there was no organic trouble present. The following winter she passed comfortably, and, save for this hacking cough, called herself well. Took cold again in the spring, and for two weeks was confined to her bed. Cough grew worse, and she went to see Dr. Grant, of Saratoga Springs. He was positive there was no consumption present. She was under his care four months, and steadily failed. When she returned to Dr. Royal he found her lungs in such condition that he gave her no encouragement. Again she was taken to a lung specialist: this time to Albany. He said the case was not yet tuberculosis, and put her on the kreosote treatment, with temporary improve-

ment. When doctors disagree who shall decide? The husband grew sceptical of them all, and so Dr. Royal proposed that each should have a vial of sputa for microscopical examination. That settled it. I found Dr. Royal's sample full of bacilli, and about a week later the specialist informed the husband that he was greatly surprised, but thoroughly satisfied, that his wife had tuberculosis, he having himself found the bacilli in her sputa. About the 1st of January patient took her bed, and died March 28, 1892.

CASES 40 and 41. Patients of Dr. Lamson Allen, of this city, whose sputa showed bacilli in February and May of 1891; are both dead.

CASE 42, whose sputa contained bacilli Aug. 27, 1891, was failing when she left town, and the doctor has been unable to know anything further regarding her.

CASE 43. Mr. L. E. A., of Southbridge. Result of examination, no bacilli. He was subject to a cough, which came every fall since 1889, and lasted him through the winter. Cough was very dry and hollow, attended with gagging and vomiting of food. Feb. 6, 1892, was taken with pneumonia and threatened collapse. He recovered from his pneumonia and cough, and is entirely well at the present time.

CASE 44. Young lady; mother and sister had died of consumption. Sputa showed very many bacilli July 27, 1892. She is emaciated; has râles in upper part of both lungs, especially the right, and probably has not long to live.

CASE 45. Completes the list of Dr. Allen's patients which I shall report to-day. July 30th showed a very few bacilli in patient's sputa; but the chances are against her. She has lost three sisters with consumption, and has one brother now in the last stages of it. Her symptoms are not so bad as her family history; she has only a slight cough, and a little afternoon-rise in temperature; sleeps well, and has no night sweats. The doctor very truly writes: "She must be helped now, or it will soon be too late." His report would hardly be complete without his opinion of the microscope in these cases, and he writes: "I may say it is a decided one. I believe it is a great help in diagnosis; accurate and reliable. If bacilli are present in abundance, I do not believe there is any cure for the patient, wherever he may go. If bacilli are few in number, it may be possible for such an one to find relief. I say it may be, though I am not at all sure that it is so. If no bacilli are found, other things being favorable, I believe the prognosis is good. It seems inevitable, from a clinical point of view at least, that bacilli are the cause, and not a product, of tuberculosis."

CASE 46. Patient of Dr. E. A. Fisher, of this city; age, 23.

Had all the symptoms of consumption, including cough and bloody expectoration. Sputa examined Feb. 19, 1891; no bacilli present. She remained about the same until the following summer, when she began to improve. Since then she has had no continuous cough, but suffers considerably from the results of extreme nervousness.

I have just received the following communication from Dr. Charles H. Davis, of this city:

"*Dear Doctor:* In reply to yours of June 2d, will state that the sputum you examined May 26, 1891, was expectorated by Mrs. C. C. W.; age, about 45; not passed the menopause. During January of 1891 was called to attend her for inflammation of the knee. At the same time ensued a slight cough. Within a short time sent you a sample of sputa; result, bacilli. Never had but slight improvement in that knee, and later the other one became affected. Cough and knees grew worse, and she died from pulmonary tuberculosis in June, 1892.

CASE 48. Mrs. M. Had pulmonary hæmorrhage twenty years ago; always been feeble. Sputa examined Aug. 10, 1891; showed bacilli, and she died in January of 1892 from internal pulmonary hæmorrhage.

CASE 49. Miss D.; Irish school-girl of healthy parents; age, 17. Evidence of deposit at apex of lung in March, at time of my first visit. Menstruation continued regular until within two months of death. Never had hæmorrhage. Sputa showed bacilli in March, 1892. Death in June from rapid invasion of lung tissue and exhaustion.

CASE 50. Boy from Vermont; age, 17; two deaths in his family at early ages from pulmonary troubles. March 27, 1892, sputa showed no bacilli. Saw him but twice; advised him to go West, as he had already had a severe hæmorrhage. Have learned that after reaching California he had several more attacks of hæmorrhage, and his mother, by advice of local physicians, came East with him to their home in Vermont, and that his health was failing rapidly. You ask my opinion of the value of sputa examination in pulmonary troubles. I consider it of the utmost value, and, so far, in my practice a wonderful guide.

Respectfully yours, CHAS. H. DAVIS."

My last communication comes from Dr. H. M. Bishop, of Los Angeles, Cal., regarding a case previously reported. In closing he says: "I have a high estimation of the diagnostic value of the microscope in skilled hands, and feel confident that your researches will redound to the good of our school. As to the importance of the bacillus in phthisis, I think it can be considered of the greatest weight in forming an opinion of the present and future of any case."

Such, gentlemen, is the result of my microscopic work. Let us run up the account and see how it comes out. In our second fifty cases 35 contained bacilli, and in 15 the sample sent me did not reveal them. In no case was a second examination afforded; so that our result in every instance was staked upon a single test. Of the 35 which contained bacilli, 6 are improved, 3 are not improved, 8 are failing, and 18 are dead. Already a mortality of more than 50 per cent. Not one has perfectly recovered. Of the 15 cases in which I failed to find bacilli, 7 have fully recovered, 2 partially so, 1 remains the same, 1 is losing ground, and 4 are under it. Of these last, 1 died of peritonitis and 3 of some form of pulmonary consumption.

In the patient of Dr. Murdock I found bacilli in the post-mortem tissues, which did not show themselves in the sputa six weeks previous. The patient of Dr. Hincks began with pneumonia, which was followed by pulmonary abscesses. At the time of examination there was only slight cough, with glairy expectoration. The patient of Dr. Roberts, like the woman of whom we read, "had suffered many things from many physicians." At the time of examination, though apparently at the point of death, his trouble seemed all located in the lower two-thirds of the right lung, with nearly complete dullness and absence of all kinds of respiratory murmurs. His lung partly cleared up, and he lived for five months, a very uncommon picture of tuberculosis, to say the least.

No other cases in which I failed to find bacilli have died of consumption in any form, though Case 50, reported by Dr. Chas. H. Davis, seems in a fair way to do so. Counting him upon the dead list, all told, our failures with the microscope to detect bacilli before death amount to but four per cent., and in only one instance have we been able to make a subsequent search for them. That is a better showing than most physicians would dare to claim for the results of their physical examinations.

The ætiological factor of la grippe, too, is worthy of our consideration. Indeed, the grippe seems a first cousin to every known malady, and ready to help each one of them to get a start.

In closing, I wish again to thank the profession for their hearty assurances of confidence. Some of them may have occasion to call upon me in the future, and to such one word of direction: Don't send me a poor sample of sputa, if it is possible to get a good one. The particle for examination should be opaque, and the heaviest you can obtain. A faulty specimen is an injury to me, to you, and to your patient. It gives us all a deal of trouble, and tells us nothing in the end. On the other hand, you should not wait for what might be a good specimen for the microscope before sending. It is the patient, not the

bacilli, we are looking after, and valuable time may be lost by delay. It would not hurt your reputation to have cured a case of consumption, and should you fail to do so, it certainly cannot harm you to have made an early diagnosis. We are still in the dark so far as treatment is concerned. The malady goes right along, but that is no reason why we should fail to recognize it. If we cannot cure all of our patients, we should at least be able to tell what ails them, and such is the object and utility of this kind of work. There are still great opportunities in medicine. Koch has taught us something of the origin of tuberculosis. Who shall tell us the remedy?

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### SOCIETIES.

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#### *WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the Bay State House, Wednesday, August 10th. President Lamson Allen, of Worcester, presided.

Considering the unfavorable season for medical meetings, when many physicians are off on a vacation, there was a very good attendance, and as the topics discussed were all of a very practical nature, it was, altogether, an exceedingly profitable meeting.

The following physicians were elected to membership of the society: Dr. S. S. Fletcher, of Chicopee; Dr. F. W. Edwards, of Southbridge; Drs. Edith L. Clark, Ellen L. Keith, Charles F. Souder, and J. F. Bothfeld, of Westboro.

After the discharge of the usual preliminary business, the meeting was given over to the bureau of gynæcology, pædology, and zymotic diseases, Jennie S. Dunn, M.D., chairman.

The first paper was by Dr. G. P. Dunham, of Uxbridge, on "Feeding of Infants in Disease," in which he laid special stress upon the following points: That every mother should nurse her child, if possible; that the child should be fed at regular intervals, but not often; that more children die from over-feeding than from starvation; that the stomach of a sick child more often needs rest than food, and that one cow's milk is to be preferred to mixed milk.

Dr. D. B. Whittier recommended the use of sterilized milk, and if that does not answer, he was for malted milk — when this does not agree with the baby, "flounder around until you find what does suit him."

Dr. J. F. Bothfeld said that his practice had been almost ex-

clusively among the "well-to-do" class of people in the city (Concord, N. H.), where a mother nursing her infant was almost an unheard-of thing. He had found the worst cases of cholera infantum where they were using sterilized milk. He did not believe that it amounted to anything.

Dr. E. D. Fitch warned against the careless use of medical terms. Most of the cases of so-called cholera infantum are some form of enteritis, and not cholera infantum. The latter disease, he said, works very rapidly, and is comparatively rare.

Dr. E. R. Miller spoke of his successful use of beef preparations in conjunction with milk, or malted milk, commencing with drop-doses and gradually giving more.

Dr. S. M. Cate suggested the early use of aconite in bowel troubles. He cited the case of his own child, which had bloody dysentery twice during the same season — eating freely of lamb meat cured the child.

Dr. J. M. Barton said that his principal remedy in the treatment of bowel troubles this year had been sod. phos. 6 x, especially where there is great acidity.

At one o'clock the society changed its discussion from medical to culinary interests, which awaited them in the dining-room.

After sufficient rest from the arduous labors at the dinner-table, Dr. J. P. Rand favored the society with another of his unique and able papers on his pet subject, the tubercle bacillus; giving the subsequent history of fifty cases previously reported by him, together with fifty new cases since observed.

The recital brought out some very interesting statistics. Of the first fifty cases thirty-seven were found to contain bacilli, of whom only seven are now living, two of whom have apparently recovered. Of the remaining cases, which did not show bacilli at the time of the first report, one died of gangrene of the lungs; one later showed bacilli, and died of tuberculosis, and eleven are yet living.

Of his second fifty cases reported, thirty-five contained bacilli, of whom six have improved, three are unimproved, eight are failing, and eighteen have died. Of the remaining fifteen cases, which did not reveal them, seven have fully recovered, two partially so, one remains the same, one is failing, and four have died. The cause of death in one case was peritonitis; the other three had some form of pulmonary consumption. One of them showed bacilli in his post-mortem tissues, the other two may have done so had an opportunity been afforded to examine. One other case which did not show bacilli is apparently going down with consumption. Making his possible failures to detect the disease from a single examination of sputum, at worst, but four per cent.

The doctor has a list of forty physicians for whom he has done work of this kind, representing nine different States, and is rightfully well satisfied with his results.

Dr. D. B. Whittier gave a short talk on membranous dysmenorrhœa, and exhibited two specimens of membrane, one of which had been passed by a married lady who has borne children, and the other specimen was from an unmarried lady. He said that, although it is claimed by those who pretend to know that this affection is never found in virgins, he has at least six young ladies under treatment for this malady. His treatment is the thorough use of the curette. Respectfully submitted,

CARL CRISAND, M.D., *Secretary.*

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### REVIEWS AND NOTICES OF BOOKS.

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**THE SCIENCE AND ART OF OBSTETRICS.** By Sheldon Leavitt, M.D. Second edition. Chicago: Gross & Delbridge. 769 pp.

This edition of Prof. Leavitt's book has been entirely rewritten, and its size has been augmented by more than a hundred pages. Its purpose and scope have not been altered in any way; its object being to present, in addition to a reliable and up-to-date treatise on the science and art of obstetrics, the treatment, according to homœopathic principles, of the many disease-conditions, complications, and accidents likely to affect the pregnant, parturient, and puerperal woman. That this double purpose has been accomplished, in a creditable and satisfactory manner, can easily be demonstrated by a careful examination of the book. Extravagant, intemperate claims for homœopathy are nowhere made; the importance of mechanical, dietetic, sanitary, and such-like agencies being justly estimated. The several chapters on "the diseases of pregnancy" and "puerperal diseases" are those to which one naturally turns for signs of homœopathy; and these signs are easily found — disappointment awaits only those who expect too much. As a rule, only carefully-selected, well-tried remedies, such as the author has confidence in, are recommended, and only a few (perhaps too few) "indications" given for the choice of remedies, something being left to the intelligence of his readers; but in gastric and vesical ailments, for instance, four-page repertories of symptoms are given. The sections on "albuminuria" and "eclampsia" are especially creditable and useful. Apropos of immediate repair of lacerations we read: "The conviction has taken fast hold of me, that all of our obstetrical cases should be treated in accordance with approved surgical principles," and all discoverable rents should be immediately repaired. In connection with the advocacy of antiseptic precautions we read: "Make sure that in no possible manner septic matter reach the patient before, during, or after delivery"; and in the appendix on "antiseptic midwifery," written by Dr. L. L. Danforth, we read that the "doctrine has extended, and has wrought such remarkable results, that its discovery and promulgation may justly be ranked in beneficence to mankind next to Jenner's discovery." . . . With the exception of using a wrong cut (p. 253) to illustrate "retroflexion of the gravid uterus," the impression made by the book is most favorable, and its excellencies are such that this new edition should be rapidly exhausted.

**THE SCIENCE AND ART OF MIDWIFERY.** By William Thompson Lusk, A.M., M.D. New York: D. Appleton & Co. 761 pp.

A book that has reached its fourth edition, that is recommended as the text-book upon its subject in the majority of American medical schools, is too well-known to need a very extended introduction. Its merits are familiar, its style pleasing, its definitions concise, its descriptions clear, its recommendations conservative, its general tone practical and sensible, and its scientific teachings reliable. Its charac-



teristics are those most appreciated by the average American who wants to get the gist of a subject without wading through pages of theorizing, or being bored by learned disquisitions on vague possibilities; concise summaries of theories and studies relating to the pathology and etiology of eclampsia, for instance, being more to his mind. The work covers the whole range of subjects usually considered in such treatises, from the anatomy and physiology of the female organs of generation and the development of the embryo and foetus to the management and the diseases of the puerperal state. Rational use of aseptic and antiseptic methods is advocated; modern operative measures are described, and cautiously urged under appropriate circumstances; the many-sided condition, called "puerperal fever," is admirably discussed; and the work as a whole is so thoroughly in line with advanced thought as to be considered almost a necessity to the physician's library. Its popularity is destined to augmentation by its present edition.

**A NEW PRONOUNCING DICTIONARY OF MEDICINE.** By John M. Keating, M.D., LL.D., and Henry Hamilton. Philadelphia: W. B. Saunders. Price, \$5.00 net, cloth; \$6.00 net, sheep. 818 pp.

Shall we say *jinekoloje*, *peritonæitis*, *vagæna*, *tecsis* (phthisis), *ooterus*, *re:kipe*, etc.? Shall a dictionary be made according to the dictation of custom, or shall the dictionary make the custom? What rules shall be followed in this matter of pronunciation? Such questions had to be answered before the writers of the book under consideration could proceed with their work. By way of assistance, they consulted many eminent professors and scholars connected with some of the universities of this country, whose replies are incorporated in the "Introduction." As a result, the authors say: "We have, therefore, abundance of authority for the statement that when we introduce into our language scientific words of foreign origin we may adopt them as our own, and naturalize them under the customary rules of pronunciation; but that, with the closer union of the medical profession throughout the world and the preponderating influence of the *Roman pronunciation*, we believe that custom will soon make its adoption universal.

In our own case we have, after careful thought, followed the custom of the majority of the English-speaking physicians, and, though sanctioning both methods as coming from high authority, adopted, in large part, the anglicized pronunciation without hard and fast rules."

The work is intended to be "a voluminous and exhaustive hand-book of medical, surgical, and scientific terminology, containing concise explanations of the various terms used in medicine and the allied sciences, with phonetic pronunciation, accentuation, etymology, etc." In addition, it contains an excellent table of medical abbreviations, a useful table of suffixes and prefixes, and an appendix containing important and reliable tables of bacilli, micrococci, leucomaines, ptomaines, drugs and materials used in antiseptic surgery, poisons and their antidotes, weights and measures, etc.

The names of Doctors J. Chalmers DaCosta and Frederick A. Packard are given as collaborators. The press-work, paper, etc., are of superior quality, and go far toward making the use of the book easy and satisfactory.

**PHYSICAL DIAGNOSIS: A GUIDE TO METHODS OF CLINICAL INVESTIGATION**  
By G. A. Gibson, M.D., D.Sc., F.R.C.P.Ed., and William Russell M.D., F.R.C.P.Ed. New York: D. Appleton & Co. 376 pp.

This little book embraces a somewhat wider field than is usually covered by books of its size, dealing nominally with the same subject. According to the opinion of the authors, "*physical examination* embraces and is confined to facts which are apparent to the senses of sight, touch, and hearing, and to these may be added smell," and is an essential in making a diagnosis. Physical diagnosis is said to include not only investigations by means of the senses; but also inquiries into the physical causes or conditions which produce the various phenomena discovered. Upon this basis the book is made. It includes, besides the usual chapters on temperature, the circulatory, respiratory, and alimentary systems, excellent chapters on the integumentary and urinary systems, the nervous system, and on the examination of the eye, ear, larynx and naso-pharynx; the chapter on the urinary system being not only one of the longest in the book but one of exceptional value. The work is written by experienced instructors in clinical medicine, who, through acquaintance with the needs of students, are enabled to emphasize points of greatest

practical value. Its many commendable features will be appreciated by students and by those who care to be acquainted with the most approved methods of making a physical diagnosis.

**ESSENTIALS OF DIAGNOSIS.** By Solomon Solis-Cohen, M.D., and Augustus A. Eshner, M.D. Philadelphia: W. B. Saunders. 382 pp.

This is one of "Saunders' Question Compends," and, like others of the series, is arranged in the form of questions and answers tending to elucidate and emphasize the characteristic features in the etiology, semeiology, and differentiation of recognized diseases. For instance, to the questions, "What are the varieties of hydrocephalus?" "What are the causes of hydrocephalus" and "To what symptoms does hydrocephalus give rise?" short answers of a few lines are given which will enable a student to form an outline picture of the disease. The immense field of all classified diseases is covered in this small volume, which naturally means a strict but, in this instance, a tolerably skilful condensation.

**TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1891.** Edited by the Secretary, John L. Moffat, M.D.

This volume, of nearly 450 pages, contains a record of the business done, the addresses delivered, the reports made, and the papers read at the fortieth annual and semi-annual meetings of the Empire State's Homœopathic Medical Society. As frontispiece is a portrait of Dr. F. Park Lewis, president of the society for the year 1891-92. Sixty papers were contributed, on as many different subjects, a large proportion being devoted to clinical medicine and materia medica, and the great majority being original, interesting, and valuable. The quality as well as the quantity of literary work done by the society is superlatively praiseworthy. In power, general influence and ability, the New York society stands unexcelled among our State organizations, and volume XXVI of its Transactions is creditable alike to the society and the cause it represents.

**PROCEEDINGS OF THE TWENTY-SEVENTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.** Edited by R. B. House, M.D., Secretary. 215 pp.

Some forty papers, brief, independent, wide-awake and practical, represent the work done at the last meeting of the Homœopathic State Society of Ohio. Perhaps the most noteworthy report made by a single bureau is that of the bureau on sanitation, whose papers — "A Visit to Karlsbad," by Dr. H. E. Beebe; "Sanitation on the Farms," by Dr. M. B. Hinsdale; "The Care and Disposal of the Dead," by Dr. T. T. Church; and "What is Sanitary Science Doing for the Individual of the Masses?" by Dr. D. E. Cranz, are all conspicuously original and interesting productions. The prompt appearance of the volume, and its most creditable make-up, testify eloquently to the efficiency of the society's secretary.

**OCCASIONAL PAPERS.** By S. Morrisson, M.D. London: E. Gould & Son. No. 1. — "Croupous Pneumonia"; "Some Notes on Drosera." Price, sixpence. No. 2. — "Malarial Influenza: Its History, symptoms, and Treatment." Price, one shilling.

These entertaining little brochures on subjects of general interest are written in a somewhat popular style for the instruction of the laity, and more especially for the purpose of indicating to the laity the homœopathic treatment of the conditions under consideration. The articles on pneumonia and on drosera are reprinted from the *Monthly Homœopathic Review*; the one on influenza was delivered as a popular lecture. Such publications do good missionary work, and writers should be encouraged to do more in this line.

**STRUCTURE OF THE RECTUM.** By Charles B. Kelsey, M.D.

This is a brochure of 46 pages, presenting a study of the etiology, symptoms, diagnosis, and treatment by dilatation, incision, electrolysis, excision, and colotomy, of stricture of the rectum, based on the author's experience in ninety-six cases. Colotomy and excision are the operative measures chiefly considered. Tables of operations conclude the study.

## PERSONAL AND NEWS ITEMS.

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DR. HERBERT C. CLAPP is occupying his vacation with a northwestern tour, which will extend to Alaska.

DR. HORACE PACKARD will return to Boston, and be ready to resume professional work, on the first of October.

DR. GEORGE WILLIAM WINTERBURN, editor of the *Homœopathic Journal of Obstetrics, Gynecology and Pedology*, has removed to his new house, No. 230 West 132d street, New York.

OF CLASS '92, B.U.S.M., the following have located:

DR. FRANK E. ALLARD at 33 Hancock street, Boston.

DR. G. W. W. BENT at Highlandville, Mass.

DR. FANNIE E. CLARK at 125 West Newton street, Boston.

DR. JAMES R. COCKE at 24 Worcester street, Boston.

DR. LIZZIE D. MILLER at Providence, R. I.

DR. ERNEST F. NORCROSS at 1774 Washington street, Boston.

DR. MARIA W. NORRIS at 24 Prospect street, Grand Rapids, Mich.

DR. BENJAMIN S. STEPHENSON at 1 Cambridge street, Ayer, Mass.

DR. NELLIE F. STEPHENSON at 1 Cambridge street, Ayer, Mass.

DRS. HERBERT D. BOYD, MARY F. CUSHMAN, and ARCHELAUS D. HINES are internes at the Mass. Hom. Hospital.

DR. N. H. HILL is in Europe.

DR. FOSTER LEROY MARSHALL is resident at the Roxbury Dispensary, Pynchon street; and

DR. WILLIAM O. MANN at the Westborough Insane Hospital.

Several other members of the class are substituting for the summer.

THE meeting of the American Association of Official Surgeons takes place in Chicago on the afternoons and evenings of Sept. 14th and 15th. For particulars address, C. M. BEEBE, M.D., Sec'y, 742 W. Adams street, Chicago.

THE sixth annual class for private instruction in Official Surgery will be held in the amphitheatre of the Chicago Homœopathic Medical College, corner Wood and York streets, during the week beginning Sept. 12th. For particulars address, E. H. PRATT, M.D., Room 56 Central Music Hall, Chicago.

DR. IDA J. BROOKS, '91, B.U.S.M., recently delivered an able address on "Women in Medicine" before the Ladies' Columbian Club of Little Rock, Ark., in the course of which she advocated the introduction of co-education into the medical school of the Arkansas State University, and also the appointment of a woman physician as resident in the State Insane Asylum.

A DESIRABLE PRACTICE FOR SALE — In a beautiful country town in Massachusetts. Good roads. No other homœopathic physician in the town. Average yearly collections, for the past twenty years, \$3,000; in 1890, collections \$3,600. Owner desires to sell his real estate only, and practice free to party who will purchase same. Terms easy. Address, XXX,

Care OTIS CLAPP & SON, 10 Park Square, Boston.

CITY REGISTRAR WHITMORE is sending a little circular "whip" to Boston physicians, calling their attention to their delinquency in reporting the births in this city, and calling attention to the public statutes in this regard, which require every physician in Boston, on or before the fifth day of each month, to report a list of all children born in this city in the month preceding at whose birth he was present, "stating the date and place of each birth, the name of the child (if it has any), the sex and color of the child, the name and place of birth of each parent, and the occupation of the father." For which a fee of twenty-five cents for each birth will be paid. The penalty for neglecting to report such list within ten days after it is due is a fine not exceeding twenty dollars for each offence. At present the reports are made up from an annual visitation of houses and other imperfect means. — *Ex.*

THE 41st semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held in Jaeger's Hall, northeast corner of 59th street and Madison avenue, New York, Tuesday and Wednesday, October 4th and 5th, 1892, to which the friends of the society are cordially invited. An especially interesting and well-attended meeting is assured. The New York County Society's committee on entertainment has issued a circular, announcing that after the morning session on Tuesday a luncheon will be served at the New York Homœopathic Medical College and Hospital, 63d street and the Eastern Boulevard, immediately succeeding the opening exercises of the term, and on Wednesday evening a complimentary banquet will be tendered the visiting members and their wives at Sherry's.

JOHN L. MOFFAT, *Secretary.*

17 Schermerhorn street, Brooklyn, N. Y.

At the annual field day of the Essex County Homœopathic Medical Society, held at Baker's Island July 27, 1892, members and guests were present to the number of about fifty. A short business session was held directly after dinner, when Dr. T. R. Grow, of Lynn, and Dr. H. W. Johnson, of Lynn, were elected to membership. Then followed orchestral selections, and recitations by Prof. Meade, who happened to be stopping at the hotel. Remarks were made by Dr. C. R. Brown, of Lynn, on "The Condition of the Society, Past and Present"; by Dr. J. H. Sherman, of Boston, who represented the Boston Surgical and Gynecological Society; by Dr. N. R. Morse, of Salem, on "The First Field Day of the Society"; by Dr. A. B. Ferguson, of Salem, in regard to the work being done by the Essex County Homœopathic Hospital Association; and by Rev. Mr. Frisbee, of Des Moines, Iowa, who spoke in a very pleasing manner on "The Relation of the Clergyman to the Physician."

HOSPITAL JOTTINGS.—The thirteenth report of the State Board of Lunacy and Charity, being for 1891, is just at hand. These reports are very complete. This year is unusually so, containing no less than twenty-two tables relating to the insane department, some with more than five hundred items each. No other State, it seems certain, approaches this in supplying such full information. The advantage of it, as plainly appears, is largely the promotion of comparisons with the hope of improvement. The present report shows a remarkably good record for Westborough. There are in Massachusetts four other hospitals that receive acute cases, similar to this one. They are more than five and one-half times as large, Westborough being, with one exception, smaller than any of them. But those four hospitals together received last year less than three times as many patients as did Westborough. They would have taken in 873 more if they had reached the rate of our hospital. Of patients discharged they would have sent out 959 more if they had equalled Westborough. Of those discharged as recovered, if the reported cases of relapses are deducted, the four other hospitals sent out 193. Westborough discharged 123 of the same class, after subtracting the relapses. By estimation upon the whole number treated, the recoveries here were nearly three times (287) as large as those of the others. If, on the above basis, the others had equalled Westborough, 361 more would have gone out as recovered than really did so. Some may say that the estimate should be based upon the cases admitted during the year. By that method 212 more than did so would have recovered. This hospital discharged last year in all ways, after taking out those who went to chronic asylums from here and the relapses so far as they are known, 330. If the others had done as well in proportion to the whole number treated, they would have discharged 472 more than they did. . . . An interesting table in the report shows how many recovered and how many died, last year, of those remaining who entered in any previous year. In the opening year, 1887, many were transferred from other hospitals to this. Of those patients 135 remained; none of them recovered last year, and four died, being but one in 34 nearly. Of the 1888 admissions, 80 remained, 2 went out as recovered, and 3 died. Of 1889, 94 were left, 6 recovered, and 7 died. Of 1890, 199 remained, 32 recovered, and 10 died. Last year, 397 came in, and of them 102 recovered and 33 died, these last being at the rate of 1 in 12. It is seen that after two years of hospital life few recover and but a small proportion die. .

*Westborough Chronotype.*

THE  
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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 TIMELY WARNING.*

The paper on the study of materia medica, written for the American Institute by Dr. Richard Hughes, and published in our present issue, sounds a note of warning of which the homœopathic profession stands very much in need. The warning is against empiricism as distinguished from pure homœopathic principles, in the practice of our physicians. No one is better fitted than Dr. Hughes to speak authoritatively on this vitally important theme. No living worker in the homœopathic ranks has labored more ardently or more fruitfully than he, for the success of our common cause. His scholarly and temperate writings on the theory of homœopathy command the respectful consideration of all thinking men, whatever their shades of opinion: his practical counsels on clinical matters, founded as they are on extended and successful experience, have long been of golden worth to homœopathic practitioners in their every-day work. His untiring labors in connection with the Cyclopædia of Drug Pathogenesis have, within the last few years, added immeasurably to the heavy debt of gratitude owed to Dr. Hughes by our profession. His keen interest in anything pertaining to our cause permits no detail of significance to it to escape his observation; and when he offers to us a rare word of counsel and warning, couched, as always, in phrases of gracious courtesy, it well becomes us to listen with earnest consideration.

In the present instance his warning is well-timed. The em-

piricism whose subtle dangers he suggests is already entering the citadel of homœopathy by more than one gate; and—a curious fact,—the branch of the profession which most loudly denounces, by very unpleasant names, certain of our free-thinkers who by too frequent resort to palliatives and “physiological” doses open a door to empiricism, are themselves opening, every year, a wider door. What is genuine homœopathic practice? It is one thing and one thing only; the administration for the relief of certain disease-symptoms, of drugs *demonstrably able* to produce similar symptoms in the healthy organism. Nothing else than this is homœopathic practice, no matter how iterantly or blatantly it may claim to be such. By two classes among us, such practice is set at naught. One class is that which—frankly and in not a few cases justifiably,—uses palliatives for cases past cure, and agonizing for relief, and treats empirically certain other cases for whose symptoms no *simillimum* has yet been discovered. The second class includes those who treat disease-conditions with drugs having no reliable pathogenesis; drugs whose sick-making powers are absolutely undemonstrated and undemonstrable; and which therefore it is absolutely impossible to employ homœopathically. Both of these classes are empiricists; only of one class the empiricism is intelligent, honest, occasional and defensible; while the empiricism of the others is blind, chronic, hidden under pretentious and plausible names, and therefore infinitely more perilous. There is no logic on earth which can demonstrate the giving on “clinical indications” of the millionth potency of an unproved and unprovable drug to be any less rank empiricism than the giving a phenacetine pill for neuralgia.

Dr. Hughes goes, after his well-known fashion, to the very root of the mischief in urging that *drug-pathogenetics* be made a leading and vital interest in every homœopathic medical school, and that drug pathogenesis be taught in its purity and integrity, entirely apart from clinical teachings or even suggestions. The convictions of students are thus, at the outset, fixed on a logical basis; they learn from what armory alone the weapons of true homœopathic practice can be drawn; and if they lapse thereafter into any form of empiricism, it is at least not ignor-

antly done. It is to be hoped that every instructor in homœopathic materia medica will examine this work in the light of Dr. Hughes' wise counsel.

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#### EDITORIAL NOTES AND COMMENTS.

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THE BATTLE AGAINST ARSENIC IN WALL-PAPERS and in house-furnishings generally seems, in England, to be practically won, which gives good hope that a like cheerful result may be obtained in this country, in the not distant future. In a recent number of the *London Lancet* there is a highly interesting article on the decrease of arsenical poisoning throughout England, and the almost entire disuse of arsenic as a pigment, not only in wall-papers, but in cretonnes and all upholstering materials. The *Lancet* attributes this fortunate state of things to the active caution of buyers, taught to demand reliable analyses of purchases under consideration; said caution being implanted by the teachings and preachings of physicians and medical publications. Driven by necessity, the dealers have secured, and are now almost universally employing green and other pigments as harmless as satisfactory, containing no arsenic whatever, as is demonstrated by the most delicate tests employed for its discovery.

The frequent agitation of this subject by the physicians and professional journals of our State, and especially the efforts yet fresh in the public mind, of our Boston Homœopathic Medical Society, to arouse the public to a sense of its danger from arsenic commercially employed, have brought about much improvement and lessening of the danger in question. But undoubtedly much yet remains to be done before the mischief will be as thoroughly under control with us, as the *Lancet's* encouraging report shows it to be in England. And meantime, as our contemporary the *Boston Medical and Surgical Journal* incisively says, in commenting upon the report in question, the *Lancet's* article is much to be commended "to those physicians in other States, who profess to regard the danger to health from arsenic in papers and fabrics, as a Boston fad."

A BRAVE AND TRIUMPHANT FIGHT AGAINST CHOLERA has been that waged, for the last few weeks, by the health authorities of New York. To have had the dread disease set foot not only on the threshold, but across the threshold of a great city, and then to have fought it bravely back, is an achievement of which modern sanitary resource and the men who so successfully employed it have every reason to be proud. The New York authorities had very much to contend with apart from cholera itself. The city was in far from a sanitary condition, and reforms in this direction, thanks to ignorant poverty and rapacious landlordism are not quickly achieved. The infected steamships brought cabin passengers as well as steerage passengers; and it was but human nature that the former should bitterly rebel not only against being kept from their imperative business and comfortable homes, by the exigencies of quarantine, but against remaining in an infected atmosphere. Finally the shameful story of the riotous mob who delayed the landing, on Fire Island, of the women and little children in desperate case from cold, hunger and loss of sleep, is the darkest chapter in all the tale of difficulties overcome. In face of all these things the disease has been rendered quiescent; practically stamped out; and the fright in the public mind is almost wholly dissipated. It is a brave story, and one which will greatly tend to breed healthy confidence in modern resources against the visitations of epidemic diseases.

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THE FORTHCOMING MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY will be in several respects a unique occasion. It will occur on Tuesday and Wednesday, Oct. 11th and 12th; covering, contrary to custom, a part of two days; certain of the exercises to be held in the evening. The place of meeting will be the new buildings of the Boston University School of Medicine, on East Concord Street. An exceedingly interesting feature will be the holding of several special surgical clinics, at such hours that the visiting physicians can conveniently be present, without interfering with their attendance on the sessions of the society. Opportunity will thus be given to see the



many conveniences of the fine new surgical amphitheatre of the adjoining hospital in active use. The entire buildings of hospital, college and dispensary will be thrown open to the inspection of the members of the society. Both hospital and college are, in the largest sense, representative institutions; the one of the clinical side of Massachusetts homœopathy, the other of its student side. Both are inseparably bound up with the welfare and progress of homœopathy in our State. No Massachusetts homœopathic physician can afford to be, or should willingly be ignorant of the work these institutions are doing, or the fashion in which they are doing it. The bringing into close accord, as will be done by the October meeting, of our representative State society, with our representative State institutions cannot fail to have healthful result, in fostering that *esprit de corps* which is the greatest single factor in the success of any cause or movement. It is to be hoped that every member of the society will recognize the unique interest and importance attaching to the October session, and will make an earnest effort to aid, by his presence and cordial co-operation, what should be the occasion's signal success.

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### COMMUNICATIONS.

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#### *THE TEACHING OF MATERIA MEDICA.*

BY RICHARD HUGHES, M.D., BRIGHTON, ENGLAND.

*Honorary Member A. I. H.*

[*Read before the American Institute of Homœopathy, Washington, D. C., June 1892.*]

I write under pressure of a grave anxiety, and I trust that those on whose work my comments bear will not repel me as one who interferes, but will receive my suggestions as the fruit of brotherly interest.

There are now, it seems, sixteen Homœopathic Medical Colleges in the United States. Judging from last year's statistics these institutions may be expected to graduate some four hundred students annually, a large proportion of whom will, in the natural course of things persevere in the vocation thus entered on, and will, ultimately, form the bulk of our section of the profession in this country, and indeed in the world.

The teaching and training given in these Colleges is thus a matter of vital interest to all who have the welfare of Homœopathy at

heart, and it is only fitting that the American Institute, as the foster-mother of the method of Hahnemann in this new home beyond the sea, should exert over the several institutions some disciplinary control. This it has done, on the wise counsel of its Intercollegiate Committee, and all of us who watch its proceedings from this side of the water applaud and are made glad by what has been accomplished. It is necessarily, however, with the external aspect of collegiate work that the Institute deals—the number of years to be spent in study, the courses to be taken, and so forth. I am inviting it to-day to look further within upon one branch of such work, and to influence it, not by the passing of binding resolutions, but by expression of opinion which will (I doubt not) have hardly less weight, and whose timely utterance may make a great difference in our future.

It will be admitted by all, that if there is one chair in Homœopathic Colleges more important than the rest, it is that of *Materia Medica*. I do not doubt that the governing bodies endeavour to obtain, and often succeed in obtaining the best men available to fill them. But from books that have lately been published, from articles I have read in our journals, and opinions I have seen expressed, I have grave doubts whether the subject is always taught in the best possible manner, and whether justice is done in the process, either to the master or to his methods. Let me explain.

It is recognised at the present day that any adequate treatment of a subject must be *historical*. Thus only can its rationale be understood; and a thing must be approached in its original form, and at its nascent stage if it is to impress with all its possible force. Now in the matter of *materia medica*, we homœopathists have unique advantages in this respect. Hahnemann, after discovering, propounding, and to a great extent elaborating his therapeutic method, set himself to provide the means of carrying it out. The *Organon* (1810), was quickly followed by the *Materia Medica Pura* (1811–1821). The object of this work, and the meaning of its title, are defined by the author himself in his preface. "In the *Organon*" he writes: "I have taught this truth, that dynamically acting medicines extinguish diseases only in accordance with the similarity of their symptoms. He who has understood this will perceive that if a work on *materia medica* can reveal the precise qualities of medicines, it must be one from which all mere assumption and empty speculation about the reputed qualities of drugs are excluded, and which only records what medicines express concerning their true mode of action in the symptoms they produce in the human body."\* Hahnemann's aim was thus to furnish a

\* *Mat. Med. Pura*, Dudgeon's Translation, Vol. I, p. 3.

collection of the symptoms developed by drugs in the organism of their pathogenetic effects, which, on the principle of "likes to likes," might be used for cure of disease. "These are the precise qualities of medicines," he says, which a work on materia medica ought to reveal.

It follows that a teacher of the subject in a College dominated by the method of Hahnemann, should first of all ground his students thoroughly in the pathogenetic action of drugs. He may, indeed he should, communicate and discuss the uses of the several medicines in the traditional school; he should also recount the clinical applications which homœopathy has made of pathogenesis, and the indications general and special, which experience has furnished for such uses. All this Hahnemann does in the prefaces and notes to each constituent of his *Materia Medica*, but it is kept in strict subservience and subordination to the main body of the work, which consists of the symptoms elicited by proving and poisoning.

Now is materia medica taught in this way in our Colleges? From the glimpses I get of its mode of presentation, it seems to me too often approached from the clinical side rather than the pathogenetic,—the latter being made quite secondary. With other teachers there seems a deliberate purpose to obliterate the distinction between the two: a list of symptoms is taken indiscriminately from the two spheres of action, and it is said that the medicine "has," or sometimes (by a bold personification), "is" such or such of them, no account being given as to how it came to possess or represent them. By yet another class, a crowd of pathological notions are interspersed: Hahnemann's "psora" and "sycosis," Grauvogl's temperaments, Schüssler's tissue inanitions, are all assumed to be realities, and medicines are assigned to them accordingly. Daily there are those who would have their students remember only certain "characteristics" or "key-notes" of each drug—symptoms picked up anyhow and anywhere, and make their therapeutics consist of looking out for such features in idiopathic disease, and choosing its medicines accordingly.

What is the result of such teaching? It must be to make the practice of its recipients empirical rather than homœopathic. It is possible that they may occasionally light upon true *similia*, and so effect cures. But the process is a haphazard one. There is no conscious application of the law of similars; and therefore no strengthening of belief in it, no sharpening of acumen in applying it. The central vantage ground it gives has been abandoned, and men are stationed instead on the old slippery soil of particular experiences. That it is so, appears from the kind of

repertories that are now in demand, and are so largely supplied. Formerly, a repertory used to be an index to the *materia medica*, and was employed for carrying out the rule *similia similibus*. Now it is a clinical guide, and is consulted with a view to learn what drug is reputed to "have" the symptoms of the case before us, regardless of the way in which it obtained them. Our publications of the kind are avowedly based upon such symptomatologies as Hering's, which do not profess to be pure pathogenesis, and are intended only for the well instructed practitioner. In this way, empiricism, which would be the exception in homœopathic practice, is becoming the rule; the requirement of similarity between disease and drug-action is more and more rarely made; and our play is growing into that which "Hamlet" was when, by special desire, the part of Hamlet was left out.

What is to be the remedy for the disastrous drift? It lies, I think, in the direction which I have indicated: it is the better teaching of *materia medica* in our colleges; the founding this first of all on the pure pathogenetic effects of drugs. I would urge the making a clean sweep from our lecture-rooms of all text-books which do not keep those prominent and distinct. Where Hahnemann has proved any substance, let the teacher begin with his article upon it in the *Materia Medica Pura*, showing the book to his students, and encouraging them to consult and one day to obtain it. How few practitioners, how few writers on and expounders of *materia medica* (tell it not in Gath!) possess this work of the Master, or have ever seen it! And then, for later work done with such medicines, and for the many which lie outside the Hahnemannian list, there are two unexceptionable sources of knowledge. If the schematic form be preferred, there is Dr. Allen's "Handbook," where our symptomatology is purged of the dross which encumbered it in his larger work, and where its curative applications appear only in notes. But it seems to me, (and I think Dr. Allen will agree in the opinion, that the true place of his book is found later, and that it should serve as a remembrancer rather than a primary source of information. The teacher should present drug-action where possible, as he should disease, in the form of clinical cases; and for this purpose he has the *Cyclopædia of Drug Pathogenesis* now complete and accessible to all, where provings and poisonings may be read in their original narratives. This work is avowedly prepared for the student, and it would be a grievous thing if, as far as he is concerned, the labor expended upon it proves to be labor in vain.

Thus grounded in drug-pathogenetics, the beginner will be ready with cleared vision to enter upon drug-therapeutics. He

will hear of the traditional use of medicines, he will learn those current in the school of Hahnemann, as one capable of perceiving their relation to the effects of the several substances on the healthy body. The law of similars will be his touchstone for the doings of the past, his instrument for further developments in the future. If he has to fill up gaps from the *usus in morbis*, he will do so with his eyes open, and know what he is about. He will be, I think, a more intelligent and more satisfied man : he will be, I am sure, a better homœopathist.

## DISCUSSION.

DR. T. F. ALLEN.—It seems to me that this paper of Dr. Hughes should not be permitted to pass unnoticed. I have listened very carefully to that paper from the beginning to end to find out the cause of Dr. Hughes' lamentation. I cannot understand why it is that Dr. Hughes assumes that in the homœopathic colleges of this world, all of which are contained in the United States, the homœopathic materia medica is not well taught. I tried the coat on myself and it wouldn't fit. I know a good many of the teachers, and am familiar with their methods of teaching, and I must say that Dr. Hughes labors under some misapprehension as to the methods of teaching materia medica, and I think perhaps he has estimated the plan of teaching in our colleges from his reading of the American medical press. It would not be at all peculiar for a foreigner reading our literature to form a wrong estimate of our college work. As I understand the methods of teaching materia medica, and I have had considerable experience in that line myself—some twenty years—I find that we cannot read a list of symptoms to our students as was done in the former time ; that is now absolutely impossible. Let me state briefly my mode. I would take let us say one of the potashes. I would call their attention to the cases of poisonings, which I would read in detail from the Cyclopædia ; then I would explain to them carefully the symptoms that might be expected to arise from such a poisoned condition of the system, and thus gradually build up the homœopathic edifice. But I cannot recommend a better book to an allopathic physician to study from than this Cyclopædia ; but to the young student something else must precede, or some additional explanation must be given. The allopath can read the history of the drug perfectly well and intelligently ; the student will do better if you build up the drug for him by easy stages. Some such plan as this is in vogue I believe in every college of the land. So that I think all teaching of materia medica should begin not perhaps with the general history of the drug, but by a species of illustration so that

you could impress the student with a few characteristics as you go along, and in that way require him to remember those very marked features of the drug. I take issue, therefore, with Dr. Hughes, and say that our students are very well grounded in the study of the *materia medica*.

DR. A. L. MONROE.—I have been looking about since Dr. Allen was speaking, and I have recognized in this room at least ten of the sixteen professors of *materia medica* of the American colleges. And the remainder of our audience, or the great majority of the remainder, are men and women who are known in the journals for their special admiration and study of *materia medica*. Therefore I want to say that I never saw a better time for an experience meeting. I must say with Dr. Allen that I do not quite understand Dr. Hughes' remonstrance with our ways of teaching. I think he is very much mistaken about us; indeed I know he is. I have watched the journals, and I have talked with students of the different professors and am more or less familiar with their work and ways of teaching *materia medica*. I do not know of more than one or two who read from manuscript or from the text-book. They may sometimes do this for an explanatory or historical note, but if they persist in taking up the whole hour with reading they ought to step out. I think it best to begin the teaching of students by showing that each remedy produces one or two of three effects upon the human body; either an increase of function, or a decrease of function, or a perversion of function. If it produces increase of function we distinguish carefully where and why that occurs; we get that from the *Cyclopædia of Drug Pathogenesis*. Where it reduces the function we make a similar investigation, and so on. These are the primary or central symptoms. For secondary, sympathetic, distant symptoms we have to study anatomy, physiology, and pathology, as well as *materia medica*. If we find a perversion of function we must study out the origin of the perversion. After we get our students grounded in the generalities of our subject, in the material action of the drug, then we begin to go about from place to place and show other symptoms more or less remarkable and more or less intimately connected, and thus fasten them upon the mind. We can do that theoretically in every remedy, but not always practically, for we cannot always tell what material changes in the brain arise that make the difference between the sleeplessness of *Ignatia* and *Coffea*, the one from grief, the other from joy. This is where the theory of the dynamic action of our homœopathic remedies comes in; but it is difficult to explain. And it is also the great dividing line between our therapeutics and that of the allopath; that shows our superiority

over the allopath in having better and bigger means upon which to base our prescriptions. My plan is not to endeavor to cover the whole materia medica; I concede that such would be an unwise attempt; but to lecture on the polychrests. Most colleges have several assistants who can cover other ground. You take a drug like Euphrasia which you rarely think of except in eye troubles, and it would be manifestly a loss of valuable time to dilate upon that with the energy and study that one would give to Aconite or Sulphur. Still it is important to know it, and it therefore comes in either at a later time in the course or through the assistants to the chair. I generally begin with Aconite and run along pretty close to the old and well tried remedies, viewing each remedy in its various relationships to all other remedies; placing it in classes according to its special actions. The students very soon begin to learn this relationship by a species of association of ideas, so that the old fashion of memorizing is practically done away with, and philosophy, a nobler mental attribute, supplies its place. I generally begin by saying that Sulphur is the best remedy, the biggest polychrest to use as a foot rule in studying chronic diseases; and why is it a chronic disease remedy? Simply because it is a venous remedy. Lycopodium is very much like it but different in its physical characteristics. I begin the study of the acute remedies with Aconite; it is a polychrest for a similar reason that Sulphur is, because it causes congestion of the arterial capillaries and affects every organ and tissue that contains a capillary; that it is an acute acting remedy because its congestions are sudden, violent, acute, arterial; then I compare such remedies as Bell., Arsen., Gels., Verat. Vir., etc. with it. So I run along associating remedies of a class, and declaring their relationship, their aggravations and ameliorations, until the student has taken hold of the idea and is enabled to piece it out at his leisure with more accurate and closer fitting relationships.

