



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

H610.5

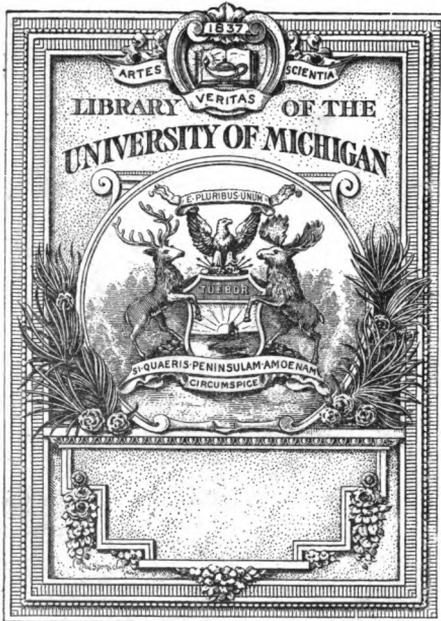
H77

L45



Homoeopathic Leader
vol 1 nos 1+2 1883
(complete)

University of Michigan.



H610.5

H77

L45

THE HOMŒOPATHIC LEADER

EDITED BY WALTER YEOMANS COWL, M. D.
AND ASSOCIATES.

July, 1883.

*Homœopathy, the Science of Therapeutics.
Pathology, the Basis of Prognosis and Prevention.*

DUNHAM.

CONTENTS :

Photo-Micrograph of Large Waxy Cast.

Salutatory,	WM. TOD HELMUTH, M. D.	1
On Acute Cystitis,—I.,	F. E. DOUGHTY, M. D.	5
The Relations of Suicide to Insanity,	WM. M. BUTLER, M. D.	12
A Delicate Test for Blood,	MALCOLM LEAL, M. D.	21
On the Pathology of Suppurative Inflammation of the Middle Ear,	CHAS. DEADY, M. D.	26
Spasm of the Glottis in Infants and Young Children,	GEO. W. BLODGETT, M. D.	30
Hints on the Local Treatment of Post-Partum Hemorrhage,	W. W. BLACKMAN, M. D.	37
On Vaccination,—I.,	GEO. R. STEARNS, M. D.	42
Notes on the Bacillus Tuberculosis,	CHARLES MCDOWELL, M. D.	47
A Schedule for Gynecological Cases,	WALTER Y. COWL, M. D.	51

Editorial Articles :

What's in a Name?	57
The Note of Urbanity.	61
The Aspect of the Germ Theory.	63
Samuel Hahnemann.	67
To the Profession.	69

Proceedings of Societies :

The Rhode Island Homœopathic Society.	71
The New Jersey State Homœopathic Medical Society.	71
The Maryland Institute of Homœopathy.	72
The Connecticut Homœopathic Medical Society.	72
The Homœopathic Medical Society of the County of New York.	73
The Homœopathic Medical Society of the County of Kings.	78
The Massachusetts Surgical and Gynecological Society.	46

Notes :

Another Disease—Producing Bacillus.	29
The Liquefaction of Oxygen.	41
Halt! What Code Believ'st Thou In?	56
The American Institute Meeting.	56
Hahnemann's Honorary Membership in the N. Y. County Medical Society, B. F. JOSLIN, M. D.,	70

New York: 36 West 21st Street.

Published Monthly. Yearly Subscription Four Dollars.

ASSOCIATE EDITORS.

SURGERY :

H. M. LEWIS, M. D., *Attending Surgeon to the Brooklyn Homœopathic Hospital.*

MENTAL AND NERVOUS DISEASES :

WM. M. BUTLER, M. D., *Late First Assistant Physician at the New York State Homœopathic Asylum for the Insane.*

PREVENTIVE MEDICINE :

MALCOLM LEAL, M. D., *Professor of Chemistry at the New York Homœopathic Medical College.*

DISEASES OF THE EYE AND EAR :

CHAS. DEADY, M. D., O. et A. Chir., *Resident Surgeon at the New York Ophthalmic Hospital.*

DISEASES OF CHILDREN :

GEO. W. BLODGETT, M. D., *Professor of Physiology at the New York Homœopathic Medical College.*

OBSTETRICS :

W. W. BLACKMAN, M. D., *Formerly Resident Physician at the Brooklyn Maternity. Lecturer on Anatomy at the New York Homœopathic Medical College.*

MATERIA MEDICA :

GEO. R. STEARNS, A. M., M. D., *Formerly Resident Physician at the Wards Island Homœopathic Hospital.*

FOREIGN LITERATURE :

CHARLES McDOWELL, M. D., *Formerly House Surgeon at the Hahnemann and Wards Island Homœopathic Hospitals.*

THE GENERAL EDITOR WILL GIVE ESPECIAL ATTENTION TO THE
DISEASES OF WOMEN.

The LEADER will appear upon the first of every month succeeding July, 1883, and will number sixty-four pages, or more, as occasion may require, exclusive of advertisements.

Subscriptions will be received by the Editor, or by Mr. R. W. Turner, Stationer, 349 Fourth Avenue, New York City.

Single copies may be obtained at 40 cents each. Sample copies will be mailed free upon application to the Editor,

PHOTO-MICROGRAPHS.

GEO. G. ROCKWOOD, 17 Union Square, has organized a special department for the photographing of microscopic objects and preparations of every description. An expert of experience as a Microscopist will give his aid to a first class Photographer in charge of this department.

The instruments and objectives so successfully used by Dr. J. W. S. Arnold, late of this city, have been secured for the above work.

Address,

GEO. G. ROCKWOOD,
17 Union Square, N. Y.

THE HOMŒOPATHIC LEADER,

JULY, 1883.



LARGE WAXY CAST $\times 200$.

A photo-micrograph, showing the natural appearance and delicate outline of these bodies, as seen upon the freshly prepared microscopic slide, surrounded by urine. Specimen taken from an acutely exacerbated case of chronic Bright's Disease. A fissure, such as is common in waxy casts, is to be noticed near one end. Except the outline of the cast, the other bodies upon the field are out of focus.

The photographic process employed (Platinum print) was selected as depicting the special subject with greater likeness to its appearance upon the microscopic slide than the ordinary 'albumen print.' The photograph is also absolutely permanent.

The HOMŒOPATHIC



LEADER.

1755

1843

Similia Similibus

Curantur

111448

13/11/42 LAP

JULY, 1883.

SALUTATORY.

IN times of old, when Physic yet was young,
 When Galen taught and Paracelsus sung,
 When incantations, amulets and charms,
 Dispell'd diseases with their dire alarms ;
 When sages wrote with *Style*-ographic pen
 On waxen tablets for the good of men,
 Or in the temple to a chosen band
 Imparted precept, wisdom and command,
 Which garbled by the fancy of each sage,
 Grew more uncertain with advancing age.
 Then few could learn th' *Æsulapian* art,
 And fewer still the magic lore impart.
 Then Priest and Alchemist in fraud secure,
 Proclaimed unblushing each wondrous cure,
 Invoked St. Agatha, if breasts inflamed,
 With *Lapis Sanguinis* the blood stream tamed ;
 On barren women (*inter mammas*) laid,
 The potent pills from reeking mandrakes made,

UNIVERSITY

Till True and False by superstition led,
 By bold assumption, and by avarice fed,
 Curtailed the art of each proportion fair,
 Truth holding small, Deceit the larger share.
 That iron age of darkness now has pass'd
 And scientific truth prevails at last.
 The humors now "*pituita*" and "*bile*,"
 And "*blood*" and "*cholera*," gotten out of chyle,
 No more compel diseases in their train,
 Or indicate the cause of every pain,
 Explain no more each bad and good sensation,
 To be relieved by violent purgation.
 The "*Anima*" of Stahl, Van Helmont's trust,
 And Boerhaave's theories, are damp with must.
 The golden apples once so fair and bright
 Are turned to ashes by our modern light,
 While day by day the new discoveries rise,
 And shine resplendent in our dazzled eyes,
 Till overwhelmed the student stands aghast
 Each revelation crowding on the last,
 And followed still by others thick and fast,—
 Till at the present, no one mind can span,
 A single science in the life of man.

Now all our atmosphere is fill'd with germs
 Which careful research every day confirms,
 (Though Koch and Spina quarrel over terms.)
 The microscope reveals a thousand cells
 Which each a story undisputed tells :
 This is a cancer, that a simple growth,
 And here a structure which pertains to both
 This epithelium is prostatic, that
 Is nothing but disorganizing fat.

The wandering leucocytes thro' vessel's walls,
 Pass in and out, whenever nature calls ;
 Bacilli, rod-shaped, spindle-shaped and round,
 In earth, in water and in air abound ;
 While every hour the chemist's art unveils,
 Some new discovery, which the old curtails.