DR. C. S. MACK.—As Dr. Hughes' paper was being read, two or three things entered my mind which I think entirely justify the remarks he has made. The study of *materia medica pura* is a study of drug pathogenesis, and he is concerned lest our records of pathogenesis be marred by things other than pathogenesis. One illustration to which he refers, or has an allusion, is the matter of clinical symptoms and clinical verifications. I think he questions the propriety of according to clinical symptoms the prominent place they are given in most of our *materia medica* text-books of to-day. I tell my classes that clinical symptoms are merely deductions from medical practice which is often wholly empirical,—that clinical symptoms and clinical verifications have no place in pathogenesis, and that

homœopathicity cannot be determined without regard to pathogenesis; I caution them in regard to the value of these clinical verifications, and I direct them carefully to the proper study of the drug. A great many of the text-books are so arranged that you will find in one line something that is perfectly marked and very peculiar in the pathogenesis of a given drug, and in the very next line you will find something that has nothing to do with drug pathogenesis and is an observation from purely empirical practice; and in this book there will be nothing to show which items are from pathogenesis, and which from empirical practice. I think that this system of studying a drug, the inclusion of its clinical symptoms, is measurably dying out. To-day there is a disposition to study pathogenesis. It is absolutely wrong and indefensible to say that, because you have relieved a patient of such and such a symptom with a certain remedy, therefore a similar to that symptom belongs to the pathogenetic action of that drug.

DR. CHAS. MOHR.—In the teaching of *materia medica* in the Hahnemann College of Philadelphia the method outlined by Dr. Hughes in his paper is pretty closely followed and therefore I may say that his paper is not a criticism of the methods of the Philadelphia school. I presume however that Dr. Hughes was led to write this paper because of the non-acceptance popularly in the profession of the *Cyclopædia of Drug Pathogenesis*, of which he is the principal author. I have not examined into that question but I have no doubt that if our College Announcements in which text-books are recommended, be examined, it would be found that very few of them recommend this *Cyclopædia of Drug Pathogenesis* as a text-book; and I want to say that in my judgment it ought to be recommended as a text-book. So far as I am concerned I would base my lectures upon the *Materia Medica Pura* of Hahnemann and the *Cyclopædia of Drug Pathogenesis* as we have it now, rather than upon any other text-book that is issued, because there is a fundamental ground on which to base lectures; and I believe that if the pathogenesis was presented in accordance with the symptoms and in accordance with the explanatory notes in the beginning of each remedy in Hahnemann's *Materia Medica Pura* we would give our students a good clear understanding of drug action which they can afterwards enlarge upon and apply according to the methods of Homœopathy. While I say this I do not discourage the use of any other text-book; indeed, standing as I do the successor of Dunham and Hering and Farrington, I should perhaps stultify myself if my statements be taken as condemnatory of their work and text-books. Hering and Lippe and Guernsey and Farrington and Allen, their works are our text-books and



reference books and give the teacher incalculable aid in the teaching of materia medica, and in giving to their students a correct understanding of the correct action of drugs and do it also in a very desirable form; but they approach the subject from different stand-points. Let me give an illustration. Take Hering's Condensed Materia Medica. The student who has not had any lecture on materia medica, who has not been shown how to study materia medica is very much at sea as to drug action if he tries to memorize the symptomatology recorded there. He must have something either before or in addition to Hering's forty-eight chapters, with which to give himself a foothold in materia medica. In other words the materia medica thus gained seems to be principally by memorizing so that the student when he goes out into practice and attempts to apply his memorized facts is wholly at sea. By studying the materia medica intelligently with the aid of Hahnemann's *Materia Medica Pura* and the *Cyclopædia of Drug Pathogenesis* he will find himself safely anchored in homœopathic materia medica.

DR. J. C. MORGAN.—I think Dr. Hughes has given us an admonition that is timely, though it would be wrong to follow his advice as if he were infallible and possessed of plenary inspiration. I do not think that Dr. Hughes would have us so do. I would say that his views are to a large extent an antithesis of those of our departed heroes, Dr. Hering, Dr. Lippe and Dr. Guernsey. While there is a great deal of truth in them a great many of those suggestions drive us back to first principles. In justification of Dr. Hughes' position it may be well first to declare that the profession are and have been divided, first of all, upon the paramount personal interests of this life, as are all mankind. The doctor must find the remedy for his patients as quickly as possible; he must often do his work by cross-cuts, through wildernesses. Much clinical work is done in this way; has to be so done, and always will be so done. The present generation of homœopaths have a larger field in which to work than their immediate predecessors. Every day some new remedy is introduced to our notice, requiring new study and new application of homœopathic rules. Where is the man with a practice, who can give the necessary time to such going back to the drug pathogenesis of every symptom he may use as a leader for his remedy? Naturally, such generalizations arise, as *Rhus* for sprains, *Nux Vomica* for constipation, etc. How do these generalizations arise? How were they first discovered? It was by the methods advised by Dr. Hughes. Drs. Jeanes, Hering, Lippe, Guernsey and Dunham discovered many such, and Dr. Allen and others have each contributed a quota. They are dis-

covered in the practice of a life time, by their constant reappearance in many, many cases. Dr. Hering's life was largely given to this development of clinical symptoms; he was a clinician *par excellence*. When he found a symptom that was prominent in many patients, that disappeared repeatedly under the administration of a drug, even when it had not that symptom in its proving, he made a note of it; and if in the proving, he underlined it; at first, with *lead pencil*; if further verified, with *blue*; lastly, with *red*. Thus was he able to give to the world that masterpiece of homœopathic therapeutics which is but now completed, viz: "The Guiding Symptoms." I want to identify Farrington's work with Dr. Hering's, as a matter of conscience. Dr. Farrington's book is simply Dr. Hering's, remodelled by a young and capable editor, added to with great ability and power of his own. From the first to the last pages, however, you will find Hering's *classification by natural families*—of minerals, plants and animals—and Hering's Clinical Observations; all being reduced to the fascinating *form*, which we owe to Farrington.

The work of the other men whom I have mentioned was also largely in clinical observation. What riches have they not bequeathed to us! Yet, it is still true that they amassed their first clinical wealth, as all really original wealth must be, forever, by the very method insisted upon by Dr. Hughes!

DR. J. P. DAKE.—It is nearly forty years since I stood upon the platform to teach *materia medica* in Philadelphia; and I know, and I think I appreciate the views stated by Dr. Hughes; his criticisms I quite agree in. I also agree with Dr. Allen that Dr. Hughes has formed his opinion largely from the text-books and articles that have appeared in our literature in America. When I began to teach *materia medica* the text-books that we have to-day were not known, nor had we all the facilities. Hull's Manual was the great store-house of symptoms. The symptoms were put there with little distinction between those that were taken from healthy subjects who had proven the drugs, or people sick and taking drugs to cure them; there were marks that would indicate curative symptoms; and different sized types were used to show whether symptoms were characteristic or common. My idea is this, and I have learned a great deal since that time; before I concluded the teaching of *materia medica* I had learned by closer study that all the symptoms there were not of equal value by any manner of means. I came to doubt the plan of reading symptoms growing out of clinical experiences, and I have come to believe that the only way in the world safely to get characteristic symptoms is to mark them down as the repeated experiences under thus and

such a remedy on healthy provers (applause). It is the most unsafe thing, it has been so and is so yet in our profession, to take the symptoms of the sick room and assume or presume that a drug can produce certain symptoms because they disappeared in the sick while that remedy was being administered. And when we get down and back to it, and read the symptoms according to their frequency in the provers, then we get on safe ground, and in my judgment that is the only safe ground.

DR. C. B. GILBERT.—I want to say a few words from a clinical standpoint. I am thankful for every clinical verification I can find in the books or in my work, or from the mouth of my teachers. They are always welcome. I don't believe it is necessary to confine ourselves to the limited pathogenesis of drugs upon the healthy body. We can imitate disease in a healthy body, in a limited degree only; the processes are not the same, the causes are not the same. We can imitate partly, and the difference between the imitation and the actual disease must be filled in by clinical experience of physicians gained at the bedside. I am thankful for the symptoms in old Jahr and for those I get anywhere, and of course they increase in value as they are verified. Dr. Hughes' Cyclopædia is a one-sided affair. He has stopped with the twelfth potency, why I do not know; and yet every practising physician to-day knows that the symptoms of drugs upon the healthy person have been repeated time and time again with potencies above the twelfth decimal, fully corroborating the symptoms below that power. Recently I read a paper for a medical society here, and I had occasion to state some facts in relation to Nux and Sulphur. I found in Dr. Allen's Encyclopedia that Nux vomica in the 1000th potency and in higher potencies produced symptoms diametrically opposite to those produced by the crude drug and by the lower potencies; and the same is true of Sulphur. That being a demonstrable fact, why were these symptoms omitted from the Cyclopædia. Is not this important information for the student to have? Should he not be armed with this action of Nux as well as the action when given in the other and cruder form? This proves to me that Nux is not indicated in diarrhœa nor Sulphur in constipation. The great trouble with our text-books is that they give primary and secondary symptoms without distinction. I am not in favor of throwing out the clinical verifications. They are godsend many times.

DR. J. S. MITCHELL.—I have had about twenty-five years experience in teaching, and I want to say that if there is any one thing that is well taught in our homœopathic colleges it is certainly materia medica. Whenever we find a student not quite up to the mark in general, we usually find if he knows

anything at all it is his *materia medica*. I was going to say it makes no difference from what college he comes, but it does make some difference. But from wherever he comes, he will usually pass well in *materia medica*. I have regretted all my medical life that I did not have, when my mind was young and receptive, a course of instruction in homœopathic *materia medica*. I had the misfortune to graduate at an old school medical college; it was a good college, but it did not teach homœopathic *materia medica*; and I have had to burn a good deal of midnight oil in order to make up for that deficiency. I want to say to these ten professors of *materia medica* that I regret every time a new drug comes up like Antipyrine, &c. &c., to go to our homœopathic therapeutics and find a little paragraph perhaps an inch in length, briefly dismissing the subject. I want to see in our homœopathic *materia medica* an earlier, wider and more liberal study of the new additions to therapeutics. We ought to keep pace with the old school literature by having complete and full provings of all the new drugs. I want to see them made in the light of the very best examinations, physical and otherwise. I am sure they can be made so with all the aids of science at our command to-day, and I want to see them equal in extent and importance the old school efforts.

DR. T. C. DUNCAN.—The point I want to speak about particularly is this: It is one thing to teach elementary *materia medica*—the primer for beginners; but it is quite another thing to teach it to practitioners. The professors in the old school commence where the student can remember something. He must commence with clinical symptoms; we ask what clinical symptoms have value; what have corroborative evidence of such value? It must be something that has been proven and repeatedly over and over again until we can say that is characteristic of that remedy. I don't like to see so much confusion created in the minds of the students and practitioners. *Materia medica* is a very broad field, and when the essayist tries to lay out a course for the professors of *materia medica* to follow he has got a big work on his hands. I think we need more elementary teaching. I once asked Dr. Lippe how he studied *materia medica* or a new remedy? He answered that he read the proving over carefully, and continued to read it over and over again until he saw by comparison, something that was different from all other remedies that he remembered—something that seemed absolutely characteristic; and the first time he got a chance to give the medicine, he would do so, and watch the effect upon that symptom, or series of symptoms, and if it produced an amelioration or decided the cure, he put it

down in his book as well as in his mind. Dr. Hughes is apt to be a little too critical. We are all apt to be so with those a little less experienced in our specialty. I think there is not an elementary materia medica, nor a book from which a student can get hold of the first laws of prescribing; practically that is therapeutics however. When I graduated I knew but two symptoms, and those were the aggravation (bry), and the amelioration from (rhus.) motion. But from that I was afterwards enabled to build up a fair amount of materia medica, or rather therapeutic knowledge. It seems to me that there ought to be some means devised whereby the student could gain a fair practical knowledge of the foundation of our materia medica.

DR. T. F. ALLEN.—One of the most valuable modes of teaching materia medica is clinically, and I must say that I have learned something from every man who has spoken. The last two or three years have convinced me of the necessity of teaching materia medica clinically. I had never tried it until three years ago, and it proved so popular with the class that I wish all you teachers would try it. The first case I took from our professor of clinical medicine; he had during the previous hour had an extremely interesting case of chronic myo-carditis. I had never seen a case of that sort, and during the interval between the hours the history had been carefully written out by the assistants of the previous professor. Those symptoms remained upon the board when I entered the lecture room. I said to the class that here is the case of a man I had never seen, suffering from a disease I had never seen; there are his symptoms on the board. The man wants help and relief of his pain. No man has ever cured a case of this kind; what are you going to do about it? There were the symptoms so and so. We turned to the index of materia medica, or Bœnninghausen's Therapeutic Pocket-Book, and we got forty or fifty drugs for the first symptom, another lot of drugs for the second symptom, another for the third, and so on to the bottom of the list, until we saw Rhus tox. standing out prominently, and the patient was put upon the prescription. That work impressed upon the minds of the class the importance of studying all the symptoms, and also fixed the leading lines of rhus tox. From that time on we have had a therapeutic clinic every week. We do not attempt any diagnosis; we take the symptoms of some case that has been in a preceding hour, or one that has been prepared before we get to the lecture platform; or if the case promises to be one of especial interest, I take the symptoms home with me the night before, and carefully look them over, in order to present the matter clearly the next day. Homœopathy depends upon our clear and precise understanding of the principles underlying our materia

medica. It is the most important subject we have to deal with, and I find that this clinical way is a very satisfactory one, and leaves an impression upon the student not easily erased; and one certainly which no amount of text-book reading could ever have produced.

DR. A. L. MONROE.—I generally begin the term by teaching my students what I call twelve aphorisms. They are not absolutely aphorisms, but they are a sort of *multum in parvo* for the students.

One is in substance that anxiety, restlessness and thirst, are generally associated with rapid combustion of tissue as in arsen., and acon. Another, that conditions of debility are acid conditions, and are generally accompanied by weak, irregular pulse. That all of the acids in the *materia medica* have in their symptomatology weak, irregular pulse with great debility. Another, that the character of pain is generally an indication of the tissue effected as the tearing, aching, muscle pains of rhus., the sharp, shooting, stabbing nerve pains of spig., or lil. tig. and so on. I have about fourteen such aphorisms, and while I impress upon the student that aphorisms are only generalizations, I tell him that they will help teach him the A B C of thinking out *materia medica* for himself.

DR. J. D. GRAYBILL.—I desire to call attention to the teaching of chemical affinity in drug study. Every drug has some effect on the right or left side. For example, quinine and cinchonidæ which were put in the same list, were found to be radically different in their power to turn the plane of polarization to the left or right. Quinine turning it to the left, while cinchonidæ turning it to the right, veratrum viride has the power to turn the plane of polarization to the right while veratrum album will turn it to the left. So we can go all through our *materia medica*. Every remedy has a distinct action upon the sides of the body. This is very clearly explained in Fownes' Elementary Chemistry.

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#### A NEW PROVING OF APIUM VIRUS.

BY LYMAN CHASE, M.D.

The following account of the immediate effects of the sting of a honey bee is given, mainly in her own words, by a niece of the writer, a woman of middle age and in perfect health:

"While gathering raspberries in the near vicinity of a hive of bees I was stung on the back of my neck. I think the bee would not have stung me had I not attempted to brush him from the place. Never having experienced any serious results from former bee stings, I continued my work, giving scarcely a

thought to the matter. But in a very brief period I was conscious of a curious pricking and itching sensation in the palms of both hands. Even then I did not refer these strange sensations to the sting, but imagined I might have touched a nettle bush. But, as the stinging and itching increased so that I turned to hasten within doors, suddenly I became conscious of similar sensations in the soles of both feet. In fact, the pricking and itching became general, as the whole body was in like condition, though the sensations were not quite so unendurable as in the hands and feet. All this occurred within five minutes of receiving the sting. No pain was felt where the bee stung, though afterwards there was considerable swelling around the spot. To keep quiet was impossible; I felt impelled to move about, constantly rubbing my hands in a laughable manner (to others I mean), lifting first one foot and then the other. I applied all the known remedies, my hands and feet looking as though they had been scalded, obtaining the greatest relief from soaking them in soda-water, and afterwards wrapping them in bruised plantain leaves. The plantain leaves were very cooling. I think it was about two hours before I began to feel like my former self."

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*WAS IT LA GRIPPE?*

BY S. L. EATON, M. D., NEWTON HIGHLANDS, MASS.

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

The subject of this paper was an attractive little girl, six years old, of unusually bright intelligence and winning character. Early in January she was attacked with la grippe, and exhibited catarrhal symptoms incident to that epidemic, but was only moderately ill, and occasioned no anxiety. She received *bryonia*, and subsequently sulphur, and was, in a few days, discharged as convalescent. Two days later she showed a marked change for the worse, with an entirely new set of symptoms. Rising temperature, pale face, frontal headache, and thirst, indicated a fresh invasion of disease, and examination of the chest revealed some congestion of the left lung, although there was but little cough. Arsenic was prescribed, and, two hours later, at noon, she was found much worse; a deathly pallor of the face, combined with a temperature of 105°, making a startling picture. Noticing that the skin was wet with hot perspiration, and that the usually quick intelligence was dull and stupid, I prescribed opium, in potency, and was relieved by an improvement which was manifest within half an hour. The temperature fell seven degrees in seven hours, and during the night reached a point nearly two degrees below the normal.

During the succeeding days there was no fever, but for several nights the temperature was sub-normal. However, the lung cleared up nicely, and she was soon well to all appearances. During the extreme high temperature the father had suggested the use of antipyrine, which I declined to administer. After the child's recovery he expressed great gratification, and brought to me a newspaper clipping which quoted a distinguished Parisian authority as condemning the use of antipyrine and similar drugs in the treatment of this disease. So far, everything was lovely; and the homœopathic prescriber felicitated himself upon the never-failing resources of our incomparable *materia medica*.

After five weeks of apparently perfect health, the child again sickened, very suddenly and more violently than before. She had been away from home for a few days, and returned, with her mother, in apparent health. About three hours after her return she was attacked with vomiting and diarrhœa. The vomited matter was first simple ingesta, then bile, then water. The stools began as simple, loose evacuations, without marked characteristics. The temperature was  $103^{\circ}$ , and tending upward. Arsenic was administered. During the night the vomiting and purging continued every hour, and by morning we realized that the case was one of extreme gravity. Counsel from the city was agreed upon, and Dr. James B. Bell was called, who gave the case a thorough examination. By this time the watery vomit was black with disorganized blood, and closely resembled the coffee-ground vomit of gastric ulcer or cancer. The stools were frequent, and sometimes involuntary. There was considerable delirium, with hallucinations, twitching of arms and some carphologia. Mouth dry, and tongue continually moving from side to side licking the corners of the mouth. There was sharp pain in the head, mostly frontal, but an entire absence of pain in the stomach and bowels. After carefully watching the patient for an hour, Dr. Bell expressed fear of a convulsion, prescribed stramonium, and left with a grave prognosis. During the following night the evacuations were somewhat less frequent, but the black vomiting continued, and a few doses of phosphorus were administered without benefit. By morning of the second day the character of the stools had changed, and presented the same coffee-ground appearance as was seen in the ejecta. It was still impossible to keep anything on the stomach, and rectal enemata of malted milk were resorted to, which were retained about half an hour; but it is improbable that much nourishment was absorbed in that way. The patient frequently remarked that she was hungry; and her delirium was colored with visions of appetizing food. The pain



in the head was apparently not very intense; the face continued pale, and she could be aroused from her delirium sufficiently to answer a question with the graceful diction which she used in health. After a second interview with the consulting physician, the medicine was changed to lachesis. But all our efforts seemed futile against the irresistible march of this disease. Early in the afternoon she asked for the bed-pan, used it, then vomited, and immediately went into a convulsion, and expired in a few moments.

I feel that I have drawn a very inadequate picture of this terrible case. For malignancy of aspect, rapidity of action, and insensibility to remedial measures, nothing comparable to it has come under my observation except those malignant cases of diphtheria which seem doomed to death from the very start. This child seemed as far out of our reach as if bitten by a rabid dog. What caused this profound poisoning? The child was under the close observation of a prudent mother, and had suffered from no indiscretions of diet. The absence of a history of indigestion and gastric pain precluded the idea which would naturally be suggested by coffee-ground vomiting.

The presence of typhus fever in this country must be considered in making a diagnosis. But it is evident that this case differed widely from typhus in several essential particulars. Cerebro-spinal meningitis was more nearly approximated, but that was contra-indicated by the absence of characteristic symptoms of head and back. We called the case *la grippe*; and, as that disease was generally epidemic, it is entitled to the benefit of whatever doubt may exist as to the correctness of our diagnosis. While most of our cases of this disease are either neuralgic or catarrhal, we know that there is a gastric type occasionally seen. We know, too, that in all epidemics an occasional case will stand out in startling prominence, and display a severity immeasurably greater than its fellows of the same anamnesis but different development. I believe that this is the explanation of the extreme malignancy of the malady, which cut off a beautiful young life in the short space of forty-eight hours.

A distinguished physician once said, "I can cure all illnesses except the last." I do not know that he was a homœopath, but he ought to have been. There are few medical agnostics; I take it, in this society. We know that our resources are tremendous; that their victories have been great in the past, and that conscientious effort will win still greater triumph in the future. We have too often seen the salutary effect of the similar remedy to feel other than hopeful when exhibiting its action on the sick. Yet there come times to all of us when strength is turned to weakness, and we are forced to acknowledge that

while "similia" is strong it is not sufficiently powerful to make "this corruption put on incorruption, and this mortal put on immortality."

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*THREE CASES OF PUERPERAL ALBUMINURIA WITHOUT CONVULSIONS,*

BY JOHN J. SHAW, M. D., PLYMOUTH, MASS.

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

It has been my good fortune to have had three marked cases of puerperal albuminuria in which convulsions did not occur.

I was called to Mrs. S. shortly before she was expected to be confined. I found her badly bloated; the lips of the vulva being so swollen that she could only lie on her back with the knees widely separated. I pricked the mucous surface in perhaps a dozen places on each side, and thus soon relieved her, so that she could go about. The urine was loaded with albumen.

Her confinement occurred soon after, and although she was sick over thirty-six hours, there were never during that time any signs of convulsions. I had this lady under treatment for a long time after this, I think about two years, when she again became pregnant, her urine still containing a small percentage of albumen. By the time she was three months along, both legs were prodigiously swollen, and there was not more than one-third of the normal amount of water passed.

Soon after this she aborted, (probably by her own act), but was obliged to call me on account of excessive flowing. I treated her in the ordinary way, but in the whole course of my attendance I discovered no signs of uræmic intoxication. I continued to give her medicine for upward of a year after this, with occasional examinations of the urine, but each time finding albumen; and her feet and ankles would swell badly if she stood on them long at a time.

She finally got tired of taking medicine, and I did not hear anything more from her for another year, when she had again become pregnant, and this time passed through her gestation in perfect comfort. The albumen had entirely disappeared from the urine, and her confinement was perfectly natural and quite comfortable. Since that time she has enjoyed the best of health.

My second case was that of Mrs. C. When I was called to her, I found her so badly swollen in every part, face, trunk and limbs, that although a woman who would naturally weigh not more than one hundred and twenty pounds, she had the appearance of a person who would weigh over two hundred. She expected to be confined in about one month. She had not con-

sidered it necessary to speak to me in regard to her health, supposing it to be one of the misfortunes of her condition. She called me when she did on account of severe and continuous vomiting. This I soon succeeded in checking, but she was still obliged to be exceedingly careful in her diet.

She passed but little urine, not over ten ounces in the twenty-four hours, and it contained about all the albumen it could. The child was dead, but I think it had been so but a short time. I gave her apocynum can. and arsenicum without apparent benefit. Finally with terebinth and apis the amount of water began to increase, and the anasarca to disappear. But at the time of her confinement there was still considerable swelling about the lower part of the body, and the urine still contained a large percentage of albumen. She was in labor about twelve hours, when she was delivered of a dead male child, of about six pounds weight, and which had apparently been dead about three or four weeks. She showed no signs of convulsions, and had a steady although slow getting up.

Under merc. cor. and arsenicum the water gradually cleared and in about three months was entirely free from albumen. Since that time she has continued well, and is now as strong and fleshy as is usual with her.

The third case was that of Mrs. H. In the belief of her friends at the time she passed through her gestation in perfect condition; she herself saying, afterward, that she felt perfectly well during the whole time, with no sense of weight in the abdomen or clumsiness of the limbs; and yet when I was called to her after labor had commenced, I found her in an exceedingly plump condition.

Her labor was slow and rather tedious, the os dilating with some difficulty. Her pains were quite far apart, and between the pains she almost invariably fell asleep. In fact she seemed to be in a rather drowsy condition all the time, and bore her pains with very little complaint.

About twelve hours after I was called in, she was delivered of a ten-pound girl. The placenta came away all right, and the uterus contracted well, and I left her in a very comfortable condition, although it was apparent that the plumpness was the result of dropsy. There was almost no amniotic fluid. The abdomen was to all appearance as large after confinement as before.

About five hours after I left her, I was summoned with the information that she was flowing badly and was feeling faint. I found her flowing quite freely, with pulse at one hundred and twenty. I had nourishment given her, which relieved the faintness, and appropriate remedies soon checked the flowing.

The next morning the pulse had dropped to one hundred, she had passed a comfortable night and was feeling nicely. The eyelids were however very puffy, and she could not see to tell time by a good-sized clock ten feet away. I secured a specimen of her water, and found it loaded with albumen. The amount passed was very small. I put her on apocynum can. and arsenicum, and soon had a free flow of urine. The bloating of the feet, legs, abdomen and face, rapidly disappeared, and in three weeks was entirely gone. She seemed perfectly well; the sight was almost normal, and the urine was entirely free from albumen; and I might add that I was happy, for the patient had braved the disapprobation of a large circle of friends in employing a homœopathic physician, and I should have felt particularly badly if she had not done well.

In these three cases which I have described, no preventive medicine whatever was given, because I did not see them in season to give any before confinement, and I did not have any occasion to give any at the time.

In the second case, though I gave treatment which resulted in increasing the flow of urine and reducing the dropsy, yet I did not succeed in lessening to any considerable degree the amount of albumen passed.

In something over five hundred cases of confinement I have had three cases of convulsions, (not hysteric), and had apparently as much reason to expect them in the above detailed cases as in those in which they did occur. I am glad to be able to add that all of my cases recovered.

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#### TREATMENT OF DIPHTHERIA.

BY J. H. SHERMAN, M. D., BOSTON.

[Read before the Massachusetts Homœopathic Medical Society.]

Intelligent treatment of diphtheria as well as intelligent treatment of other diseases presupposes true conceptions of the nature of the disease. I take it for granted, with the incontrovertible evidence on the subject, that the cause of the disease, diphtheria, is the introduction into the system of microscopic germs, bacteria. Without these germs no diphtheria. The first point of attack is the natural one where in the act of breathing they would come in contact with the tonsils and soft palate or mucous membrane of the nose. In mild attacks the disease remains a local one, the general system becoming little affected. In the severe cases it extends to almost every organ in the body.

On the supposition that the disease is caused by germs, then to cure the disease, we must destroy or antagonize them. Have

we any remedy that will do this? Yes, several; bichloride of mercury is the chief, but doses sufficient to overcome the germs would be dangerous to the patient. We have long been looking for a remedy that would be a potent germ-destroyer and still one harmless to the patient. I believe that remedy is now found. Some four years ago there was sent to me a pamphlet treating of peroxide of Hydrogen, and the author especially dwelt upon its efficacy as an oxidizer of pus. About this time I had a patient in the Homœopathic Hospital under treatment for cancer of the cervix uteri, and asked one of the staff of the able corps of surgeons what he thought of peroxide of hydrogen as an application to the broken down cervix. His reply was that he did not think much of it; and having such great confidence in my friend's judgment, I relegated it to the list of the numberless nostrums that we are invited to investigate. A few months ago my attention was again called to this remedy by a circular of testimonials from men eminent in the profession, and from all schools of practice. These men had proven it to be a safe and certain germicide. I sent for a half pound bottle of this remedy and waited for a suitable case on which to test it. It soon came. On August 29, 1891, I was called to Mrs. B—, Athens Street, an unhealthy locality, with cesspool connecting with street sewer directly in front of the house, and the street a very narrow one. Found my patient in bed with history of three days' illness, fever, malaise, sore and swollen throat. On looking into the throat I found tonsils, uvula, and soft palate covered with the characteristic diphtheritic deposit, and portions of it assumed that dark hue so characteristic of fatal cases, and almost certain to be followed by the septic form of the disease. There was much swelling of the sub-maxillary, sub-lingual, cervical and parotid glands. Deglutition was accomplished with great difficulty, a considerable portion of any liquid swallowed returning through the nose. There were also prominent laryngeal symptoms, croupous cough etc., showing that the disease had already invaded the larynx. From previous experience in such cases my prognosis was unfavorable, for such cases are generally fatal even in good constitutions, under which head this patient could not be classed; her general health being rather below par. I began treatment by spraying the throat with Marchand's fifteen volume solution of peroxide of hydrogen by the means of a hand atomizer with hard rubber attachments, as metallic ones are oxidized by the remedy. The effect was immediately apparent on the diphtheritic deposit. I could see dissolution of the membrane about the thin edges, the fibrinous portion contracting into a smaller compass. The patient complained however of an extreme smarting sensation in the throat

so that I felt obliged to dilute the peroxide with an equal quantity of water which did not seem to materially impair its efficacy. These inhalations or rather sprayings were repeated every two hours, and the time occupied at each seance from five to ten minutes. The dark necrotic conditon had changed in twelve hours to the more common grayish-white deposit. From this time on there was a gradual diminishing of the exudation, although there was a persistent tendency to re-appearance of the membrane after it had been removed. The only internal remedies given were arsenicum, bichromate of potash, and glycozone. The arsenicum for the general condition of the system, the bichromate for the croupy or laryngeal complication, and the glycozone to destroy the bacteria, the ptomaines and leucomaines that may have found their way into the stomach, alimentary canal, the absorbent and circulatory systems. It was five days before the throat was free from diphtheritic deposit, and some eight days before the glandular swelling had subsided. There was but a remnant of the uvula left after the sloughing off of the membrane, and a loss of voice from the fourth to the fifteenth day. The patient was greatly prostrated from the first, and rallied rather slowly under the use of concentrated nutriment and mild stimulants. On the whole, considering the gravity of the case, the result was better than I have before witnessed in similar cases.

Another case worthy of mention in this connection is the following: On March the 31st, 1892, was called up very early in the morning to see Master Terrance V. Freeman, aged three years and three months. The father told me the child had been ill for about a week with what he and his wife considered an ordinary cold, but soon after midnight of the present morning he was seized with a distressing croupy cough. On visiting the little patient I found the characteristic croup symptoms were very apparent. I made an examination of the throat and found both tonsils covered with diphtheritic membrane. My prescription was bichromate of potash first decimal trituration in half a glass of water, and carbonate of ammonia, one drachm in four ounces of cinnamon water. These remedies were given in alternation every one and one-half hours, and the throat was sprayed every two hours, night and day, with equal parts of Marchand's peroxide of hydrogen and water by means of a hand atomizer with hard rubber attachments. This line of treatment was persisted in with alternate remission and exacerbation of the symptoms for five days, when the disease seemed under subjection, and convalescence secured, which continued uninterruptedly until the tenth day, when I discharged the case. This child was naturally a frail-looking child, though it showed a remarkable

vitality through this severe and protracted disease. It was given from the first all the nutritious food it could be induced to take, consisting mostly of milk and bovine. That it was diphtheritic croup was evidenced by the membrane detached and coughed up at different times during the disease. On one or two occasions the child nearly suffocated by the loose membrane being drawn into the larynx or trachea, and subsequently expelled. It is my opinion that this child would have died had it not been for the peroxide of hydrogen. It may seem a difficult thing to spray a child's throat effectively for five minutes at each seance, as the child will not voluntarily hold its mouth open. I overcame this difficulty by putting a fork-handle between the teeth on one side of the mouth, and having it held by an assistant standing behind the child and holding its head in position at the same time.

I have used this remedy, peroxide of hydrogen, in several other cases of diphtheria of a mild form, which would not be of interest to report as they all made satisfactory recoveries, and probably would have under usual treatment.

What is Peroxide of Hydrogen? "The name hydrogen dioxide expresses its composition, and its formula  $H_2O_2$  represents this name. Hydrogen monoxide,  $H_2O$ , or water, can under certain conditions, be made to combine with a second molecule of oxygen, the result being a water-like liquid,  $H_2O_2$ ." This agent is one and one-half times more potent as a germicide than corrosive sublimate and perfectly harmless. It is adapted to all zymotic diseases and suppurative processes. It will follow a pus sinus as a ferret will follow a rat, and be sure of destroying the pus and germs.

I alluded to this remedy some months since at a meeting of the Boston Homœopathic Medical Society, when the subject of Gonorrhœa was under discussion, and the editor of our much-valued GAZETTE remarked that there was scarcely anything in medical literature concerning it, and that what was known about the remedy came chiefly from the manufacturer. This caused me to look up the subject, and I find an amount of published testimony altogether too voluminous to be quoted, but will refer you to the following:

*Resumé of the History and Practical Application of Hydrogen Peroxide in Surgical Affections*, by S. Potts Eagleton, M. D., resident physician in the Children's Hospital, Philadelphia, published in the *Med. and Surg. Reporter* of Philadelphia, May 10, 1891. — *Some Clinical Features of Diphtheria*, by Geo. P. Hope, M. D., New York, *Med. Record* for Oct. 1888. — *Some Practical Hints in Connection with Intubation of the Larynx and a Resumé of 206 Cases of Diphtheria Operated on from*

1886 to 1888. — On the Medicinal Uses of Hydrogen Peroxide, by E. R. Squibb, M. D., Brooklyn, N. Y., *Gaillard's Med. Jour.* for March, 1889. — Peroxide of Hydrogen in Gonnorrhœa, Dr. E. Charest, *Medical World*, Philadelphia, June, 1889. — Medicinal Use of Hydrogen Peroxide, *New York Med. Record* Editorial. — Peroxide of Hydrogen for the Relief of the Bites of Poisonous Insects, by Philippe Ricord, M. D., Newark, N. J. — The Necessary Peroxide of Hydrogen, by Robert T. Morris, M. D., New York, Published by the *Jour. of the Am. Med. Assoc.*, Chicago, August, 1890. — Peroxide of Hydrogen and Ozone. Their Antiseptic Properties. Read before the International Medical Congress, held at Berlin, Germany, Aug. 7th, 1890. Published in the *Med. News*, Philadelphia, Oct. 25, 1890, by Dr. Paul Gibier, Director of the Pasteur Institute, New York. — Peroxide of Hydrogen in Diphtheria, by David Phillips, M. D., *New York Med. Jour.*, December, 1890. — Peroxide of Hydrogen. (Extract from Medical Summary, December, 1890). By A. Livezey, M. D., Yardley, Pa. — Hydrogen Dioxide. *Resumé* by John Aulde, M. D., Philadelphia. Published in *New York Med. Jour.*, December, 1890. — Peroxide of Hydrogen in Gynecology and in Obstetrics; by Egbert H. Grandin, M. D. Published in the *Times and Register*, Philadelphia, January, 1891. — Diphtheria and the Use Hydrogen Dioxide In Its Treatment, by Dr. Ed. J. Bernstein, of Baltimore. Published in *Maryland Med. Jour.*, February 1891. — Hydrogen Peroxide in Diphtheria, by G. F. Adams, M. D., Pulaski, N. Y. Published in *Med. Era* of Chicago, Ill., March, 1891. — Scarlatinal Diphtheria, by Wm. F. Waugh, M. D. Published in *Med. Times and Register*, Philadelphia, March, 1891. — The Peroxide of Hydrogen. Its Uses in Abdominal Surgery, by Charles P. Noble, M. D. Published in *Philadelphia Med. News*, April, 1891.

Do you ask, is the action of the remedy local or general? I shall say chiefly local, and if used sufficiently early and frequently, general infection may be prevented or practically so. But I think it has more than a local action. It is readily absorbed into the circulation, fortifies the mucous surfaces to resist the action of ptomaines and leucomaines, which, after all, are the direct agencies by which the general system is contaminated and the vital forces overcome. Given by the mouth in the form of Glycozone it meets the microbial element there and destroys it. It possibly follows this element beyond the stomach, and into the alimentary canal, and thence into the general circulation.

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A SINGLE child, sent to school before complete recovery from scarlet fever in one of the arrondissements of Paris, was clearly shown to have been the direct cause of a hundred and fifty other cases of that disease with eighteen deaths. — *Med. Record.*



*A CASE OF MADAROSIS: WITH CURE BY INTERNAL MEDICATION.*

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

[Read before the Massachusetts Homeopathic Medical Society.]

The following case is copied from my note-book :

Oct. 17, 1888. — Miss Jennie N., aged 18, called upon me for advice regarding the condition of her eye-lids. Since infancy she has had a total absence of eye-lashes, both upper and lower. A close examination under a magnifying lens revealed the presence of a few straggling, very fine hairs, that were scarcely observable to the unaided eye. The edges of the lids had that peculiar, hypertrophied, rounded and glazed appearance, with the loss of the lashes, known as *madarosis*. Her right cornea had a cicatrix from an old ulcer, and was very myopic. Her history revealed the fact that she had had, during infancy, an eczema behind the auricles, that discharged constantly, sometimes a thick, pus-like discharge, and again a thin, watery and excoriating discharge. There is no note of its odor, from which I infer that there was no marked feature of this kind. I could not ascertain the line of treatment followed at that time, whether local or constitutional. She has now, and has had for many years, a nasal catarrh, characterized by a stuffed feeling at the turbinated bones, with a thick, yellow discharge through the nose and mouth; intense itching of the edges of the lids and canthi, ameliorated by rubbing. After bathing the face in the morning there follows a stiff, glazed feeling to the skin, as if covered by a thin layer of the albumen of an egg, and a dry, scurfy formation, like dandruff, for which she was accustomed to rub on a little vaseline, with temporary relief. The character of the eczema behind the auricles, and the stiff, glazed feeling to the face induced by bathing, suggested to me *petroleum*, which I prescribed, three times daily.

Dec. 29th. — She reports to me an entire cessation of the itching of the edges and of the canthi.

Jan. 24, 1889. — Lashes have grown one-eighth inch, and are quite regular. No itching. Nasal catarrh nearly "all gone."

Her progress from this time on was one of steady improvement in catarrhal and skin symptoms, and an entire restoration of the lashes.

This case is reported to you as one of exceptional interest, because I can find nowhere in medical literature a similar result in a similar case. Many old-school text-books describe this condition as incurable, and make no suggestion for its treatment. The principal interest, it seems to me, centres in the fact that not only the growth of the lashes was stimulated

promptly and permanently after a few doses of the homœopathic remedy in a case considered hopeless under other methods of treatment, but that it offers so strong a claim for the superiority of potentized remedies given internally over the same remedy applied in its crude form locally. Here vaseline (a product of petroleum) failed absolutely to give anything but transient relief, while the same remedy, developed by potentization and given through the absorbents of the mouth and stomach, accomplished the result with speed and satisfaction.

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*GOITRE: A CASE.*

BY G. J. SEARLE, M. D.

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

It is not my intention to present an elaborate paper upon this disease, but to relate the course and treatment of a case which came under my care.

Was called Jan. 18th, 1891, to see Mrs. O., a married lady, aged 70, who was suffering from epistaxis, indeed had had it for a week, not steadily, but a day or two at a time. Sometimes the blood seemed to come in a stream, then gradually growing less, would finally stop. During the hemorrhage she seemed to be very nervous, and her face became very red, eyes sparkled and hands were cold. Head ached, with throbbing in temples and over eyes.

I bathed her face with cold solution of hamamelis, and gave bell. 3x, twenty drops in half glass water, one teaspoonful every ten minutes. In half an hour the hemorrhage ceased. As I was about to drive off, Mr. O., the lady's husband, came to the door and shouted, "She is at it again!" I caught up a handful of snow and applied it to her nose, and in a few minutes this seemed to work well.

January 21. Mrs. O. had severe hemorrhage; was awakened at night with choking, coughing and vomiting of blood, some fresh, some partly digested. Gave bry. 3x, twenty drops in half glass water, one teaspoonful every ten minutes, and applied cold hamamelis to back of neck, which gave relief.

January 22. Epistaxis returned this afternoon, and continued by fits and starts; when it did stop, the presence of the blood-clot would cause her to sneeze, and so start the bleeding. This attack was so severe and obstinate, that I used persulphate of iron in solution, which I applied with a glass syringe. This seemed to have the desired effect. Left china 3x, ten drops in half glass of water, one teaspoonful every hour.

May, 1891. Mrs. O. had been feeling nicely since having recovered, but at present had, as she expressed it, a "queer cold" with a lump in the throat, and hoarseness. On examination could not discover anything unusual but the deep voice and peculiar effort in swallowing. I left her bell. 3x and hepar sulph. 3x trit.

July. Hoarseness no better, lump in throat still there. Found enlargement of thyroid gland, voice changed in pitch, sometimes it was cracked.

I obtained the following history. Father died, aged 63; cause of death, "Fever." Sick, one week.

Mother, 76; cause of death, unknown.

Had two sisters. One died of kidney disease, supposed to have been dependent upon paralysis; the other sister still living.

Has one brother who is in good health.

Mrs. O. was married when twenty years old. Had one child. Change of life began about fifty.

At the age of fifty-eight, or in 1878, noticed an increase in size of her neck, and sought the advice of her family physician, a reputable doctor of Boston, who said he could not cure, but might relieve her worst symptoms.

She then sought the advice of a clairvoyant physician, after the enlargement was six or nine months old, and through her treatment, or by some means, it disappeared after two years. I should judge that at this time the enlargement was of the soft variety, as from the description given, it was more anterior and pendulous.

The symptoms now presented: There was a bilateral enlargement of the thyroid gland, which ascended and descended during deglutition, was firm, hard and smooth. No enlargement of the lymphatic glands. There was flushing of face at times, and throbbing of the carotids. Expression of eyes was somewhat staring, but no protusion of eyeballs, and no pain of any kind. Slight, dry cough, and sense of oppression in the larynx. Could not swallow her food as easily as before. Sometimes her throat filled up, and she then raised a thin, semi-transparent, gelatinous mucus. Appetite poor. Does not rest well. Slight headache, sometimes throbbing. Left bell. 3x, one teaspoonful every hour for twenty-four hours, followed by spongia 3x, night and morning.

September. Symptoms somewhat worse, although she was able to be about the house. Felt better when not thinking of herself. Enlargement increased until each lobe was size of small egg. Pulse, 90. Temperature normal.

Remedy, iod. 3x, and since she wished for an application of some kind, I left.

R. Iodine tinct. . . . . ʒij.  
 Chloroform . . . . . ʒiij.  
 Spiritus vini rect. . . . . ʒiij.

M. Sig., keep cloth wet with solution about the neck.

December. Inspiration labored, thirst frequent, probably because breathing through her mouth caused rapid evaporation of the moisture. Awakens at night oppressed for breath. Gave arsen. 3x trit., one powder morning, noon and night, and left calc. carb. 3x trit. t. i. d. as an intercurrent remedy.

I saw my patient again in January. Appetite fair; and beef, milk, eggs, rice, and other nutritious foods formed her principle articles of diet. The gland gave a hard, firm sensation to the examining fingers, and had extended bilaterally to and beneath the anterior border of the sterno-mastoid, upward to the hyoid bone and below to the clavicle. Pulse, 88. Temperature, normal. Heart beating regularly, but somewhat labored. Slight flushing of face, no headache, except when having palpitation, and this occurs about once in two days, sometimes not so often. Left bell. 3x, teaspoonful every half hour when troubled with headache, and an ointment of

Biniodide of Mercury . . . . ʒiij  
 Lard . . . . . lbj

To be rubbed upon the growth twice a day. Is to sit in the sun, allowing its rays to fall upon her neck.

Feb. 3. Cannot lie down; must keep the mouth open. Stertorous breathing. Pulse 144, often higher. Respiration rapid, Cough hard, sometimes expectoration of thick, tenacious, yellowish mucus. Very thirsty. Face red, eyes bright. Wants to be fanned. Rattling of mucus in the throat.

Laurocerasus  $\phi$ , in drop doses every ten minutes seemed to give her relief, so that she slept a little that night, and ant. tart. 3x trit. relieved the cough. From this time until Feb. 20, her symptoms grew worse. Food was taken only in liquid form and by sips. Breathing grew more labored, and patient died from exhaustion; Feb. 26.

A decrease in the size of the gland was noticeable the day before she died, and the decrease was more marked just before death.

Query: Did the epistaxis which occurred before the appearance of the tumor, have any relation to the goitre?

Treatment, Old School.

Flint says, R. Reduced Iron gr. ij. t. i. d., resulted in a cure.  
 Pepper. R. Ergotine . . . . . gr. 96.

Aquæ dest. . . . . ʒj.

Inject 6-10m weekly, was followed by reduction in size of the gland.

Cardiac sedatives as Gels., Verat vir., Digit. Also

Reduced Iron . . . . . gr. ij.

Acon. tinct. . . . . m j.

Sig. To be taken daily, for three years. Result, cured.

Cactus tinct. ʒjss has been credited with reducing the palpitation, when Digitalis and Strophanthus failed.

Potass. Iodide . . . . . ʒij

Iodine tinct. . . . . ʒj

Aquæ . . . . . ʒijss

M. Sig. Apply night and morning, and five drops in water t. i. d. has been known to cure.

Homœopathic treatment.

Hughes suggests Fluoric acid, Calc. c., Iod., Spongia, Bell., Lycopus, Nat. mur., Amyl nit.

T. F. Allen reports a case cured by Ars. Nat. mur. has been credited with cures. Galvanization has been extolled. Ligating the arteries or starving the gland has met with poor results.

Gentlemen, in reviewing the case, I feel dissatisfied with the results of the treatment, for all I did was to palliate. Thirteen years ago, a reputable physician diagnosed her trouble as goitre, and said he could do nothing for it. After the existence of the enlargement for three years it totally disappeared, either under the treatment of the clairvoyant or of itself, but returned after ten years' absence to be the cause of her death.

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*FRACTURE OF THE FEMUR IN A CHILD TWELVE MONTHS OLD.*

BY N. R. PERKINS, M.D., MILTON, MASS.

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

June 20th, 1890, was called to see J. R., aged twelve months, a stout, well-nourished boy, when the following history was given me: One hour previous to my visit, while his nurse was giving him an airing, his carriage was overturned, and he was brought to the house crying.

On removing his clothing, there was found an oblique fracture of the middle third of the femur. I could not approach the child without its crying and kicking, thereby tilting up the lower end of the fractured bone. How should I dress it? I had no authorities to guide me, never before having heard of such a case. The long splint, the weight and pulley with sand-bags, were of no account here. The plaster cast seemed to be the only way. Accordingly, with the assistance of Drs. A. E. Perkins and George H. Rhoads, the patient was etherized, the fracture reduced, and after securing strips of adhesive plaster to the leg reaching from a little below the knee to the sole of the foot,

leaving the ends to make extension, and to the trunk anteriorly and posteriorly for counter-extension, a plaster cast was put on reaching from the ankle to the arm-pit. The leg was held in position until the cast had hardened, when the adhesive straps were drawn over either end of the cast and secured.

Everything seemed to go well for two or three days, when the severe strain brought to bear on the plaster over the hip joint, from carrying the patient on a pillow, caused the plaster to break down. I now fitted a shellac splint, covering the leg, abdomen and chest, making extension and counter-extension, as before. This seemed to be much better, as I could easily open the splint and examine the seat of fracture, although I usually gave the patient a little ether.

July 10th, I left the care of the patient to my successor, Dr. George H. Rhoads, who informed me that the little fellow did finely, with no deformity and no shortening.

I have been unable to find on record a case of fracture of the femur in a child as young as this. I had no guiding rules of treatment, but improvised treatment which proved successful.

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IN MEMORY OF DR. DRYSDALE.

*Editor of N. E. Medical Gazette:*

It has been one of the good fortunes of my life to have held for many years the personal acquaintance, and, I may believe, friendship of Dr. J. J. Drysdale. I first had letters of introduction to him from Dr. Hering, in 1854, and he gave me the most cordial reception, carefully advising and assisting me in my plans for study in England and on the Continent. He showed then, what continued to the last of his life, a warm interest in America, and a hopeful expectation of the progress which homœopathy would make in this country. "You have fewer difficulties," he said, "and more energy to overcome them than we have here in old England." In the nearly three years which I spent abroad between 1854 and '58, his house was always open to me with the most cordial welcome, and he was alert to every point of progress which science or homœopathy made in the New World. In 1881, I met him for the last time at the International Congress in London. The marks of age were beginning to be evident, yet he possessed the same gentle, genial spirit that had been characteristic of a long life. His interest in what he believed to be the true progress of medicine was unabated, and I shall never forget the earnest, longing look when I told him how much his friends in America would appreciate a visit from him; but he shook his head, and said, "I'm

too old — I shall never see America in this life." Few of our associates have ever been as warmly and as justly appreciated by scientific men as Dr. Drysdale, and his researches did much to open the way to later discoveries in microscopic life. He had the warm friendship of such men as Darwin, who highly commended his scientific labors. In his death we lose one of our ablest associates.

Very sincerely,

I. T. TALBOT.

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ALASKANA.

FUJIYA HOTEL, MIYANOSHITA, JAPAN, Sept. 1, 1892.

*Dear Gazette:*

Just as I was leaving home for Japan, the advance sheets of a beautiful volume, written by my old friend, Dr. Bushrod W. James, came to hand. I put it in my trunk, promising myself the pleasure of its perusal on shipboard while crossing the broad Pacific. Now that I am resting a few days, at this quiet, charming place among the mountains, I must briefly write my impressions of the book.

In medicine and hygiene Dr. James long ago made a good reputation for himself as a writer. He has been a great traveller, and has written letters of observation of more than common interest; but here he has ventured into the domain of poesy, narrative and descriptive.

It has been my privilege to accompany the Doctor in some of his travels, and seeing the assiduity of his note-taking, I have urged him to issue a volume for the public to read; but I did not know he had been courting the muses the while, and that he would break out in verse.

However, "Alaskana" is out, and, after a careful reading, I must congratulate the author upon his research, happy narratives and descriptions and elegant expressions in poetry. He must rank with Longfellow who wrote of Hiawatha; with Crawford, who shaped up the story and legends of the Finns; and with Arnold, who has immortalized the ways and virtues of the Japanese in his "Japonica."

The tide of summer travel from America, and of late, also from Europe, has been moving up to Sitka, and this volume by Dr. James is destined to increase it and greatly enhance its pleasures.

Poesy has embellished cold facts and lifeless history, touched up the seas and rocks, the snow-capped peaks and glaciers, and charmingly told the legends of the Alaskans, with many a bit of quaint custom, of adventure, of hardship and homely joys.

On our steamship across the Pacific were several persons

lately from a visit to Sitka, to whom I loaned Dr. James' book, and all were pleased with its descriptions.

I think it becomes us, in the profession, to indulge in some feelings of pride that we count among us such literary gentlemen as Crawford and James.

Your far-away occasional contributor,

J. P. DAKE.

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### REVIEWS AND NOTICES OF BOOKS.

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OPHTHALMIC DISEASES AND THERAPEUTICS. By A. B. Norton, M. D. Philadelphia: Boericke & Tafel. 1892. 535 pp.

This exhaustive and admirable work is in two parts; the first and larger part dealing with diseases of the eyes, and their treatment; the second part is a presentation of the pathogenetic and reputedly clinical symptoms of drugs having relation to the eyes. The second part is practically a third edition of the work on Ophthalmic Therapeutics, originally written, in collaboration, by Drs. Geo. S. Norton and T. F. Allen, and of which a second edition was issued by Dr. Norton alone. It has been thoroughly revised and brought up to date; doubtful drug-symptoms eliminated, and new drugs introduced. The first part of the book is entirely new. The late and much-lamented Dr. George S. Norton was employed, for several years, in perfecting its plan and collecting its materials, much of the latter being the classification of extended personal experience. It was to have been written by Dr. George S. Norton in collaboration with his brother, its present author; but this hope being frustrated by death, Dr. A. B. Norton has, with affectionate painstaking, undertaken and most successfully completed the contemplated work. It is a book which not only the specialist, but the everyday homœopathic practitioner must heartily welcome, since it deals not only with rare but with ordinary ophthalmic diseases, such as the every-day practitioner is often called to cope with. Its style is terse and practical; enough of anatomy and physiology are given to assure easy comprehension of the matter in hand; in addition to very full indications for homœopathic medication, there are given many simple and sensible directions for local treatment and for operative interference. The sane modern plan is followed of giving separately the pathogenetic and the clinical indications of each drug dealt with. There are many admirable cuts and chromo-lithographic plates. The work will easily become a leading authority in its chosen field.



AN ANALYTICAL SYMPTOMATOLOGY OF THE HOMŒOPATHIC MATERIA MEDICA. By Rufus L. Thurston, M.D., and Samuel A. Kimball, M.D. Boston: Published by the authors.

The authors' aim is to compile a materia medica containing 200 or more remedies, complete in their provings, and of convenient size for use at the bedside; one that will be practical, handy, and reliable; that will be neither too large nor too small for its purpose; and that will be free from the imperfections of existing works. It is not to be "condensed by emasculating provings," but is to "include all the symptoms." The analytical work is to be in the line of phraseology; in bestowing great care and attention to the study of synonyms, in order to secure clearness and uniformity of expression, and present symptoms shorn of unnecessary verbiage. The work is to be issued quarterly, in fascicles of twenty-four pages.

The present fascicle presents the symptomatology of Abrotanum, Absinthium, Acetic Acid, and a portion of the symptomatology of Aconite.

There may be somewhere a crying demand for just such a work as this is intended to be, but some have fondly hoped that the era of library versus laboratory book-making had come to an end.

SUGGESTIONS TO PATIENTS. By W. A. Yingling, M.D., Ph.D. Philadelphia: Boericke & Tafel. 25 copies, 50 cts.

This leaflet contains suggestions and instructions, by carefully following which a patient may be enabled to write a systematic and intelligent description of his case, so that his physician may have a fairly definite and accurate conception of the case on which to base his prescription. The author's idea, which is well carried out, is commendable and useful, and the pamphlet may be put to very good use by those who are frequently called on to prescribe by letter.

AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY. By Frank P. Foster, M.D. Vol. III. New York: D. Appleton & Company.

The third volume of this stupendous work is now before the profession. Like its predecessors it is a large double-columned quarto of about 800 pages, beautifully and substantially gotten up. Alphabetically it contains all the technical terms used by writers on medicine and the collateral sciences, in the Latin, English, French and German languages, from and including "fascia" to and including "minjak-lagam."

As an illustration of the thoroughness with which the work has been done, the word "ligament" might be referred to. Not

only are the pronunciation, derivation, equivalents in other languages, and definition given, (the definition itself being, by the way, a bit superficial and unsatisfactory), but the reader is furnished with a complete list with brief descriptions of all the ligaments of the body, the list with illustrations covering no fewer than thirty-three columns. From five or six to fourteen columns are devoted to such terms as "gland," "ganglion," "forceps" and "fever."

It is interesting to note, as a sign the development of a spirit of fair dealing, that the once despised and ridiculed term "homœopathy," is now as justly and dispassionately treated as any other scientific term. For instance, much less than two decades ago, homœopathy was defined, in one of the standard medical dictionaries at that time just revised and published in a new edition, as "a fanciful doctrine," said to consist "in leaving the case to nature, while the patient is amused with nominal and nugatory remedies." To-day, in the classical work now under consideration, homœopathy is excellently defined as "The therapeutical doctrine that certain morbid conditions may be corrected by the use of drugs that, in health, produce similar conditions; of S. Hahnemann, a system of medical practice based on the dogma that such a doctrine is the only one to be followed in therapeutics; (involving also, in most instances, the use of minute doses of 'potentized' drugs, and the avoidance of all doses large enough to have an appreciable effect other than that of curing the disease)."

With each volume of the work the high opinion founded on acquaintance with preceding volumes is but corroborated. We await with hearty interest the completion of a work that is destined beyond dispute to be the standard authority as a medical dictionary.

**GEOGRAPHICAL PATHOLOGY.** By Andrew Davidson, M.D., F.R.C.P. 2 vols. New York: D. Appleton & Co.

These fine volumes, classic in form and in thoroughness of research, offer an example of the careful, exact, painstaking, permanently reliable and valuable work to which so many British medical men devote themselves in the intervals of their labors as practitioners. The subject of Dr. Davidson's inquiry is most interesting and significant, being, in his own phrase, "the geographical distribution of infective and climatic diseases, and the influence of temperature, rainfall, altitude, and soil-conditions on their prevalence, character, and epidemic spread." The immense labor involved in adequately treating such a theme, can be easily realized. Dr. Davidson has arrived at his results not only from study of all available civil statistics of the coun-

tries dealt with, but from personal communication with medical and scientific men resident in those countries. His work is a treasure-house of material for the medical statistician, the climatologist and the etiologist, and, indeed, for all trained and broad-minded thinkers, on medical or sanitarian subjects. There is nothing vague or theoretical about it. "In all cases," says Dr. Davidson, "it is desirable to replace vague expressions, such as 'rare,' 'common,' and 'very common,' by numerical ratios." The author has no fad to establish; his quest is for plain facts, and these his pages set forth with accurate classification and in immense variety. Not one of the many chapters is without its peculiar ideas and suggestions. With this year's history of cholera in mind, it is highly interesting to follow Dr. Davidson's history of cholera in India, a country which, except in a few favored provinces, is never free from the ravages of the disease. Among the best-established of the facts developed by this study, is that cholera is in almost every traceable instance communicated by the use of polluted drinking-water. It is most encouraging to note, in the study of cholera in the United States, the vastly increased intervals between the visitations. A curious fact is that in cholera epidemics in our own country, the negro and Indian races suffered, proportionately, much more than the whites; in India, the death rate among the native troops is appreciably lower than among their white fellow-soldiers.

The work as a whole is a memorably valuable addition to medical literature. It is published in admirable form, and enriched by many illustrative charts.

TREATISE ON GYNÆCOLOGY, MEDICAL AND SURGICAL. By S. Pozzi, M. D. Translated from the French edition by Brooks H. Wells, M. D. Two volumes. New York: Wm. Wood & Co.

Any new candidate for professional favor, in the line of gynæcological literature, must be prepared to endure critical examination, for many favorites are in the field, and the field is somewhat crowded. This work by Professor Pozzi, however, invites close examination, disarms criticism, and creates a favorable impression, which on the whole increases rather than decreases with familiarity. The author's experience in a large Parisian hospital, his experience as instructor and lecturer, and his observations while travelling, have all been drawn upon to furnish substance for his treatise; but the work is chiefly a digest, a clever and just epitome of the most important writings of European and American gynæcologists. In his preface the author is enthusiastic in recounting the exploits of his country-

men in gynæcology, and his national pride finds solace in the thought that "when we quote from a foreign author we often do no more than to take back our own capital with the accumulated interest thereon." In his text, however, he has made practical application of Voltaire's aphorism, "For whoever thinks, there is neither French nor English," and has quoted freely from German, English and American authors. His bibliographical references are unusually voluminous.

Professor Pozzi believes that the great prominence gynæcology has assumed, is due to the introduction of antiseptics, which has now, he says, "triumphantly overcome all opposition;" and chapter I in volume I is devoted to antiseptics. Anæsthesia in gynæcology, means for wound-closure and the control of hemorrhage, gynæcological examinations, metritis, fibroma, carcinoma, displacements and deformities of the uterus, and disorders of menstruation are the subjects considered in volume I.

Volume II is devoted to inflammation and neoplasms of the uterine adnexa, genital tuberculosis, hæmatocele, extra-uterine pregnancy, diseases of the vagina and of the vulva, malformations, and a very insufficient section on diseases of the urinary tract, rectum and pelvis, concludes the volume.

The work is profusely illustrated, with nearly 500 wood-cuts and fifteen lithographic plates; is printed excellently well on extra heavy paper, and judging from the smoothness of the English style, the translator has done his work very creditably.

**A MANUAL OF OBSTETRICS.** By A. F. A. King, A.M., M.D.  
Fifth Edition. Philadelphia: Lea Bros. & Co. 1892. 450 pp.

The appearance of a fifth edition in less than three years after the issue of the fourth, testifies more eloquently than could a reviewer to the worth and popularity of Dr. King's excellent little manual. Some twenty pages of new matter have been added since the last edition, the chapters on the Signs of Pregnancy, and the Internal Generative Organs having been considerably amplified. The entire work has been brought up well to date, and a few new illustrations from Parvin's work have been introduced. The book stands enviably high among practical and comprehensive treatises on its chosen theme.

**THE STUDENT'S QUIZ SERIES.** Edited by Bern B. Gallaudet, M.D. Genito-Urinary and Venereal Diseases. By Chas. H. Chetwood, M.D. Obstetrics. By Chas. W. Hoyt, M.D. Philadelphia: Lea Bros. & Co.

These small quiz-books cover very briefly and practically their chosen ground. They are intended not only for the student but for the busy practitioner, who must often find himself

confronted with the questions to which they furnish true and immediately available answers, which will bridge his need to the point where he can make more leisurely study of larger works. The quiz-book on Obstetrics, which has many illustrative cuts taken from Playfair and King, will prove an exceedingly valuable and welcome pocket companion for the student in the intervals of his bedside attendance on his first parturient patients.

In LIPPINCOTT'S MAGAZINE for October, the complete novel, "The Kiss of Gold," is by Miss Kate Jordan. It deals with the fortunes and misdemeanors of a young writer, whose sudden success was attended with temptation too strong for his integrity. Edwin Checkley, whose portrait precedes his article, continues the "Athletic Series," with a lively plea for his favorite science of "Muscle-Building." In "Men of the Day," M. Crofton gives free and vivid sketches of G. A. Sala, Sir F. Leighton, Camille Flammarion, and, for home subjects, Speaker Crisp and General R. A. Pryor. This is a new department. Philadelphia: J. B. Lippincott Co.

The October CENTURY continues the serials by Mr. Fuller and Mary Halleck-Foote. Among its more noteworthy articles are a paper on the last voyage of Columbus, by Emilio Castelar; a charming short story, "The Village Alien," by Viola Roseboro'; and a rhyme in Thos. Bailey Aldrich's happiest vein. New York: The Century Co.

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#### GLEANINGS AND TRANSLATIONS.

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SUMMER FOOD. — Half the illness that occurs at one season, I think I can safely say, is due to improper dieting taken at another. We hear of people feeling weak in the spring, or suffering from those different ailments due to malnutrition, such as boils, skin diseases, obesity, or debility. Now this would not be so if the person adapted his diet to his requirements and to the season. No sensible person would think of keeping a large fire burning in his room in the summer. If he did, he would undoubtedly soon feel the effect of it; but many a man, who would feel himself insulted if he were not thought a sensible person, will eat in the summer to repletion foods the particular action of which is to supply heat in excess. Perhaps I cannot do better here than to explain that the foods that are converted into heat — that is, keep up the heat of the body — are starches, sugar, and fat; and those that more particularly nourish the nervous and muscular system are the albumen and salts, and a

perusal of, or reference to, the following table will show what these are, and also the amounts of the different constituents they contain. At a glance the reader will see that the largest proportion of summer food should consist of green vegetables, cooked, or as salads; white or 'lean meats, such as chicken, game, rabbits, venison, fish, and fruits. — *From Proper Diet for Hot Weather, by Dr. N. E. Yorke Davies, in The Popular Science Monthly for July.*

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### MISCELLANY.

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A LAW has been passed at St. Petersburg that a doctor who takes charge of an accident which he may happen to attend on the street, shall be paid by the police in proportion to the importance of the case. — *Med. Times.*

**AGE OF FETUS.** — It is frequently desirable to be able to state approximately the age of the fetus in miscarriage cases. The following table from Auvard (*Medical Brief*) will be useful in deciding this question:

About the middle of the fourth month the fetus is eight inches long.

About the middle of the fifth month the fetus is ten inches long.

About the middle of the sixth month the fetus is twelve inches long.

About the middle of the seventh month the fetus is fourteen inches long.

About the middle of the eighth month the fetus is sixteen inches long.

About the middle of the ninth month the fetus is eighteen inches long.

And at the end of nine months, twenty inches long. — *Med. Times.*

**HOW CRIMINALS MAY BE DETECTED.** — In his essay on "Criminology" in the *New Englander and Yale Review*, Mr. Arthur McDonald enumerates the following peculiarities in cranium structure which have been found to be characteristic of criminals: 1. A frequent persistence of the frontal median suture. 2. A partial effacement of the parietal or parieto-occipital sutures. 3. A frequency of the wormian bones in the regions of the median and lateral posterior fontanelles. 4. The development of the superciliary ridges, with the defacement, or even frequent depression, of the intermediary protuberance.

**NEW METHOD OF TREATING ABSCESSSES.** — Instead of the time-honored free incision of the most dependent part, Dr. Piéchaud, of Bordeaux, aspirates the abscess, after which he injects a solution of 1-1000 of corrosive sublimate. For the past ten months he has invariably adopted this method in his practice, with marked success. Even if the skin over the seat of the abscess be thin and undermined, this is no bar to the procedure, for which he claims as advantages that it is less painful, leads to more rapid healing, and leaves no traces of scar. — *The London Lancet.*

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### PERSONAL AND NEWS ITEMS.

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DR. R. C. KAISER has removed to Onondaga Valley, New York.

DR. S. WILLARD COY has removed to No. 300 Meridian Street, East Boston.

DR. JOSEPH T. O'CONNOR has removed to No. 18 West Forty-third Street, New York City.

DR. C. E. PERKINS has succeeded to the practice of Dr. G. F. Forbes at West Brookfield.

SARAH M. HOBSON, M. D., '90, B. U. S. M., has moved to Chicago, Ill. Her address is 2124 Indiana Avenue.

DR. E. P. COLBY will remove to Woodbury Building, Berkeley Street, corner Boylston Street, about October 15th.

DR. GEORGE ROYAL of Des Moines, has been appointed to the chair of Materia Medica and Therapeutics in the State University of Iowa, *vice* Dr. Cowperthwaite, resigned.

DR. GEO. B. RICE, of Wollaston, has opened an office in the Woodbury Building, where he will give exclusive attention to diseases of the throat and nose. Office hours from 1 to 2 P. M.

DR. JAMES KRAUSS of Malden, Mass., is spending two months in the hospitals of New York, pursuing a special course of surgical study. He will resume practice early in November.

DR. G. F. FORBES has removed from West Brookfield to 42 William Street, Worcester, Mass. He will occupy the office formerly used by the late Dr. W. B. Chamberlain, 19 Elm Street.

A. C. COWPERTHWAIT, M. D., has removed to 14 Warren Avenue, Chicago, and has accepted a Professorship of Materia Medica and Therapeutics in the Chicago Homœopathic Medical College.

DR. H. P. BELLOW, Corner of Berkeley and Boylston Streets, has changed his office hours from afternoon to forenoon, 10 to 12 daily, except Sundays. On Tuesday afternoons he will keep hours from 4 to 6.

THE Agents for the American Institute of Homœopathy, Messrs. Otis Clapp & Son, offer a rare opportunity to secure a set of the Cyclopædia of Drug Pathogenesis. See page 9 of advertising pages of this number.

A COMMITTEE on "Medico-Climatology," T. C. Duncan, M. D., chairman, has been appointed by the World's Congress Auxiliary, and arrangements are being made for a grand Congress of Climatologists to be held at Chicago in May or June, '93.

DR. IDA WRIGHT ROGERS, editor of the *People's Health Journal*, and Professor of Dietetics and Personal Hygiene, in the National Homœopathic Hospital of Chicago, arrived in Liverpool, Aug. 18, and will spend several months abroad in study and sight-seeing.

SPECIAL OPPORTUNITY. — "Keating's Diseases of Children," four volumes, in sheep, in perfect condition, for \$20.00 "International Encyclopædia of Surgery," by Ashurst, six volumes, sheep, in perfect condition, for \$36.00. Apply to  
OTIS CLAPP & SON, Providence, R. I.

FOR SALE. — A large size McIntosh storage battery — type B. — 75 ampere, 4 volt, with a lamp resistance suitable for charging the battery from a 50c volt circuit wire. These are in perfect order, and have never been used. Will be sold low for cash. Apply to

OTIS CLAPP & SON, 317 Westminster Street, Providence, R. I.

CORRECTION. — In the article on "Anæsthesia With Etherated Air," by Horace Packard, M. D., in the September GAZETTE, on page 425, the terms used in explanation of the cut of the apparatus through a typographical error, were incorrectly given as follows: 1. Air Valve. 2. Ether Reservoir. 3. Etherated-Air Reservoir. 4. Hood. 5. Hand Bulb. *Corrected* they are: 1. Air Valve. 2. Etherated-Air Reservoir. 3. Hood. 4. Ether Reservoir. 5. Hand Bulb.

FOR SALE. — The library, medicines, instruments, batteries, etc., of a physician lately deceased, who has been located in same place for twenty-eight years. The good will and an introduction to his former families will be included for the price at which the goods have been inventoried. A splendid opening for a physician desirous of locating in a city. Very little capital required. Apply to

OTIS CLAPP & SON, 317 Westminster Street, Providence, R. I.

S. R. F. LANTZIUS-BENINGA, M. D., has opened a pathological laboratory at 2 Rutland Street, Boston, office hours, 10 to 12 A. M., where he will give his whole

time to the examination of pathological specimens of all kinds, especially to analyses of urine and all fluids of the body, to microscopical examinations of all pathological tissues, to examinations for bacteria, etc. He will also receive physicians and medical students for instruction in microscopy, normal and pathological histology and urinary analyses.

*The Southern Journal of Homœopathy* has been purchased by, and will hereafter be published in Baltimore under the management of, Drs. Eldridge C. Price, Frank C. Drane and Henry Chandler. *The Homœopathic Advocate*, for the past year conducted by the gentlemen above-named, will hereafter be in charge of the Faculty of the Southern Homœopathic Medical College, and will be issued as the organ of the Maryland Homœopathic Hospital. The GAZETTE extends cordial good wishes for the success of both these esteemed contemporaries under their new conditions of life.

PROFESSOR S. C. DERBY of the University of Ohio, has the sympathy of many friends in the loss of his wife, Mrs. Frances Janney Derby. Mrs. Derby was the youngest daughter of Mr. J. J. Janney, and was a woman of unusual gifts of mind and character. She was a graduate of the Columbus High School, and after a course of professional study, received the degree of M. D. from the medical department of Boston University, her specialty being diseases of the eye. After a year of hospital work in New York, she opened an office in Columbus, and soon gained a considerable practice, which she did not wholly relinquish after her marriage to Professor Derby nine years ago.

OFFICIAL RECOGNITION OF HOMŒOPATHY IN PHILADELPHIA.—The homœopathic physicians of Philadelphia never having received any official recognition by the city authorities, the members of the Homœopathic Medical Society of the County of Philadelphia, on April 14th, 1892, petitioned the City Councils to favorably consider an ordinance to appoint, in each of the medical districts of the city, a reputable homœopathic physician, whose duty it shall be to furnish gratuitous medical treatment to the worthy poor applying for the same. Dr. Charles E. Karsner introduced the ordinance; it received the favorable recommendation of the Joint Committee on Charities and Corrections, and passed both branches of Councils by large majorities. It was promptly signed by Mayor Stuart, and it is now the law of the city that there shall be twenty-five homœopathic physicians to the outdoor poor. An ordinance was also passed that two of the four medical inspectors—city positions recently created—shall be held by homœopathic physicians. These latter positions carry with them large salaries, and the appointments are made by examination according to civil-service regulations. A large number of physicians should apply for examination, as it is open to all.—*Hahnemannian Monthly*.

## OBITUARY.

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JOHN JAMES DRYSDALE, M.D.—On the 20th of August, after a long life of exceptional usefulness, Dr. Drysdale died at his residence. Beech Lawn, Waterloo, near Liverpool, England.

Since the example of an upright, generous and industrious life is inspiring to all who are cognizant of its virtues and successes, and as a small tribute of respect and admiration paid to one who stood foremost among British homœopaths for nearly half a century, the following biographical notes selected from the sketch contained in the September number of the *Monthly Homœopathic Review*, are offered our readers. Dr. Drysdale's name is intimately associated with the early history and development of homœopathy in Great Britain, and in his death homœopathy mourns the loss of one of its ablest champions.

John James Drysdale, a son of Sir William Drysdale, at one time Lord Provost of Edinburgh, and a member of an old Aberdeenshire family, was born at Edinburgh in 1817.

At the termination of his general education, the greater part of which was conducted in France, Dr. Drysdale matriculated at the University of Edinburgh, and



there entered on the study of medicine. During his student career he was a pupil of Dr. Fletcher, one of the most successful lecturers on physiology of the day, an original thinker, a scholar of wide and varied learning, and, at the same time, a thorough and most fascinating teacher. In the course of his lectures he did not ignore the subject of homœopathy, but, treating it academically, he, from the theoretical standpoint, admitted its probability, and indeed saw in it a certain degree of corroborative evidence of some physiological speculations of his own. The early death of such a man was a great loss to science, and indirectly, we doubt not, to therapeutics.

Having completed the ordinary curriculum, and passed through the University with distinction, Drysdale graduated as M.D. in 1838, being admitted a Licentiate of the College of Surgeons during the same year. Shortly afterwards he set out with his friend, the late Dr. Rutherford Russell, to Germany and Austria. They first visited Leipsic, and attended the Homœopathic Dispensary there. Encouraged by what they saw, they passed on to Vienna. While there Drysdale became acquainted with some of the homœopathic physicians of the city, and, by them, was induced to give to homœopathy that further practical investigation to which the teaching of Fletcher and his observations in Leipsic had more than predisposed him. For the purpose of this inquiry he was a regular, almost daily, attendant for nearly two years at Fleischmann's Hospital in the Leopoldstadt. Dr. Dudgeon was in Vienna at the same time, and met him constantly. He, however, took no interest in homœopathy while there, but devoted his whole attention to the study of pathology, general medicine, and ophthalmology, of which the celebrated Jaeger was the professor of the day. Here, nevertheless, that long and cordial friendship was formed, which, in after years, was to unite the two young physicians in doing so much useful work for therapeutics.

After returning home Dr. Drysdale selected Liverpool as a sphere for practice. He went there thoroughly assured that in homœopathy lay the scientific basis of therapeutics, and he openly declared his so-called heretical views. He carried with him letters of introduction from Sir James (then Dr.) Simpson and other distinguished men to Dr. Vose, one of the physicians of the Royal Infirmary, to Dr. Petrie, one of the surgeons to the Royal Southern Hospital, and to others. These letters "spoke of him in very flattering terms," and described him as having "distinguished himself academically," but also as having "recently been in Germany and imbibed some of the new notions promulgated there." He was proposed as a member of the Liverpool Medical Institution by Dr. Petrie, and shortly afterwards read a paper there on the subject of homœopathy, a paper which was warmly discussed. Among those present at this meeting was the late Dr. Chapman, of London, then living in Liverpool, who had already commenced a study of homœopathy though not practising it. At this time, as Drysdale afterwards remarked in the course of a speech at a meeting of the Society, "the cause of common sense was in the ascendant, and he was admitted while openly expressing his convictions."

In November, 1841, Dr. Drysdale opened a Homœopathic Dispensary in South Frederick Street, from whence it was removed in June, 1842, to Benson Street, where he was joined in conducting it by Dr. Chapman. This was the germ from which has grown the handsome Hahnemann Hospital presented to the city by that generous and munificent benefactor, Mr. Henry Tate. During the first year the patients numbered 932; in 1849 they had increased to 4,078. A few years afterwards the Corporation of Liverpool granted to the committee the free use of a house in Hartford Street for the purpose of the Dispensary. In no long time these premises were found to be much too small and inconvenient; and in 1860, a determined effort was made to raise sufficient funds to erect a suitable building in Hardman Street. A sum of £2,000 was obtained, and with this a dispensary-building was secured that enabled Dr. Drysdale and his friends to carry out their work more satisfactorily than had hitherto been possible. At the opening of this establishment Dr. Drysdale delivered an interesting and exhaustive account of the early work of homœopathy in Liverpool. One want only was felt, and that was the necessity for a dispensary in the north-end of the town, where the poorer classes especially resided, but soon this difficulty was overcome, and a branch was opened in Wilbraham Street. This was in 1866, and in 1872 a permanent building was secured at 16 Roscommon Street, which has been, and still is, largely attended by the numerous working-class population of Everton and Kirkdale.

During 1849 Liverpool was visited by a severe epidemic of cholera, the total number of deaths between the 20th of May and the 6th of October being 5,098; rather more than three per cent. of the population of the town being affected. Active measures were taken by the Committee of the Dispensary in compliance with the suggestions of Dr. Drysdale, Dr. Hilbers and Mr. Moore, and they, with the assistance of the late Dr. Stewart, of Dundee—at that time an Edinburgh medical student—worked night and day throughout the epidemic among the poor terror stricken people around them. Of 175 cases of well-developed cholera, 130 recovered and 45 died, giving a mortality of 5.72 per cent. Besides these they attended a large number of cases of cholera, all of which recovered. The mortality of all cases occurring in the town during the epidemic was reported by the medical officer of health as being 46 per cent. A most useful study of the pathology and therapeutics of cholera by Dr. Drysdale, based upon the observation of these 175 patients, appeared in the *British Journal of Homœopathy* at the time.

The result of this success was seen in the rapid increase in the work of the dispensary, and in the additional interest taken in the subject of homœopathy throughout the town.

Ever recognizing and insisting upon his right as a physician, and the right of all duly qualified medical men to hold office in an established hospital, without reference to their therapeutic views, he had hitherto, and still for some years continued to rather discourage than otherwise the erection of a hospital for the special purpose of affording a field for the public practice of homœopathy. The medical staffs of the general hospitals having banded themselves together to prevent the introduction of homœopathy into these institutions in a legitimate manner, Mr. Henry Tate's noble offer to build and furnish a Homœopathic Hospital for the benefit of the poor of the city became cordially and gratefully accepted. This Institution, under the name of the Hahnemann Hospital, was opened on the 23d of September, 1887. At the luncheon on the opening day, Dr. Drysdale in speaking said: "It is not given to many of us to see a full measure of fruition of our aims and hopes when they had been delayed nearly a generation and a half. Yet it is now nearly fort-five years since the dispensary, which was the precursor of this Institution, was opened in Benson Street by Dr. Chapman and myself."

Dr. Drysdale was appointed, and has since continued to act, as consulting physician of the new hospital, and has had the happiness to live sufficiently long to see not only the "full fruition of his aims and hopes," but to witness the active, useful and successful operations of the Institution which represents these aims and hopes under the direction of physicians and surgeons, each of whom has been more or less assisted by him in acquiring that knowledge of homœopathy to which they are so largely indebted for their clinical success.

The work with which Dr. Drysdale's name will be chiefly remembered in the history of medicine is unquestionably *The British Journal of Homœopathy*. One of its three founders, for thirty-five years its senior editor, and, during the whole of that period, the writer in it of numerous articles—signed, and, in its earlier volumes, unsigned—the value and usefulness of which have long since been fully recognized both here and in the United States, Drysdale, in the establishment, and by his contributions to this well-known *Journal*, accomplished a great work for homœopathy. At the dinner at which a testimonial was presented to himself and his colleagues, Dr. Dudgeon and Dr. Hughes, "in recognition of the services rendered to medical science in connection with *The British Journal of Homœopathy*," he summed up its chief contents in the following words: "All the arguments for and against our principles, and most of the difficulties of its application to clinical medicine, and the question of non-homœopathic auxiliaries, have been exhaustively considered, so that any one wishing to form an opinion upon these matters has all the *data* in the back numbers of our *Journal*. This was conclusively shown by the last important argument upon the question, viz.: Dr. Bristowe's Address to the British Medical Association about four years ago. This does not contain one single argument on the truth of our principles, nor one statement of the difficulties of its application which has not been fully met."

Dr. Drysdale's energies were by no means absorbed by his enquiries into therapeutics; he was, from his student days, largely interested in the study of natural science. As a pupil of Fletcher's he was thoroughly imbued with his physiological views, particularly those he taught on the nature of life, views which anticipated in a remarkable manner the modern protoplasmic theory of life. About the first literary work with which Drysdale interested himself after settling in Liverpool, was the editing, jointly with the late Dr. Rutherford Russell, of Fletcher's *Elements of General Pathology*—a work which the learned and philosophical author did not live to complete for the press. From thenceforward Drysdale kept himself fully abreast of the progress—rapid and great as it has been—of physiological and pathological science. In 1874 he published a book entitled *The Protoplasmic Theory of Life*, in which he discussed the hypothesis of Fletcher, that the property of vitality does not reside equally in the various organic structures requiring different physical properties, but is restricted solely to an universally diffused pulpy structureless matter; an hypothesis which had, by the discovery of protoplasm by Dr. Lionel Beale, in 1860, become an universally recognized fact. During 1873, 1874 and 1875, in conjunction with the Rev. Dr. Dallinger, he wrote a series of original papers on *The Life-History of Monads*. These essays attracted much attention in the scientific world by the entirely new light that they threw on the mode of development and propagation of these minute organisms. In a book published in 1878—*The Germ Theories of Infectious Disease*—he gave a very able *résumé* of the various theories current at that day, and indeed anticipated, in the application of his argument to practical medicine, much of the work that Pasteur has since carried out. In an inaugural address before the Literary and Philosophical Society of Liverpool, he discussed the important question: *Is Scientific Materialism Compatible with Dogmatic Theology?*

In all work of this kind he was intimately associated, as we have said, with the Rev. Dr. Dallinger. This history of their friendship, how they worked together, the results of some of their inquiries, and the estimate formed of Drysdale as a scientific observer, are told in simple, touching language in a letter we have received from Dr. Dallinger, from which we make the following extracts:—

"Dr. Drysdale," writes his friend, "had the most perfectly scientific spirit of any man I ever knew. He sat at nature's feet, a child, yearning, thirsting to know, but without the shadow of a prejudice. I have seen him absolutely jubilant at the discovery of a new fact which has overthrown the judgments which his previous knowledge had compelled him for long to hold. The nobility of scientific work and association is that truth is placed first. To find out nature's methods at all costs is the supreme end; and I have known, in the course of twenty-five years of quiet scientific endeavor, many men whose lives have nobly embodied this; but I have known none equal to my old friend, Drysdale, in the sincerity and simplicity of his desire only to learn nature, and in the child-like spirit with which a fact—whatever its bearing might be—was received.

"He was a true and unostentatious friend. He was absolutely devoid of conceit. He thought of himself *only* as a means of knowing truth and doing good; and in scientific research he was unsparing of himself and untiring in his efforts; he never flagged when once he was convinced he had taken a true path of inquiry.

"I became acquainted with him purely on scientific lines. I had taken a deep interest in the solution of the question—moot in the world of biology twenty-five years ago—as to the mode of origin of the least and lowest forms of life, for it was *here* that the battle of 'spontaneous generation' or abiogenesis would have to be fought; and having acquired manipulative skill with the highest powers of the microscope as it was then used, I directed my attention specially to a study of the life-histories of the least and lowest forms of life, feeling convinced that by an exhaustive knowledge of the life-cycles of these forms we could alone settle the question as to whether or not they arose *de novo*, as was by a certain school of physiologists maintained. Over this question I had spent nearly two years of work, and read a paper on the results at the then newly formed Liverpool Microscopical Society. This greatly aroused and interested Drysdale, who was there, but whom I did not then know. To his mind the whole question had been approached by

me in a sound, scientific manner, and the methods employed, and the further treatment proposed, greatly commended themselves to him.

"At this time he was not a *very* skilful microscopist; but he was a sound biologist, and (as I need not tell you) a learned physiologist. He came to me in his simple manner, and told me the facts, how deeply he was interested in the question I was working at, and asked me to give him the practical instruction needed to make him master of the microscope; and since I had affirmed that I could never *alone* complete the course of research, I proposed to allow him, when he had acquired manipulative skill of sufficiently good quality, to work with me, doing all that was possible to assist me in my proposed prolonged researches.

"For twelve months he patiently studied the instrument and its appliances at my house and with me, being, in fact, for many months at a time, a resident in my home to ensure a more complete success.

"We then commenced together the work of studying the life-histories of the forms now known as saprophytes, then as 'monads,' which were allied to the saprophytic bacteria, but which promised, for the inquiry in hand, better results than could be secured through the study of them. Our direct work together in this inquiry—extending through night and day observations wherever this was found necessary—occupied eight years; and during that time we were enabled to make out the complete life-cycle of seven of these forms; that is to say, we were enabled by the employment of the most powerful and perfect combinations of lenses constructed, to study the cycles of life in these minute forms and to show that their life-history was as definite and prescribed as the life-history of a daphnia or even a butterfly, although they were so small that a hundred millions might revel in the space occupied by a millet seed. In other words, our researches showed that abiogenesis had nothing to hope from a thorough knowledge of the saprophytic organisms. It might conjure with this borderland of living things so long as it was *unknown*; but when by research we became acquainted with it, it was seen that the same great law of living things which was universal in higher and more complex forms was still true, viz., that only that which lives can give origin to life. This certainly represents the facts so far as our present knowledge goes."

In concluding this very interesting letter, Dr. Dallinger writes: "With him, has passed from earth one of the truest scientific spirits that ever rejoiced in its sunshine." Surely the lifelong testimony (based as it was throughout upon carefully studied and rigidly scrutinized clinical experience) borne to the truth of homœopathy by one, of whom a scientific observer of the high rank of Dr. Dallinger thus writes, after an intimate friendship of a quarter of a century, emphasizes its claim to experimental investigation by every truth-seeking, scientific physician.

In one other direction Dr. Drysdale showed the keenness of his observation and his genius in inventing methods of meeting sanitary defects that came under his notice. In practice he had been struck with the imperfect methods of ventilating and warming private houses that prevailed everywhere. He therefore made a study of the subject of ventilation, and invented a scheme of ventilating a house through the kitchen chimney, by means of a syphon shaft and a foul air chamber, communicating with each room by means of a separate pipe. On this plan he built for himself a house at Waterloo, in the neighborhood of Liverpool. Dr. Hayward, who worked with him in much of his *materia medica* studies, also took an active interest in this subject, and six years after Dr. Drysdale's country house was built, erected one in Liverpool, ventilated and warmed on the same principles, into which he introduced certain important variations. In these innovations a good deal of interest was shown, resulting in Drs. Drysdale and Hayward publishing a joint essay on the general principles, and giving some of the practical details of the question. The title of this interesting and really important book was, *Health and Comfort in House Building; or, Ventilation with Warm Air by Self-acting Suction Power* (E. & F. Spon, Charing Cross, London).

The loss of one so honorable and so generous, one so full of zeal for therapeutics, so earnest in promoting a knowledge of scientific truth, so successful a physician, is, to his professional colleagues, to all who appreciate the value of homœopathy, and long for an extension of a knowledge of it throughout the profession, and to his patients, greater than can be expressed in words.

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EDITORIAL.

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*WOMAN OUT OF DOORS.*

We all know that the world moves ; but it is good, now and again, to note some special direction in which it moves. One direction in which it has been lately moving is toward marked improvement in the physique of womankind. This is a fact which it needs no statistics to determine, though statistics are doubtless readily enough attainable ; simply to use one's eyes and one's common sense is enough to bring the fact alluded to, to one's vivid realization. The physique of the rising generation of women is markedly better than that of many generations preceding.

At no time is it easier — one may almost say more imperative — to recognize this fact, than in walking the streets in the months immediately following those of summer rest and recreation. To note the women whom one meets on such a walk, is to note a refreshing absence of the pallid, hot-house complexions, the languid movements, the drooping carriage, the conscious exertion that, even twenty years ago, was wont to distinguish the feminine pedestrian. Instead, we note with rejoicing, faces browned as with fearless friendship with the sun, well-poised erectness, light, free movements, and the easy gait of the walker to whom a mile or so more or less is no mighty matter. We do not claim that this wholesome state of things universally obtains. The millennium is not come yet. Women with the tints of cellar-grown plants are too common, still, as are women as dependent on the street-cars as a cripple on his crutch. But

such are no longer the rule, as once they were the rule, and this means a mighty step forward for the race; we repeat, for the race, for as a stream cannot rise above its source, so, practically, cannot a race, above the mothers of it.

There is one explanation which, more than any other, gives the reason of the beneficent change we have noted; women are beginning to live out of doors. Formerly, the idea that home was woman's sphere, involved the very literal correlative idea that women were better indoors than out, in every possible sense of the phrase. Those were the days when recreation for girls meant a genteel game of cribbage; when summer vacations for women meant stooping over fancy work on a shaded hotel piazza, or a decorous and leisurely saunter, properly veiled, down a dusty road. Exercise for the school-girl meant a chaperoned recess-walk of two blocks; perhaps a few more or less mincing motions with a six-ounce dumbbell. Now exercise for girls means thorough gymnasium-work of every kind; the vaulting-bar, the running-track; the well-directed development of lung by correct breathing; the securing a fine and healthful carriage by a well-poised walk. Now summer recreation for girls means the tennis court, the mountain tramp, the long pull at the oars; in a word means practically what it means for her brothers, and means the same beneficent result it means for her brothers. A common-sense girl, with a common-sense mother and a common-sense family doctor, will be in no danger of trespassing on sex-limitations in such vigorous physical life. On the contrary, she will greatly help to do away with sex-limitations, and eventually be as little hampered by them as her savage sisters of the wigwam and the long, forced march. Such free out-of-door life preaches certain truths to women, which on the lips of reformers, women have passed smiling by. Absolutely unconverted by the lecturer on dress-reform, the woman who finds that corseted and shoulder-bound, she invites defeat for herself in a tennis-tournament, makes short shrift for fashion when it stands in the way of wholesome ambition. One hill-climb in French heels is the most convincing of sermons as to what boots are best friends with nature. Right life, here as elsewhere, both teaches and compels right methods of living.

In mind and soul, as well as in body, woman is learning to live out of doors. More and more, as large, impersonal interests and noble ambitions call into play faculties long dormant, there are vanishing from woman's face the lines of petty and poor anxieties and fretfulnesses; the glance grows freer, the smile more frequent. The exercise of intellect, thought and reason are doing for her higher self, what unlimited tennis and sunshine are doing for her lower self. The standard of womanhood is rising year by year, in those countries where women are being taught and helped to live out of doors. There are few truths better worth pondering and better worth acting upon, by the parent and the physician, the moralist, the legislator and the sociologist.

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#### EDITORIAL NOTES AND COMMENTS.

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THE HABIT OF "CONVEYING" homœopathic ideas, remedies and doses from new-school practice to old, said conveying being artlessly ignored as such, and the things conveyed, announced, and heralded as "discoveries," is, it seems, a habit not confined to one side of the sea. In the admirable address lately delivered by the President of the British Homœopathic Congress, Dr. Ramsbotham, he alluded to this habit, with a pungency well worth quoting.

"The diminution in our numbers," — he says, alluding to the fact that fewer names than formerly appear in the directory of homœopathic physicians, — "the diminution in our numbers points not so much to the decadence of homœopathy as to a leavening of the general body of the profession with its principles. Signs of such a leavening are discernible.

"While these pages were passing through the press I received so apt an illustration of this leavening process from Dr. Bryce, of Edinburgh, that I obtained his permission to mention it. Learning from a patient who consulted him for indigestion and insomnia, that he had been under the care of an allopathic practitioner in the South of England, he not unnaturally desired to see the prescriptions which had been given; when with equal amazement and amusement he found the insomnia had been

treated by *coffea cruda* 3, and the indigestion by *nux vomica* 6. One wonders if his very peculiar form of orthodoxy permits this gentleman to join his brethren in abusing homœopaths and their dilutions!

“Who among us does not know some one or more men who are homœopaths in all but the name? Who can have failed to observe the frequency of the adoption by the old school of drugs which have either been introduced into the materia medica, or rescued from oblivion and undeserved neglect by homœopaths? This open and undisguised transference must have been brought under the notice of even the most inattentive observer, by the circulars of various drug-dispensing firms, even if he has never dipped into the pages of *The Extra Pharmacopœia*, and has refrained from perusing any contemporary literature save that which emanates from our own side. Were we to fix our attention solely on signs such as these, we might be tempted to imagine that the leaven was working rapidly, that the approximation of the discordant elements was becoming very close, that the reunion of the two schools was near at hand. But when we see this measure of free trade accompanied too often on the part of the consumer by a contemptuous ignoring of the producer, by a careful concealment of the source whence was derived the knowledge how to use the material thus ‘conveyed,’ or even by positive assurances that the source was not a tainted one, such imaginings are apt to receive a rude shock.

“The latest instance of this unacknowledged ‘conveyancing’ which has come under my notice is too amusing to be passed by without remark. In an article on ‘The Cholera Scourge,’ which appeared in the *Yorkshire Post* of 30th August last, ‘Plain Medical Advice’ was given both as to preventive and remedial measures, Cassell’s *Family Physician*, Longman’s *Dictionary of Medicine* (edited by Sir R. Quain), and Macnamara’s *History of Asiatic Cholera* being quoted as authorities. The remedial measures recommended are, to ‘give four drops of essence of *camphor* every ten minutes for an hour, or until there is some improvement;’ with the addition that ‘in the later stages of cholera, when there is much collapse, *arsenic* may advantageously replace *camphor*.’ The very treatment which, in 1854,



the Royal College of Physicians tried to burke, by refusing to class the returns of those who had adopted it along with the medical returns prepared by order of Parliament, and presented to the House of Commons, fearing—probably with justice—that it ‘would compromise the value and utility of their averages of cure,’ is now put forward authoritatively, but without acknowledgment of its source, as *the* treatment of cholera.”

And thus the good work goes on; and the gentlemen to whom the honor of their profession is so dear that it cannot be smirched by association with homœopathists, borrow from homœopathy, without credit or acknowledgment, much that makes, most conspicuously, for their therapeutic advance.

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A MEMORABLY GOOD DEFINITION OF THE SCIENTIFIC MIND is that given by Prof. Karl Pearson, in his recently-published *Grammar of Science*, and quoted and commented upon in an editorial note in the October *Popular Science Monthly*.

“‘The classification of facts,’ says Prof. Pearson, ‘and the formation of absolute judgments upon the basis of this classification—judgments independent of the idiosyncrasies of the individual mind—is peculiarly the scope and method of modern science. The scientific man has above all things to aim at self-elimination in his judgments, to provide an argument which is as true for each individual mind as for his own. . . . The scientific method of examining facts is not peculiar to one class of phenomena and to one class of workers; it is applicable to social as well as to physical problems, and we must carefully guard ourselves against supposing that the scientific frame of mind is the peculiarity of the professional scientist.’ Not only is this method not that of the average man, but its very existence is scarcely surmised by him. His method—if such it can be called—of arriving at conclusions is to fasten his attention on a few salient facts, and to interpret them according to his own prepossessions and interests. If asked to take a point of view from which, perhaps, other facts would become salient, or to divest himself of self-interest as a canon of interpretation, he will in general decline; in many cases, indeed, he will be totally incapable of responding to the invitation. The idea of requir-

ing a wide range of facts as a basis for induction, of checking the result of a first survey or examination by that of a second, third, fourth, or tenth, and of treating self-interest or previously formed opinion as a disturbing influence from which the judgment is to be kept as free as possible, is one which long ages of struggle with the problems of nature have at length bequeathed to the scientific workers of to-day, but which has no lodgment, and but slight recognition, in the minds of the multitude. Prof. Pearson is, however, of opinion that an instruction in scientific method might be very generally imparted, and that its effect on the mind of the ensuing generation would be marked. He considers, very rightly, that a scientific frame of mind is an essential of good citizenship, seeing that it is that frame of mind alone which leads a man to look beyond proximate phenomena, and above all, to put aside personal bias. It is the peculiarity, as he well observes, of scientific method that, when once it has become a habit of mind, that mind converts *all* facts whatsoever into science. Good intentions are not enough to make a good citizen; a man may with the best of intentions, and even at great self-sacrifice, set himself in direct opposition to the best interests of the State. The trouble in such a case is that the man lacks knowledge, and, like an ignorant physician, either diagnosticates badly the evils he would remedy, or, if his diagnosis chance to be right—which is very unlikely—applies the wrong cure.'"

What is here so trenchantly said of citizenship, is equally as true of professional work. So applied, Prof. Pearson's words are pregnant with meaning to medical students, graduate and undergraduate, and cannot be laid too closely to heart.

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THE OCTOBER MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY was a memorable one in the history of that body. Covering as it did parts of two days, and bringing the members together at several social lunches, as well as at the dinner—a very feast of good will!—with which, on Wednesday evening, the 12th, the exercises closed, it afforded unique opportunity for friendly intercourse no less than for scientific colloquy. On the opening night, the 11th, the lecture.

hall was crowded with attentive and appreciative listeners to the scholarly oration by Dr. C. L. Nichols. Thereafter, to the end, the swiftly-alternating exercises were followed with a living and inspiring interest; and the variety of the exercises ensured an absence of anything like boredom or monotony. Instead of the usual, and, in general, the inevitable sitting about, while papers and discussions follow each other in uninterrupted succession, the society enjoyed frequent recesses, yet all entirely in the line of its work; sometimes an adjournment to inspect the new college building, and examine into its fine facilities for telling work; again, a visit to the surgical amphitheatre, and the opportunity to watch some adroit achievement of modern surgery, and the improved methods for the administration of anæsthetics. An unexpected illustration of the resources of the hospital in emergency-work was furnished to the members of the society, by the bringing in from a distance of many miles, a poor fellow cruelly mangled from a mill-accident; word of the fact was brought to the society in session, and an adjournment made to the hospital, where the visiting physicians could watch the case in all its details, and appreciate the promptness and skill with which its sad requirements were met.

As has been said, the meeting was one of the most successful in the annals of the society; a meeting, the story of which, cannot fail to greatly add to the society's fame, and add substantially to its membership.

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### COMMUNICATIONS.

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#### *A REPORT OF A CASE OF MEMBRANOUS ENTERITIS, WITH COMMENTS UPON ITS PATHOLOGY.*

BY JAMES R. COCKE, M.D., BOSTON.

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This being a somewhat rare disease, I shall describe it in detail. Ancient writers allude to this affection under various names, one of which is diarrhœa tubularis. It was, however, frequently confounded with dysentery, hepatic colic, and other similar affections. One writer, early in this century, describes the disease at length, but makes the erroneous statement that the membrane passed is the inner coat of the bowel.

Miss T—; age, twenty-nine; was first seen by me early in July. Family history, negative. During early childhood she was exceptionally healthy, and dates her present trouble from an attack of scarlet fever, ten years ago.

Complicating the membranous enteritis we have to deal with a loose right kidney, partial prolapse of the uterus and vagina, also gastric atony and dilatation of the stomach.

Physical examination showed the patient to be a blonde, complexion pallid. Mucous membrane of the lips and mouth lighter in color than normal. She was much emaciated, and had a tired, anxious look.

Examination of chest was negative, and palpation of abdomen showed the loose kidney, before-mentioned, which was easily detected in the right inguinal region.

*Symptoms.*—After the attack of scarlet fever, the patient complained of sensitive spine and great asthenia, also pain in abdomen, anorexia and gastro-intestinal disturbances, which were not very pronounced.

This condition lasted for about eight years. The type of disease was made apparent about two years ago. At that time the patient passed from the bowel a piece of membrane, and the disease developed rapidly. When I saw the patient, in July, her condition illustrated, in a very typical manner, this fearful disease.

Previous to passing the membrane she would be suddenly seized with violent pain in the abdomen, which extended over its entire surface. Coils of intestine could be felt under the hand, and intestinal peristalsis was violent. After five or six hours, a mass of grayish-white membrane would be passed from the rectum, and relief from pain would follow. This much resembled a tapeworm. When washed with water and drawn to its full length, it was readily seen to be a cast of the colon. The patient frequently passed casts from two to three feet in length.

For microscopical examination I am indebted to Dr. J. P. Sutherland.

157 Newbury St., Boston, Sept. 8, '92.

*Dear Doctor:*—I have examined portions of the specimen you sent me, and found as follows:

I. *Leucocytes* in considerable numbers, and somewhat decreased in size by the alcohol.

II. *Strings of mucus.*

III. Unrecognizable, small, irregular, granular bodies, not cellular.

IV. *Corn-starch granules* (three or four).

V. Fibrinous net-work enclosing leucocytes and connective-

tissue corpuscles; the ground-work finely granular rather than fibrillar.

VI. A small piece very like white fibrillar tissue, the nuclei taking staining fluid and being arranged with all the regularity of typical white fibrillar tissue as seen in tendons. (Thought it might have come from food, but gave up the idea.)

No blood-disks seen.

No epithelium-cells seen.

I am impressed with the idea that the specimen is an example of "false membrane" formed by a fibrinous exudate becoming somewhat organized into the lowest form of connective-tissue. Connective-tissue corpuscles and leucocytes were abundant, but contrary (I believe) to the usual "false membrane," the nuclei of the connective-tissue corpuscles took the staining fluid quite well.

J. P. SUTHERLAND.

#### PATHOLOGICAL OBSERVATIONS.

Authors vary as much in pathological descriptions of the disease as did the ancients in their names for it. Copeland says the formation of the membrane depends upon a latent and prolonged state of inflammation extending along a very large portion of the bowel. Valleix dismisses the subject in a summary manner by simply stating that most of the cases are of dysenteric or diphtheritic origin. Wilkes and Clark say that the membranes are true casts of the large intestines, due to a chronic inflammatory action. Todd says in substance that the disease is practically a catarrh of the mucous follicle of the intestines, accompanied by hypersecretion of much viscid mucus. Golding-Bird agrees with Todd. Livedey attributes this process to a morbid secretion into the mucous crypts. Powell regards the inflammation as specific, and thinks it to be of the same nature as croup. A number of French authors, among them Cruveilhier and Trousseau, agree with him in this supposition. Whitehead, after discussing the subject ably, arrives at the following conclusion: "The mucous membrane, like the skin, is prone in certain constitutions, under certain conditions to develop products unnatural to its function." He says further: It is not natural for the skin to produce eczema, neither is it natural for mucous surface to produce mucus in concrete form; that the proximate cause of the symptoms referable to this disease, is the hypersecretion and accumulation of mucus on the free surface of mucous membrane. Such accumulation of mucus sheathing its surface prevents the healthy performance of the functions natural to the part, and helps induce the immediate and remote results which arise from the suppression of its physiological activity. This hypersecretion of

mucus indicates a want of balance between nerve-force and germinal matter, and that the nerve-force is perverted by irritation. I can readily accept the views of Whitehead with reference to the disease being due to a want of balance between the nervous mechanism and secreting surface of the intestines, but the microscopical report submitted clearly shows a low inflammatory process in the intestine; as evinced by the fibrinous matrix and the granular cells mentioned in the report.

Medical literature gives us practically no light upon the etiology of the disease.

#### TREATMENT

Believing the disease to be nervous in origin, and the low inflammatory process to be the result, I determined to try both medicinal and hygienic measures based upon this hypothesis.

The patient was placed in the Boothby Surgical Hospital, where she received proper nursing and care. She was advised to remain in bed, and the following dietary was strictly carried out:

Eight o'clock in the morning, a cup of hot water, sipped slowly. Twenty minutes later, breakfast, consisting of well-toasted bread with a little butter, small amount of meat, and a cup of weak tea.

Ten o'clock, A. M. — Peptonized milk with one-quarter its bulk of lime-water added. Four ounces of milk were given at first and quantity increased until patient took eight ounces at a time.

Dinner, at noon, consisted of broth, small amount of well-cooked meat, toasted bread, and a light dessert, such as lemon jelly, plain tapioca or rice.

At three o'clock, P. M. — Peptonized milk. I will mention here that a dessert-spoonful of "Tromer's Extract of Malt" was given three times a day before each meal, with the view of assisting the conversion of farinaceous food into dextrine.

Supper. — Toasted bread lightly buttered, jelly, rice or farina with milk.

Nine o'clock, P. M. — Malted milk, as much as patient desired. The patient becoming tired of peptonized milk in about five weeks, she was allowed a broth made of "Mosquera's Beef Meal." "Beef Peptonic Jelly" was added to the noon meal, and malted milk substituted for the peptonized milk at three o'clock, P. M.

It will be seen by the diet list submitted that it was my endeavor first of all to improve nutrition; secondly, by pre-digesting a greater part of the food, it would be absorbed directly from the stomach and relieve the diseased intestinal glands of the necessity for the performance of their function, and obtain as complete physiological rest as possible.

## LOCAL TREATMENT.

I ordered general massage twice a day — that of the abdomen to be performed with the utmost care and thoroughness.

While skilled massage is of greatest value in abdominal affections, unskilled massage is a two-edged tool which will cut both ways, and, therefore, very dangerous. In this case massage was also given per vaginam.

The rectum and colon were treated locally with high injection of very hot (108-110°) sterilized water. One injection every morning.

Electricity was administered — using galvanic current — once a day over the entire abdomen, beginning with eight to ten milliamperes and gradually increasing up to 20-25, after this the static machine was used.

## MEDICAL TREATMENT.

The selection of a remedy to meet the indication presented by such a syndrome was no easy matter.

The complexus of symptoms was as follows: In addition to the intestinal spasm before-mentioned, the patient complained of a raw sore feeling throughout the intestinal tract. The spasm of pain tended to recur at four o'clock, P. M., and the pain was more intense in damp, cold, than in warm, dry weather, but the patient was much prostrated by heat, and the membrane apparently formed more rapidly in warm weather. In spite of the intestinal irritation, the patient informed me that a movement of the bowels had not been obtained during the last two years, except by enemata or cathartics. The latter gave great pain, and increased the formation of the membrane. The remedies I selected were hydrarg. chloride corrosive, administered in the 3x trit., one gr. four times a day.

My reasons for the selection of this remedy were: 1st. I knew of a case of poisoning by an over-dose of this drug, in which a patient passed membrane from the bowels, accompanied by great pain for months. 2nd. The known affinity which this drug has for the rectum and colon. To meet the nervous element of the case, nux vom. 15 gtt. of 2x in one-half glass of water was administered; one teaspoonful, four times a day. During the attacks of pain and spasm, colocynth seemed to be the indicated remedy, and was given with marked results, the other remedies being discontinued for the time being.

## APPARENT RESULTS OF MEDICAL TREATMENT.

The most marked feature upon casual observation was the action of colocynth upon the intestinal spasms. 15 gtt. of 2x in one-half glass of water — one teaspoonful every hour while

the spasm lasted. Three doses were usually enough to control each individual spasm during the first week. The second week there were two spasms, one lasting one and one-half hours, and the second yielding in one-half hour after the first dose of medicine. The following two weeks there were no spasms and no membrane passed from the bowel. I discontinued the nux vom. and substituted ars. 3x, as the patient was still very anæmic. I quickly repented of this, for the second day after discontinuing the other remedies there was a terrible spasm of the intestines, the severest I had seen. It yielded, however, to three doses of colocynth given at one-half-hour intervals, and there was a large amount of membrane passed the following morning. I again returned to nux vom. and merc. cor., and have persisted in their use ever since (about four weeks). There has been no membrane passed from the bowel or spasm of pain for a period of five weeks. The patient has gained in weight, her color is much improved, and the gastric symptoms have all disappeared. It is significant to note that the patient stated, this morning, that she had not been free from pain for such an interval of time for the past two years. She has only passed membrane three times during her eight weeks' stay in the hospital, whereas it was her usual custom to pass membrane in considerable amounts three or four times in one week, and this, too, with inexpressible suffering. The patient had been for several months under the care of a physician before I saw her. He resorted to a mixture containing  $\frac{1}{4}$  gr. of morphia at each dose. This was repeated every hour until pain was relieved. It required a large amount of morphia to control the suffering. During the last eight weeks I have not found it necessary to use an opiate of any kind, and the patient states that the remedies mentioned in this report controlled the pain more quickly and effectively than did the morphia. The floating kidney was treated by a properly-adjusted abdominal band.

I will state in closing that while sufficient time has not elapsed for me to claim an entire cure of the affection, nor can I claim that any one agency was predominant in obtaining the good result reported, yet I am much gratified at the result of the simple and mild means used.

#### ADDENDUM.

Oct. 22, '92. It is with much pleasure that I add to the foregoing the later information that there has been no return of the symptoms of Membranous Enteritis, and the patient continues to gain. Three weeks since she was seen by me and complained of soreness in the rectum, and difficulty in having movements of the bowels.



Digital examination showed the lumen of the tube to be partly occluded two and one-half inches above the sphincter. The stricture was caused by granulations formed in the process of healing the bowel. It was readily relieved by manual dilatation, and the bowels have given no trouble in any way since.

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*DIFFICULTIES IN THE DOCTRINE OF DYNAMIZATION.*

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

[*Read before the Homeopathic Medical Society of Western Massachusetts.*]

I am aware that I have chosen a hazardous subject. There is nothing more sure to stir up the fires of fealty in the heart of every devout homœopath than this question of the potencies. Facts which can be demonstrated, are soon settled, while opposing opinions, not easily demonstrable, are apt to be held with a blind pertinacity.

“’Tis true, ’tis pity ;  
And pity ’tis, ’tis true.”

Science, however, deals with facts. Webster defines the word as “ascertained truth,” hence it is incumbent upon every one to be scientific, and on none rests the obligation with greater weight than upon the physician.

Now we have a theory originating with Hahnemann some eighty years ago, and fostered ever since by a portion of our school, that drugs brought into contact with certain substances by the process of trituration or succussion, impart to those substances their own peculiar medical properties ; and stranger still, innocuous substances thus treated impart properties which they themselves have never been known to possess.

Hahnemann’s original idea was so to reduce the strength of drugs, that he might conveniently diminish the size of his dose, and thus avoid aggravating the diseases for which he prescribed. In doing this he discovered the fact that a certain amount of medicine well reduced by dilution or trituration has a greater effect upon the human system than the same amount given in a condensed form ; and he well explained this increase of power by saying that the division and subdivision of particles greatly multiply the number of points of contact with the absorbents of the body, and the substance thereby becomes more fully and more readily assimilable. This fact has hardly been questioned, even by allopathists, and Hahnemann’s explanation of it has never been improved. Encouraged by these results he went higher and higher with his dilutions, until he reached the 30th c., and then to explain the operation of such minute quantities (for Hahnemann, it must be remembered, believed that in the

30th c. there still remained a part of the original drug) he evolved this doctrine of dynamization or spiritualization of matter.

Let us look at it fairly. We all admit the reasonableness, the advantage, and even the necessity of Hahnemann's first process, namely, the simple dilution of crude drugs to render them more safe and helpful. There is no chance for disputation over that. But how about the other? Does matter impart its medical properties to other matter, and that again to other matter, and that to other, and so on interminably by reason of contact? That is the real question.

I have been a medical student for the past seventeen years, and during that time have carefully read and considered everything I have seen regarding this theory, and am here to confess that I have never been able to reconcile it, either with itself or with other propositions which are universally accepted. To state briefly the difficulties I have encountered in trying to comprehend it, is the object of this paper.

The first difficulty I will mention lies in its *singularity*. Have you ever thought of the uniqueness of the proposition? It claims that when a drug comes thus in contact with another substance, of all its physical properties, the *medical* is the only one transmitted. Suppose the drug be iron, and the menstruum alcohol. We claim that the alcohol is endowed with the medical properties of iron. It doesn't look like iron; it doesn't taste like iron; it doesn't smell like iron; it doesn't feel like iron; it won't respond to the chemical tests for iron; it won't produce the iron lines in the spectrum; it won't do anything that iron does, except, as we claim, medicinally. If we were not so accustomed to hear about high attenuations, as scientific men, such statements would startle us, and we should wonder whither we were drifting; for science has said nothing like this since her babyhood, when she used to prattle about the wonders of the philosopher's stone, and the conjurer's wand. Is science getting into her dotage? This certainly seems like it, it is so unlike anything in the whole realm of knowledge. The only thing that resembles it enough to make a passable illustration is magnetism, and that is a property peculiar to a single metal, transmissible only from some one of its forms to another, and that to a very limited degree. A proposition so extraordinary, to the unbiassed mind, so incredible, and exposing, as it does, our whole system of treatment to attack and ridicule, should be substantiated by indisputable facts. But how is it with this? It is a postulate held by a faction of homœopathists — nobody else; and, even among them, many of those who have given it the most careful study have either discarded it altogether, or

hold it in doubt. Prof. T. F. Allen, whose candor and ability we all admire, stated, in his address to the American Institute, in 1885, that he had tried for years to demonstrate the physiological effect of the 30th c. dilution. He went on to say: "Special potencies have been prepared in the most thorough and careful manner, . . . observation after observation has been recorded and checked by crucial tests. Numerous offers of help have been accepted from persons sensitive to various drugs, and numerous physicians have been interested and have lent their aid, . . . and now, after many years, that same young man" (himself, thus mentioned previously) "is obliged to stand before you to-day and acknowledge his complete inability hitherto to solve the problem; *he has failed at every point.* It seems to many of us impossible to ignore the results of the high dilutions on the sick, but these *apparent* results must be confirmed by experiment on the healthy, and our practice made to conform to our positive knowledge." (Italics mine).

In the second place I find difficulty in *comprehending the claims of dynamization as applied to innocuous substances.* Suppose, for example, we take lycopodium. It consists of the spores of club-moss and is practically inert. Allopaths use it as a dusting powder for raw surfaces, to take up moisture in making pills, and consider its effects on the system *nil.* We triturate it with sugar of milk, a substance which has been known to disturb the kidneys, and claim that the lycopodium imparts its medicinal properties to the sugar of milk. How do we know that the milk sugar does not impart its properties to the lycopodium? "It is a poor rule that won't work both ways." The milk sugar has certainly as marked a physiological action, and since it predominates in quantity, why isn't it fair to say that it endows the lycopodium with its properties? Or suppose alcohol be the menstruum employed, this reasoning applies with still greater force; for alcohol is a poison, a potent poison, the world is full of the physical wrecks of its poisoning; but who ever saw a man poisoned with lycopodium? Why then ascribe to it, and not to the alcohol, the effect of the combination?

My third difficulty with dynamization is its *inconsistency.* On the one hand we claim it to be a necessity in order to *reduce* the strength of medicine and avoid aggravations; and on the other hand that it *increases* the strength of medicines and imparts to inert substances properties which neither the menstruum nor the comminuted substance itself ever possessed. This is a puzzle. I cannot solve it, and I leave the Organon only the more perplexed; for Hahnemann's statements are very contradictory. One may believe and practise almost any-

thing, and find in him good authority for so doing. Hahnemann began with crude drugs in full doses, and ended by allowing his patients, about once a week, to smell of a few small sugar pills, thoroughly dried, which had once been saturated with a high potency. This in his old age he declared to be "much superior to all other modes of administering medicines."

The question naturally arises, does dilution with succussion as a rule increase or diminish medicinal power? or does it leave it unchanged? or does it increase the power of some substances and diminish that of others? or does it diminish the power of all down to a certain point and then increase it? These are questions which we, as high dilutionists, have never answered. We do not know to-day after a hundred years of grinding and shaking, which is medicinally the most potent, the 12th, the 30th, the 200th, or the 200,000,000th. Some of us would say one, and some another. If dynamization really effected any change in our remedies, after all this experience, ought we not now to know definitely the general nature of that change? Logically there should be less difference between the crude drug and the 12th, than between the 12th and the 30th; and between the 30th and the 200th there should be a world-wide difference. We potentize we know not why. We potentize to diminish drug-power; we potentize to increase it; and, after all, can not tell by the results what change, if any, has been wrought.

Just here I trust I shall be pardoned if I make brief allusion to another inconsistency — an inconsistency of doctors, rather than doctrines. I find that there are many who place full confidence in the high dilutions when run up regularly according to the Hahnemannian rule, but who are among the first to stigmatize the preparations of such as Swan, Skinner, and Fincke as "bottle washings." Now what is the difference? So far as I can see, only this: Hahnemann rinsed his bottles by hand; Skinner by machine; while Fincke and Swan measured their glasses, and forced through them the required quantity of water from a hydrant. If the underlying principle be true, why quibble over the process? When we are changing one unknown quantity to another at the astonishing rate of a regular geometrical progression, a little more or less of the menstruum certainly can not matter much. If the underlying principle be not true, why trust to any of the processes?

Granting that the doctrine is sound, my fourth difficulty consists in *finding any unpotentized substance to eat, or to drink, or to use in the dilution of drugs.* If we claim that matter imparts to other matter its medical properties when succussed or triturated with it, we must also admit that it does the same thing under similar circumstances in nature; and more, that it has

been doing it ever since the world began. Admitting this, where can you find any substance that has not been medicated and potentized again and again? Take for example any drug you please—say, gold. It has been found in the sea. All the waters of all the oceans have been potentized with it for untold ages. We do not know their exact potency, but it would not be called high; for according to the best of authority there is not water enough in existence to attenuate a single grain up to the 15th c. And if all water has been thus endowed with the medical properties of gold, how are we going to deprive it of those properties? Shall we say by heating? by distillation? That is pure assumption. There is not a particle of evidence that it will do it. Does heat change the nature of gold? We all know it does not. It goes through the fire again and again only to come out more pure. Does heat change the properties of water? We have no such evidence. What possible reason then have we for thinking that distillation can in any way change the nature of this enormous quantity of gold-water? Can it be done by evaporation and re-condensation as in the cloud and rain? That would seem even less probable, for it lacks the element of heat. No. If water succeeded with gold becomes potentized with it, then all the water in the world for aught I can see is some potency of gold, and must forever remain so unless an agent can be applied which has power to change the properties of gold itself. And what is there that doesn't contain water? Rectified spirit contains 15%; proof spirit, about 50%; it is one of the constituents of *saccharum lactis*. If our postulate be correct, there is nothing that has not been potentized with gold, and not only with gold (that was taken simply for illustration) but arsenic, copper, sodium, phosphorus, mercury, and all the rest of the three-score and more of primal elements.

Of course this theory precludes the possibility of ever cleansing any bottle, glass, or other utensil which has once contained medicine. For, if matter by contact endows other matter with its medical properties, the inner surface of every such receptacle must have become a potentized, and thus a potentizing, surface. Any amount of washing, therefore, even with pure water, (if, indeed, there were such a thing) would have no effect, for unlike anything else in nature these unfed batteries of dynamization are exhaustless!

Some of our pharmacists have recognized this difficulty and tried to devise ways of obviating it. "Necessity," you know, "is the mother of invention." It would not do to furnish a separate vial, or mortar and pestle, for each degree of potency of every drug. No storehouse could contain them. Theory

or no theory, measures, mortars, etc. must be cleaned. Ordinary washing and rinsing are out of the question, for that is the way we potentize. The *British Homœopathic Pharmacopœia* solves the problem in this most artful manner. After alluding to the importance of cleansing such utensils, it says: "This may be effectually accomplished by '*washing the bottle in an ascending stream of water*' in place of a descending stream as is almost universally employed." It then goes on to give the details of the process. Think of it, gentlemen, you can throw a stream of water *down* into a potentized bottle forever and it all becomes medicine, but invert the bottle, and throw the water *up* into it, and presto! the charm is broken, the bottle has lost its power to potentize! Wonderful law of nature to be thus annulled by the turning of your hand!

According to Prof. Conrad Wesselhoeft, who has probably given this subject more careful and intelligent study than any one else, all trace of material medicine has disappeared before we reach the 12th c. dilution. That being so, all of the 12th must have disappeared before having reached the 24th, and the 24th would be lost before the 36th; and so on, a complete renewal being brought about by each multiple of twelve. Suppose now we prescribe sulphur 200th. We are giving a drop of alcohol potentized by contact with another drop of alcohol, which in turn was potentized by another drop of alcohol, and so on through fifteen series of complete change, before we reach the 12th dilution, which itself you remember was nothing but alcohol, which might or might not have been in contact with the trace of sulphur in the third trituration, which is supposed to have been dissolved! And still we call that a dilution of sulphur. Tell me, pray, why that is any more sulphur than the water we draw from our faucets. We say it was a solution of sulphur potentized through two hundred stages of succussion. Why not with equal reason say that the water from the spring is a solution of sulphur potentized, by the elemental forces within the earth and without — the seething springs, the grinding glaciers, the attrition of wind and wave — through more than two hundred million such stages, since our world first rolled forth from the dark. And yet we, like Jenichen, think to increase that potency by a few additional strokes of our "strong right arm"!

I cannot close without anticipating the one great argument which I know will be made in favor of the potencies, namely, that the proof of their efficacy rests not on theory, or syllogism, but upon abundant clinical evidence.

I admit the plausibility of this statement. Facts are stubborn things, and even one may be sufficient to invalidate a thousand

theories. But are we quite sure that clinical evidence always fairly represents the facts? Is it alone enough to determine the therapeutic value of every measure? Clinical evidence at best knows only three things: A disease, a prescription, and a recovery or death. It can not say surely that the prescription caused that recovery or death. It may have done so, it may have had nothing to do with either; or either may have occurred in spite of it. And here it is that common sense, if we have any, must save us. You have a case of pneumonia of a week's standing; you prescribe phos. In twelve hours the temperature falls five or six degrees and reaches the norm. Do you give phos. the credit for the change? Not at all. It is just the crisis you had anticipated — just what undoubtedly would have occurred had no medicine whatever been given. So in the treatment of measles, scarlet fever, and the whole train of self-limiting diseases, it is doubtful to many of our best observers whether medication affects in the least their general course.

During the winter of 1883-84, I enjoyed the clinical advantages of the Vienna Hospital, which, so far as I know, is the largest in the world, and I am witness to the fact that very little medicine was there given. None whatever in simple, acute diseases, and yet most of those very cases made excellent recoveries. How do you account for it?

Is clinical evidence always reliable? What has it ever proved? What indeed has it not proved? Clinical evidence in the primitive ages stamped with therapeutic value the most vile and loathsome things, and even now, among the American Indians it has set its seal of approval upon the mysterious leathern bag, the rattle, and the tom-tom. Clinical evidence up to the time of Hahnemann, had shown to even the brightest minds in the world the necessity of using in nearly every case, lancet, emetic, and drastic pill. Clinical evidence — what has it not sustained? Tons and tons of it, extolling quack doctors and patented nostrums are published every year. Do you accept it?

In view of these facts as honest, earnest, scientific men, are we not bound to investigate before admitting the infallibility of such proof? Are there not other sources of power which may explain some results?

Twenty years ago under the influence of such as Darwin, Huxley, and Spencer, the world seemed rushing into materialism. Men tried to trace out the beginnings of life from inanimate mould up through mollusk, and monkey, unto man, but they failed; and even the wisest have had to acknowledge that there are more things in heaven and earth than were ever dreamed of in their philosophies. There are forces about us, and within

us, which no mete can measure, and no scales weigh; which baffle the biologist and elude the spectroscope; whose laws of action none have been able to formulate, although none escape their power. That these forces may both disturb and restore health there is abundant proof. But to think of grinding them into sugar of milk, or of shaking them in a bottle of water is preposterous; for they are not emanations of dead substance, but of living souls, and are akin in nature to Omnipotence.

I am not a Spiritualist, Mesmerist, Christian Scientist, or Faith-Healer, though doubtless there is truth in each. Witness the hundreds in our own State who have been helped to regain a physical equipoise by the prayers of faith at the Consumptives' Home, at Old Orchard, and other places. Witness the more than twenty thousand intelligent people in the United States who are ready to testify to the superior efficacy of mental healing. Witness the myriads who during the past thirty-four years have thronged "the favored grotto of Lourdes," or languishing in their homes, even thousands of miles away, have responded to the touch of its mystical waters. Witness the slow but certain results reported by the English and American Societies of Psychical Research. Witness the miracles of mesmerism, which point to possibilities beyond our present powers of conception. Facts are stranger than fiction, and the world is finding it out. Let us as physicians be not the last to recognize this almost irresistible influence of mind, and assign to it its rightful place in the healing art. In the midst of such marvellous exhibitions of unseen power is it rational to ascribe to a pinch of sugar or a drop of water the recoveries which we observe? Do we not know that to him who believes, the amulet may become an armor, and the placebo an elixir of life!

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*COLCHICUM: ITS PATHOGENESY AS RELATED TO CHOLERA.*

BY J. P. SUTHERLAND, M.D., BOSTON.

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

Cholera has made us a call. It threatened to be a visit; but thanks to the wholesome inhospitality with which this most unwelcome visitor was received, it scarcely set foot on our shores before it was banished from them. There is more than a possibility, however, that the visit may come after all, should the disease appear next year, early in the hot season, propagated from the germs which are so likely to survive, undetected, from the mildest epidemic, and spring suddenly into most perilous life. In view of this possibility, it seems to me worth while to glance at the armamentarium from which the homœopathic



student of *materia medica* can choose his weapons to combat the disease.

The drugs recommended by Hahnemann of course hold first, oldest, most authoritative place in this connection. Camphor, cuprum, veratrum album — and in certain cases of a typhoidal character with delirium, bryonia and rhus in alternation,— this brief list almost exhausts the remedies whose usefulness in cholera is traditional among homœopaths.

Of these CAMPHOR is best known and most depended upon. Its usefulness, which I believe to be great and undeniable, I do not here propose to dwell upon. But I desire briefly to call your attention to a fact ignored or overlooked even by many of our most authoritative teachers and writers; namely, that camphor is very imperfectly homœopathic to the symptoms of cholera, and that Hahnemann never claimed it to be homœopathic at all. He recommended it as an all but infallible germicide. The sole claim of camphor to homœopathicity in cholera is in the stage of collapse; to administer it earlier is to administer it empirically; none the less beneficially for that, I would add,—but still empirically, and we simplify matters by recognizing that fact.

Dr. Hughes, in his "Manual of Therapeutics," says that camphor is "perfectly homœopathic to cholera in the stage of invasion," but that "it is not, indeed, directly homœopathic to the cramps, diarrhœa, or vomiting."

Careful reading of the records of camphor in the "Cyclopædia of Drug Pathogenesis," and of the cases reported in Taylor's "Treatise on Poisons," will show that in the majority of the cases referred to, coldness, collapse and convulsions occurred, and two fatal cases, both infants, are recorded; but the picture presented bears only slight (if any) resemblance to cholera.

Hahnemann says "camphor cannot preserve those in health from cholera," i. e., it is not prophylactic; and he does not claim to have introduced camphor into the treatment of cholera, for it was used as the chief ingredient of a famous recipe before his recommendation in 1831. These points are well shown in the "Lesser Writings."

CUPRUM. — This is one of the Hahnemannian remedies, after camphor, or in the second stage, and Hahnemann's prophylactic for cholera.

The best way to determine whether or not it is a simillimum to cholera, is to read the thirty-one records of poisoning by copper reported in the "Cyclopædia of Drug Pathogenesis," which, by the way, contains no provings of copper. It is to be noticed that purging is far from a constant effect of poisoning by cuprum, constipation being about as frequently noted.

It is a significant fact that in all the cases of poisoning referred to, only *three* proved fatal, and none of these had any diarrhœa. One fatal case, (No. 2), had "vomiting, colic, and convulsions," but no diarrhœa; the stomach was found inflamed and gangrenous. Another fatal case, (No. 9), the only one out of fifty cases of poisoning, had "constipation" as a symptom, no diarrhœa at any time during her six days' illness. The third fatal case died on the ninth day after the poisoning, (No. 15); "she passed several days without a stool," and finally took a laxative. In this case also the stomach was found "inflamed and gangrenous."

It is to be noted, also, that in many of the cases of severe poisoning, obstinate constipation was produced.

In No. 1, four out of five cases had "obstinate costiveness."

In No. 9, of fifty cases, thirty-one of them included in the report, "most had constipation," but after a few days, after taking medicine, there were diarrhœic stools.

No. 18, a severe case, had a "hard stool" only after the third clyster.

No. 25 had obstinate constipation; and in

No. 31 we find records of more than sixteen cases, severely poisoned, to the point of wild delirium, and in not one case is diarrhœa referred to.

When diarrhœa does occur, the stools are described as "diarrhœic," or bilious, greenish, liquid, and not infrequently as "bloody," differing absolutely from the characteristic choleraic dejection.

The matters vomited are also described as greenish, bilious or bloody. Violent pains, cramps, spasms and vomiting are characteristic of copper-poisoning, but the picture presented, as a whole, does not bear a very striking resemblance to cholera.

VERATRUM ALBUM, the other Hahnemannian remedy for cholera, might also profitably be studied in the "Cyclopædia of Drug Pathogenesis." The few provings there recorded show that the drug tends to produce cold hands and feet, sometimes burning heat, sweats, cramps, nausea, vomiting, and diarrhœic stools.

Among the records of poisoning by veratrum only *three* fatal cases are referred to. The records, as a whole, show that the drug produced epigastric pain, colic, vomiting of green bile or mucus; watery, greenish and bloody stools; tenesmus; vertigo, mania, insensibility, syncope, numbness, blindness, and "impending death by apoplexy;" fully upholding its reputation as a narcotico-acrid poison, producing gastro-intestinal inflammation and an affection of the nervous system. The severe tenesmus, the "bloody stools," the vertigo, blindness, insensibility, and

nervous symptoms generally, find no parallel in cholera. But without attempting further analysis of the pathogenesis of veratrum, I would strongly urge the study of *records of poisonings* as told in narrative form, in order to determine a drug's homœopathicity to a disease, rather than simply to accept as true the traditions or recommendations that have come to us from any source whatever. From such a study of the pathogenesis of veratrum album, I think we shall all agree with Dr. Hughes in placing the drug above cuprum in its probable usefulness in cholera, basing our opinion on the fact that the picture presented by the pathogenetic records of veratrum is far more strongly suggestive of cholera than is the picture of cuprum.

It may be conceded, perhaps, by all present, that some things have been learned about drug pathogenesis since Hahnemann's day, and certain things in therapeutics therefore. Our British colleagues have introduced arsenicum into the treatment of cholera, giving it a high place in the list of useful remedies. And Da Costa in his description of cholera, says, "certain rare cases of irritant poisoning, especially from arsenic, bear some resemblance to cholera." But it is not my purpose to review our literature on this subject, interesting as it might be to myself. I do desire, however, to insist on the reading and studying of good narratives of poisonings and provings when looking about for the truly homœopathic remedy.

I come now to the drug for the sake of dwelling upon which I have written this paper. I am amazed, after an earnest study of colchicum in connection with cholera, that it has hitherto been so little recognized that in the pathogenesis of colchicum we have an almost perfect simillimum — one of the ideal sort, always sought, rarely found, — to the symptoms of this dreadful disease. I must here pause to remark that the perfect simillimum of a disease does not, as is loosely taken for granted, mean a drug that covers a symptom or a group of symptoms of that disease. It means a drug that, administered to a healthy person, is capable not only of causing the same symptoms to appear that appear in the development of a given disease, but of causing them to appear *in the same chronological order* as in that disease. This point of chronology is a vastly interesting and important one, rarely as we see it alluded to; and when the chronology of symptom-development coincides in the pathogenesis of a drug and the action of a disease, an almost faultless test of the principle of homœopathy is offered to the practitioner. Such a coincidence obtains, to a remarkable degree, in the relation of colchicum to cholera. I propose to demonstrate to you this coincidence, by a method with which, by this time, you are tolerably familiar. I mean the parallel-column or chart system, which

is as invaluablely applicable in the comparison of pathogenesy with disease, as in the comparative study of pathogeneses.

First let me present to you an epitome of the

SYMPTOMS CHARACTERISTIC OF CHOLERA.

Attack begins with diarrhœa and vomiting, sometimes preceded by malaise, headache, etc.

*Diarrhœa.* — Stools profuse, frequent, serous, alkaline; at first fœcal and possessing color, but soon assuming the rice-water appearance. Preceded by rumbling and gurgling in abdomen. Voided without colic or tenesmus. Followed by remarkable sense of weakness.

*Vomiting*, at first bilious; soon of rice-water-like fluid; vomiting in gushes, as in violent regurgitations. Vomiting and purging often synchronous. *Insatiable thirst* (fluids thrown up as soon as swallowed).

*Spasms of muscular system.* — Fingers and toes become bent and stiff. Muscles of calves of legs cramped. Walls of abdomen hard as a board. Cramps produce sometimes *severe pain*.

*Debility* progressively increases. Features become shrunken. Nose sharp and bent. Eyes sunken, lack lustre. Lips become thin, cheeks hollow, muscles prominent, skin clammy. Hands and feet cold. Skin becomes *shrivelled* — *a fold pinched up subsides very slowly*. Tongue pasty and sticky. Voice loses its normal tone. Urine decreased to suppression (contains albumen and sugar).

*As attack advances*, stools, etc., are less frequent. Mind affected — dull, listless, from exhaustion; can give clear, though languid answers to questions, but falls immediately into inert state. There is stagnation of blood; hands, feet, nose, lips, neck or even whole body cyanotic (bluish, leaden, or violet hue). Pulse which was thready, now imperceptible; carotid and cardiac impulse no longer felt; second sound of heart inaudible.

*Skin is icy-cold.* Breath, cold. If a vein is opened, only a few drops of black, viscid blood will trickle from the wound. The voice sinks to a mere whisper, or becomes extinct. The features become distorted and frightful; nose twisted, pointed; eyes, dry, dull, sunken, half closed, and bloodshot. Sublingual temperature may fall to 80°. Sticky, cold perspiration bedews the marbled skin. Whole body shrunken.

Death occurs sometimes through coma; sometimes is sudden, on attempting to make some unusual effort.

To compare with this epitome let me recall to you from the "Cyclopædia of Drug Pathogenesy" the reports of a few cases of poisonings by colchicum;

"No. 7. I found on my arrival at Fort Denaud, in Florida, a private in the marine corps laboring under symptoms not unlike Asiatic cholera. He had constant sero-mucous ejections and purgings, resembling rice-water, and thrown off with considerable force; cramps of the abdominal muscles and of the flexors of arms and legs; cold surface, tongue and breath; mottled skin and bluish nails; shrunken features expressive of great agony; sunken and watery eyes, with contracted pupils. I found that he had swallowed, the day before, over a pint of vinum colchici, mistaking it for liquor. Death took place in forty-eight hours after ingestion." — (McPhail, *Am. Med. Lib. and Intell.*, 1839.)

"No. 8. A bottle of vinum colchici was drunk by seventeen persons, seven of whom died from effects, of which following is a *résumé*: In from forty-five minutes to one and one-half hours after ingestion, vomiting ensued. Contents of stomach were first rejected, then bile or mucus; afterwards a fluid similar to 'rice-water' of cholera. When amount taken was great, purging came on simultaneously with vomiting; but if only a small quantity, comparatively speaking, had been swallowed, action of bowels was delayed for several hours. Passages were first natural fæces, then bilious stools, then 'rice-water' — a very large amount of frothy, slimy secretion, compared by one patient to clean soapsuds. In no case was any blood to be found. Vomiting continued till last moments in fatal cases, and bowels were emptied involuntarily. Cramps were severe in stomach, bowels and legs. Severe pains were felt in knee-joints in some, and in two cases were very marked in left shoulder, so much so, indeed, as to be a continual source of complaint, and to compel avoidance of lying on left side. Rubbing was frequently demanded for relief. In the majority there was numbness from elbow to wrist; cramp of fingers, especially second; in one, extreme numbness of thumbs under nails, lasting twenty-six days. In a boy there was great pain between shoulders. Features (one half-hour after) were pinched and drawn; lips and nose blue, as also lobes of ears. Eyes were congested, pupils slightly dilated; voice hoarse and husky, pain experienced in speaking. Feet and legs icy-cold, as also hands and arms; rest of body had clammy feel, but was below normal temperature. Pulse, rapid, 125 to 145, small, compressible, intermitting, and at times imperceptible at wrists, though it could be found at elbow with some trouble; temporal arteries difficult of detection, even carotids required patience to distinguish. For several hours before death arteries were almost pulseless; heart's impulse not to be felt, and its sounds with difficulty heard on applying ear to chest-wall. They might be likened to a blowing sound, to a murmur, or to a heart beating at a very great distance, or heard through

a stone-wall — both sounds melting into one. Respiration was full and easy and well-maintained throughout, as was also pulse-respiration ratio. The sufferers were sensible throughout and to the last. One case ended with a slight convulsive effort. All sat up before dying, falling back in an instant. No headache was complained of. Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk. They were perfectly sleepless. In two recoveries there appeared a pustular eruption on face and lower extremities.” — (Major, *Canada Med. and Surg. Jour.*, 1880.

Here follows the parallel-column comparison of symptoms :

### CHOLERA.

Begins with diarrhoea and vomiting, sometimes preceded by malaise, headache, etc.

DIARRHŒA. — Stools *profuse, frequent, serous, alkaline*; at first fæcal; soon assuming *rice-water* appearance; voided without colic or tenesmus; followed by remarkable *prostration*.

VOMITING. — *At first bilious*; soon of *rice-water-like fluid* in gushes, as in violent *regurgitation*. Vomiting and purging often *synchronal*.

THIRST. — *Insatiable*.

CRAMPS. — Fingers, toes and legs cramped, bent and stiff; cramps produce *sometimes* severe pain.

DEBILITY. — *Increases*.

COLLAPSE. — *Cold stage*; *voice altered — husky and weak*. *Temperature subnormal*, skin *icy-cold*, clammy sweat. *Pulse imperceptible*; *carotid and caraiac impulse no longer felt*. Features *distorted*, nose *sharp and bent*. Body *shrunk*. *Cyanosis* marked. *Urine decreased or suppressed*.

DEATH — Through coma; or sudden, *following an exertion*.

### COLCHICUM.

VOMITING. — Contents of stomach, then bile or mucus, *then fluid like rice-water of cholera*.

PURGING. — Stools simultaneously with vomiting; stools first bilious, *then like rice-water*. In no case was blood found.

THIRST. — Great.

CRAMPS. — Severe in stomach, bowels and legs. Rubbing frequently demanded for relief.

COLLAPSE. — *Features pinched and drawn*; *lips and nose blue*; eyes congested. *Voice hoarse and husky*. *Feet and legs icy-cold*, also *hands and arms*; body covered with clammy sweat. *Temperature subnormal*. *Pulse small and compressible — pulse imperceptible at wrist*. *Temporals and carotids difficult to distinguish*. *Cardiac impulse hard to feel and heard with difficulty*.

DEATH — *Followed the act of sitting up*.

P. M. (Taylor) Stomach and intestines contained a *great deal of opaque fluid*.

In my hurried analysis of disease and drug pathogenesis two points have occurred to me :

I. As to the diarrhoea and vomiting — which has precedence?

In choleraic diarrhoea, or mild cholera, there may be, or generally is, no vomiting.

In choleric (more severe attacks than the preceding) vomiting and diarrhoea occur, but the purging, as I understand it, is likely to antedate the vomiting.

In the severe attacks of cholera, vomiting and purging occur simultaneously; although, as nearly as I can discover, sometimes one and sometimes the other takes precedence.

In regard to colchicum, a hasty, but probably correct, analysis of the records shows that of the thirty-three provings, ten make no mention of vomiting or purging, eleven speak of nausea or vomiting first, and thirteen speak of urging to stool, loose stool or diarrhoea first.

In the ten reports of poisonings, the phraseology is such that vomiting would seem to have precedence, although it might be concluded that diarrhoea is more certainly produced than vomiting.

In this connection it may be well to bear in mind that toxic doses of drugs are comparatively large, and, therefore, as with colchicum, likely to exert some direct action on the stomach, affecting the intestines only at a later period; while, if modern ideas be correct, the cholera-producing germs being ingested in small doses, have time to multiply and infest the intestinal tract, and so produce diarrhoea, the vomiting being absent in mild cases and somewhat delayed in the severe attacks.

As to the weakness and prostration following the copious stools of cholera, one prover of colchicum, No. 32a, "fainted after a copious stool."

II. The other point has to do with the urinary symptoms. In cholera there is scanty or suppressed urine; and the urine may be albuminous or diabetic. Of the ten reports of poisoning by colchicum, the urine is not referred to in six (6). In the remaining four records we find :

No. 1. — Involuntary, diabetic (?) urine.

No. 4. — Scanty urine.

No. 5. — Profuse, chalky (later acid) urine.

No. 10a. — Post-mortem — bladder full of urine.

No. 10b. — Post-mortem — kidneys congested; suppression of urine, ante-mortem.

No. 10c. — Post-mortem — kidneys congested, bladder contained one tablespoonful of urine.

No. 10d. — Post-mortem — Kidneys congested, bladder full of acid urine.

The provings do not greatly help us to settle this point, although we read in proving No. 26, "It does not always act as a diuretic, but has a contrary effect when it produces a marked effect on the alimentary canal." This quotation would seem to settle the question and establish the congruity between our disease and drug pictures.

Of the ten selected records of poisoning by colchicum, found in the Cyclopædia, no fewer than four—No. 2, No. 7, No. 8, and No. 10b—make distinct allusions to the similarity of the cases to cholera, one case being treated as a case of cholera, the cause of the symptoms being at the time unknown.

In severe cholera epidemics a large percentage of cases terminate fatally. In colchicum-poisonings we have records of seventeen cases simultaneously occurring, seven of which proved fatal; a curious coincidence in mortality statistics.

All cases of cholera are not identical: there may be different degrees of severity and some variation in the symptoms. So with drug pathogeneses, and, therefore, different drugs may be homœopathic to the different varieties of *cholera*. Or, perhaps the one drug, a specific, may be useful for all cases even if they differ somewhat in their *symptoms*. Or, to put the matter another way, shall we treat different "stages" with different remedies, each appropriate to one stage only, or the disease as a whole with the one simillimum?

Dr. Hughes, in his "Pharmacodynamics," says of colchicum, "Its botanical congener, *veratrum album*, has pre-occupied any place it might have found in the treatment of cholera"; again, "Its main interest lies in its relation to gout and rheumatism." I would respectfully submit that, in view of the marvellous coincidence above demonstrated between the pathogenesis of colchicum and the disease-symptoms of cholera, this verdict will bear reconsideration. What slight clinical testimony there is regarding the use of colchicum in cholera—for instance the eight cases referred to by Dr. Hughes as treated successfully with colchicum by Mr. Cotter, is much in its favor. If the strict law of similars be our guide, colchicum is entitled, beyond dispute, to be the first choice of the homœopathic physician called to do battle with this dread disease.

My object in this imperfect paper has been twofold; first, to urge upon you by demonstration, how rationally and helpfully *materia medica*, as to its resources in any given disease, may be studied by resort to the "chart system" or parallel columns; second, to convince you that colchicum is, from a purely homœopathic standpoint, better worth experimenting with, in a cholera epidemic, than are our more traditional remedies. I trust these objects have been, in part, at least, accomplished.



*TRAUMATISM AS A FACTOR IN DISEASE.*

BY FRED'K A. WARNER, M.D., LOWELL, MASS.

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

I would not have you infer from the above title, that traumatism is in any way overlooked as a factor in diseased action, unless it be from the standpoint of this paper.

Generally speaking, I believe that never in the history of medicine has traumatism received so much attention as at the present period. Surgery has made rapid advancement during the last fifteen years in recognizing and repairing traumatic conditions. Even the obstetrician has learned that in every case, whether at the third or ninth month, there is a traumatism to deal with, and governs himself accordingly. The advanced therapeutic methods of Hahnemann, and his followers, have brought to the front many brilliant cures, simply by recognizing the traumatic character of the case in hand.

The object of this paper is to call your attention to some traumatic conditions which are beyond the sphere of surgery, or therapeutics, and which may, by their direct or indirect action upon the sympathetic nervous system, lower the functional integrity of some one or more organs so as to lead to ultimate and serious complications.

The result ought not to surprise us, when we consider that the "governing impulses of all vital processes are through the sympathetic nervous system. The gastric, hepatic, pancreatic, reproductive organs, as well as the heart, lungs, liver, and kidneys are furnished with this vegetative nervous supply. Every artery has its sympathetic twig, and the brain is to a great extent under its influence.

"A pathological lesion may not affect primarily any part of the nerve-tissue, but the intimate relationship of nerve to all other structures is of such a character that when any part suffers the nerves suffer; so that a given disease will produce arrest of secretion, impaired digestion, imperfect nutrition, or accelerated circulation."\*

Keeping in mind, then, the pathological condition following an injury, and its intimate relation to the sympathetic nervous system, as well as the controlling power of that system, I present a report of two clinical cases for your consideration.

CASE I. Mrs. W., at the age of 16, fell from a swing on to her right hip-joint, striking a small rock, and producing a contused wound of the tissues around the joint. A few years later she met with another accident, which resulted in a fracture of

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\* The American Homœopathist, Feb. '92.

the tibia and fibula just above the left ankle-joint, and a sprain of the right ankle. Each one of these injuries has manifested its presence, more or less, up to the present date, twenty-two years. While attending to her household duties her sufferings are of the minimum degree, but when out on a shopping excursion her sufferings are almost beyond endurance. At the age of twenty-three her marriage took place. The issue of this union has been three still-born children. Of the first confinement I only know that the child was not living. I met the patient for the first time in the midst of her second labor, and discovered at once symptoms of puerperal convulsions, and governed myself accordingly. The labor terminated safely without their occurrence. The earliest possible examination of the urine revealed a large proportion of albumen, which quickly diminished under the influence of nitric acid. Merc. cor. was then given, and latter on, arsenicum. In the course of a month the urine was so nearly normal that treatment was discontinued, and milk was ordered to be freely used, and meat to be avoided. I warned them of the danger of another pregnancy. In case of such an event, the urine was to be examined every two weeks during the seventh month, and every week during the eighth and ninth months. In one year from that time, word came: "Three months on the way." At the seventh month and during two weeks of the eighth month the urine appeared normal, when my patient became over-confident and failed to send her urine for a period of nineteen days; at the end of which time she was seized with a most violent convulsion, followed by several more. As soon as I reached her bedside I administered chloroform by inhalation, and kept them off in this way for several hours. As there were no signs of labor, and believing that it should be induced, I asked for a consultation. Dr. E. H. Packer, her former medical attendant, was called and coincided with this view of the case. After a liberal hot-water douche the os was sufficiently dilated to enable me to complete the dilatation by manual effort. The long forceps was readily introduced, and after due time the child delivered. Being under the influence of chloroform, no convulsions ensued. The urine being heavily loaded with albumen, nit. acid was given during twenty-four hours with good effect. Then merc. cor. for several days. Her symptoms then calling for arsenicum, it was given. This treatment was supplemented with Poland water, of which eight glasses were ordered each day, and followed for several months with more or less faithfulness, after the discontinuance of medicine.

CASE II. Mrs. A. was driving alone through a crowded thoroughfare, when the rear of her conveyance was struck by a

rapidly moving horse-car. She was tossed from the seat, and fell upon the top of the dashboard in such a manner as to receive a fearful blow upon the epigastrium, including the sixth and seventh ribs of the left side. The force of the blow extended through the walls of the abdomen and stomach to the plexus of sympathetic nerves, producing instant unconsciousness. The sixth and seventh ribs were wrenched through their whole length, even to the vertebral articulation. She partially rallied from her unconsciousness in a few minutes and was conveyed to her home, where later on I saw her, and found her with symptoms of a shock, as manifested by a pinched countenance, cold, clammy extremities, exhausted respiration, and feeble, rapid pulse. There was great pain in the epigastric region and vertebral extremities of the sixth and seventh ribs. The tendency to unconsciousness was quite frequent during the ten days following. The most serious result of the injury was the enfeebled and quickened circulation, the impaired digestion, and the hepatic inactivity, associated with defective urinary secretion. These conditions obtained, to a greater or less degree, during thirty months. Four months after the accident, Mrs. A. became pregnant. This pregnancy was attended with unusual gastric disturbances, for, bear in mind that Mrs. A. was the mother of two children, going through these two pregnancies without any inconvenience whatever, and just previous to the accident was attending to all her household duties and much outside of them. During the last of the seventh month there was disturbance of vision, oedema of face and extremities, and a very decided show of albumen in urine. This condition was much relieved by nit. acid followed by merc. cor. and arsenicum. Near the close of the eighth month labor suddenly came on, and a son was born.

Owing to her feeble condition and the albuminous urine, the child was not allowed to nurse. The convalescence was slow and not complete. In fine, she was a wreck of her former self, the circulation being quickened, the digestion impaired, and the urine thirty months after the accident showed a trace of albumen and some hyaline casts.

At the present time the kidneys seem to be in a normal condition.

Another important result of this case was a suit for damages. A verdict was given for the plaintiff, as the judge and jury were satisfied that all the illness and suffering of Mrs. A. were a legitimate sequel to the accident.

These cases, following each other in quick succession, led me to consider the question whether traumatism had not been an

important factor in producing the respective results as detailed above.

It is an old saying that a "chain is no stronger than the weakest link." And, again, "that a man is no stronger than his weakest point." So, then, in the cases narrated, the enfeebled functions, either of circulation, digestion, or secretion, were not equal to the demands put upon them during the closing months of pregnancy, and, as a consequence, we had puerperal nephritis. If, then, by further observation, we are able to establish it as a fact, that traumatism is one of the causes of puerperal nephritis, it becomes a matter of great importance, either from a medical or a medico-legal standpoint. It would enable the medical man to become a wiser counselor or a stronger witness. Unsafe marriages might be prevented; pregnancy, occurring in a person in a traumatic condition, would be watched with redoubled vigilance, and possibly the life of both mother and child be saved. If these words provoke profitable discussion, such as shall throw light upon the topic of this paper, then its purpose will have been attained.

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#### FRACTURE OF THE SHAFT OF THE FEMUR.

BY DR. CHAS. R. HUNT, NEW BEDFORD

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

The seat of fracture in the long bones of the skeleton of man, as a rule, is in the lower third, but the femur is an exception to this rule; our best authorities agree that the shaft of the femur is most frequently fractured at the upper portion of the middle third.

According to statistics of 146 cases treated by Hamilton, 30 belong to the upper third, 80 to the middle, and 36 to the lower. [Dislocations and Fractures, eighth edition, p. 352.] Of 234 cases treated at Bellevue Hospital, 34 belong to the upper third, 169 to the middle, and 31 to the lower. [*Medical Record*. 1875.] Of 70 cases observed by Holmes, 8 belong to the upper third, 46 to the middle, and 16 to the lower. [Holmes' Surgery, Vol. 1, p. 941.]

The greatest number of these fractures are caused by direct violence, and the fracture is usually oblique. The direction and degree of obliquity vary greatly. Hamilton states that in the upper and middle thirds of the shaft the direction is generally downward and inward, but in the lower third it is generally downward and forward, and the superior fragment is found lying in front of the inferior. A transverse fracture is more often found in the middle third than at any other point of the shaft of the bone; in the upper third the obliquity is generally extreme.

In whatever part of the shaft the bone is broken, and whatever may be its direction, it is rare that displacement of the fragments does not occur; the degree of obliquity is generally so great that the fragments cannot support each other when placed in apposition.

The usual symptoms of a fracture of the shaft of the femur are common to all fractures, such as shortening, pain and swelling, crepitus, and abnormal mobility at the seat of fracture, and usually inability to move the limb.

The nature of the injury is so apparent that it is not easily mistaken for any other, but owing to the swelling, or the great amount of muscle covering the thigh, it is sometimes difficult to determine the exact point of fracture, and the direction of the fracture is still more difficult, and not always possible to determine.

The prognosis must depend on the nature of the fracture, and the age of the patient. A simple fracture of the shaft, if properly managed will nearly always do well, although there will usually be some shortening of the limb. If the fracture be compound, or complicated with the wound of a large blood-vessel, or results from great violence, especially in an old person, the prognosis must be guarded.

Some surgeons have claimed that in fractures of the femur, in the adult, a complete restoration of the bone to its original length was to be expected, but the greater number declare that shortening cannot be prevented.

Hamilton states in the last edition of "Fractures and Dislocations," p. 385, that he is convinced that in case of an oblique fracture of the shaft of the femur occurring in an adult, whose muscles are not paralyzed, but which offer the ordinary resistance to extension and counter-extension, and where the ends of the broken bone have been completely displaced, no means have yet been devised by which an overlapping and consequent shortening can generally be prevented. That when in consequence of displacement, an overlapping occurs, the average shortening of simple fractures in adults, where the best appliances and the utmost skill have been employed, is from one-half to three-quarters of an inch.

Dr. Stephen Smith, in a paper read before the American Surgical Association at Washington, September, 1891, says: The records of all past time show that shortening of the fractured limb was the universal rule, whatever the method of treatment pursued, and the question to be determined in each case was simply as to the degree of such shortening existing. The recent discovery of the natural discrepancy in the length of the lower limbs has considerably modified our estimate of this test of

treatment. It is established by careful measurement that ninety per cent. of healthy, uninjured persons have lower limbs of unequal lengths. This fact proves that shortening of one lower limb, as compared with the other, is the normal development of the skeleton of man. But the difficulty of estimating the value of shortening as a test is still further enhanced by the fact that one limb, as the left, is not invariably longer than the other, or the right. It appears that in 35.8 per cent. the right limb is the longer, while in 54.3 per cent. the left is the longer. The difference in length varies from one-eighth of an inch to one inch.

In conclusion, Dr. Smith says: That if the shortening does not exceed the extreme limit of difference in the lengths of natural limbs, viz., about one inch, the result should be regarded as satisfactory. An unsatisfactory result, as regards shortening, exists only when the degree of shortening exceeds the greatest difference of natural limbs, viz., one inch.

In regard to treatment much diversity of opinion exists. Many splints and apparatuses have been used for fractures of the femur. There has been much discussion as to the relative advantage of the straight or flexed position, but most surgeons of the present day prefer the straight position with extension, to the double inclined plane, which at one time was much used.

In the treatment of fractures of the adult the following indications should be fulfilled: 1. Coaptation and fixation of the fragments. 2. Moderate extension. 3. Gentle compression and support of the limb. It matters little what apparatus is used if these rules are followed, but that which can be applied with the least disturbance of the fractured bone and the most comfort to the patient should be preferred.

Each surgeon having become thoroughly acquainted with the application and results of his favorite method, is loath to change his apparatus. However, I think that what is known as Buck's method, or a modification of the same, will meet the requirements of almost every case of fracture of the shaft and give the greatest satisfaction. This is applied as follows:

The patient should rest upon a hard mattress. Reduce fracture by extension and counter-extension; cut two strips of adhesive plaster about two and one-half inches wide, and long enough to extend from above the knee to about six inches beyond the sole. Lay these strips upon the outer and inner surfaces of the leg, exactly opposite each other. The roller should then be applied, commencing near the toes. The bandage is interposed between the strips and integument until above the ankle-joint; then the roller is continued outside the strips of plaster up to the knee. In order to prevent pressure upon the malleoli a stick about four inches in length is placed between the ends of

the adhesive strips, thus forming a loop, and the extension-weight is attached to this by a cord which passes over a pulley in an upright fastened to the foot of the bed. The pulley ought to be one or two inches higher than the malleoli, so as to lift the heel gently from the bed. The amount of weight varies somewhat with the patient,—usually from fourteen to twenty pounds. To effect counter-extension, make a wedge of thin boards, six inches at base and three feet long, and slide it under the mattress.

Coaptation splints should be applied on the sides, back and front; these should be held in position by strips of adhesive plaster, and then a roller applied. To obviate the tendency to eversion which exists, long bags, filled with sand may be laid along either side of the leg and thigh, and large sand bags should be placed on each side of the pelvis; or in place of the sand bags a long side splint may be used. The splint should be four inches wide, and extend from near the axilla to beyond the foot. From the lower end a foot-piece should project six inches outward, to more effectually prevent eversion. This splint should be well padded and firmly secured to the leg, thigh and body.

The extension should not be dispensed with until the union is complete. The usual time required in the case of an adult is from six to eight weeks. When the support is removed the patient will have some pain and often swelling. When the patient is permitted to leave his bed a pair of crutches must be used, and but little weight should be borne upon the limb for the following two months.

The following case came under my care last winter: Mr. C., age 76, a farmer, was leading a calf, when he was thrown to the ground, fracturing the left femur near the junction of the upper and middle thirds. He was placed on a Crosby bed, and Buck's method of extension was used. For the extension weight at first, I used two sad-irons, each weighing eight pounds. Sand bags were placed each side of the pelvis, and on the outer and inner sides of the leg and thigh. At the end of the fifth week about one-third of the weight was removed, and at the end of the seventh week the weight was all removed. The patient was kept in bed another week, then was allowed to get up and move around on crutches. I had him wear a shoe with a sole one inch thick on his right foot. He was not allowed to bear any weight upon the injured limb for six weeks after he commenced using crutches. There was shortening of five-eighths of an inch. At the present time he goes around as well as before the accident, does not limp, and he says the leg is equally as good as the other.

ADDRESS DELIVERED AT THE EIGHTH ANNIVERSARY MEETING OF THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

BY DR. D. N. BANERJEE.

*Mr. President and Members :*

I take the first opportunity that presents itself to offer my most sincere condolence in the afflicting dispensation of God, which has overtaken Her Most Gracious Majesty, the Queen and Empress of our country, in the death of His Royal Highness Prince Albert Victor, Duke of Clarence and Avondale, and I can assure you of our heartfelt participation in the feeling of sympathy throughout India with Her Majesty and family, under this most grievous affliction, entertained by all classes of Her Majesty's most loyal subjects.

I feel great pleasure in saying that this Charitable Dispensary has now existed for nine years. Its status has improved; the percentage of cures has increased; public opinion has been most favorable to us; some of our noble-hearted and respected members like Dr. Schwabe, and from the far West (Dr. Geo. E. Shipman, of America,) have come forward to help us pecuniarily, and have presented books and journals; and our learned and kind-hearted honorary secretary has increased his annual subscription. I appeal earnestly to my countrymen, and to the lovers of the healing art both here and in foreign countries, to come forward for the assistance of this Institution; and beg to mention here that their contributions will not only help this, but three similar institutions which I have established in Nolikul, Arrah and Dinapur. Let them in this matter imitate the example of Drs. Shipman, Villers, Schwabe, Oscar Hansen, Sauter, Jolly, Boniface Schmitz, Fisher, Mumaw, Ludlam and Bailey, Windelband and Sulzer, Boericke and Dewey, Hale, Hoyne, Howell, Capeday, Anshutz, James; Messrs. Burgoyne, Burbridge, and the Mellin's Food Co. of America. Foreign people come to help us for the good of our country, but I regret to say that my countrymen cannot understand how greatly such institutions are for their own good. I therefore beg to request all of them to help these institutions, if but with a *piece daily* in the name of Charity. Mr. President and Members, what can be more hopeful than this, that my American colleagues are trying their best to raise public subscription for the support of this useful institution, by opening charity-boxes at their churches and in the medical societies, that our celebrated *confrère*, Dr. Schwabe, offered his valuable assistance for the future good of this institution. May I not expect a *piece or a cent or any small coin* daily from gentlemen and ladies of every calling amongst



ourselves? My countrymen, open your eyes, come forward with your help for the amelioration of the great human suffering all around us! Let me here convey my sense of gratefulness to the representatives and honorary staff who are very greatly interested in my humble undertakings. In other centres where I have established charitable dispensaries, the residents of the villages are very kindly disposed to my work, and take particular interest in the permanency of the institutions, and I am deeply grateful to their kindness thus shown. In all these institutions (still in their infancy) more than one hundred patients are now daily supplied with medicine, diet, and small pecuniary help.

In connection with our library, I beg to say that it now stands with a smiling prospect. Drs. Jolly, Hale, Shipman, and Oscar Hansen are the principal patrons of this one amongst my other humble undertakings; and I therefore appeal to all my colleagues, authors, publishers, publishing companies, etc., to present the library with their valuable publications through the representatives in their countries. It is superfluous for me to request our representatives to move their countrymen for help, and I can assure them that I shall then be in a position to extend its usefulness in other directions.

About the proving of drugs, I beg to inform all lovers of the healing arts that *Ficus Indica* has been found one of the best remedies for urinary disease with cerebral and cutaneous symptoms. I wish it were reproved by any of the provers unions and clubs. For want of new provers I cannot report further good results, but the results of the old provers are true and accurate, and I expect to add further provings by new provers next year.

Let me request all my colleagues and lovers of healing arts, in this and in foreign countries, to help me, that I may be in a position to establish a hospital in the name of our master, Samuel Hahnemann, and several other free dispensaries in the heart of poor villages. I repeat that good fellowship and united efforts are greatly needed, and with malice towards none, and charity for all, we should seek the triumph of our cause, and then surely we shall get a glorious victory for our science.

Now I beg that all members, the honorary staff and representatives, will accept my best thanks and my wishes for their peace and health.

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A SUFFERER from a severe cough says that his complaint has one of the modern improvements—a pneumatic tire.—*Lowell Courier.*

A SAMPLE of tradesman's challenge: "Any person who can show me that my cocoa is injurious to health will receive ten boxes gratis."—*Fliegende Blätter.*

**SOCIETIES.**

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*AMERICAN INSTITUTE OF HOMŒOPATHY.**To the Members of the American Institute of Homœopathy.*

The General Secretary deems it proper to make the following announcement :

At the recent session of the Institute it was announced that the United States Government had authorized the holding of a series of Congresses in Chicago, on subjects of a scientific and social character, during the continuance of the Columbian Exhibition in 1893. Among these there will be included a World's Congress of Homœopathic Physicians and Surgeons. The Art Building now in course of erection is for the free use of these Congresses, and for their sectional meetings, committees, etc. The department of the exhibition known as the World's Congress Auxiliary, has appointed a committee, consisting of a number of homœopathic physicians of Chicago, with Dr. J. S. Mitchell as its chairman, to prepare and arrange for the Congress of Homœopathy.

Acting on this announcement and on motion of Dr. Mitchell, the Institute appointed a committee to consider what action should be taken in reference to it. This committee afterwards presented the following recommendations which the Institute adopted unanimously.

1. That the meetings of the Congress and of the Institute be held in conjunction after the plans of the previous Congresses.
2. That the officers-elect, of the Institute, hold offices for two years.
3. That the business meetings of the Institute be held daily during the continuance of the Congress and that it adjourn to meet with the Congress.
4. That the Sectional Meetings of the Institute Bureaus appointed at this session, and other scientific proceedings of the Institute, be deferred until the session of 1894.

The Institute has thus ordered that for next year, its own sessions be limited to the transaction of its general business, and that all its scientific energies shall be devoted to the interest and success of the World's Congress.

At the Congress at Atlantic City, in 1891, there was an attendance of 1,024 homœopathic physicians and visitors. At the Institute meeting in Washington, in 1892, there were 881 members and visitors. There are good reasons to believe that the Chicago Congress will more than double the larger of these numbers. The indications of a large attendance from abroad are far more encouraging than in 1891.

During the past two years the Institute has added more than four hundred names to its roll of membership, notwithstanding the fact that the meetings were held within little more than one hundred miles of each other. The General Secretary considers it perfectly feasible to secure at least four hundred more during the Chicago Congress, and expects to labor earnestly and persistently to that end. He suggests that all societies, State and local, appoint committees to canvass their membership to secure larger representation in the National Society. This work should begin now. Blanks will be forwarded on application. College faculties should endeavor to secure members from among their alumni, and thus enhance their collegiate influence in Institute Councils.

The Institute has adopted a resolution requesting investigations on the subject of "Comparative Mortality Statistics" in all our larger cities. One of our largest cities is already taking measures to this end through its county society.

All reports secured should be communicated to Dr. T. F. Smith, 264 Lenox Avenue, New York City.

PEMBERTON DUDLEY, M. D., *General Secretary.*

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AMERICAN INSTITUTE OF HOMŒOPATHY—BUREAU OF  
MATERIA MEDICA AND THERAPEUTICS.

The following circular has been issued by this Bureau. Any practitioner having definite views upon this vital topic is requested to join in the symposium and correspond with the secretary.

*Dear Doctor:*—In organizing the work of this Bureau for the year 1894,—the session of 1893 will be omitted because of the Congress during the World's Fair—we think that at least half of the whole day's session of this Bureau should be given over to a thorough discussion of the best methods of *studying* and *teaching materia medica*. In order to elevate and dignify this important topic, and place it where it belongs in the very forefront of homœopathy, we respectfully solicit answers from you, as we do from all teachers of our *materia medica* the world over, to *all* the following questions :

1. What advice do you give concerning *materia medica* to a student beginning medicine by a year's preliminary study?
2. Which is the best method of teaching *materia medica* : (a) For the preceptor to his student ; (b) for the teacher to his classes in the college ; (c) give an outline of your method of studying or teaching a drug in the class-room?
3. Which is the best place for teaching therapeutics : (1)

hospital, (2) dispensary, (3) clinic, (4) class-room, or (5) bedside, and how should it be done?

4. Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?

5. When should the Organon be taught, and how?

This does not involve a long essay, unless you desire to contribute such to the Bureau over and above these answers. Please give this your prompt attention, in order that a complete *résumé* of how our therapeutics are taught may be carefully prepared.

Yours fraternally,

WM. E. LEONARD, M. D., *Secretary.*

608 Nicollet Avenue, Minneapolis, Minn.

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*MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

The semi-annual meeting of the Massachusetts Homœopathic Medical Society was held at the College building, East Concord street, Boston, Tuesday and Wednesday, Oct. 11 and 12, 1892.

The preliminary meeting was called to order Tuesday evening at half-past seven o'clock, by the President, L. D. Packard, M.D.

The records of the last meeting having been read and approved, the following candidates were elected to membership: J. Francis Bothfield, M.D., Westborough; Ellen L. Keith, M.D., Westborough; Will Wallace Nutting, M.D., Lowell; Frank W. Patch, M.D., South Framingham; George Alson Suffa, M.D., Boston; Frank C. Walker, M.D., Taunton; Henrik G. Peterson, M.D., Boston; James R. Cocke, M.D., Boston; F. E. Constance, M.D., Brockton.

Dr. Charles L. Nichols, of Worcester, then delivered an eloquent and interesting oration having for its subject, "The Higher Education and Medicine," for which he received the thanks of the society.

An enjoyable feature of the evening was a social lunch, served at the new Dispensary immediately after adjournment.

Wednesday morning, at nine o'clock, the members were received at the Massachusetts Homœopathic Hospital by the resident physician, Dr. Thomas M. Strong, and the chairman of the Medical Board, Dr. I. T. Talbot, presented briefly some interesting facts in regard to the hospital and its work.

At 9.30, Dr. Horace Packard demonstrated successfully the use of his apparatus for administering ether by etherated air. Dr. Alonzo Boothby, the attending surgeon for the quarter, then performed a laparotomy, making explanatory remarks as he proceeded.

At ten o'clock the society assembled in the general lecture-

room of the college, and the meeting was opened by the following Report of the Committee on Gynæcology, Martha E. Mann, M.D., Chairman.

1. "Notes on a Case of Double Uterus. Ectopic Gestation: Report of Six Cases," by Horace Packard, M.D.
2. "Diagnosis and Treatment of Cancer of the Uterus," by Geo. R. Southwick, M.D.
3. "Dispensary Practice Compared with Private Practice," by Adaline B. Church, M.D.
4. "An Inquiry," by Lucy C. Hill, M.D.

#### DISCUSSION.

Dr. L. A. Phillips said that Dr. Packard's paper had raised some question in his mind. He doubted that in ectopic gestation impregnation always occurs within the tube. If so, why is the placenta sometimes found attached outside the tube?

He also doubted that hæmatocele is invariably due to rupture of the sac resulting from ectopic gestation. Thought it might be due to other causes. The statement that septicæmia occurred in extra-uterine pregnancy was contrary to the idea that the external air is necessary to this process.

Dr. J. Heber Smith quoted a case of hæmatocele apparently due to a fall. Of course he could not say positively that there was not ectopic pregnancy previous to the fall.

After some further discussion the Bureau closed, and brief remarks were made by Dr. J. C. Gannett, Secretary of the Maine Homœopathic Medical Society, Dr. W. S. Thompson, of Augusta, Me., and Dr. Thurber, of Providence, R. I.

Other visitors present were Dr. William E. Fellows, President of the Maine Homœopathic Medical Society, Dr. H. C. Bradford, of Lewiston, Me., Dr. H. H. Darling, of Keene, N. H.

Report of the Committee on Ophthalmology, Otology, Rhinology, and Laryngology, Howard P. Bellows, M.D., Chairman.

1. "Deafness as a Sequel of Mumps," by Howard P. Bellows, M.D.
  2. "Location of Pain in Headaches; an Important Factor in Determining the Nature of the Ametropia," by John H. Payne, M.D.
  3. "The Importance of Correcting Slight Degrees of Astigmatism, with Illustrative Cases," by L. Houghton Kimball, M.D.
  4. "Diseases of the Larynx," by D. G. Woodvine, M.D.
  5. "Reflex Tinnitus and Otalgia," by August A. Klein, M.D.
- These papers, although of unusual interest, were not discussed.

After a light lunch at noon, the meeting was called to order again at 12.30, and Dr. J. M. Barton, Chairman, presented

the following Report of the Committee on *Materia Medica* :

1. "Each Man His Own Bookmaker in *Materia Medica*," by Conrad Wesselhoeft, M.D.
2. "Colchicum ; Its Pathogenesy as Related to Cholera," by J. P. Sutherland, M.D.
3. "Poisoning by One of the California Arachnida," by J. Heber Smith, M.D.
4. "Experience With the Schüssler Tissue Remedies," by J. M. Barton, M.D.

#### DISCUSSION.

Dr. A. J. French, discussing Dr. Sutherland's paper, reminded the members that the cause of cholera was a bacillus which no agent yet known could kill. Did not believe that colchicum had this power, and therefore doubted its efficacy in the cure of this disease.

Dr. J. Heber Smith said that he should not use colchicum with much faith in the treatment of cholera. For himself should rely upon cuprum acet., 3.

Dr. Sutherland admonished the members not to give up *similia similibus* in the treatment of cholera because of the "bug."

Dr. Barton spoke of kali phos. as being possibly applicable in cholera because of its being curative of collapse.

About this time it was announced that an "emergency case," had been brought to the hospital, and many of the members availed themselves of Dr. Boothby's invitation to witness an amputation at the shoulder.

Report of the Committee on Surgery, Alonzo Boothby, M.D., Chairman.

1. "Conservative Treatment of Appendicitis," by J. W. Hayward, M.D.
2. "Three Cases of Appendicitis," by Nathaniel W. Emerson, M.D.
3. "Twenty-five Hundred Surgical Cases in Roxbury Homœopathic Dispensary," by A. H. Powers, M.D.
4. "Treatment of Tumors of the Breast by Electricity," by W. L. Jackson, M.D.
5. "Some Uses of Electrolysis in the Treatment of Cutaneous Blemishes," by Fred'k W. Elliot, M.D.
6. "Club-Foot Patients Treated by a New Method," by Geo. H. Earl, M.D.
7. "Report of Case ; Fracture of the Unciform Bone by a Fall," by Frank A. Gardner, M.D.
8. "What I Have Found in Palpating the Abdomen Where No Abdominal Growth Was Suspected," by J. R. Cocke, M.D.

9. "Foreign Bodies in the Tissues," by I. T. Talbot, M.D.

10. "Surgical Diseases of the Antrum of Highmore," by J. Emmons Briggs, M.D.

Owing to the large number of interesting papers in this Bureau, no time was left for their discussion, and with much regret the President was obliged to close the report immediately after the reading of the last paper. The meeting was then adjourned.

At half-past four the annual Society dinner was served in the new college building. About two hundred and fifty members partook of a very satisfactory banquet, and afterwards spent a very enjoyable evening listening to interesting remarks from the following post-prandial speakers: President L. D. Packard, M.D.; Master of Ceremonies, H. E. Spalding, M. D.; Rev. Dr. W. T. Perrin, So. Boston; President C. A. Barnard, M.D., of Providence, R. I.; Dr. I. T. Talbot; President W. E. Fellows, of Bangor, Me.; Dr. Frank C. Richardson

F. C. RICHARDSON, M.D., *Secretary*.

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Women's Industrial Union, No. 264 Boylston street, Oct. 6, 1892, at eight o'clock, President Henry A. Spalding, M.D., in the chair. The records of the last meeting were read and approved.

Drs. Talbot and French said a few words upon the subject of cholera.

Dr. Bruce read some interesting extracts from a paper, advancing the theory that cholera was a hyperæmia of the spinal cord, and the most effective treatment was the application along the spine.

Dr. S. F. Lantzius-Beninga gave an interesting talk upon the way to prepare for microscopical work.

Dr. Spalding made an earnest appeal to the members of the society for their coöperation in making the meetings more interesting and profitable.

M. E. MANN, M. D., *Secretary*.

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*THE NATIONAL SOCIETY OF ELECTRO-THERAPEUTISTS.*

Pursuant to invitation, a number of medical men met at the office of Dr. William Harvey King, No. 23 West 53rd street, New York, on October 6th, 1892, at 2.30 o'clock, P. M., for the purpose of organizing a new association to be known as The National Society of Electro-Therapeutists. Dr. King was elected chairman of the meeting, and Dr. Winterburn, secretary.

The following persons constitute the charter members of the

new society, viz., Drs. F. A. Gardner, Washington, D. C. ; E. Stillman Bailey, Chicago ; Clarence Bartlett, Philadelphia ; F. E. Caldwell, John L. Moffat, H. D. Schenck, Nathaniel Robinson, G. H. Doty, W. H. Bleeker, Brooklyn, N. Y. ; Theodore Y. Kinne, Paterson, N. J. ; Edwin De Bann, Passaic, N. J. ; Arthur B. Norton, Sidney F. Wilcox, John B. Garrison, George William Winterburn, F. E. Doughty, Loomis L. Danforth, J. T. O'Connor, J. M. Schley, William Tod Helmuth, William Harvey King, George W. Roberts, Eugene H. Porter, New York ; DeWitt G. Wilcox, Louis A. Ball, Buffalo, N. Y. ; J. M. Lee, Rochester, N. Y. ; and H. L. Biggar, Cleveland, O.

The proposed Constitution and By-Laws were then taken up section by section, discussed, amended, and adopted, and then ratified as a whole.

The following permanent officers were then elected to serve one year :

President, William Harvey King, M.D., New York.

Vice-Presidents, E. Stillman Bailey, M.D., Chicago ; Clarence Bartlett, M.D., Philadelphia.

Secretary, F. E. Caldwell, M.D., Brooklyn, N. Y.

Treasurer, F. A. Gardener, M.D., Washington, D. C.

Executive Committee, George William Winterburn, M.D., New York ; John B. Garrison, M.D., New York.

And the officers *ex-officio*.

The President was given power to appoint such special committees as he may deem necessary. The Executive Committee was authorized to elect new members as they might find expedient. On motion, the society adjourned to meet in Chicago in 1893.

GEORGE WILLIAM WINTERBURN, *Sec'y pro tem*.

The National Society of Electro-Therapeutists it is intended shall include within its membership all physicians who are interested in the development of electricity as an adjunct in therapeutics. It is not meant exclusively for those who devote themselves to electricity as a specialty, but will include the gynæcologists, the oculists, the neurologists and the surgeons, who use electricity as part of their equipment. The session work at the meetings will be divided into bureaus, as electricity in diseases of women, diseases of the eye, ear and throat, diseases of the nervous system, and general electro-therapeutics, thus giving each member the opportunity to learn the most recent advances in the use of electricity in his own specialty.

Persons desiring to become members should send their name and one dollar, the first year's dues, to Dr. F. E. Caldwell, 151 Henry St., Brooklyn, N. Y., or to any of the officers of the society.

Any physician in good standing in the profession may become a member. Unless personally known to some member of the



Executive Committee, the applicant should send name of college and date of graduation, and such other data as will enable the committee to act intelligently on the application. While offering a most cordial invitation to every worthy practitioner, the society will protect itself against undesirable applicants.

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### REVIEWS AND NOTICES OF BOOKS.

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**A MANUAL OF MEDICAL JURISPRUDENCE.** By Alfred Swain Taylor, M.D., F.R.S., revised and edited by Thomas Stevenson, M.D., London. Eleventh American edition with citations and additions from the twelfth English edition, by Clark Bell, Esq. 787 pp. 56 illustrations. Price, cloth, \$4.50; sheep, \$5.50. Philadelphia: Lea Brothers & Co. 1892.

This fine work is a classic, in the library alike of physician and of lawyer. Its style is scholarly, its information exact, its subject of the closest importance to members of both the professions referred to. It is written under the following heads: Medical Evidence, Poisoning, Corrosive and Irritant Poisonings, Metallic Irritants, Vegetable and Other Irritants, Neurotic Poisons, Wounds and Personal Injuries, Drowning, Hanging, Strangulation, Suffocation, Lightning, Cold, Heat, Starvation, Pregnancy, Delivery, Criminal Abortion, Infanticide, Birth, Inheritance, Legitimacy, Paternity, Impotency and Sterility, Rape, Insanity, Life Insurance. These leading heads being subdivided, for convenience and clearness, into innumerable sub-heads, every subject on which, in medico-legal cases, the lawyer can be called upon to plead, or the physician to give expert testimony, is thus dealt with, fully, practically and helpfully. The information given is rendered more practical by the illustrative citation of nearly seven hundred cases from actual experience. The illustrations are abundant and suggestive, showing the microscopical appearance of crystals of various toxic substances, apparatus for making exact tests in suspicious cases, and like matters germane to the subject in hand.

**THE STUDENTS' QUIZ SERIES.** Edited by Bern B. Gallaudet, M.D. **GYNÆCOLOGY:** By G. W. Bratenahl, M.D., and Sinclair Tousey, M.D. Phila.: Lea Brothers & Co. 211 pp.

If "Quiz Compends" continue to multiply, as during the past few years, the student will soon be able to bear about in his pockets ammunition in the way of medical lore sufficient to silence all the batteries, in the way of examinations, that can be turned upon him. The usefulness of these little books is, however, undeniable; and their condensed and accurate and emi-

nently get-at-able information is often as welcome to the emergency-ried practitioner as to the crib-seeking undergraduate. The present little volume is excellent of its kind. It gives answers to most of the questions that could be asked by or of the student of gynæcology, in the way of the anatomy and physiology bearing on the subject, the pathological and therapeutic views of it, and the miscellaneous data connected with it, such as appliances for examination, for surgical operations, local treatment and the like. The manual is finely printed and bound.

**THE ACTION, THERAPEUTIC VALUE AND USE OF THE CARLSBAD SPRUDEL SALT.** By Dr. W. Jaworski. Phila.: P. Blakiston Son & Co. 100 pp.

This is one of the little, specializing volumes which tells all there is to know about a given branch of some one subject. In this instance the subject is the Carlsbad Sprudel Salt and its relation to the Carlsbad Thermal Water; and, as the translator of the treatise truly says, it is a novelty to find such a subject handled according to scientific methods.

**THE MEDICAL AND DENTAL REGISTER-DIRECTORY AND INTELLIGENCER** of Pennsylvania, New Jersey and Delaware (1892 edition). 424 pp. Philadelphia: George Keil.

This book contains a complete list of the National and State Medical and Dental Associations, with their officers and date of meetings, Medical and Dental Colleges of the United States, and other very valuable material, Medical and Dental Laws, Hospitals, Homes, etc., also the lists of Medical and Dental practitioners, with the school and year of graduation, post-office addresses, and office hours. It bears evidence of exact and careful preparation; and in its chosen field of usefulness should find a cordial welcome.

Among the articles of special interest to physicians in the November **POPULAR SCIENCE MONTHLY**, are "The Natural or Scientific Method in Education," by Dr. Wesley Mills; "On Posture and Its Indications," by T. Lauder-Brunton; "The Problems of Comparitive Psychology," by Prof. Joseph Jastrow; "The Synthesis of Living Beings," by M. Armand Sabatier; and "Modern Nervousness and Its Cure," by Herr Dr. Bilsinger.

New York: D. Appleton & Co.

**LIPPINCOTT'S MAGAZINE** for November has, as its complete novel, "More Than Kin," by Marian Harland. J. B. McCormick writes on "The Sporting Editor"; there is an entertaining short story by Helen Lovett; and Edith Thomas' bit of verse, "Mirage," is in her most charming manner.

Philadelphia: J. B. Lippincott Co.

## MISCELLANY.

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It would do away with a great deal of trouble in the world if the gray was more evenly divided between the inside and the outside of the skull. — *Chicago Inter-Ocean*.

**BLOOD PURIFIER.** — Hicks. — "I may be a plebeian in this world, but in the next I hope to be a pure blood patrician. Mrs. H. — "I don't know why you shouldn't; sulphur is beneficial." — *Med. Review*.

It appears that in England an American diploma does not entitle its possessor to call himself M. D. A doctor has actually been prosecuted and convicted for this offence, and upon the application to quash the conviction, Lord Chief Justice Coleridge expressed the opinion that within the meaning of the law of England, our countryman had falsely pretended to be a doctor of medicine, having only an American degree. His appeal was dismissed, and he will now have the pleasure of paying into the Queen's Treasury the sum of one hundred dollars, for using in England a title to which in America he has a legal right. — *Med. Times*.

**HIGH TEMPERATURE IN INTERMITTENT FEVER.** — Dr. Stephen Mackenzie in the *British Medical Journal* for Feb. 13th, reports a case of intermittent fever in which the temperature was 107° Fahrenheit, twice 113°, and once 113.8°. The observations were made with the thermometer in one or the other axilla; sometimes two thermometers were placed in the axilla at one time and found to correspond. On account of rigors the temperature could not be taken in the mouth. The periods of hyperpexia were exceedingly brief, sometimes a return to normal temperature occurring in five minutes. The patient recovered. — *Med. and Surg. Jour.*

**A DIPHTHERIA EPIDEMIC CAUSED BY ICE.** — The Washington newspapers report the singular origin of an outbreak of thirty-two cases of diphtheria, of which fifteen proved fatal, that occurred in a small locality in that city. The body of a child that had died of diphtheria was packed in ice for two days, and when the body was transferred to the coffin the undertaker threw the ice on the ground outside his shop. Three children were seen eating the ice, and in eight days they presented acute symptoms of diphtheria and died in a few hours. In all, thirty-two cases of the disease were ascribed to the deposit of the ice on the ground. — *Boston Med. and Surg. Review*.

ONE day, recently, Dr. P—, who had company to dinner, sat quietly chatting in a corner of the drawing-room, when he was told that a patient had come to see him who was strongly recommended by some fellow-practitioner, and whose card was brought in by the page. The doctor submitted with a bad grace and stepped into his surgery. The visitor was in an advanced stage of consumption. The bronchial tubes were in a deplorable condition, and the vocal chords nearly worn out. Our physician was in the habit of ascertaining the condition of the patient by asking him to count, and generally stopped him at thirty or thirty-five—quite long enough for the purpose. This time also Dr. P— asked his patient to count. Time passed on, and the guests began to feel alarmed at his protracted absence. One of them opened the surgery door. Dr. P— had gone to sleep in his arm-chair, and the patient had counted up to 8642. — *Le Matin*.

**THE TREATMENT OF HEART-FAILURE FROM CHLOROFORM.** — The *International Medical Magazine*, July, 1892, quoting from a German journal, gives Maass's description of a method in use at the Gottingen Clinic, by which the heart can be made to resume its action after apparently fatal paralysis from chloroform. Rapid impulses are given to the region of the heart by the hand of the surgeon, as many as one hundred and twenty a minute. The operator stands at the left side of the patient, laying his right hand on the left side of the chest, and placing the ball of the thumb half-way between the apex beat and the sternum. The left hand is applied to the right side of the chest and steadies it. The rapid compressing motions are made with the right hand. Two patients have been revived by this method perseveringly applied for half an hour or more, after their restoration seemed hopeless. Heart contractions ceased whenever compression was interrupted, though shallow respirations continued spontaneously. — *Med. Record*

RISING YOUNG PHYSICIAN (who cured so many patients in last year's epidemic). — "Not much chance of more influenza in England this winter, I fancy!" His Wife. — "Let us hope for the best, dearest."— *Punch*.

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PERSONAL AND NEWS ITEMS.

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F. P. BACHELDER, M.D., has removed to 285 West Chester Park, Boston. Office hours, 2 to 4 P. M.

LIZBETH D. MILLER, M.D., Class '92, B.U.S.M., has located at 43 Greenwich Street, Providence, R. I.

DR. GEORGE R. STEARNS has changed his residence from Holliston, Mass., to 188 High Street, Pawtucket, R. I.

DR. S. E. FLËTCHER, class of '91, B.U.S.M., is associated with Dr. F. M. Bennett at 96 Grape Street, Chicopee.

DR. E. P. COLBY has removed from 10 A Park Square, to Woodbury Building, 229 Berkeley Street, corner Boylston. Office hours, 1.30 to 3.30 P. M.

JOHN H. BENNETT, M.D., has settled at 142 High Street, corner Exchange Street, Pawtucket, R. I. Hours until 9 A. M., 1 to 3 P. M., 7 to 8 P. M.; Sunday, 2 to 4 P. M.

DR. WALTER B. WHITING will be the medical attendant, and Dr. LaForrest Potter will be the surgeon in attendance at the Malden Hospital for the next quarter, beginning November 1st.

DR. FRANCIS M. BENNETT has removed his residence from Chicopee Centre to 38 High Street, Chicopee Falls. He will observe office hours at this place and also at 96 Grape Street, Chicopee.

THE *Springfield Union* in a recent issue says, "Dr. A. J. Bond, of Adams, assisted by Dr. Riley, performed for the first time in this section, the O'Dwyer method of intubation for membranous croup."

DR. ALBERT W. HERR has opened an office at Room 6, Congregational House, corner Beacon and Somerset Streets, where he will give his exclusive attention to the treatment of diseases of the eye and ear. Office hours, 10 to 12 A. M., 2 to 4 P. M.

DRS. MARTHA E. MANN and MARY I. SWAIN removed, on Nov. 1st, to No. 2 Commonwealth Avenue, corner Arlington Street, where they enter upon associate practice. Office hours, 8 to 9 A. M., 10 A. M. to 1 P. M., 2 to 5 P. M.; Wednesdays from 11 to 2.

DR. RHODA A. LAWRENCE has opened an office at No. 2 Commonwealth Avenue, corner Arlington Street, where she will give special attention to the treatment of women and children. Office hours from 10 A. M. to 1 P. M. Office hours at Dunreath Street, Roxbury, from 2 to 4 P. M.

SPECIAL OPPORTUNITY. — "Keating's Diseases of Children," four volumes, in sheep, in perfect condition, for \$20.00. "International Encyclopædia of Surgery," by Ashhurst, six volumes, in sheep, in perfect condition, for \$36.00. Apply to OTIS CLAPP & SON, Providence, R. I.

DR. HELEN L. F. WRIGHT has located at No. 201 Clarendon Street, rear of "The Brunswick" and "Trinity Church." Having devoted three years to study in the hospitals of London, Paris, Munich and Vienna, she is prepared to give special attention to gynecological and obstetrical cases.

NOTICE. — Will the friend who sent me an anonymous package of sputa, Oct. 21st, be kind enough to forward his address. I am not a clairvoyant, and know of no way to prepare sputum, so as to make it reveal the name of the party who sent

it. To prevent such mistakes in the future, let me suggest that the sender always enclose his card. Respectfully,  
J. P. RAND, M. D., Worcester, Mass.

FOR SALE. — A large-size McIntosh Storage Battery, Type B., 75-ampere, 4-volt., with a lamp-resistance suitable for charging the battery from a 500-volt. circuit wire. These are in perfect order and have never been used. Will be sold low for cash. Apply to

OTIS CLAPP & SON, 317 Westminster Street, Providence, R. I.

FOR SALE. — The library, medicines, instruments, batteries, etc., of a physician lately deceased, who has been located in same place for twenty-eight years. The good-will and an introduction to his former families will be included for the price that the goods have been inventoried at. A splendid opening for a physician desirous of locating in a city. Very little capital required. Apply to

OTIS CLAPP & SON, 317 Westminster Street, Providence, R. I.

J. B. GREGG CUSTIS, M.D., ZENO B. BABBITT, M.D., and JESSE H. HOLMES, Ph. D. (J. H. U.), all of Washington, D. C., have been elected members of the Faculty of the Southern Homœopathic Medical College. Dr. Custis will fill the chair of Professor of Practice of Obstetrics, dividing that chair with Professor Drane, who will continue, and lecture on the Principles of Obstetrics. Dr. Babbitt will lecture on General Pathology and Pathological Anatomy, and Dr. Holmes will serve as Demonstrator of Chemistry.

THE homœopathic physicians of Worcester, have organized for semi-monthly meetings to be held at different offices during the coming season. Each physician pledges himself to furnish at least one paper, and provide a place for meeting once a year. The first meeting was held, Oct. 21st, at the office of Dr. E. D. Fitch, who read a paper on "Diphtheria," which evoked an interesting discussion. There were present thirteen physicians. The next meeting will be held at the office of Dr. J. P. Rand, who will read a paper entitled "Specialties in Medicine." It is proposed to conclude the meetings with a social banquet at the end of the season.

#### WORLD'S CONGRESS NOTES.

As some of the profession may not fully understand the authority of the Congress, the following extracts from public documents will make the matter plain.

"DEPARTMENT OF STATE, WASHINGTON, May 23rd, 1892.

One of the accompaniments with the President's invitation to the several foreign governments, issued in accordance with the Act approved April 25th, 1890, was the 'World's Congress Auxiliary to the World's Columbian Exposition.' The purpose of its organization was fully stated, and among them it was proposed that a series of World's Congresses, to promote the objects in view, was to be held in connection with the World's Columbian Exposition, in 1893. 'The World's Congress Auxiliary,' it added, 'has been duly authorized and organized to promote the holding and success of such Congresses.' I observe in conclusion, that a representative of the World's Congress Auxiliary, a few days ago, called at the department to learn whether it would be possible to send their pamphlets to all foreign governments, with a suitable instruction to our minister to present them to the Governments to which they were respectively accredited, as supplementary to the original invitation. Assurance was given that the department would gladly do so upon the receipt of a formal written request to that effect.

I have the honor to be, sir, your obedient servant,

JAMES G. BLAINE.

HON. JOHN SHERMAN,

Chairman Committee on Foreign Relations, United States Senate."

THE OFFICIAL INVITATION TO FOREIGN GOVERNMENTS TO APPOINT DELEGATES  
TO ALL OR ANY OF THE WORLD'S CONGRESSES TO BE HELD AT  
CHICAGO, IN 1893.

(CIRCULAR.)

"DEPARTMENT OF STATE, WASHINGTON, June 13th, 1892.

To the Diplomatic and Consular Officers of the United States:

Gentlemen: — The department is in receipt of a letter from Mr. Charles C. Bonney, President of the World's Congress Auxiliary, dated Chicago, the third inst. It states that in pursuance of the course indicated in the original announce-

ment of the World's Congress Auxiliary, which was transmitted with the Act of Congress approved April 25th, 1890, and the President's invitation of Jan. 14th, 1891, extending to all foreign governments a cordial invitation to participate in the World's Columbian Exposition, to be held in Chicago, in 1893, the work of the World's Congress Auxiliary has been organized.

It is particularly requested that a convenient number of the most eminent representatives of the various departments of human progress be selected as delegates to attend the respective Congresses. On receipt of the names of such delegates, suitable communications will be forwarded to them.

I am, gentlemen, your obedient servant,

WILLIAM F. WHARTON, *Acting Secretary.*"

Under this authority, Hon. C. C. Bonney, President of the World's Congress Auxiliary, appointed J. S. Mitchell, M.D., Chairman, R. Ludlam, M.D., Vice-Chairman, Committee on a Congress of Homœopathic Physicians and Surgeons; Julia Holmes Smith, M.D., Chairman, Elizabeth McCracken, M.D., vice-chairman, Woman's Committee on a Congress of Homœopathic Physicians and Surgeons.

P. C. MAJUMDAR, L.M.S., of Calcutta, India, editor of the *Indian Homœopathic Review*, who wrote the "History of Homœopathy in India," for the Atlantic City Congress, will personally attend the Chicago Congress, and hopes to be able to give "a very cheerful account of the progress and advancement of homœopathy in India."

Dr. E. T. ADAMS, a prominent member of our school at Toronto, Canada, will attend the Congress, and is taking an active interest in its success.

D. N. Banerjee, who also sent a very interesting account of "Homœopathy in India" to the last Congress, writes that he will be present at the World's Congress in Chicago. Both Dr. Majumdar and Dr. Banerjee are good English scholars, and will add greatly to the interest of the sessions.

Engagements for rooms at the hotel already made indicate that the profession will be well represented at the Congress. Rooms will be furnished during the week of the Congress at regular rates.

Address, Great Northern Hotel, Chicago, Illinois.

#### ADDRESSES ALREADY PROMISED.

- "The Homœopathic School and Public Health." R. Ludlam, M.D., Chicago.  
 "Historic Development of Homœopathy in Germany." A. Von Villers, M.D., Germany.  
 "The Further Improvement of our Materia Medica." Richard Hughes, M.D., England.  
 "Homœopathy and Prophylaxis." P. Jousset, M.D., Paris.  
 "The Value of Specialties in Medicine." F. Park Lewis, M.D., New York.  
 "Bacteriology." A. Haupt, M.D., Germany.  
 "The Value of Efforts to Enlighten the Public on Homœopathy." A. C. Pope, M.D., England.  
 "The Relation of Adjuvants to Therapeutics." J. D. Buck, M.D., Cincinnati.  
 "Medical Education in the Homœopathic Colleges and Hospitals of the United States." I. T. Talbot, M.D., Boston.  
 "The Future of Homœopathy." J. P. Dake, M.D., Nashville.  
 "The Selection of the Homœopathic Remedy." T. F. Allen, M.D., New York.  
 "The Development of Medical Science through Homœopathy." Martha A. Canfield, M.D., Cleveland.

#### SECTIONS.

- Gynecology — O. S. Runnells, Chairman, Indianapolis.  
 Materia Medica — A. C. Cowperthwaite, Chairman, Chicago.  
 Clinical Medicine — Chas. Gatchell, Chairman, Ann Arbor.  
 Obstetrics — T. G. Comstock, Chairman, St. Louis, Mo.  
 Surgery — H. C. Van Lennep, Chairman, Philadelphia.  
 Ophthalmology and Otology — A. B. Norton, Chairman, New York.  
 Pædology — Emily V. Pardee, Chairman, Hartford.  
 Mental and Nervous Diseases — Selden H. Talcott, Chairman, New York.  
 Laryngology and Rhinology — H. F. Ivins, Chairman, Philadelphia.

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EDITORIAL.

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*A MATTER OF PROPHYLAXIS*

There is a show of justice in the phrase which speaks of neurasthenia as the "American Disease." The general practitioner — to say nothing of the specialist — who casts a statistical eye over his case-book at the end of the twelve-month, cannot fail to be deeply impressed, perhaps shocked, to note how large a proportion of the patients he has treated have had diseases originating in outworn and outraged nerves. He may well ask himself, and ask the statesman and the hygienist and the sociologist, what is the future of a generation so many of whose fathers and mothers drift or abruptly fall into a state of semi-invalidism, before what should be their years of active and happy usefulness are nearly sped.

That neurasthenia should obtain, as a national scourge, far more on this side of the Atlantic than on the other, is not very greatly to be wondered at. Many reasons combine for its explanation. For one, our American climate, or certainly that of the Northern States, has in it a stimulating quality that drives one mercilessly to work and work and work again. Americans, like the thoroughbred of the old proverb, have a spur in the blood. Howells as truly as cleverly says that when the European climate braces a man up, it stands by to see him through; while the American climate braces him up, and leaves him to take the consequences. Add to climate, social conditions which are in themselves a spur, and the impulse to speed without rest is

indefinitely strengthened. In the old countries, broadly speaking, a man is born where he expects to remain. The son of a butler looks forward to being a butler; the son of the operative to labor at the loom; the daughter of the housekeeper to being a lady's maid. The unlikelihood of great social promotion spares to ninety out of the hundred the wearing and wearying struggle for social promotion. The amount of nerve-waste and nerve-strain thus saved is something incalculable. In America, speaking again broadly, every boy born with the certainty that he may be President, looks upon himself as not wholly a success if he fail to be President. The restless impulse to rise is the inevitable sequence of the open chance to rise. Add to these factors in nerve-strain, the Puritan conscience that has been educated to look upon wilful idleness, however brief, as an invitation to Satan to come a-visiting, and the American proclivity to nerve-wreck needs little further accounting for.

Few things are more hopeless of sound cure — nothing more hopeless of speedy cure — than neurasthenia. The physician called to its treatment must struggle with it as he can, finding, on the whole, hygiene, dietetics and mental therapeutics his most hopeful stand-bys. But so far as the very real national danger is concerned, the physician can hopefully labor, and is bound to earnestly labor in the field of prophylaxis. Specialists have not yet wholly driven that good old-fashioned institution, the family doctor, from the field; and it is the family doctor, to whom is committed a responsible measure of the care of Young America from birth to adult years, who can make himself a powerful influence toward crushing out the "American disease." Knowing the certain and inevitable strain that is to be borne by virtue of being born an American, the doctor can see to it from the first that the nervous organism is fed to healthy growth, and spared all superfluous stimulation. He will teach the parent that to set at the child's plate, or within his reach, the coffee-cup or the tea-cup is only less a crime than to thus set the whiskey-glass. He will see to it that the children are, as long as possible, kept children; that instead of tackling the questions of sixty before they are turned sixteen, as, by sharing the talk and reading the books of their elders, they are too often permitted to



do, they should be furnished with the literature suited to their age, and so interested in the sports and duties befitting their age as to have little time for attacking the problems of the universe. They should from babyhood be taught and held to physical and mental self-control, until the learned lesson passes into a sane and blessed instinct, and hysterical outbursts of any sort take rank as the disgrace they are. They should be helped to form the habit of relaxing to entire passivity at will ; and of taking voluntarily, many minutes a day of such relaxation ; if the relaxation of nerve and muscle pass naturally into brief sleep, so much the better. From earliest life, diet should be adapted to meet, as far as possible, the nerve-strain of American life ; fats of all wholesome sorts should be insisted on ; the habits acquired of using much butter ; of stinting the table of pie to supply it with cream ; of having confectionery take the form of butter-scotch ; in a word, of having the supply of fats in daily food maintained at the maximum. As — and this will be the case, even in school life — unusual weariness calls for unusual stimulation, fix early in mind the truth that in such cases a bowl of hot milk is worth, for strengthening and steadying the nerves, all the coffee or beer ever brewed ; and that there is no better investment, in view of hard work, than breakfasts of bacon and nightcaps of cod-liver oil.

Above all, seek to educate youth into that most tranquilizing of mental and spiritual attitudes, in which a man troubles himself only about the quality of his work, and not at all about its effects or its rewards.

In all these matters, the family doctor may vastly help to shape the growing American generation. And in proportion as these matters are wisely handled, the generation, when grown, will laugh at neurasthenia.

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#### EDITORIAL NOTES AND COMMENTS.

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MARRIAGE-REGULATION BY LAW is interestingly commented upon, editorially, in a recent issue of our esteemed contemporary, the *North American Journal of Homæopathy*, apropos of Dr. Fiske's address on the subject, before the State Society of

New York. Dr. Fiske's plea for the regulation of marriage by law is not a new one; we regret to add it is far from a valid one. Children are begotten, strictly speaking, not by marriage, — only in marriage sometimes, and occasionally out of it; and the begetting of diseased children would by no means be stopped by prohibiting the marriage of diseased men and women,— this would only ensure the begetting of diseased children under lower moral conditions. The whole question, whose moral and spiritual bearings cannot be ignored in eager study of its physical bearings, is not one with which the legislator can safely meddle. The education of the individual intelligence, will and conscience, furnishes the only hope of its solution. When the question is that of criminal and depraved inheritances, there is something to be said for castration as a drastic measure alike of punishment and of social prophylaxis.

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MEDICAL EPIGRAMS of a sort rarely given to literature since the golden days when the Autocrat was in his prime, are thickly-sown over the pages of that unique and delightful book which Dr. Wier Mitchell calls "Characteristics." Dr. Mitchell is, in many senses, Dr. Holmes' literary successor; in instant wit, in keen observation, in appreciation of the ideals and possibilities of the noble profession of medicine, in unconscious adoption of the physician's standpoint in regarding even the characters created by his own fancy; and—whimsically and regrettably—in the ingrained aversion to homœopathy which finds vent in several queer, sidewise thrusts where the author evidently and justly feels that labored and open attack would be misplaced and undignified. But the broad-minded physician can smilingly forgive a prejudice or two, to the profound thinker and charming writer who can enrich our literature with such wise and epigrammatic sayings as are found in the volume referred to, and from which we are tempted to quote the following; hoping to woo our readers to a perusal of the whole:

"There is no place where good breeding has so sweet a chance as at the bedside. There are many substitutes; but the sick man is a shrewed detective; and soon or late gets at the true man inside of the doctor."

"No man, however secure he may be in mind as to the future life, ever died a triumphant death with disease below the diaphragm."

"Personal acquaintance with pain inclines me to think that every doctor ought to go through a sharp little course of colic, gout, and, if you please, a smart fit of hysterics, before venturing on the practice of his profession."

"To get a sick man into bed and a sick woman out of bed is almost equally difficult."

"I should have been glad to have written those lines of Somerville, on a good physician,

'And well he knew to understand

The poor man's cry as God's command.'"

"The physician's guild is a world-wide guild — the only one. The world over we keep touch of one another, claim constantly of one another unrequited service, and abide by a creed of morals old when Christ was born."

"Once by a death-bed, in a hospital, as a man ceased to breathe, I heard a surgeon say: 'It has stopped; the engine has ceased to go.' His senior, an old man, replied 'No. It is only that the engineer has left it.'"

"I wonder why it bothers a fellow to speak, on his feet. I once had to speak at a dinner. I shiver at the remembrance. Where did my thoughts go? . . . Judging from one's feelings the day after a public dinner, one's thoughts must go to the liver."

"No disease is understood. We trace back its threads a little way, only to find a tangle none can unravel."

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"MEDICAL HEROES? — They're as thick as blackberries! The man who imagines medicine an unheroic profession, either actually or potentially, is an unlettered and unimaginative Ass!" says the Doctor, bringing his hand down on his desk with such a crash that the cover flies off the tobacco-jar. Which reminds the Doctor of the duties of hospitality.

"Fill your pipe, Douglas, my boy!" says he, and sets the example, crowding down the tobacco, with a liberal hand, into the bowl of the big German pipe which only burns incense on

rare and festive occasions. He smiles benignantly across the desk at young Douglas, once his pet student, now his assistant, with a well-earned M.D. on the bright new "shingle" which puts the Doctor's dull old sign to shame, on the sober house-front. Douglas, nothing loth, obeys. The Doctor's monologues are among the familiar conditions — Douglas says the emoluments — of his new position.

"You thought I didn't approve of smoking?" — says the Doctor, between his puffs. "Well, theoretically I don't; but practically,— O, we can't make an omelette without breaking eggs, as the proverb goes, or make a holiday without breaking a hygienic rule or two. Christmas brings much license of cheer." He indicates, with a comprehensive and jovial wave of his pipe, the many signs of Christmas which gladden the quiet study; the wreaths in the frost-veiled window; the mistletoe, mischievously hung beneath the chandelier; the Yule-log glowing on the hearth; the wreathing pine-sprays that frame the great photograph above the mantel, of One, pictured

. . . as in the village street,  
And as in the harvest-field,  
Sick and lame and blind He healed,  
When He walked in Galilee.

"And Christmas" — goes on the Doctor, musingly,— "is the best of times to meditate on exactly such questions as that you started just now. It is the best of times for a man to put himself in touch with the ideals of his work,— which is to say the heroic possibilities and achievements of his work. What work is richer in these things than is ours?"

Where will you find so great a cloud of witnesses as we can bring, to the fact that either the medical profession breeds heroes or attracts heroes,— as you choose to put it! What an unbroken line of heroes from Hippocrates down — Hippocrates, who back in the dim, unlit old days of heathendom framed a doctor's oath so noble that the best of us have mighty hard work to live up to it, and the worst of us can use it to measure our shame by! Think of the men who have had the splendid pluck to stick to their truths through poverty and ridicule and persecution,— Harvey, Jenner, Hahnemann, and all the great

names that crowd faster than one can speak 'em? *Pluck?* Where will you mate it, in whatever form you ask it? Physical courage? What of our army surgeons, with their 'grand contempt of death, taking a cool head, a white handkerchief, a case of instruments, where other men rush, hot-blooded, with weapons'! Heroic endurance? What of, for but one instance, William Hunter, going, on his death-day to deliver his lecture on surgery,—cheering those about him with the brave whisper of how 'easy and pleasant a thing it is to die!' Heroic facing of peril, for duty's sake? Match me the men who invite, in the midst of a hideous epidemic, for the sake of the sufferers from that epidemic, the exhaustion that makes themselves victims to it! Match me the man who, fully foreseeing the possible consequences of that act, stoops to suck a diphtheritic membrane from a strangling throat! Heroic scorn of self-interest? What other men, with such a key to riches in their grasp as the invention of a new surgical instrument, quietly give the invention a free largess to humanity's need? Abernethy, answering the great Duke of York's arrogant 'I suppose you know who I am, sir?' with a calm 'And suppose I do — what of it?' is the type of a thousand doctors whose self-interest bows to their self-respect. Heroic inspiration of heroism in others? Take Bowditch's splendid trumpet-words to the graduating class of Harvard medical school, in those powder-blackened days of '63, . . . Wasn't he an old-school doctor, you ask? Douglas, if you don't want me to make remarks unfitting this season of peace and good will, don't ask me such a question as that! If there's anything that rips my amiability open at the seams, it's to have doubtfully asked of some great soul — But he was old-school? — But he was an Englishman? Good Lord! Has America, or has homœopathy, or has any nation or creed on earth a patent on great souls or great words, that we shouldn't joyfully and reverently welcome them, even if they don't flower from seed planted in our own back yards? Of course Bowditch was old-school! Of course, none the less, he was a hero of medicine and the inspirer of heroes of medicine. And how many such there are, and what grand encouragement our grand old profession gives 'em to *be* heroes, it's good for us to remember at Christ-

mas, of all good days o' the year . . . Eh! What is it, Robert?" — this to the man-servant, who stands apologetically in the door-way.

"Mrs. De Nerfs has a turn, sir, and if the young Doctor could come, immediate"

As Douglas rises with a groan, the Doctor says, with an affable grin, — "D' you remember that remark of Mr. Squeers, about his boys spelling c-l-e-n-e, clean, w-i-n-d-e-r-s, windows, — and then they goes an' does it? Likewise, Douglas, my son, having heard something of medical heroism, you can go and do it. The thermometer isn't more than two degrees below, — and she may let you off in time for a slice of the Christmas pudding!"

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#### COMMUNICATIONS.

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#### *ANALYSIS OF ONE HUNDRED AND TWENTY-SEVEN CASES OF ACNE VULGARIS WITH REFERENCE TO FUNCTIONAL MENSTRUAL DISORDER AS A CAUSE.*

BY JOHN L. COFFIN, M.D.

[*Read before the Hughes Medical Club.*]

The fact that acne vulgaris occurs especially at the age of puberty, when the sexual organs are being rapidly developed and their functional power established, has led to the more or less widespread idea, both among the profession and the people, that acne must be due either to the establishment of this function or to some perversion of normal action referable to these parts. All authorities mention deficient or irregular or painful menstruation as a cause, but they do not give it equal importance. Thus Duhring says, "Uterine disorders, particularly those of a functional character, are also to be viewed as the origin and direct cause of some cases of acne." Von Harlingen says, "Uterine disorders, especially of a functional character, are often the direct cause of acne." While Jamieson in the last edition of his work published this year, puts it thus strongly; "the females' irregular menstruation as to time and quantity, is constantly found in association with acne."

In order to determine to a slight extent what place derangement of uterine function may have as an etiological factor, I invite your attention this evening to an analysis of one hundred and twenty-seven cases of acne vulgaris treated by the author, seventy-six of which are Dispensary, the remainder, fifty-one, private cases.

The analysis of these two classes of cases will be given sepa-

rately, as, owing to lack of time in examination and the irregularity of attendance of Dispensary patients, their records are more meagre, and a full knowledge of the success of treatment is not always to be had. An examination of the seventy-six Dispensary patients shows that of these cases nine were males, sixty-seven were females; the average age was twenty-one years and fourteen days. Of these, 52.8 per cent. had constipation, 46.9 per cent. had indigestion, 26.7 per cent. had both; 19.3 per cent. of the female cases had menstrual functional disorder; of this number, 13.4 per cent. suffered at the same time either with constipation or indigestion, leaving only 5.9 per cent., showing uterine derangement only. Of the fifty-one private patients, seven were males, forty-four, females. Average age, 26.3 years. 39.6 per cent. had constipation; 59.4 per cent. had indigestion; 25.7 per cent. had both; 24.7 per cent. showed marked errors in diet; 22.7 per cent. showed menstrual derangement; of these, 11.3 per cent. suffered at the same time from either constipation or indigestion, leaving 11.4 per cent. with menstrual derangement alone, as the only discoverable exciting cause of the acne.

As far as the above statistics go then, we learn that menstrual disorders occupy a rather subordinate place in the etiological scale, inasmuch as in the Dispensary cases, while 73 per cent. had either constipation or indigestion, only 5.9 per cent. showed menstrual trouble alone, and in the private cases, 73.3 per cent. had derangements referable to the alimentary canal, and 11.4 per cent. suffered from uterine disorder only. If then functional derangements of the sexual system occupy a comparatively minor place as an etiological factor, what part does that developmental period called puberty play as a cause, or is the appearance of the disease at that time only a coincidence. Tilbury Fox, I believe, strikes the keynote to an explanation of this when he says, "Whenever a portion of the body is physiologically active, it is likely to become disordered if the general or local condition of nutrition is deranged." Both these conditions are apt to be present at this time when acne is especially apt to first present itself. At the age of puberty, the whole system is in a condition of "physiological activity" and rapid development; the sebaceous glands of the face share in this general activity, and are, therefore, "especially liable to become disordered." At this time the general condition of nutrition is very likely to be bad, for if at any period of its existence the human male may be said to be *omnivorous*, it is at the age of from fourteen to eighteen; and not only is it omnivorous as regards quantity, but as regards quality and time, and everything else pertaining to digestion. The average healthy boy at

this age does not know he has a stomach, except to know that it is empty. At this time, also, he is apt to essay the manly vices of tobacco and beer, and it is not long before "the general condition of nutrition is deranged" in his case, and an obstinate, and persistent, and disgusting, and, oftentimes, permanently disfiguring acne is the result.

Girls of the same age are encased in a whalebone cuirass, are told that good, healthy running and playing is hoydenish, savors of the tom-boy, and is *highly improper*, are allowed to keep late hours, pay no attention to much-needed rest and quiet, and freedom from nervous excitement during menstruation, are permitted to indulge in a diet of confectionery and sweets, almost *ad libitum*, and soon the girl, too, has "the general conditions of nutrition deranged," and the result is indelibly written on her face in the appearance of an obstinate acne.

Not puberty, then, but the pernicious ways of living in which young people are allowed to establish themselves, are, I believe, mostly responsible for the appearance of acne at this interesting period, and failure to appreciate and recognize this fact often results disastrously to the patient. The anxious youth of either sex is dismissed with the knowledge that it is his age which causes it, and with advancing years he will get over it; so he may, and with a face as badly pitted, as though he had been a victim in an epidemic of small-pox. Acne taken in its incipience is not so intractable a disease as its representation would lead one to expect, and if not absolutely curable in a short time, it can be so controlled as to prevent any permanent disfigurement.

As seventy-three per cent. of these cases suffer with symptoms referable to the alimentary canal, it may be advantageous for us to consider the character of these digestive troubles. An examination of the cases shows great uniformity in the symptoms, which may be thus enumerated: A large, broad, round-pointed, flat, slimy-coated tongue, marked by the teeth along the border; a flat, metallic or bitter taste in the morning; feeling of fullness or distress in the stomach after eating, with eructations of gas; this last symptom, whether accompanied with any distress in stomach or not, was one of the most prominent and constant; abdominal flatulence; constipation, both in regard to frequency and character of evacuations. Associated with these are quite often symptoms referable to other parts, but due to these; such as, a more or less constant headache, located across the forehead and back of the eyes, a relaxed, catarrhal condition of the throat, a feeling of malaise and general indisposition to physical exertion, or, sometimes, a state of great mental irritability. Such is the list, and it is a list as you will readily observe, such as results from chronic wrong habits



of eating and drinking and living, rather than from a sudden and temporary indiscretion ; in point of fact, acute indigestion is not prominent in these cases.

A recognition of the importance of these symptoms immediately points to the line of treatment best calculated to benefit the acne patient. No matter what the especial character of the lesion, whether it is papular, vesicular or pustular, whether it is disseminate, indurated or hypertrophied, if all or any of the symptoms to which I have alluded above are present, direct your medication to *their* removal, and I can assure you improvement in the lesions upon the skin, in a very large majority of cases will follow. Make your male patients stop tobacco and beer, restrict meat to once a day, direct them if they take tea, coffee or soups, to take them at a *moderate* temperature, never very hot ; to abstain from fried foods, rich gravies, and desserts ; insist on regularity in their times of eating, and slowness in their manner. For the young lady, stop her candies and sweetmeats, denounce the corset or any modification thereof, insist on plenty of out-door exercise and little evening dissipation, plenty of time during the night to sleep, and plenty of soap and water on the face in the morning ; regular and systematic gymnastic exercise, not too violent in character, is often of the greatest assistance in these cases.

As regards internal medication, remedies will suggest themselves to you equally as to myself. The general line of remedies used has been the mercurials, nux vom., lycopodium, carbo veg., capsicum, podophyllum, arsen. iod., ferrum iod., hepar, ferri et strychn. sulph., calc. phos., calc. iod. and sulphur. The local treatment has for the most part been stimulating by soap frictions, the various sulphur preparations, resorcin, ichthyol, etc. Treatment based upon the lines above indicated has shown 50 per cent. of cures, 42 per cent. of cases showing improvement, and 8 per cent. no improvement whatever.

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*REFLEX NEUROSES FROM EYE-STRAIN.*

BY A. B. NORTON, M.D., NEW YORK.

[Read before the Homeopathic Medical Society of the State of New York, Oct. 6, '92.]

It has been my intention for some time to make a study of the various reflex conditions that may originate from certain ocular defects, but, owing to lack of time, have been unable to consider the subject now with that thoroughness which it merits and which I shall hope to give it on some future occasion.

This, then, may be considered as merely a preliminary paper, in which I shall simply detail a few interesting cases that were relieved after correction of the eye-strain, or at least certain

defects of the eyes were found and corrected without remedial or other treatment and the reflex trouble disappeared. Further, these are not detailed to convey the idea that all diseases that flesh is heir to are the result of eye-strain, for I certainly recognize the importance of various other organs in the causation of numerous reflex disturbances. It is, however, my purpose to call attention to the fact that the eye may be the disturbing element in various peculiar or obscure cases, in hopes by so doing to incite further study of the eye as a cause of reflex disorders.

CASE I. Mr. L.; age, 26; was referred to me by Dr. R. Oliver Phillips, on Aug. 7, 1890, and gave the following history: Eight years previous his eyes had seemed to trouble him some, and he had then consulted a prominent oculist, who had prescribed glasses, which he says he could not wear with comfort, and in consequence had discontinued their use. Has occasional severe headaches in the temples which he thinks are neuralgic and due to bad teeth. The eyes become tired, with some blurring of the vision, and letters run together on reading for an hour or more. Is very nervous and has frequent twitchings of the face.

Mr. L. had on several occasions disappeared from his home and business for several weeks at a time, without any apparent cause or reason. When again communicating with his family, or found by them, he might be in an entirely different part of the country, at a great distance from his home. On questioning him as to his doings during his period of absence, or his reasons for going away in this manner, he either could not or would not assign any reason for the same, and claimed to have no knowledge of where he had been or what he had been doing during the interval between the time of leaving and the time of coming to his senses again, when he would communicate with his family, which on some occasions had extended over several weeks.

It was for these peculiar attacks that he consulted Dr. Phillips, who, before commencing any treatment for his case, sent him to me to determine if any possible reflex condition of the eye was creating the disturbance.

Upon examination I found a slight blepharitis. The vision was  $\frac{1}{4}$  in each eye but with a convex 25D. cyl. ax. 90°. the astigmatic lines were made correct, and the vision  $\frac{1}{2}$  but a shade clearer. Under atropine the astigmatism was found to be the same and with 1D. of hypermetropia.

On August 19th, convex .25D. cyl. ax. 90°. was prescribed for each eye, to be worn constantly.

I saw or heard nothing more from Mr. L. until June 9, 1892, when he called upon me with his wife to have her eyes examined. He then reported that he had worn his glasses con-

stantly, that he had been in better health than ever before, had had no trouble with his head whatever, and had made none of his mysterious disappearances since using his glasses.

Remarks. Mr. L. has thus gone for two years with no trouble whatever, and has received no treatment at any time excepting a .25D. cyl. glass.

CASE 2. S. H.; age, 13; was sent to me by Dr. L. A. Opdyke, who considered the case one of epileptiform seizure, and to whom I am indebted for the following history of the case: "The boy would first complain of an intense nervous condition, head becoming full and dizzy, and he would then soon become unconscious, some twitching and frothing at the mouth, biting the tongue but not severe; the attacks lasting from fifteen to thirty minutes. When over them he was sleepy and entirely ignorant of anything following the dizzy feelings. His stomach would be out of order, and he would feel generally weak and tired out for two or three days afterwards. These attacks came every twenty-eight days for several months, and then every three, and finally every two weeks. We considered the cause to be his stomach at first, but were often at a loss to find any indiscretion in diet; then from over study, as he was a hard student, so took him from school without much benefit, but would say that he read books, and practised music, and used his eyes even more than when in school. He had one or two attacks on the street when shopping with his mother. What did I do for him? Well, everything I ever heard of; after going through the usual and unusual list of homœopathic remedies, I started in on bromides, which I pushed until the rash stopped me, would wait a few days and then try again. Gave him antifebrin, 15 grs. a day, so his lips were slightly blue all the time; this was kept up for two months. Finally, I circumcised him, and thought I had hit it, as he was having them every two weeks, but as the sixth week came around he had another attack, and was soon having them as frequently as ever."

When first seen by me the boy was so extremely nervous and frightened that no satisfactory examination could be made at that time. On January 10th, 1891, he was brought to me again, and after examination under atropine, compound hyperopic astigmatism was found, and the following prescription given for constant use: R +.50D.  $\ominus$  +.50D. cyl. ax. 90° O.D. +1.25D.  $\ominus$  +.50D. cyl. ax. 90° O.S.

August 4th, 1892, he called again, with the report that he had had no attack whatever from the last date until one week ago, when he had had one attack of much shorter duration than the old ones and of less severity.

At this time his glasses were increased to +1.D.  $\ominus$  +1.D. cyl. ax. 90° O.D. and +1.25D.  $\ominus$  +1.D. cyl. ax. 90° O.S.

Remarks. This boy was having epileptiform seizures as frequently as every two weeks, the longest recent interval having been six weeks, varied treatment had been given him with no relief. After the use of glasses he had passed eighteen months with no attack, when one recurred, and it was found that he then required an increase in the strength of his glasses.

CASE 3. Sept. 30th, 1891, Mr. P., age, 31, occupation, bank clerk, was referred to me by Dr. Boocock, with the following history: Has worn glasses about thirteen years, and the present ones one year. Has no headaches, but a constant drawing sensation all through the head and especially in the forehead. An intense burning pain in the left eye all the time. Has a feeling as though there was a cover on top of his head and it did not fit well. These symptoms are aggravated on any use of the eyes and on thinking. Has a great dread of light, with almost constant winking of the eyes and twitching of the muscles of the face; could not use his eyes for reading five minutes at a time. The twitching of the muscles of the face was first noticed about three weeks ago while writing at his desk; twitching of the muscles of the body followed, and he then fell from his chair unconscious, with frothing at the mouth; lips and face of a dark purple hue; the attack passed off in a few minutes leaving him very pale and weak. Has had several similar attacks since then. The attacks are preceded by an exceedingly short aura, he having barely time to break a capsule of amyl nitrite which he carried for the purpose. He described the aura as a sense of oppression of the chest, and a choking in the throat. Three days previous to his visit to me, he had consulted a prominent oculist of this city, who told him that he had epilepsy, due to strain upon muscles of the eye, gave him prisms to wear for a few days to develop all the latent esophoria possible, and he was to go to him the following day for operation.

Examination of his refraction under atropine showed a total hypermetropia of a 2.D. O.D. and 2.50D. O.S. giving vision of  $\frac{1}{4}$  in each eye. He was wearing for constant use the glass which corrected his total hypermetropia. The test of the muscles showed esophoria of 5° in the distance and 12° in accommodation. While under atropine he had frequent recurrence of his attacks, which weakened and frightened him so much that he was under the constant care of his old-school physician, and did not return to me until Nov. 17th. At this time he was, if anything, decidedly worse than when first seen, in fact, so exceedingly nervous that the examination was most unsatisfactory. I, however, prescribed for him +2.D.  $\ominus$  1 $\frac{1}{4}$ °

prism base out O.D.+2.50D.  $\ominus$   $1\frac{1}{2}^{\circ}$  prism base out O.S. for constant use, and judged that these glasses very nearly corrected his esophoria in distance. He was also ordered to follow Dyer's method of systematic reading.

On April 25th, 1892, Mr. P. was again seen, and reported having had but one attack, and that on April 4th, since wearing the glasses ordered, five months before; that he could read upwards of one hour without discomfort, and was feeling much better every way. At this time a left hyperphoria of  $1^{\circ}$  was found, and the esophoria with his glasses of less than  $1^{\circ}$ . A prism of  $\frac{1}{2}^{\circ}$  base down before the left eye was added to his previous glasses for constant use. As he now complained of some numbness and stiffness of the tongue and side of face, with similar sensations in the left leg, he was referred to Dr. W. H. King for diagnosis and opinion as to the use of electricity. Dr. King diagnosed the case as one of epilepsy, and located the trouble in the deeper parts of the anterior portion of the parietal lobe posterior to the fissure of Rolando, and judged that the lesion was an inflammatory trouble concomitant with a grippe (which he has had some time previous to his first visit to me). The use of electricity he thought would be of no especial value at present.

Mr. P. called again at my request Oct. 3rd, and I learned that in July he again consulted the oculist whom he had seen before coming to me, and is still under his care. He says that six operations have already been made and still there are more to follow. He is now wearing simple convex glasses with no prism correction, and on testing his muscles there is still a left hyperphoria of  $1^{\circ}$ , orthophoria in distance, and an exophoria in accommodation of  $10^{\circ}$ . As to his general condition he is certainly improved, has less nervousness and fear of his old attacks, which have not returned. He, however, still complains of the numbness of the tongue, and that the left side of his body is not right yet. The burning in his eye which was always a prominent symptom still continues, and his head still troubles him. He has had no use of his eyes for reading by order of his oculist, and an examination shows a decided limitation in the inward movement of his eyes.

Remarks. This case was undoubtedly of an epileptiform nature with very frequent seizures, which entirely disappeared for five months after the use of prisms to restore the equilibrium of the lateral muscles. There then occurred another slight attack, at which time the hyperphoria became manifest, and after correction, there has been no further attack up to the present time, six months, making in all nearly eleven months with but one slight seizure. It seems therefore reasonable to

conclude that in this case at least the trouble was due to the eye-strain.

As to the treatment by the two entirely different methods; he was given by prisms entire relief for five months, then one slight attack occurred, when a change of prisms was ordered which gave a further relief for three months, or up to the time when the cutting was commenced. For the last three months he has been under the operative treatment with still no recurrence of his attacks. He is certainly better generally than when the cutting began, but as he was steadily improving before the operations from wearing the prisms alone, who can say that he would not have gained fully as much if not more by this time without the operations. He had but one attack during the eight months of wearing the prisms, his general condition was steadily improving, and he was using his eyes for reading upwards of one hour without discomfort. During the last three months he has undergone six operations, been denied the use of his eyes for reading, but has continued to improve generally and has discarded the prisms. All the practical gain so far seems to me to be in simply the fact that he is not wearing the prisms, but as these were combined with the glasses he had worn for years, and as he is still wearing and always will have to use glasses there was no additional annoyance or discomfort from the addition of the prisms.

Again, my last examination of three days ago showed an over-correction of  $10^{\circ}$  in accommodation with a decided limitation in the power of the muscles. Now what will be the *ultimate* results six months or a year hence from cicatricial contraction after so many operations upon the delicate muscles of the eye? My experience leads me to believe that there will result an exophoria in accommodation with much trouble from inability to use the eyes, and which will be due to over cutting.

I do not wish to be understood as opposing all operations for heterophoria, as I frequently make them myself, but only after all other measures have first been tried without relief. In this individual case I do not question but that the operations were justifiable, but am afraid more has been done than is necessary.

CASE 4. Mrs L.; age, 30; referred to me Dec. 18, 1891, by Dr. R. Oliver Phillips, because of attacks of vertigo which commenced about seven years before. There had been a steadily increasing frequency in these attacks, so that of late they would come on every two or three days, and each attack lasting from one to two hours. When these attacks of dizziness come on, she has to at once either sit or lie down, no matter where she is, if not, she says that she would fall. There is often nausea or even vomiting with the attack, and when they pass off, leave

her very weak and trembling. She had been under treatment with several physicians, with no relief whatever, and had then consulted Dr. Phillips who refused to treat her until she had her eyes examined.

She says she has no trouble with her eyes, but admits that they feel some tired after reading for two hours or more. Has no headaches whatever, and does not appear or admit of being at all nervous. Examination showed the vision to be  $\frac{1}{8}$  in each eye, but improved and lines made correct with  $+ .25D.$  cyl. axis  $90^\circ$  in each eye. Test of the muscles gave a left hyperphoria of  $1^\circ$  and an exophoria in accommodation of  $7^\circ$ . The following glasses were ordered to be worn constantly.  $R. + .25D.$  cyl. ax.  $90^\circ$   $\ominus \frac{1}{4}^\circ$  prism base up  $O.D. + .25D.$  cyl. ax.  $90^\circ$   $\ominus \frac{1}{4}^\circ$  prism base down  $O.S.$

Mrs. L. writes me under date of Sept. 17, 1892, (nine months after the only time she was seen by me), as follows: "I answer your inquiry concerning my dizzy attacks with pleasure, as they seem to be permanently cured by the glasses. I still wear the glasses as my eyes feel much more comfortable with them on. Only twice have I had the dizziness return; the first time was after going away for a day's visit and forgetting to wear them; the second time I had grown careless about putting them on in the morning, would be ten or eleven o'clock before I put them on; after about a week of such carelessness I had another attack, which has cured me of carelessness so far as my glasses are concerned. My health is better than it has been for three or four years, and I do honestly think that Dr. Phillips was right when he told me to have my eyes attended to, and my physical, moral and spiritual being would be benefited."

Remarks. This case received absolutely no treatment excepting the wearing of a  $.25D.$  cylinder glass combined with a  $\frac{1}{4}^\circ$  prism in each eye.

CASE 5. Miss P.; age, 29, a patient of Dr. McMurray's, consulted me Dec. 18, 1891, for a dull, heavy headache, and a tired, strained feeling in the eyes on using them. Is unable to use the eyes for reading more than fifteen or twenty minutes at a time. Has suffered for a long time from nervous dyspepsia.

Examination showed the vision to be  $\frac{1}{8}$  in each eye, with no manifest hypermetropia or astigmatism. Test of the muscles revealed an exophoria of  $2^\circ$  at distance and  $6^\circ$  in accommodation. The internal recti could only overcome prisms of  $14^\circ$  in each eye. Systematic exercise of the muscles was followed out until she could overcome prisms of  $70^\circ$  in each eye, when she could use her eyes with perfect comfort for hours, had no headaches, and her dyspepsia was better than it had been before in years.

Remarks. Miss P. received *no* medicinal treatment, and has been ordered no glasses to wear while under my care. She made no change in her mode of living, but her dyspepsia of years improved with her eyes.

CASE 6. Mr. M.; age, 32; occupation, travelling salesman, also a patient of Dr. Phillips, was sent to me on March 21, 1892, for insomnia, which had troubled him greatly for the past year or more. He says that for three or four nights in succession he will be able to sleep hardly any, then for a few nights he will seem to catch up somewhat, to be followed again by several nights of sleeplessness. He had tried many different things for his trouble with no benefit, before consulting Dr. Phillips who immediately sent him to me. He had not realized that he had any trouble whatever with his eyes, but thought perhaps they did feel tired some at times. Does not have headaches, and could trace no connection between his sleeplessness and any unusual use of his eyes. Vision was found to be  $\frac{1}{3}$  with slight difficulty +.50D. cyl. ax.  $90^\circ$  vision was made  $\frac{1}{3}$  in each eye and lines correct. Examination of the muscles gave left hyperphoria of  $1\frac{1}{2}^\circ$ , esophoria of  $2^\circ$  at distance and  $3^\circ$  in accommodation. The following glasses were ordered to be worn constantly: +.50D. cyl. ax.  $90^\circ$   $\ominus \frac{1}{4}^\circ$  prism base up. O.D. +.50D. cyl. ax.  $90^\circ$   $\ominus \frac{1}{4}^\circ$  prism base down O.S.

On July 22, I learned from the brother of Mr. M. that he had had no further trouble in sleeping since wearing the glasses.

152 West Thirty-fourth Street.

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#### A FEW CASES OF ASTHMA.

BY FRED'K B. PERCY, M.D., BROOKLINE, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

Says Sydney Smith, in his work on "Moral Philosophy", "A great deal of talent is lost in the world for the want of a little courage. The fact is that to do anything in this world worth doing, we must not stand back shivering and thinking of the cold and the danger, but jump in and scramble through it as well as we can. It will not do to be perpetually calculating tasks and adjusting nice chances." The man who writes a clinical paper needs just such a mental prop as these wise words give. There are few more difficult tasks than the presentment of a series of clinical cases, with reflections thereon, which alike fulfil the purposes of the writer, and meet the expectations of those who hear it. A clinical paper may be instructive, it should always be suggestive. It may present new truths or rehabilitate old ones. According to the personality or mood of its author, it may dwell upon the pathological or therapeutic



aspect of the subject considered. These few cases then are offered, not as evidence of wonderful recovery through remedial agency, nor because of any marked deviations from the ordinary forms of asthma. They are simple, straightforward cases, which occurred during the recent epidemic of influenza, and emphasize the usefulness of one method of treatment.

Permit me to preface these cases with a very succinct definition of asthma, which I quote from a recent article:

"Asthma is a paroxysmal dyspnoea followed by inflammation of the bronchial mucous membrane. If the intervals between the attacks are prolonged sufficiently all physical evidence of the disease disappears. It is essentially not a disease of the lungs or of the bronchial tubes, but of the nerves which supply these parts. It is a convulsion confined to the pulmonary branches of the pneumogastric nerves, which produces a spasmodic contraction or narrowing of the bronchial tubes, the shortness of breath and the bronchitis being merely the sequences, at least in a great measure, of the disorder. Asthma is, therefore, a neurosis of the pneumogastric nerves and their centres, and belongs to the domain of nervous rather than to that of chest diseases. In the great majority of cases this disease is inherited."

CASE 1. *Bronchitis.* Mrs. C.; age, 48; neurotic temperament, brunette, physical health good, but one year ago had severe attack of herpes zoster, in which the neuralgia was most intense and persistent. Present illness is attributed to long ride after being overheated. First visit was made on the evening of Feb. 5th, when I found her suffering from severe paroxysmal hollow cough, dyspnoea, and slight elevation of temperature. Physical examination showed no dullness, but marked mucous and sibilant râles over both lungs. ℞. Sambucus<sup>d</sup> gtts. x. in ℥ij. aq., two teaspoonfuls every half hour.

Feb. 6. Patient reports more comfortable night, less cough, and some expectoration which was characteristic. ℞. Repeat medicine each hour.

Feb. 7. Another comfortable night, râles less, some improvement in cough.

Feb. 8. Râles have disappeared, cough practically gone, and case was discharged.

CASE 2. E. A., boy; age, 14 months; fat, robust baby, has been fed on artificial food, (sterilized milk.) Parents in good health; father, strong, vigorous man, mother had as child severe catarrhal trouble with cough, which was finally cured by a homœopathic physician. From her father she inherits a tendency to asthma, and, during pregnancy, and for some months after confinement, she suffered intolerably from asthma. The

baby, when a few months old, had convulsions, which were attributed to dilatation of the stomach, and during the preceding summer had his first attack of asthma with bronchitis. I attended him for the first time in January, when he had a moderately severe attack of influenza.

On Feb. 26, he was taken with what seemed an ordinary cold, but by evening he was so much worse, I was summoned. The above history was given, and the cough, dyspnœa, inability to lie down, aggravated very much by the nasal catarrh obstructing nasal respiration, led me to prescribe *ipec. 2x*.

Feb. 27. Child no better, nurse reports absolutely sleepless night, child only comfortable when held in erect position. Physical examination showed characteristic râles. Temperature normal. *R. Samb.*†

Feb. 28. A comfortable night, child slept in broken snatches much of the night, cough not so severe. *R. Repeat.*

Feb. 29. Improvement.

Feb. 30. Child so much better case was discharged, and sulph. 12x. given for hereditary tendency. There has been no recurrence up to date.

CASE 3. Mrs. R.; age, 60; very fleshy and polyæmic. Was thrown down when alighting from horse-car, and had umbilical rupture which has given her much trouble; she now has a belt, made by Mrs. Merrill, which affords her great relief and firm support. There was a previous history of occasional attacks of spasmodic croup, laryngismus stridulus, and asthma, so that the lady was not disturbed by this illness, and had, up to my coming, used remedies heretofore useful. My first visit was on the fourth of December, when I found that for three nights she had slept little, if any, because of great shortness of breath, panting respiration at times, severe cough, with little or no expectoration, and that tinged with blood. Temperature was 100°; pulse, 96, and in the morning at time of visit felt comparatively well. Physical examination revealed nothing but characteristic râles notably on left side of chest. *R. Antim. arsen. 2x.*

Dec. 5. Another night of unrest, was forced out of bed, no easy matter for a person of her weight, and general symptoms unchanged. *R. Continue arsen., with ipec. 2x. in alternation.*

Dec. 6. Slight improvement. Continue.

Dec. 7. A bad night, rattling in chest greater, breathing audible to those in room, cough persistent with scanty expectoration. *R. Samb.*†

Dec. 8. Marked improvement, no paroxysm during night, expectoration more free and dyspnœa lessened. Continue.

Dec. 9. Progress, most satisfactory. Continue.

Dec. 10. Patient discharged, and, at her request, she was

provided with sambucus, which she said had afforded her greater relief than any previous remedy.

CASE 4. Feb. 1, 1892. I was called to the house of previous patient to see a friend, who, while visiting, was taken ill much as Mrs. R. had been. Patient was a lady over 60 years of age, and of lax fibre mentally and physically, in other words, easily overcome by slight ailments. Mrs. R. had suggested the usefulness of samb., but, convinced that pneumonia was threatened, I was sent for. The absence of chill, slight fever, temperature being 100.2, the lack of all physical signs of any lung mischief, were evidence enough of the neurotic character of the disease. Sambuc.  $\phi$  was prescribed, and in forty-eight hours, improvement was sufficiently great to permit of her riding to her house, a distance of two miles, and I learned from her friends that the asthmatic paroxysms did not return.

CASE 5. Baby C., age, 11 months. This case is by far the most interesting of the series. It is so for three reasons; in the first place, because illustrating so clearly hereditary influence; in the second place, because catarrhal disturbances of the respiratory tract had so recently been present, and lastly, because of its great severity. The family history develops the following facts of interest: The father though now a typical specimen of fine physical development had in the early months of life severe asthmatic attacks, and the syrup of lobelia was the unfailing remedy. His eldest son, when only three months of age, was attacked with similar seizures, and after a persistent use of antimonium tart. and arsenicum, the trouble was conquered, and tendency thereto overcome. The second son, during the first two years of life, had frequent attacks of catarrhal croup and bronchitis, but since that time has been singularly well and strong. This little girl-baby has been unfortunate from the beginning of life. The mother's milk absolutely failed to nourish her, and no efforts to improve its quality proved of any use, so that in two weeks artificial feeding was instituted, and only after a protracted series of experiments did improvement begin. In fact, for four weeks oil baths were used morning and evening, the temperature of the room most carefully watched, and any possibility of cold avoided. Finally, the lowered vitality of the baby succumbed to lacta preparata, and for some weeks her life was uneventful. Thus fed, however, the family tendency cropped out, in brief attacks of bronchitis, and these yielding speedily to antim. tart., I left with the mother a supply of powders to be used immediately upon the onset of such attacks. In November, baby had a severe attack of capillary bronchitis, and made tedious convalescence, but remained fairly well until January, when influenza developed. At this

time asthmatic symptoms were present, though not distinctive. In March, the seizure came, and I saw her first on March 8th, after some days of futile use of antim. tart., which usually proved efficient. The night of March 7 had been a most trying one, the paroxysms of dyspnoea being so severe that the nurse said the trouble must be whooping-cough, which was then epidemic. The child was listless, had no desire for food, and the breathing was evidently asthmatic. Examination of chest determined no general dullness, nor patches of dullness, only a superabundance of loose, mucous râles, audible at some distance from her. My chief fear was supervening bronchitis, and the possibility of a complicating pertussis. Sambuc.  $\phi$  was given as in the other cases, and not to weary you with unnecessary details, in one week the difficulty was gone, and best of all, no relapse, in spite of our inclement and unseasonable March.

My tale is ended, and you will agree with me that the element of danger in these cases was slight, merely a possible capillary bronchitis in the babies, and hypostatic pneumonia in our stout friend. We will grant it, but to my mind the evidence is conclusive that the remedy used did materially lessen the severity and duration of the attacks. It may be of interest for you to know why I chose sambucus, whose indications are so meagre. In a very instructive article by Dr. Hirsch, "On the Dose," you will find this in reference to sambucus.

"As regards sambucus, accident led me to the employment of the infusion, and showed me the greater efficacy of this mode of administration. The case was the little sister of my friend, Dr. Tederes, of Vienna. She was a delicate, fair-haired child, and she was sitting crying in her bed; she was suffering from a severe asthmatic attack. Her breathing was quickened and had a whistling sound; the occasional short but labored cough pointed to a high degree of dyspnoea. She constantly pointed to the middle of her chest, thereby indicating that during the fit she felt great discomfort at that point. She had already been suffering twenty-four hours. At first, there were perceptible intermissions of two to three hours, but the intervals became shorter, and suffocative symptoms occurred and marked blueness of lips. Sambucus seemed to be the remedy indicated, but I had none in my pocket-case. I inquired if there were any elder-tea in the house, and on receiving an affirmative answer, I caused a very weak infusion to be made. The attack was nearly over when I gave the first dose of that tea, two teaspoonfuls. I ordered it to be repeated at intervals of two hours. Quite six hours elapsed before there was another attack. This was much milder and lasted scarcely five minutes. In the course of the next twenty-four hours there occurred three more attacks, always

slighter and slighter, and with this the serious malady terminated. Since that time I have often employed this remedy in the same form. It is particularly successful in the common hollow, croupy, cough of children."

Dr. Thos. Nichol, who recommends it for infantile coryza, laryngismus stridulus, catarrhal laryngitis, would have us use the tincture, which is the form advised by Hughes and Jousset. The latter's indications for it in asthma are as follows: "Predominance of dyspnœa over the cough, the face is violet, and signs of asphyxia more advanced. The wheezing is more marked."

At some future time I hope to put to the test Hirsch's form of administration, but I doubt if its success would be greater than that resulting from the tincture. The provings of sambucus were made with the latter, and that of Uebelacker demonstrates beyond all cavil its homœopathicity to asthma. Until the indications for its exhibition are more exact, it should be studied for those cases where ipecac has been used to no purpose. Realizing fully the neurotic character of asthma, and the many peculiar causes which excite it in those predisposed to it, we must be careful, lest in the treatment\* we give too much credit to medicinal interference. We have not yet defined the limitations of usefulness, in asthma and other neuroses, which psychic influences, including hypnotism, profess, and until then it is not wise to dwell upon medicinal power unaided.

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*REPORTS OF CASES OF FOREIGN BODIES IN THE AIR  
PASSAGES.*

BY HORACE PACKARD, M.D., BOSTON.

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

CASE I. On Tuesday, Dec. 6, 1887, Johnnie F., age, 4 years, 9 months, was brought to me by Dr. J. L. Coffin, for the removal of a foreign body from the larynx. The lad had, while eating peanuts the day before, drawn half a peanut kernel into the respiratory tract. The child was not suffering severely at that time from the foreign body, though there was some obstruction of respiration. I made laryngoscopic examination, thinking the body might be lodged in the larynx, but could not discover it. I next etherized the child and made tracheotomy, hoping to find the body in the trachea, and thereby remove it; but I was unsuccessful in this. The child was inverted, the back and front of the thorax thumped, with the hope of starting it out, but all without avail. In the two or three days that followed, pneumonia of the right lung supervened, with extreme dyspnœa, and in spite of all efforts, in twelve days death ensued. No autopsy.

CASE 2. In January last, I was summoned by a lady member of our Society for advice in regard to a severe and irritating cough, which she said was provoked by the accidental drawing into the larynx of an orange seed. There was a very irritative, continuous cough, and sibilant râles in both lungs, but no area of dullness. I called in consultation Dr. H. C. Clapp, who verified the result of the physical examination. The cough continued with more or less severity, and the patient kept about and attended to her professional duties. At the end of six weeks the foreign body was expelled.

#### REMARKS.

The surgical treatment of foreign bodies in the air passages is very unsatisfactory, for the reason that if the foreign body has entered either bronchus, and become lodged there, it is absolutely impossible by any means now at our command, to reach and dislodge it. Sometimes foreign bodies are lodged for a long time in the bronchus, and are finally expelled by Nature. At other times, very rapid and severe inflammatory processes are set up and death rapidly ensues. There is no means of reaching the location of the foreign body so lodged, through the anterior or posterior chest wall, and all instruments so far devised for thrusting down the trachea, and grasping a foreign body have proved useless. If inversion of the patient and percussion of the anterior and posterior chest walls, and expulsive coughing efforts fail to dislodge it, it is useless to make further attempts. Foreign bodies lodged in the larynx of course can be reached and be extracted either per mouth or by making laryngotomy; but unfortunately, as a rule, such do not stop in the larynx, but pass on into the trachea, and become lodged in one or the other bronchus.

A very exhaustive article can be found in the *New York Medical Journal* for July 25, 1891, by J. D. Rushmore, M.D. This relates the case of a clergyman, who got a cork lodged in a bronchus, and upon whom every conceivable method was tried for relief, without avail. Autopsy showed the cork in the lower bifurcation of the left bronchus. The article closes with the following conclusions:

That a foreign body in a bronchus is always a source of danger to the patient.

That its spontaneous expulsion is very exceptional and may be long delayed.

That the danger is from inflammation and its results, and less frequently from asphyxia.

That its earliest possible removal ought to be attempted.

That the dangers of operative interference ought not to prevent the attempt to remove the foreign body.

That to attempt the removal without a preliminary opening into the larynx or trachea is unwise.

That after a reasonable search through the trachea and bronchus, opening the thoracic cavity in front, or the mediastinum or pleural cavity posteriorly is justifiable.

That all operative measures for relief ought to be taken at a single operation if possible.

That the character of the foreign body and the patient's condition are important factors in deciding on the time and character of the operative measures to be employed.

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*PORTAL OBSTRUCTION AND ITS RELATION TO DISORDERS OF THE UTERUS AND ITS ASSOCIATED ORGANS.*

BY EMILY A. BRUCE, M.D.

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

In discussing the etiology of diseases of the uterus and its associated organs, authorities rarely mention or only briefly refer to the influence of obstructive derangements of the liver in their development and perpetuation; while they dwell often at length upon factors which are only operative in exceptional cases. Yet a very large per cent. of all pelvic diseases, whether organic or functional, are associated with some form of hepatic disturbance. The question naturally arises which is the primary disease and how the secondary is excited. In a large majority of the cases the weight of evidence is against the liver, the other organs seeming to be the victims of an unfavorable position in the economy.

It has often occurred to me to question the wisdom of the arrangements of the abdominal and pelvic viscera with relation to each other, especially in the female. When we consider the delicate and sensitive organs suspended by their frail supports in a yielding mass of tissues, with nothing reliable beneath them, and borne down by the weight of superincumbent organs, we are surprised, not that healthy pelvic organs in the adult-female are the exception, but that they *ever* exist.

The evolutionist tries to help us out of our perplexity regarding what seems to be such an unsuitable arrangement of important organs, by telling us that this relation was all right while the race was getting about on all fours, and that there has not yet been sufficient time for these organs to adjust themselves to the changed position and mode of locomotion. Let us hope that evolution will make a special effort in this direction, so that a

few million years hence our sisters will not suffer from the same or equal defects of anatomy.

In order to explain the evident intimate relations existing between viscera so far separated and so unlike in structure and function as those in question, it will be necessary to ascertain their means of inter-communication, anatomical and physiological. We will, therefore, first briefly recall some prominent points in the anatomy and physiology of the great gland which has been well called the chemical laboratory of the body; since the pathology of any portion of the body can be intelligently studied only while the mind holds a distinct impression of its normal condition.

This important viscus seems at first sight to have a very simple structure, being composed of four different anatomical elements, namely, cells, connective tissues, vessels of various kinds, and nerves; and we are surprised when we realize how many different kinds of work are carried on with the one apparatus.

It has a double vascular supply, arterial blood for the nourishment of the tissues and portal blood for its laboratory work.

The peculiar negative structure, or rather want of structure of the hepatic vein—having neither coats nor valves—has no inconsiderable influence over the development of passive hepatic congestions.

This great vital workshop, with its manifold and mysterious industries, occupies a very important position in the economy, surrounded as it is on all sides by vital organs. It is attached to the abdominal wall and diaphragm by folds of its investing peritoneum, sinking with each inspiration and rising with each expiration in harmony with the movements of the diaphragm.

This piston-like action of the diaphragm and liver acting together produces a suction force which aids greatly the circulation of the liver itself, as well as that of the outlying portions of the portal tract; and also helps in sustaining the pelvic viscera in normal position. In this we find a beneficent relation between the hepatic gland and the pelvic organs. Having had a glimpse of this interesting organ as a whole, let us look at some of its component parts.

The minute and most versatile hepatic cells are closely packed into five- or six-sided lobules, which are invested by Glisson's capsule, in which ramify blood vessels lymphatics, bile ducts, and nerves, forming a dense complex network. The cells themselves are supported by a delicate web of connective tissue continuous with the inter-lobular reticulum. In this web are the radicals of the bile ducts, capillary blood vessels from both sources and minute lymphatic spaces; so that each little cell is



enveloped in a closely woven net of vessels, each carrying off its legitimate burden to its proper destination. Nerves also are distributed to the cells, modifying their activities according to the work in hand.

Keeping this little outline of the hepatic structure in mind, let us observe for a moment some of the processes which normally go on there.

The arterial blood brought by the hepatic artery nourishes the tissues of the gland; but for their industries the cells must have the portal blood rich in food products newly obtained from the alimentary tract by the selective power of an infinite number of epithelial cells, and of capillaries which have their origin in the mucous membrane lining its whole extent. We are ready now to pass in review some of the manifold products these same industrious cells are able to obtain from this, to the unaided eye, homogeneous fluid, and to recall to mind some of the transformations they effect.

The ancients attributed to the hepatic gland the one function of excreting the bile. Nearer to our time it was thought to be the chief blood-making organ and source of animal heat, as well as emunctory for the bile. In our day, thanks to recent research, it has reached a position of vast importance, being credited with carrying on a great number of complex processes, both chemical and vital, among which may be mentioned the transformation of sugar to glycogen by a process of dehydration, and changing the glycogen later into glucose by the action of a ferment produced by the glands; also the destruction as well as the production of blood-corpuscles, and the transformation of the hematine of the dead discs into bilirubin wherewith to give its rich tint to the bile, which is now known to be not merely an excrementitious substance, but one destined to be reabsorbed, in part, at least, to do further service in the economy, after having been poured into the intestine. One of the most important accomplishments attributed to the organ recently, is the power of detaining and modifying certain toxic substances, such as the alkaloids, atropine, morphine, narcotine and others. The existence of this function satisfactorily explains some facts previously not a little puzzling to observers concerning the action of these poisons when administered by different methods; as the more prompt and pronounced effect and the smaller dose necessary when administered hypodermically than by the mouth or rectum. In the first instance they are introduced at once to the general circulation, and in the others they must first be subjected to the modifying and delaying power of the liver, and afterwards be set free with diminished energy to do their work in the system.

The hypodermic method of administering remedies then owes

its chief advantages to this power of the hepatic cells over the alkaloids and other toxic medicinal substances; nor is this influence limited to poisons introduced from without, but includes some which are manufactured in the body, such as ptomaines and the products of various morbid processes.

Thus we have a faithful sentinel at the portal of the body, ready to grapple with our foes from within as well as those from without, working unceasingly and often against great odds to secure our immunity from harm.

This gland is also credited with producing urea in common with most of the other organs and tissues of the body, and with making glucose from proteids and fats; with furnishing iron to the blood; and has even been accused, by one experimenter at least, of producing uric acid.

Remembering the intimate relation between the hepatic lobule and the elements in which it lies embedded, and the many agencies capable of setting up disturbances in their interlobular spaces, where, in fact, many of the disorders which eventuate in portal obstruction have their origin, it is easy to comprehend why diseases of this viscus are frequent, and their consequences so disastrous oftentimes.

Whatever increases the blood supply of this organ beyond the normal limit, whatever retards the flow of blood, bile or lymph through it favors obstruction; whatever causes hypertrophy or atrophy of the inter or intra lobular tissue, whatever causes degenerations or new growths of this organ, leads to engorgement of the portal system of vessels and to obstruction. This being the case, and the number of agencies capable of producing these disturbances legion, it seems almost wonderful that a liver can be found through which the fluids flow freely.

Perhaps the most common of these causes is indulgence in luxurious habits of eating and drinking, especially when united to inactive lives. Other very frequent causes are excessive or prolonged use of alcoholic or other stimulating drinks, violent physical exercise or intense mental application soon after meals, by which digestion is delayed, and fermenting, irritating substances sent to the liver instead of properly elaborated material. Gastro-intestinal catarrh and dilatation of the stomach are sure to produce hepatic derangement sooner or later, and in the same way as delayed and imperfect gastro-intestinal digestion from other causes. Malaria and continued high temperature, chronic heart and lung diseases, tumors of the mediastinum and disturbed innervation, direct or reflex, may induce hepatic stasis and its evil consequences. Sudden and even gradual cessation of habitual losses of blood, as when bleeding hemorrhoids or the menses are suppressed, is often followed by portal obstruction, and gout and rheumatism are often complicated by it.

Very few women pass through the critical age without suffering from this disturbance, and many of the distressing symptoms characterizing these cases are referable to it.

There is another cause of this disorder not often mentioned in medical books, but not unfrequently recognized by the observing physician, namely, the influence of tight clothing in exciting and especially in aggravating and perpetuating it when produced by other causes. Through this weak and dangerous habit the movements of the diaphragm are restricted and in some cases almost abolished, thus nullifying one of the most potent aids to the hepatic circulation which is unfavorably influenced by a very small amount of pressure upon the walls of the organ, such, even, as is produced by a thick layer of subcutaneous fat; and the disturbance must be incomparably greater when, by the pressure of tight clothing, the lower part of the thorax is so contracted that the liver cannot retain its normal shape or position. Being strongly compressed laterally its vertical diameter increases so that it extends to a considerable distance below the border of the ribs, and there is formed at the waist line a deep sulcus in the hepatic tissues called the corset groove. This groove sometimes crosses the common and cystic duct, and has been accused among other things of giving rise to gall stones by impeding the outflow of the bile.

Through this restraint upon the movements of the diaphragm, the intestines and pelvic viscera are robbed of their legitimate exercise, and disease invited.

The evil effects of portal obstruction, unfortunately, are not limited to the tract most concerned, but are felt in many departments of the economy, especially in those of general nutrition, the nervous system and the generative tract.

Sooner or later all the results of imperfect oxidation manifest themselves; there is often tendency to accumulation of fat, a common symptom of suboxidation; the skin becomes discolored and imperfect in texture in many cases, the venous system shows signs of being overfilled, and the arterial of being scantily furnished with blood. Various degrees of mental depression and many other annoying symptoms appear, too familiar to the physician to need rehearsal here.

Whenever portal obstruction occurs, the liver becomes enlarged, and if the disturbance continues it may become double its normal size, so numerous and distensible are its vessels. The pressure of the overfilled vessels upon either tends to retard the circulation, which, added to the original trouble, produces an obstacle to the on-flow of the blood coming from the whole digestive tract; so that, in time, that tract becomes greatly engorged. It is said that this system of vessels is capable, under considera-

ble pressure, of accommodating nearly the whole blood of the body, and from a moderate obstruction the abdomen often becomes greatly enlarged.

The pelvic viscera, as a result of their subjacent position, are soon unfavorably influenced.

The vaginal vessels through their anastomoses with the engorged hemorrhoidal veins gradually become overfilled. The mucous membrane, as well as the muscular layer of the vaginal wall, becomes hyperæmic, and in some cases greatly thickened and œdematous. Every gynecologist must have many times met with this condition.

The circulation of the remainder of the generative tract is not at first afflicted as its vessels do not communicate directly with the portal radicals; but after awhile, when the whole vascular system has been influenced by the slow progress of the blood through the portal vessels, these organs also become involved. There is throughout the economy too much venous and too little arterial blood; the whole nutrition suffers in consequence, and the pelvic viscera do not escape the common lot. Borne down by the abnormally heavy abdominal organs, their supports as well as their proper tissues weakened by depraved nutrition they sink low in the pelvis, their changed position still further impeding the venous current.

In these cases the uterus is sometimes found lying directly across the pelvis from accentuation of its normal anteversion favored by easy yielding of its weakened ligaments; sometimes crowded back against the rectum, its rightful place usurped by the invading intestine.

This state of affairs is an admirable preparation for inflammations and their mischievous consequences, for dysmenorrhea, catarrh, degenerative changes, in fact for any and all the disorders to which these organs are subject, the only exception being those of traumatic origin.

Thus cordially invited, disease is not often long in making its appearance, and is not usually easily controlled unless the whole condition is taken into consideration. If, as has been claimed by eminent gynecologists, new growths of the pelvic viscera are favored by imperfect local nutrition, we have an explanation of their frequent occurrence in those suffering from portal obstruction.

A physician prominent in Boston thirty years ago, is said to have stated that he had never met with a case of well marked portal obstruction in the female unaccompanied by disorder of some form of the generative organs, and my experience coincides with his in this respect.

It is not my purpose in this short paper to discuss the treat-

ment of hepatic or pelvic diseases, since volumes would be required to contain all that might be written upon the subject; but by means of a few illustrative cases, I will indicate in a general way how the combined disorders have been treated and with what results.

Case I. Mrs. Y.; age, 45. She had been thoroughly healthy during girlhood, married at eighteen, had two children within a few years after marriage, both labors easy and convalescence uneventful in both cases.

She consulted me for terrible headaches from which she had suffered for fifteen years, and which had become more dreadful and frequent recently, sometimes being almost continuous for a week or even more at a time.

She wakes in the morning with pain through the forehead, temples, eyes and vertex, which increases in severity as the day goes on but subsides at evening, and is less terrible during the night. Whenever there is vomiting at the height of the paroxysm, a degree of relief usually follows. There is extreme hyperæsthesia of all the senses, and irritability of temper, the heart's action very slow, 40 per minute, irregular and feeble, and attacks of dyspnœa and swooning sometimes occur when the pain is the most violent.

Appetite ravenous before an attack.

Other symptoms are obstinate constipation of many years' standing, frequent urination day and night, dyspnœa, flatulence, palpitation, leucorrhœa and bearing down in pelvis. Patient is fleshy, face is flushed and skin slightly jaundiced, there are moth patches on the temples, and the eyelids are deeply pigmented brown. Hepatic region very sensitive to pressure, and the abdomen enormously large and pendulous. Lower limbs œdematous with enlarged superficial veins.

Examination of the pelvis showed the cervix uteri close behind the symphysis pubis, the fundus rested against the rectum, the whole organ quite fixed in its abnormal position. The vagina was shortened and puffy, and gave rather a cool sensation to the examining finger as if the circulation was not very brisk. Projecting from the recto-vaginal septum was a tumor of the size and shape of a large pear, hard and somewhat nodular, attached by the small end. There were hemorrhoids within the rectum.

The diagnosis was chronic hepatic congestion, and gastrointestinal catarrh with pelvic complications, probably due chiefly to three factors, namely, high living, tight lacing and an aimless, sedentary life. I accordingly advised absolute freedom from pressure about the waist and upper portion of the abdomen, a light, simple diet containing very little meat, avoidance of all alcoholic and other stimulating drinks, active exercise in the

open air several hours daily, and the adoption of a firm abdominal bandage.

Sepia was the first remedy, later she received sulphur, nux and podophyllin according to indications. Following instructions fairly well she began to improve almost immediately; the headaches became rare and much less violent, the abdomen diminished in size, the constipation and frequent urination were much relieved, and the vaginal tumor and hemorrhoids almost disappeared.

But she was indolent, fond of society, and late luxurious dinners. When so far recovered as to be able to go into society again, she discarded her bandage, resumed her tight clothing, and went back to her old indolent habits.

Many of her bad symptoms returned after awhile, but not with their former violence. She had been treated by many doctors and by many methods. No one before me had ever suggested that the liver was in any way involved, or that any change of diet or habits was required, and she had never received any benefit from treatment, but had grown steadily worse. More than one surgeon had urged the importance of the removal of the tumor in the vagina, which depends upon a removable cause, and goes and comes with the fluctuations of the circulation.

CASE 2. A lady at present under my care relates that some years ago she suffered long and severely with what the various physicians whom she consulted called "granulations of the womb."

Many forms of heroic treatment, local and general, were tried, among which was daily cauterization with the actual cautery, but the condition only grew steadily worse until absolutely desperate, not knowing whom next to try, she by some fortunate chance fell in with a superannuated, almost forgotten physician, who after an examination, said with emphasis, "Your liver needs stirring up," and he proceeded to stir it up according to the most approved regular method of fifty years ago. The patient survived, and the granulations succumbed without further attention, and have never returned to this day.

CASE 3, Mrs. F.; age, 36; No children. Patient had gastrointestinal inflammation at the age of 20. Not long afterwards she began to suffer from terrible sick-headaches at the menstrual periods, and after any indiscretions in diet; her skin became discolored and eczematous, eyelids pigmented, abdomen enlarged, and she grew fleshy and feeble at the same time. Still later dysmenorrhœa, leucorrhœa, sensitiveness across the hypogastrium, and a painful bearing down in the pelvic region were added to her list of ills. Standing and walking were attended with pain in the back and lower abdomen. Menses regular in

time but very copious. There were also impairment of memory and confusion of thought at times.

Examination disclosed the uterus prolapsed, anteverted, lying directly across the pelvis, the normal angle between body and cervix obliterated, cervix large, soft and cyanotic. Any effort to move the organ gave extreme pain. The vagina was cyanotic like the cervix, and so swollen as to render the introduction of a small speculum very difficult; ovaries and tubes normal. The liver was large, hard and sensitive, the left lobe extending considerably beyond the median line. The abdomen was greatly enlarged; there was dyspnoea upon the least exertion.

She was put upon simple diet, advised to spend much time in the open air, adopt the abdominal bandage and take copious hot douches daily. She received sepia and sanguinaria at first, other remedies having special influence on the hepatic gland later, with very speedy good results. For four months scarcely a headache, the pelvic symptoms yielded gradually so that in a few months she suffered comparatively little from her old troubles.

In this case it is interesting to observe the sequence of the symptoms as they developed. First came the gastro-intestinal inflammation, no doubt the cause of the hepatic disorders, then the sick headaches, discoloration of the skin, enlargement of the abdomen and accumulation of fat, accompanied by feebleness; later still, the pelvic disturbances, dyspnoea and difficulty in standing and walking.

CASE 4, Miss D; age, 20. Patient had intestinal inflammation at 16 years of age and has never been as well since; has for several years suffered from sick and nervous headaches, which are sometimes very violent. They usually commence in the morning. Sure to come at the periods, when she also suffers much from dysmenorrhœa; the flow is scanty and short in duration, and generally delayed, there is lumbar pain, bearing down in the pelvis and leucorrhœa.

The abdomen has grown large within the last three years, the urine is scanty and high-colored, and there has been obstinate constipation for three years. She suffers from nervousness, insomnia, irritability, confusion of thought and depression of spirits.

On examination the liver was found enlarged, hard and sensitive, the uterus was prolapsed, anteflexed and crowded back against the rectum, softness of the cervix and catarrh, vagina œdematous and very sensitive, ovaries enlarged and sensitive.

The effects of the portal obstruction were quite pronounced in three departments, the nervous system, general nutrition and the pelvic tract.

The disturbances in the nervous system being so pronounced,

she was given general faradization twice a week in addition to the indicated remedies, some of which were ignatia, phos., sulphur and nux.

Under this treatment she improved steadily, and in three months had few of the old troublesome symptoms.

The abdominal supporter was adopted.

Among the remedies used in such cases of combined disease, I have been interested to notice that the most efficient of them have a very marked action in both regions. Among these may be mentioned sepia, sauguinaria, nux vomica, merc., pod., and ipecac.

This fact seems to point to an intimate relation between the two tracts, pathologically as well as otherwise.

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#### INFANT FEEDING IN DISEASE.

BY G. P. DUNHAM, M.D., UXBRIDGE, MASS.

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

While this society need not expect to learn anything new upon the subject of Infant Feeding, perhaps a review may help to refresh our memories upon this subject. Little has been written in book form upon this subject, so one's knowledge must come from magazine reports, and from one's own practice and observation. When we stop to consider how large a percentage of a physician's practice is confined to children, we must admit the necessity of understanding them and more especially their diet.

It is a well known fact that a greater amount of food is required during the cold winter months than in warm weather, so greater care must be exercised during the warm, summer days to prevent derangement of the digestive organ in all, but more care especially in infants. Very serious gastric or intestinal complaints are seldom found in babies who are fed upon mother's milk. The case is quite the reverse in those artificially fed. Statistics of E. W. Hope, of London, show that of one thousand cases of death in children under five years of age, twenty-two times as many died of those artificially fed as those partly or wholly breast fed. This, too, was taken upon the basis that only fifteen per cent. of those under that age were artificially fed. Should we not conclude from this that there must be some serious defect either in the composition of these artificial foods, or in the quantity or manner in which they are administered? Therefore, the greatest care and caution should be used in feeding infants. Nature is very stern in her demands, and he who violates her laws can not long do so with



impunity. If a man thrusts his hand into a fire or places it upon a hot stove, he disregards one of Nature's laws, and as a result he is burned. Nor is the result any the less certain if he violates a physiological law. If an infant take into its stomach any irritating or indigestible food, it will certainly suffer pain, distress and intestinal disturbance. If good and wholesome food be not daily supplied to the child, its mental and physical systems are impaired.

It is presumed in considering this subject that we have to deal with children who, from some cause, either accidental or otherwise, must be nourished by artificial means or that obtained otherwise than from the mother's breast. Miserable, indeed, must be the existence of those babies, whose mothers for some reason are unable or unwilling to supply from their own bosoms the nourishment which their baby so much needs, and are in consequence brought up "on the bottle." From the ranks of such bottle-fed children come the vast majority of cases of digestive troubles. Mother's milk is the natural food for her child, and no one would for a moment question the advantages gained from it, and if it disagrees something must be the matter with the mother or child, but more likely the mother.

It is not the intention or purpose of this paper to make mention of the many prepared foods. The use of these depends largely upon the case. One kind will not benefit every case any more than one remedy will cure every case of intestinal complaint. They may be used with decided success, when milk is found to disagree. As there is a great difference in the digestion of individuals, in children as well as adults, great care should be exercised in infant feeding, for what may be sufficient for one child, the same might prove injurious to another. We venture the statement that infant mortality from overfeeding is greater by one-half than it would be if a less quantity were given, or that overfeeding is a frequent cause of infantile disease. Much sickness of children may be prevented by paying strict attention to its quality, amount and the regularity of feeding.

We might almost divide sick infants into two classes; first, those sick from overfeeding, second, those from disease.

In the first class, the newly born baby is hardly one hour old before it must have some sugar and water or catnip tea, just to clean out its stomach and bowels, when, in reality, nothing except mother's milk should be taken. Not only is this method kept up during the first few days, but during its entire nursing existence, is it overfed. If a child is restless or cries at night, it must nurse the bottle, or if it wakes from its sleep with a cry, the bottle is at once thrust into its mouth. The child needs not

food, but a little attention, either to be turned over upon its back or side, or given a sip of cool water, or, perhaps, a loosening of its clothes, or an adjustment of the belly-band which has become rolled into a string; but instead of doing this, the child is required to nurse, thus increasing its discomfort. This too frequent feeding causes colic and indigestion. Then the doctor is called in and informed that baby is restless and cries, and the milk disagrees. The picture is not overdrawn. Is not such treatment of children productive of digestive disturbance, thereby rendering them easy victims to the dreaded "second summer"?

The second class constitutes by far a larger percentage of sick children, and how to feed them falls upon the physician to decide. Nature has ordained that mankind during the first period of its existence should be dependent upon mother's milk for nourishment. Nature's laws, however, can not always be complied with. It is very much to be regretted that large numbers of newly-born are deprived of nature's best food, and, in consequence it becomes necessary to look about for a suitable substitute.

The simplest and easiest means consists in giving milk of the cow, this being the easiest to obtain. Is cow's milk a substitute for mother's milk? The manufacturers of artificial foods inform us that cow's milk differs materially from mother's in many respects, being rich in fat, its casein less soluble in the stomach, and having less sugar of milk. But statistics from actual practice show that greater mortality is confined to those artificially fed.

In feeding milk, there are many things to be considered, and unless the closest attention is given to details, we can not hope for the best results. To begin with, there is the bottle. The difficulty of keeping the nursing bottle clean has been the greatest objection to its use. Discard all patent nursing bottles with rubber tubing. A plain bottle with a rubber nipple is all that is necessary. With this kind it requires the constant attention of both mother and nurse to keep it perfectly clean, and free from all impurities, especially during the summer months when milk ferments so rapidly. After using, the bottle should be rinsed, and the whole put into boiling water for fifteen minutes, then allowed to cool gradually.

Another very important point to be considered is the manner in which the milk goes into the stomach. A child at the breast is required to work for what it gets, but nursing from a bottle, the milk runs out without much effort on the child's part. The nipple should be so constructed as to prevent too rapid a flow, thus stimulating the mucous and salivary glands which may act as an element in digestion.

Though the stomach knows no regular time for eating, yet there should be regularity in feeding. We all know our own feelings when we have eaten too much and too often. Why should not the child experience the same sensations? Do not feed too often or too much at a time. The child should not be fed oftener than once in two hours and a half during the day, and not more than once during the night. The stomach must have time to digest its contents and rest from its labors. Experience teaches that a sick child more often needs rest from feeding.

Milk to be suitable for feeding should be from one cow for the following reasons: First, if the milk from one of a number of cows is impure, it will impart this quality to the rest, when mixed, thus rendering the whole unfit for use; second, a single cow can be kept in better condition than a whole herd; third, the milk from one cow will be more uniform in quality. For this purpose, a perfectly healthy cow should be selected, one that is fed upon her natural diet, as hay, grass, and pure water, because the milk is more wholesome, and less liable to fermentation. People are obliged to depend upon their milkmen for their milk, and its composition cannot always be ascertained. Many articles which cows eat produce a bad quality of milk, which causes intestinal disturbances. Children using milk secreted by a cow fed upon potatoes, cabbage and turnips, have diarrhoea frequently, and cutaneous eruptions as intertrigo, impetigo. Milk from cows at pasture feeding upon weeds, ivy, buttercups and Roman wormwood has been known to cause fatal results. For these reasons some have advocated that cows intended to supply milk for children should be stall-fed, but this is contrary to nature's law. A case of this kind came under my observation.

Mr. N., a farmer, kept one cow out of many to supply milk for his eighteen-months-old baby. He fed his cows on cottonseed meal and fodder corn. He was very careful what he gave this cow, but by mistake, the hired man gave the one cow fodder corn at night, and the next day the child was feverish, restless, vomiting of everything taken, and with severe diarrhoea. I made special inquiries concerning the milk, which was pronounced the same as had been given; but later, the mother said the cow had eaten fodder corn the day before, the milk was stopped, and so did the vomiting and diarrhoea, aided by ipecac 3x. Later in the season, a new hired man gave fodder corn to the one cow for the second time, and in due time the child was taken sick again, and recovered after changing the diet.

There is no food so suitable for young children as milk, nor is there any substitute worthy of trial when it can be procured. "But since the proportion of caseine or cheezy matter is larger

in this, while there is less sugar, and generally less fatty matter than in breast milk, it becomes necessary to alter this to adapt it to the stomach of infants." The milk should be allowed to stand from two to four hours after being drawn from the cow; then the top part only, being the richest in fatty matter, is dipped off, and diluted with an equal amount of warm water, the whole to be sweetened with sugar of milk, till its taste resembles mother's milk. "By this process, the proportion of cheezy matter is diminished, the butter and saccharine qualities increased."

To sum up the whole matter in a few words. If possible, feed upon breast milk. Feed at regular intervals, and not too often; more children die from overfeeding than from starvation. Exercise the greatest care as to the way artificial food is administered. Impress these facts upon the mother's mind. They will soon learn that an "ounce of prevention is better than a pound of cure."

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#### SOCIETIES.

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##### *WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The twenty-sixth annual meeting of the Worcester County Homœopathic Society was a most memorable event. Never before since its organization — so the older members tell us — has there been such a large attendance, and so much interest manifested as at the meeting of Nov. 9th, there being thirty-nine members present. From early morn until late in the afternoon all the doctors present seemed to reflect, in a large measure, the bright sunshine which gladdened all nature on that day.

The first business of the day was the election of officers for the ensuing year, and the result was as follows: President, E. A. Fisher, of Worcester; first vice-president, E. D. Fitch, of Worcester; second vice-president, G. A. Slocomb, of Millbury; secretary, Carl Crisand, of Worcester; librarian, Jennie S. Dunn, of Worcester; censors, Chas. L. Nichols and J. P. Rand, of Worcester, and P. R. Watts, of Stafford Springs, Conn.

The bureau on Mental, Nervous and Skin Diseases presented, through its chairman, Dr. Geo. S. Adams, the following interesting programme:

"Psychical Adjuvants in Neurasthenia," by Dr. D. B. Whittier, of Fitchburg; "Kali Phos. in Neurasthenia," by Dr. C. S. Pratt, of Shrewsbury; "Insanity and Aphasia," by Dr. Ellen S. Keith, of Westboro'; "The Vibrometer and Its Uses," by Dr. E. A. Clarke, of Westboro'. In the absence of Dr. Chas. H. Davis, of Worcester, Dr. Fitch read Dr. Davis' paper on "Cystitis and Urinary Calculi," and exhibited a quart preserve-jar

half full of calculi, which had been removed from a patient's bladder, at the post-mortem examination.

After the scientific session was over, the caterer, who had for several hours been busily engaged in an adjoining room in preparing tempting viands, announced that his part of the programme was ready ; and, judging by the broad smiles which this welcome bit of information produced on all the doctor's faces, it would seem that they were all very willing to change the discussion from serious medical topics to the more pleasurable gastronomic question awaiting their immediate solution in the dining-hall.

The delicious roast turkey and the many other good things on the table having been exhaustively discussed, President Allen called a halt in the proceedings, fearing, probably, that some careless doctor might eat too much of the forbidden fruit, and, forthwith, announced that Dr. N. W. Rand, our toast-master, would serve a number of various dishes of "brain-food." The first dish served was "Our Society" by our esteemed president. He pictured in glowing colors the great achievement of homœopathy, and in a most aggressive manner urged that immediate steps be taken toward the establishment of a homœopathic hospital in Worcester. The next dish was a thoroughly-seasoned one, "The Pioneer," served by our highly honored colleague, Dr. S. M. Cate. He told us of the many obstacles in the way of the early practitioner of homœopathy. Dr. J. K. Warren spoke for "The Scalpel." He said that the scalpel and the surgeon alike should possess three qualifications ; they should be clean, bright and keen. He attributed the great superiority of homœopathic surgery over old-school surgery to the homœopathic after-treatment of surgical cases, and ventured the statement, that unless our allopathic surgeons adopt homœopathic after-medication, they will soon be forced to lay the scalpel into our hand and acknowledge our greater skill. "Our Senior Members" was the dish served by Dr. D. B. Whittier in his inimitable way. He made all the young doctors feel glad that they did not live "in the days of yore," when he, in the face of many difficulties and meagre equipment, studied and began the practice of medicine. Dr. Horace Packard came from the "Hub" to the "Heart of the Commonwealth," with his pockets and heart all full and running over with eloquent words of congratulation and good cheer. He assured us of substantial aid from the homœopathic brethren in Boston — whom we have helped — in the establishment of a hospital here. If he be a good prophet, the dawn of that eventful day is near at hand when our hospital dreams shall be realized. No one could have served the next dish, "The Women," more gracefully

than Dr. C. L. Nichols. After his enumeration of woman's great achievements in the field of medicine, every man almost wished that he had been born a woman, and counted it at least one of the mistakes of his life to have come into the world a man. We all wondered what we would get when Dr. Amanda C. Bray toasted "The Men," but she let us off easy and really eulogized us, with the exception of her closing story, in which she proved beyond a shadow of a doubt, that the old woman's remedy is the best every time. "The Babies" came next for their share of attention, and who could have defended and portrayed them half so well as our poet, J. P. Rand? Since it is considered best not to attempt to describe this poem, it is hoped that the editor will embrace the opportunity of gracing the columns of the GAZETTE with it. The last, but by far not the least in savor was the dish, "Our Kinsmen," responded to by Rev. C. M. Southgate. For eloquence, wit, fervor and pathos this toast greatly surpassed its predecessors, and we felt more keenly than ever the intimate and beautiful kinship between the clergyman and the physician, a kinship which is deserving of more attention and cultivation.

The duties of the various sessions of the day having been duly performed, the meeting closed at 4.30 P. M., and as the doctors bade farewell to Worcester to return to their various fields of practice, they carried with them pleasant memories of a day profitably spent and most thoroughly enjoyed.

CARL CRISAND, *Secretary.*

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*SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.*

The ninth annual session of the Southern Homœopathic Medical Association was called to order at 9 P. M., Nov. 22d, in the pavilion of the Park Hotel, Hot Springs, Ark. The opening session was to have taken place at 3 P. M., but a wreck on the Iron Mountain Railroad detained those who came by that route, some one hundred miles this side of St. Louis, and gave those who came by the Memphis route an opportunity of spending the day in Little Rock.

President W. C. Dake was detained at his home in Nashville, Tenn., by illness, and First Vice President Eldridge C. Price, of Baltimore, Md., presided.

After prayer and the reading of the minutes of the previous meeting and the appointment of the Committee on Credentials, the Association adjourned till nine o'clock the next morning.

WEDNESDAY, NOVEMBER, 23, 1892.—MORNING SESSION.

The reports of the treasurer and of the board of censors were received and a number of applications for membership reported.

The name of Dr. J. H. Coers, who offered his resignation as a member of the Association, was, under the rules, placed on the list of honorary members.

The interests of homœopathy in different sections of the country were reported upon by different members, and the courtesies of the Association were extended to Dr. Ellis of Hot Springs, who spoke at some length on the evils of the drumming system.

A general discussion on this system followed, and a committee, consisting of Drs. Duffield, W. E. Green and Crutches, was appointed to draft a set of resolutions condemning the drumming system, as it was the sense of the meeting that this practice was not only harmful to the local practitioners, but to those from abroad who sent patients here.

President Dake's annual address was read by Vice-President Price, and Committees on President's Address and Publication were appointed.

The Association received an invitation to a reception given in its honor by the Business Men's Club.

The Bureau of Materia Medica was called. Dr. Clara C. Plimpton, of Nashville, Tenn., read a paper on "Glonoine in Headache." Dr. Wilson A. Smith, of Chicago, read a paper on "Symptoms." Dr. E. C. Price, of Baltimore, read a paper on "Therapeutic Intuition." The other members of the Bureau failing to appear, their papers were handed to the secretary, and read by title at the close of the meeting. The papers read elicited much discussion, particularly that of Dr. Price. It was a scholarly effort and showed deep research.

Under the Bureau of Clinical Medicine, Dr. Lizzie Gray Gutherz, of St. Louis, read a paper on "Remittent Fever." Dr. A. M. Duffield, of Huntsville, Ala., read a paper on "Clinical Experience with Schüssler's Tissue Remedies." Dr. Pennoyer, of Kenosha, Wis., read a paper on "Clinical Medicine." These papers were ably discussed, and the others in the Bureau referred to the secretary.

Telegrams of sympathy were ordered sent to President Dake in his illness, and to Dr. A. L. Monroe, of Louisville, Ky., prevented from attending the meeting of the Association on account of the death of his child.

A resolution was adopted thanking Manager Van Vleit for the tender of fifty seats to the Wilson Minstrel performance at the Opera House.

## AFTERNOON SESSION.

At 3 P. M. the Bureau of Surgery was called, and the war was on. The first paper read was "Clinical Notes on Surgery of the Kidneys," by Dr. W. E. Green, of Little Rock, Ark. Dr. Fisher, of San Antonio, Tex., Dr. Walton, of Cincinnati, O., Dr. McDonald, of Washington, D. C., Dr. Runnels, of Indianapolis, Ind., and Dr. Pratt, of Chicago, were foremost in the discussion. Dr. Chas. Dake, of Hot Springs, read a paper on "The Treatment of Syphilis." Dr. T. L. McDonald, of Washington, D. C., read an exhaustive and intensely interesting paper on "Surgical Anæsthesia." Dr. Walton, of Cincinnati, read a paper on "Nephritic Colic." Dr. Clara Plimpton, of Nashville, Tenn., reported a very interesting case of "Gall Stone." Dr. F. P. Green, of Memphis, described the best mode of making a "Paper Jacket in the Treatment of Spinal Curvature." Dr. A. M. Duffield, of Huntsville, Ala., reported a case of "Traumatic Gangrene."

The convention adjourned to attend the reception tendered them by the Business Men's Club. The club rooms are elegant and the banquet was all that could be desired. Many of the young people indulged in dancing, but we did not see any of the delegates thus employing themselves.

## THURSDAY MORNING, NOVEMBER 24, 1892.

The presiding officer called for the Bureau of Orificial Surgery, and Chairman W. E. Green took charge. Dr. Jesse R. Jones, of Jackson, Miss., read the first paper on "The American Association of Orificial Surgeons and Their Principles."

It was voted that all discussions of this Bureau be postponed until all of the papers were read.

Dr. Runnels, of Indianapolis, followed Dr. Jones with a paper entitled "A Case in Court." Orificial Surgery was on trial for its life, and Dr. Runnels showed to good advantage in his role of attorney. Dr. Ida J. Brooks, of Little Rock, gave "Three Cases" in which she had been particularly interested. Dr. Green, of Memphis, read "Clinical Notes on Orificial Surgery." Dr. N. J. Bliem, of San Antonio, Tex., spoke "Another Word About the Effect of Anal Dilatation upon the Respiration." Dr. Green, of Little Rock, read a paper on "Amputation of the Uterine Cervix." Dr. Green illustrated his talk with a series of drawings in India ink, which made plain to every hearer every step in the operation.

The chairman assured us that he had reserved the choicest morsel to the last, and spoke many words of approbation in his introduction of Dr. E. H. Pratt, of Chicago.



Dr. Pratt's subject was "Orificial Treatment in Delicate Cases." When he had finished, the papers were discussed. This discussion was warm, loud and long. It was still going on when your correspondent was informed that the carriages for the ladies were at the door. The eight ladies in the party made up of the three women physicians and the wives of other delegates, were invited to take dinner with Dr. Dake in his bachelor's den; said den consisted of a rambling old southern house presided over by "Eliza" who had her assistants, a colored boy and a Japanese, well trained. Dr. Dake is shy, but he was assisted in the entertainment of his guests by Dr. Walton who is not shy, and this dinner which included time to examine the elegant offices and the many rare things Dr. Dake found in his recent trip to Japan and the far countries, made up one of the happiest experiences of these happy days.

#### AFTERNOON SESSION.

At 2 P.M. the convention was called to order, and Dr. Clara Plimpton of Nashville, chairman of the Bureau of Obstetrics, read an interesting "Report,"

She was followed by Dr. E. S. Bailey of Chicago, who read an interesting and instructive paper on "The Treatment of Post-Partum Hemorrhages."

Dr. M. J. Bliem of Texas, read a paper entitled, "Extra Uterine Pregnancy With Report of a Case."

These papers were discussed, the others in the Bureau read by title, and the Bureau of gynecology called.

But two papers in this Bureau were accompanied by their authors, that on "Endometritis," by Dr. T. G. Comstock, of St. Louis, and one on "The Operation for Shortening the Round Ligaments, With Report of a Case," by Dr. Bliem of Texas.

These papers were discussed, the others referred to the secretary, and the Bureau of Ophthalmology etc. called.

Dr. F. P. Green of Memphis, responded with a paper entitled "Treatment of Hypertrophic Rhinitis."

For the Bureau of Sanitary Science, Chairman Duffield gave a paper on "The Proper Disposal of the Dead." Dr. P. S. Boyd of Sheffield, Ala., read a paper on "The Proper Disposal of Sewerage in Towns of Less Than 10,000 Inhabitants," and Dr. Thos. Church of Salem, O., read a paper on "Physician and Boards of Health."

These papers were discussed. All papers in the hands of the secretary read by title; the report of the various committees received; the Chairmen of Bureaus appointed; the report of the necrologist read; the delegates to other societies appointed; the miscellaneous business transacted, and the Association adjourned

to meet in Chicago next May, in connection with the World's Congress of Homœopathic Physicians and The American Institute.

The following is the list of officers for the ensuing year :

President, Eldridge C. Price, M.D., Baltimore, Md.; first vice-president, A. M. Duffield, M.D., Huntsville, Ala.; second vice-president, Lizzie Gray Gutherz, M.D., St. Louis, Mo.; recording secretary, C. R. Mayer, M.D., New Orleans, La.; corresponding secretary, E. S. Bailey, M.D., Chicago, Ill.; treasurer, T. Engelbach, Esq., New Orleans, La. Board of Censors:—Clara C. Plimpton, M.D., Nashville, Tenn.; M. J. Bliem, M.D., San Antonio, Tex.; T. L. McDonald, M.D., Washington, D. C.; Sarah J. Millsop, M.D., Bowling Green, Ky.; Ida J. Brooks, M.D., Little Rock, Ark.

The following is a list of the Chairmen of the various bureaux :

Materia Medica, Dr. A. L. Monroe, Louisville Ky.; Clinical Medicine, Dr. Wells Le Fevre, Hot Springs, Ark.; Surgery, Dr. T. L. McDonald, Washington, D. C.; Orificial Surgery, Dr. F. P. Green, Memphis, Tenn.; Obstetrics, Dr. T. E. Enloe, Nashville, Tenn.; Gynecology, Dr. Sarah J. Millsop, Bowling Green, Ky.; Ophthalmology, Dr. H. F. Fisher, Nashville, Tenn.; Sanitary Science, Dr. P. S. Boyd, Sheffield, Ala.; Pædology, Dr. Lizzie Gray Gutherz, St. Louis, Mo.; Registration, Statistics and History, Dr. C. E. Fisher, San Antonio, Tex.; Nervous Diseases and Insanity, Dr. Ida J. Brooks, Little Rock, Ark.

The social features of the convention added greatly to the pleasure of the delegates. The resident physicians were untiring in their efforts as hosts. Carriages were placed at the disposal of the delegates, and they were shown the wonders of the section. A party of twelve visited Hell's Half-Acre, and four of their number, one of them a woman, climbed to the top of Hot Springs Mountain. They were disappointed in the view, however, as a shower came up, and they were drenched before they started back to the city on horseback. The freedom of the baths was tendered the physicians; the springs were unlocked for their inspection, and each resident seemed to vie with the other in showing the doctors attention. The local papers complimented the Assembly on their fine looks; the visitors from the North were surprised to find such advanced views held in the South, and the delegates were agreeably surprised to find Hot Springs as it was. Those who stopped in Little Rock were shown the advantages of the Capital City where the state institutions are. The young-girl pupil in the Deaf Mute Institute, whose wood-carving is given third rank at Chicago, received the compliments of the doctors in a gracious manner. The display of native fruits and minerals in the State House was duly ad-

mired. The Insane Asylum visited, where the genial superintendent, a gentleman of the "old school" in his manners as well as his practice, assured us that he would make no objection to a woman and a homœopath being appointed his assistant, as his requirements would simply be that she be a physician and competent for her work.

An art reception given by one of our ladies whose work appeared in the Salon in Paris, formed a pleasant feature, and the grand democratic rally and torchlight procession made the night brilliant.

Those who stopped over in their return were privileged to see Dr. W. E. Green perform laparotomy at the Infirmary, and were given a reception at the residence of Dr. Ayers at night.

The ninth Session of the Association was a success in every respect and will long be remembered with pleasure by those who attended it.

Reported by IDA J. BROOKS, M.D.

Little Rock, Ark.

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#### REVIEWS AND NOTICES OF BOOKS.

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THE HOMŒOPATHIC THERAPEUTICS OF HÆMORRHOIDS. By Wm. Jefferson Guernsey, M.D. Philadelphia: Boericke & Tafel. 1892. 142 pp. Second edition.

The fact of this little book reaching a second edition, testifies that Dr. Guernsey finds many to agree with him in his statement that we "have proven remedies enough to easily, surely and safely restore to health all patients suffering with uncomplicated piles." A few conservative spirits may be still tempted to question the assertion, on the ground that adequately proven remedies are white blackbirds, in any department of our materia medica. But positive statements are, as a rule, more welcome than cautious challengings; and there will, therefore, doubtless be many practitioners glad to share Dr. Guernsey's optimism, and—the patience of patients permitting—faithfully experiment with the one hundred and thirty-five drugs here classified with reference to their hemorrhoidal symptoms, before delivering a case over to the sharp mercy of the surgeon's knife.

INTERNATIONAL CLINICS. Vol. II. Second Series. Philadelphia: J. B. Lippincott Co.

Among the famous clinicians who here relate their experiences and set forth their conclusions, for the benefit of the readers of the latest volume of this justly celebrated series, are Drs. John Ashhurst, David Finlay, T. M. Rotch, Alex. Skene,

Allen Starr, James Tyson, and many others whose names are no less widely known, and whose utterances are not less authoritative. A wide variety of cases is described. Among them, cases of infantile syphilis, arterial sclerosis, stone in the kidney and tubercular pleurisy. Many subjects of unique interest are briefly discussed, such as, for instance, "The Tonic Treatment for Indigestion," by Dr. Thos. J. Mays, "Sporadic Cretinism," by Dr. James Lloyd, and the "Axial Rotation of Abdominal Tumor," by Dr. Bland Sutton. The volume has as frontispiece a striking portrait of the lamented Dr. D. Hayes Agnew, a most sympathetic biographical sketch of whom is contributed by Dr. John Ashhurst, Jr. The work is enriched and elucidated by very many well-executed illustrations and diagrams. To say that the volume is worthy its predecessors in the series, is both high and just praise.

A TREATISE ON DISEASES OF THE NOSE AND THROAT. By Francke H. Bosworth, A.M., M.D. Vol. II. New York: Wm. Wood & Co. 832 pp.

This, the second and concluding part of Dr. Bosworth's encyclopædic work, will be certain of welcome from the many who have grown familiar with the first volume, issued more than two years ago. In the fullest and minutest detail, the present volume treats, in its first section, of diseases of the fauces; "which term," the author says: "I have adopted as best describing, in a single expression, that portion of the air and food tract which includes the oropharynx, the soft palate and faucial pillars, and the tonsils." In its second section, it deals with diseases of the larynx, and in the third section, of the external surgery of the throat, including pharyngotomy, thyrotomy, trachæotomy, extirpation and resection of the larynx. Beginning with the anatomy and physiology of the parts treated of, and concluding with full recommendations for treatment, internal, local and operative, of all the pathological conditions to which the parts are subject, the work thoroughly covers its chosen field. Records of many clinical cases add to its practical value. The book has no less than 125 wood-cuts, and has three full-page colored plates. It is amply indexed. The completed work will doubtless find its way to the library of every specialist in throat diseases, as well as to the shelves of many general practitioners who wish to know the fullest and latest word of old school medicine on diseased conditions the general practitioner is frequently called to treat.

THE ANATOMY OF THE PERITONÆUM. By Franklin Dexter, M.D. New York: D. Appleton & Co.

The plan of this little book is excellently in accord with the

most advanced and most sensible of modern educational methods. The *raison d'être* of its appearance is thus given by its author: "From my experience in the dissecting-room, there seems to me to be no part of anatomy which is quite so unsatisfactory or incomprehensible to the student as the peritonæum.

There is no way of obtaining a clear idea of the peritonæum except through a knowledge of its development." Acting upon this idea, Dr. Dexter offers a series of thirty-eight colored diagrammatic plates, with brief but clear, explanatory notes, tracing the development of the peritonæum. To follow these intelligently is to master in an unforgettable and exhaustive fashion, facts, which, as the author truly says, the average student of anatomy finds perplexing and elusive. The work is unique, accurate and admirably useful. It is published in compact and well-finished shape.

HISTOLOGY, PATHOLOGY AND BACTERIOLOGY. (Student's Quiz Series.) By Bennett S. Beach, M.D. Phila: Lea Bros. & Co. 165 pp.

Three vast fields could hardly be more than very lightly covered in a volume so small as the Quiz Series prescribes. But the subjects on which questions and answers are here framed, are handled concisely and discreetly, and the student will find them excellently suggestive. Especially will that be the case with the section devoted to the very modern science of bacteriology, whose latest and best authenticated discoveries and conclusions are here presented in a form of interest and value to graduate, as well as undergraduate student. As is the case with all the volumes of the series, the book is offered in convenient and durable form.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By Henry C. Chapman, M.D. Phila: W. B. Saunders. 237 pp.

This brief and practical manual gives the substance of the lectures lately delivered by its author before the students of Jefferson Medical College. It is founded upon the classic works in its chosen field, — those, for instance, of Taylor, Wharton, Stillé and Reese,—but embodies, also, much information of practical and every-day value, which is the fruit of Dr. Chapman's extended experience as Coroner's Physician, in the city of Philadelphia. Its teachings cover clearly, if briefly, most of the themes of medico-legal interest; there is an appendix, dealing very fully and interestingly with the subject of toxicology. The book is capitally indexed, and has many and helpful illustrations. It will be found an excellent aid to the student wishing to familiarize himself with the essentials of medical jurisprudence.

ALASKANA. By Prof. Bushrod W. James, A.M., M.D. Phila : Porter & Coates.

In this luxuriously gotten-up little book, Prof. James chronicles, in brief chapters written in the long-flowing, rhymeless metre with which "Hiawatha" has made us so familiar, his observations made during a recent trip through Alaska, on its natural scenery, people, customs and folk-lore. Much that is novel and interesting is thus brought together in a condensed and readable form. Thus we have a description of Indian River,

. . . . that sweet river,  
That pure rippling stream, whose waters  
Bear to man and beast refreshment.

The native tribes are catalogued, and their characteristics given : we are shown the individual Indian in his betrothal and marriage, in every-day life, in sickness, death and burial ; and we are familiarized with many odd and picturesque myths and legends. The book is one from which the would-be Alaskan traveller can glean much of very great interest and use to him. It is published in sumptuous form, and enriched with very beautiful illustrations ; among which those of Sitka, of the native totem-poles, and of the Muir glacier, stand conspicuous for interest of subject and perfection of finish.

MEDICAL MATTERS : MENTIONED IN JEST. By Selah. Chicago : Era Publishing Co.

Laughter is among the wholesomest of prescriptions, and much harmless laughter lies, in most accessible form, in the pages of this little book. Whether we make the acquaintance of the Irish gentleman who took the box of pills, and hoped he'd feel better when the lid came off ; or of the gentleman who "kept his bed," not being "fool enough to sell it just because he was getting better ;" or of the gentleman, who, being told to walk on an empty stomach, asked whose stomach he should walk on ; or any other of the large and merry company assembled at "Selah's" call, we are sure of a merry minute, and better gift there is none, for the overworked doctor.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD still easily holds its own, as the most popular note-book for the homœopathic physician. Convenient in size, "perpetual" in form, which ensures its possibility of use until its pages are filled, without hampering by dates, handsomely bound, with memoranda on many matters of daily moment, it remains, as has been said, and as has been the case for many years, foremost in its field.

**THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST.** By Robert Faulkner, M.D.  
New York: Boericke & Tafel.

This is a "perpetual" record, whereof the dates may be adapted by the physician using it. In addition to the usual memoranda, such as pulse-tables, emergency-notes, etc., there are eighty-four pages devoted to a condensed but suggestive repertory. The volume is richly bound in dark morocco.

**THE MEDICAL NEWS VISITING LIST** for 1893, comes to us in dated form, adapted for thirty patients per week. Its memoranda include dose-tables, directions for urinalysis, emergency memoranda, and several other notes of interest. It is richly bound in morocco, and a useful catheter scale accompanies it. Phila: Lea Bros. & Co.

**THE PHYSICIAN'S VISITING LIST.** (Lindsay & Blakiston's.)

A very "grave and reverend senior" among its kind, makes its forty-second annual appearance. It has the unique recommendation of being the smallest and lightest Visiting List published; an advantage, when one considers the number of articles the physician has to carry in his pocket. It is arranged for 25, 50, 75 and 100 patients per day or week, dated and undated, with or without interleaves for special memoranda. The new U. S. Pharmacopœia, 1890, which will be published in 1893, adopts the metric system of weights and measures. In order to meet this, a very complete table of the doses of all drugs in both the English and Metric systems is contained in this edition. (Phila: P. Blakiston, Son, & Co.)

**LEONARD'S PHYSICIAN'S POCKET DAY-BOOK.**—Bound in Red Morocco, with Flap, Pocket, Pencil Loop and Red Edges. Price, postpaid, \$1.00. Published by The Illustrated Medical Journal Co., Detroit, Mich.

This popular day-book is now in its 15th year of publication. The front part of it is occupied with dose tables, and other useful pocket memoranda. It is good for *thirteen months*, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department, and complete obstetric records.

**THE INTERNATIONAL MAGAZINE POCKET VISITING LIST,** (Philadelphia: J. B. Lippincott Co.) comes dated for 1893, and gotten up in handsome and substantial style. Spaces are left after the name of each patient for address, charges, page of case-book, diagnosis, etc. Among the useful memoranda are tables of "incompatibles," "poisons and antidotes," etc. The record is for sixty patients per week.

**CHILDHOOD.** The new magazine owned and edited by Dr. George William Winterburn, and published by A. L. Chatterton & Co., New York, numbers several distinguished contributors to its first issue, that for December, 1892. Julian Hawthorne writes quaintly on "Make-Believe." The distinguished psychologist, Prof. Lester F. Ward, has some wise words on "The Reciprocal Obligations of Parents and Children," and variety, wit and good sense distinguish the table of contents as a whole. The magazine is so attractive in appearance, so valuable in matter and so moderate in price, (\$1.00 a year,) that physicians will do well to make its acquaintance and introduce it to their *clientèle*.

**THE CENTURY MAGAZINE IN 1893.**—It would be hard for a person who cares for good reading to make a better investment than a year's subscription to *The Century Magazine*. No region is too remote, no expense too great if it will only produce what the *Century's* readers want. This is the policy that has made it, as the *Pall Mall Budget*, of London, says: "By far the best of the magazines, English or American."

The November number begins a new volume, and contains the first chapters of a powerful novel of New York society, called "Sweet Bells Out of Tune," written by Mrs. Burton Harrison, the author of "The Anglomaniacs."

In this November number begins also a great series of papers on "The Bible and Science," opening with "Does the Bible contain Scientific Errors?" by Prof. Shields, of Princeton, who takes decided ground that the Bible does not contain scientific errors of any moment, and who most interestingly states the case from his point of view. Other articles in this series will include one in the December (Christmas) number, "The Effects of Scientific Study upon Religious Beliefs."

An important series of letters that passed between General Sherman and his brother, Senator John Sherman, is also printed in November, which number con-

tains also contributions from the most distinguished writers, including an article by James Russell Lowell, which was not quite completed at the time of his death. The suggestion which Bishop Potter makes in the November *Century* as to what could be done with the World's Fair if it were opened on Sunday, is one which seems the most practical solution of the problem yet offered.

The December *Century* is a great Christmas number—full of Christmas stories, Christmas poems and Christmas pictures, and in it will begin the first chapters of a striking novel of life in Colorado, "Benefits Forget," by Wolcott Balestier, who wrote "The Naulahka" with Rudyard Kipling.

Papers on good roads, the new educational methods, and city government are soon to come.

Four dollars will bring this magazine for one year, and certainly no cultivated home can afford to be without it. Subscriber's can remit direct to the publishers, The Century Co., 33 East 17th St., New York. They should begin with November, and so get first chapters of all the series, including "Sweet Bells out of Tune."

That the Catholic Church still holds officially to the belief in possession by devils is shown by Prof. E. P. EVANS in an article on MODERN INSTANCES OF DEMONIAL POSSESSION, to appear in the December POPULAR SCIENCE MONTHLY. As evidence of this attitude he quotes the published account of the casting out of a devil by a Bavarian priest in July, 1891, and other like testimony.

Other articles of moment are DEAFNESS AND THE CARE OF THE EARS by DR. ABRAM MILLS FANNING, and ARTHUR KITSON'S papers on the FALLACIES OF MODERN ECONOMISTS. New York: D. Appleton & Co.

The complete novel in LIPPINCOTT'S MAGAZINE for December, "Pearce Amer-son's Will," is by Colonel Richard Malcolm Johnston. It is a most life-like story of Middle Georgia in the old days. Mrs. Bloomfield Moore explains "Keely's Present Position," and tells us that he is searching, not for perpetual motion, but for the elements of hydrogen. Francis Preston Frémont, U. S. A., writes briefly of "Frémont in California." M. Crofton, in "Men of the Day," handles Herbert Spencer, Victorien Sardou, Robert T. Lincoln, and Phillips Brooks. "As It Seems," talks of Renan, Tennyson, and other matters. The verse of the number is by Florence Earle Coates, Gertrude Morton, S. R. Elliot, Frederick Peterson. Phila: J. B. Lippincott Co.

Messrs. Gross and Dalbridge, of Chicago, announce the publication, beginning in January next, of a new monthly homœopathic magazine, to be called the MEDICAL CENTURY. It will be edited by Dr. C. E. Fisher, late of *The Southern Journal of Homœopathy*. A feature of the magazine will be its correspondence from all parts of the world. The subscription price will be \$2.00 per annum.

Messrs. Macmillan & Co. announce that the recently completed edition of Foster's Text-Book of Physiology, in four parts, is to be supplemented by the issue of an appendix on "The Chemical Basis of the Animal Body," by A. Sheridan Lea, Sc.D., F.R.S. Dr. Lea is Lecturer on Physiology to the University of Cambridge, England.

"ALL ROUND THE YEAR." The quaintly pretty calender published annually by Lee & Shepherd, is this year prettier than ever. It tells, in daintily drawn and tinted pages, the story of a ladd and lass who coquet the bright months through, and in December meet and kiss under the mistletoe. It is among the most charming of the season's souvenirs. The drawings are by Pauline Sunter.

## MISCELLANY.

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A PRESCRIPTION FOR YOUNG PHYSICIANS. — According to the *British Medical Journal* a distinguished Vienna professor gives the following prescription to all young physicians who call to take leave of him before embarking on their professional career. *R. Veritatis, humanitatis, fidelitatis, ad infinitum. Misc. Ft. elixir vitæ. Signa:* To be used constantly throughout life. It is easy, perhaps, for most men to start with a good stock of this spiritual elixir, but the difficulty is to find an apothecary who can dispense the prescription when the supply has run out. — *New York Medical Journal.*



## THE BABIES.

*Response of J. P. Rand, M.D., at the Dinner of the Worcester County Homœopathic Medical Society, Nov. 9th, 1892.*

The babies! Bless each little soul!  
 —We all have babies been.—  
 'Tis he who gains complete control  
 Of house and all within.  
 No king upon a gilded throne  
 Was e'er so great as he,  
 And all shall still his sceptre own  
 When monarchs cease to be.  
 And yet, such evanescent reign  
 Cannot be wholly bliss;  
 What one of us but would complain  
 To be a king like this?  
 Who would exchange his frosty pate  
 And eyes with vision dim,  
 And teeth all fastened to a plate,  
 And withered brow and limb,  
 And through the corridors of time  
 Be carried back to day  
 To start again life's steps to climb  
 In Nature's homely way?  
 To be a babe, poor helpless thing,  
 It's trials who can tell?  
 How few an invitation bring  
 To homes where they must dwell!  
 No wonder that they always cry  
 As soon as they appear;  
 They know, alas! they know them nigh  
 What tortures wait them here,  
 For granny's spirit fairly glows  
 With ardor to display  
 The endless round of things she knows,  
 Or has known in her day;  
 And ere he is an hour old  
 His little mouth she fills  
 With draughts of sweetened water cold  
 To antedate his ills.  
 Perhaps the one who gave him birth  
 His birthright may deny,  
 And bid those founts of priceless-worth  
 That flow for him, be dry.  
 O! Mothers who refuse to give  
 Your helpless babes their due,  
 'Tis only just that you should live  
 To be neglected too.  
 O! Who would be a babe, I say,  
 So helpless he must lie  
 Where any leave him night or day,  
 And nothing do but cry.  
 And of the thousand things he sees  
 Around on every side,  
 Be given what the least would please  
 And what would most, denied.  
 Be trotted when he wanted rest  
 And rested when he'd trot.  
 When chilled with cold to be undressed,  
 And bundled up when hot.  
 Be fed until he overflows,  
 And should he cry with pain,  
 At once the nasty nipple goes

Into his mouth again.  
 But should he call for food or drink,  
 No one his wants can tell;  
 "He's ill," the listless parents think,  
 And must be "dosed a spell;"  
 So down the soothing-syrup goes  
 And soporific pill.  
 How many babes, — God only knows, —  
 Are sleeping from them still!  
 It makes me shudder to relate  
 Of nursing-tubes we see,  
 Whose use in any Christian State  
 Prohibited should be.  
 And "patent foods" of countless make  
 And sterilizers new,  
 And artful schemes, that undertake  
 Maternal work to do.  
 And so the mother gads about  
 In fashion's giddy ways,  
 And trusts her child, when she is out,  
 To Bridget now-a-days.  
 O! who would be a babe, I say,  
 To cut his teeth again,  
 And fret and drule and spew away  
 As all of us did then!  
 O! Who would at the gauntlet scoff,  
 Which every child must run,  
 Of measles, mumps and whooping-cough  
 That strike him one by one?  
 And chicken-pox, that leaves its pits  
 Where'er its pustules spread,  
 And stomach-worms, that give him fits,  
 And scarlet-fever, dread.  
 O! Who would be a babe, I say,  
 If from no cause but this:  
 To be a target in the way  
 For every one to kiss?  
 For spinsters, who have not been  
 kissed  
 Since they themselves were small;  
 For filthy livers who subsist  
 On onions, tops and all;  
 For faces scarred with every form  
 Of loathsome skin disease;  
 For breaths in which bacilli swarm  
 Like maggots in a cheese.  
 For "bloats" who gloat o'er vile cigars;  
 For bearded faces rough;  
 For beldams rank with old catarrhs  
 And nostrils filled with snuff;  
 For shrivelled cheeks and toothless gums  
 All would their lives refresh;  
 Like Shylock, from each babe that  
 comes,  
 They claim a "pound of flesh."  
 O! Portia, clad with sovereign grace  
 Come with thy spirit too,  
 To teach the greedy ones their place  
 And all, to justice do.

## PERSONAL AND NEWS ITEMS.

—:0:—

DR. W. B. PERKINS has removed from 41 Salem street to 64 Summer street, Malden.

DR. E. A. DAKIN has settled at 497 Beacon street. He gives special attention to diseases of the nose and throat.

DR. HENRY C. JEFFERDS has removed his office to Dekum Building, Third street, corner of Washington, Scotland, Oregon.

DR. MARION COON, has settled as 285 Clifton street, Malden, Mass. Office hours: 8 to 10 A. M., 2 to 4 P. M., 7.30 to 8.30 P. M.

THE Massachusetts Surgical and Gynecological Society will hold its annual meeting at the Quincy House, Boston, Dec. 14th, at 4 P. M.

DR. CHARLES DEADY removed Oct. 1st, to 110 West Forty-eighth street, New York. Hours: 9 to 1. Dr. Deady devotes himself to diseases of the eye and ear, exclusively.

PERCIVAL G. WARDWELL, M.D., Hahnemann Medical College, Philadelphia, 1869, has established a private home for the treatment of nervous invalids, at Beverly, Mass.

DR. GEORGE H. EARL, class '84 B.U.S.M., has located at 64 Huntington avenue, Boston. He will give special attention to Obstetrics and Orthopedic Surgery.

DR. E. H. DURGIN, of Searsport, Me., is going abroad for purposes of study, for six months. Dr. A. E. Baker, of Lowell, Mass., will take his practice during his absence.

FOR SALE.— One Wilson Gynecological Chair with cushions, in perfect order. Will be sold packed, ready for shipment, for \$22.00. Address

OTIS CLAPP & SON, 317 Westminster street, Providence, R. I.

FOR SALE.— A set of GENTRY'S CONCORDANCE REPERTORY, cloth binding, as good as new. Price, \$30.00 net. Address

OTIS CLAPP & SON, 10 Park Square, Boston.

FOR SALE.— A set of WYETH'S SURGERY, sheep binding, first edition, 1889, in prime condition, price, \$3.50 net. Address

OTIS CLAPP & SON, 10 Park Square, Boston.

FOR SALE.— A set of ROBERT TAYLOR'S ATLAS OF SKIN DISEASES, eight parts, paper binding, 1889. Will be sold for \$10.00. Address

OTIS CLAPP & SON, 10 Park Square, Boston.

FOR SALE.— A second hand CLARK GYNECOLOGICAL CHAIR in good condition. Price \$20.00. Can be seen at

OTIS CLAPP & SON'S, 10 Park Square, Boston.

DR. SIMEON O. PILLING has settled at 361 Main street, Hartford, Conn. Hours: 9 to 10 A. M., 2 to 4 and 7 to 8 P. M. Dr. Pilling has succeeded to the practice of Dr. H. Elmore Russeque, who has left Hartford, after several years of successful work in that city.

FOR SALE.— One set NATIONAL MEDICAL DICTIONARY by BILLINGS. Sheep binding. Lea Bros. & Co. Subscription work, List price \$14.00 net, for sale at \$10.00 net. Address

OTIS CLAPP & SON, 10 Park Square, Boston.

DR. F. P. BATCHELDER, of 285 West Chester Park, Boston, announces that he is prepared to conduct anæsthesia according to the new method with etherated air (Packard's). Terms: In town, \$5.00. Out of town, \$10. Special terms if required by circumstances of case.

FOR SALE. — Eight volumes of the REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES, BY BUCK, bound in half morocco. Subscription price, \$8.00 per volume. These books for sale at \$6.00 per volume. Address

OTIS CLAPP & SON, 317 Westminister street, Providence, R. I.

JAMES R. COCKE, M.D., announces that, in addition to his hours at home, 24 Worcester street, he has arranged for office hours at Woodbury Building, corner Boylston and Berkeley streets, from 3.30 to 5.30 P. M., Tuesdays excepted. Dr. Cocke gives special attention to abdominal palpation and physical examination of the pelvic organs. Also, to auscultation and percussion.

THE following noble lines are from the eloquent and just tribute paid by Dr. Sam'l. A. Jones, in the *Homœopathic Recorder*, for Nov. 12, '92, to the memory of Dr. Drysdale:

"Russell, Drysdale and Dudgeon, what a triumvirate! Rich in that ripe scholarship which is nowadays so rare, and richer in that nobility of nature which takes its stand with the truth regardless of all else, these men shine out in the early history of English homœopathy preëminent."

THE recently-formed Southern Medical College Association has adopted the following rule of qualifications for graduation from all colleges within its membership:

Candidates for graduation in addition to the usual requirements of Medical Colleges, must have attended three courses of lectures of not less than six months each in three separate years. Must have dissected in two courses, and attended two courses of clinical or hospital instructions, and must have attended one course in each of the special laboratory departments, to wit: 1. Histology and Bacteriology. 2. Chemistry. 3. Operative Surgery.

THE GAZETTE desires to present, with regret for the necessity of so doing, the following list of the errata occurring in the article by Dr. Richard Hughes, in the GAZETTE'S October issue:

- P. 456, l. 2, for "this" read "its."
- P. 456, l. 24, for "methods" read "method."
- P. 457, l. 31, for "daily" read "lastly."
- P. 458, l. 10, for "would" read "should."
- P. 458, l. 16, for "the" read "this."
- P. 458, l. 21, for "those" read "these."

The new building of the Kansas City Homœopathic Medical College has recently been dedicated. It is a three-story brick building, fifty feet front. Previous to its erection the college sessions were held in a store building, 1618 Main street. The present quarters were begun in August last, and were completed quite recently. They are provided with all the modern improvements and with the appointments of a good medical college. Free clinics will be provided for the treatment of the poor, and excellent medical service in every department will be had. The number of the faculty is fifteen, and that of the students, forty. The first session of the college was held in 1887.

DURING the summer of 1891, Dr. L. D. Rogers, with the assistance of a few friends, organized and established the Chicago Baptist Hospital. On the 27th of last September, the institution celebrated its first anniversary. The ladies from thirty-three Baptist churches in and about Chicago gave a reception at the Hospital, and served refreshments to more than a thousand guests, among whom were many of the elite of the city. The *Chicago Evening Post* considered the reception a society event of such importance as to give it a two-column report. The Chicago Baptist Hospital is the only denominational hospital in Chicago that has a homœopathic staff. It is also the largest homœopathic hospital in Chicago, and on account of its large and influential constituency it will probably always remain the largest. It is the only hospital in Chicago open alike to all homœopathic physicians.

A FAIR was recently held by the Ladies' Aid Association of the Malden Hospital, with most fortunate results. In his excellent address at the opening of the Fair, Dr. George B. Sawtelle said:

It must be of interest to many to know that the Malden Hospital is established

on the basis of equal rights for the two leading schools of medical practice — the so-called Allopathic and Homœopathic — on the basis of freedom of choice of treatment for every patient. This union is a blessing to our community. The patrons of neither school alone could build or maintain the Hospital. Had it not been for this union Malden Hospital would not be. The trees would still be growing on yonder hill, and to-night we would be engaged in our usual varied avocations.

We may congratulate ourselves that our Union Hospital has an influence that extends outside of our own community. I have received letters from other places inquiring about the principle upon which it was established, and the basis of its management. One of these letters was from a eminent physician, in the State of New Jersey, contemplating a like hospital in his own field of practice. We may feel it a matter of honor and pride to know that our enterprising little city has set an example which is being looked at from far-off States.

Hospitals combining the skill and care of both schools of practice are established at Taunton, Newton and Quincy, and another is planned for Bangor, Me. Thus, by union, home-like hospitals can now be established and maintained in the smaller cities that never before dared to hope. The hospital of the future in places of our size, is sure to rest on this basis of union.

#### WORLD'S CONGRESS NOTES.

The Committee on Entertainment of the World's Congress of Homœopathic Physicians and Surgeons, are pleased to inform you that they have made arrangements with the Great Northern Fire-Proof Hotel to receive the physicians who will attend the meetings of the Congress, which convenes May 29th to June 3d, 1893.

The hotel is one of the largest in the world, and has accommodations for 1800 people. It is fire-proof, new, contains eight large restaurants and is conducted on the European plan, so that one may sleep there and take his meals where he chooses. From advices already received by the Committee, it is probable that twenty-five to thirty-five hundred physicians and members of their families will have to be provided for during that week, so that it will be necessary to file your application with the hotel at once. Such applications will receive consideration in the order in which they are received, and will be held subject to your disposal until May 19th. A uniform rate of \$2.50 per day for each person for sleeping accommodations has been made, and while of course it will be impossible to assign a room to each individual, the management guarantees comfort and the best of care. The location of the Great Northern is within three blocks of the Art Institute, where the meetings will be held, and its close proximity to all railroad stations for the World's Fair makes it a perfect situation.

Yours fraternally,

J. H. BUFFUM, M.D.  
A. K. CRAWFORD, M.D. } Committee.  
T. S. HOYNE, M.D.

THE work of Chas. Cullis, M.D., who recently died in this city, at the age of fifty-nine, certainly exhibits a remarkable record as the fruits of the efforts of a single zealous and enthusiastic worker. The following is a brief statistical record of that work:

Established first Faith Hospital on Continent, Sept. 27, 1864.

Consumptives' Home, at Vernon street, Oct. 7, 1864.

Consumptives' Home, at Grove Hall, Dec. 7, 1871.

First Children's Home, Sept. 27, 1867.

Founded paper, *Times of Refreshing*, April 24, 1869.

Willard Tract Repository, 1868.

Deaconess Home, May 11, 1869.

Grove Hall Church, June 18, 1874.

Faith Training College, May 12, 1875.

Spinal Home, 1876.

Cancer Home, Walpole, Mass., Sept. 27, 1878.

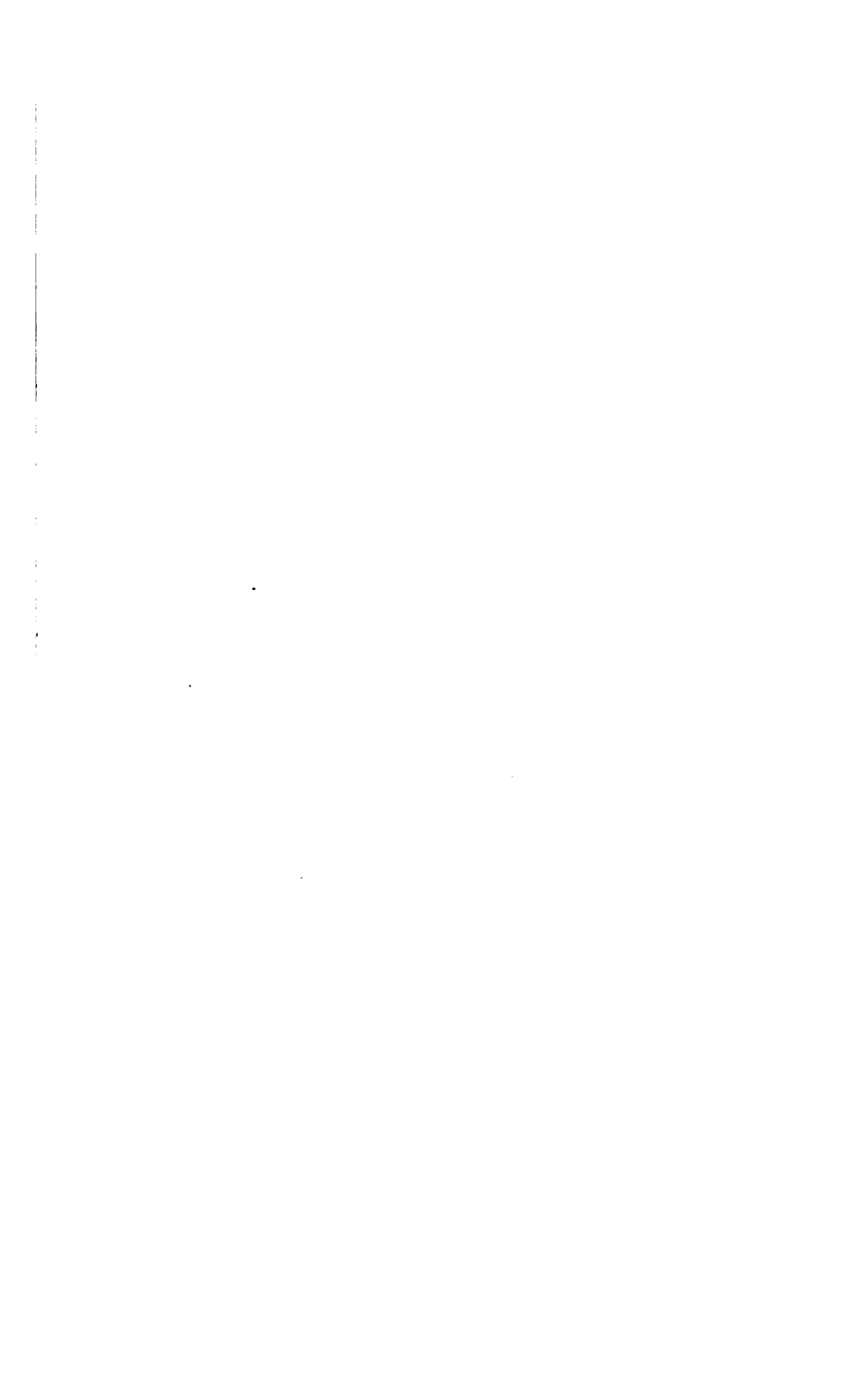
Boynton Institute, Boynton, Va., Sept. 27, 1879.

Established branches of Willard Tract Repository in New York, London and Philadelphia.

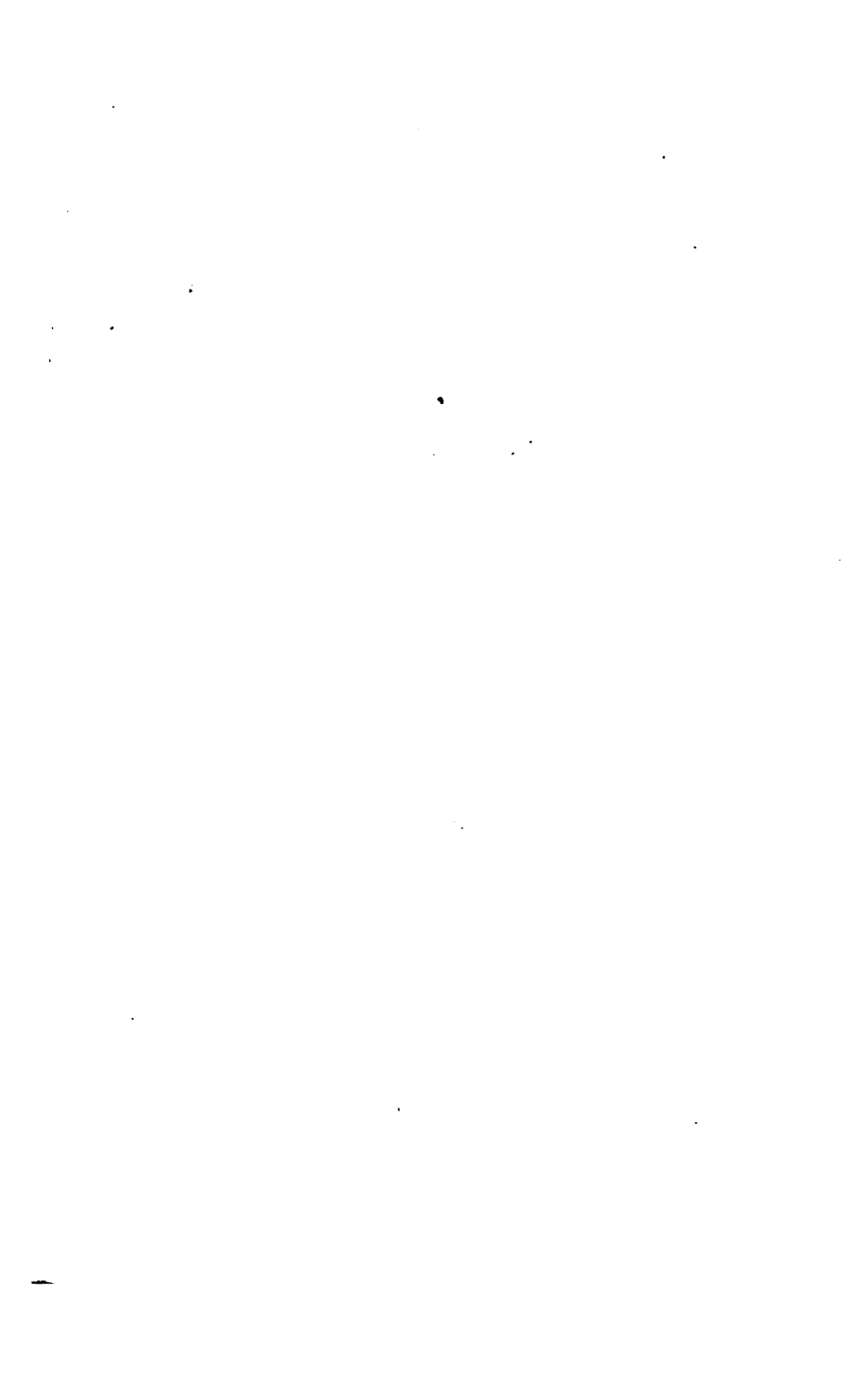
He established missions in India and among Chinese in California.

He founded several churches, children's homes and city missions.











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