We learn that living matter only lasts
 So long as epithelial bioplasts
 Retain their health and vigor, if they fade
 The metamorphosis is retrograde,
 A protoplasm of a less degree,
 Forms basis for a higher entity.—
 And so *ad infinitum* ever come
 Mysterious facts to strike the student dumb.

How can the mental faculties keep pace
 With science striving ever in the race ?
 How, as the mighty overwhelming tide
 Of truth rolls onward, spreading far and wide
 Can we a portion of the good select,
 Apply the practical, the false reject ?
 The question given, hark ! the answer flies
 And periodic literature replies
 “ Let those few earnest energetic men,”
 “ By nature qualified to wield the pen ”
 “ Join heart and hand ; unfold the pure and true,”
 And this the LEADER will essay to do.
 Nor in a boastful arrogance of tone,
 Eschewing all opinions save its own,
 Nor with a stubborn and vainglorious pride
 The honest work of other men deride ;
 Nor yet indulging in disgusting cant
 Which turns an Editor to sycophant ;
 But with a modest zeal and temper fair
 With firmness, justice, truthfulness and care
 Cull fresh the buds of knowledge as they bloom
 From master minds ; then as a sweet perfume
 Can oft recall past efforts which have lain
 Long crushed and dormant into life again,
 So may the LEADER by a line surprise
 Old, desultory thoughts and crystallize
 The atoms worthless to a gem so bright
 That all mankind may revel in the light,
 Which streaming through the vista of the past,
 May give the way-worn toiler hope at last,

THE HOMŒOPATHIC LEADER.

Strengthen his steps ; enable him to see,
 And manfully complete life's destiny.
 E'en through the lapse of years could this be done,
 The LEADER would conceive the victory won,
 And claim a place of honor mid the hosts
 Of honest rivals, which the country boasts,
 Giving to each, the boon itself demands,
 A fair examination at your hands.
 And as the bread upon the waters cast,
 In time indefinite returns at last,
 So now the LEADER, launched upon the tide,
 With rocky shoals beset on every side,
 May yet 'tis hoped at not a distant day
 By good accomplished thus the venture pay.
 The motto reads "TO TRUTH ITSELF BE TRUE"
 'Tis ours no more, the page belongs to you.

WM. TOD HELMUTH.

June 6th, 1883.



ON ACUTE CYSTITIS.*

BY F. E. DOUGHTY, M.D.,

Professor of Anatomy and Genito-Urinary Diseases in the
New York Homœopathic Medical College.

PART I.—DEFINITION, ETIOLOGY AND SYMPTOMATOLOGY.

AN inflammatory process, involving the mucous membrane of the bladder alone, is the condition most frequently met with; so that in employing the term cystitis it usually refers to an inflammation of that membrane only.

If the character of the disease is peculiar, or, if other tissues than the lining membrane be affected, then some qualifying term is employed to designate it. Thus arises the medley of names that are applied to inflammation of the bladder; such as acute and chronic cystitis, catarrh of the bladder, or cystitis mucosa, interstitial cystitis, peri- and epi-cystitis, croupous, diphtheritic and gonorrhœal cystitis.

Let us at the outset have a clear appreciation of the meaning of these qualifying terms, and we cannot do better than to consider a hypothetical case.

A patient having the bladder partially distended receives a blow in the hypogastric region. As a result, an acute inflammatory action is excited in the bladder. This acute cystitis, for some reason, does not terminate in resolution; but, though decreasing in severity, it assumes a chronic form, called chronic cystitis, cystitis mucosa, or catarrh of the bladder. This chronic condition increasing in extent and severity, ulceration of the lining membrane results and the submucous intermuscular tissue becomes involved, producing the condition known as interstitial cystitis. The morbid process, still extending outwards, involves the serous covering of the viscus, and we have epi-cystitis; or, if it extends to the cellular planes around the bladder, peri-cystitis; though this term is also employed to include what we have described under the name of epi-cystitis.

* Read before the Homœopathic Medical Society of the County of New York.

Thus we see that these terms only serve to briefly express the degree of inflammatory action and the tissues involved. If the character of the inflammation differs from that of the simple form, then the qualifying term may be croupous, diphtheritic or gonorrhœal.

Acute idiopathic inflammation of a previously healthy bladder does not occur. Such is the opinion of the majority of authorities on this subject. Professor Van Buren states: "Acute cystitis does not occur spontaneously, and is an exceedingly rare affection, except as an exacerbation of already existing chronic disease, or from traumatic causes." Again he says: "Inflammation of the bladder is not found as an idiopathic essential disease, that is, it does not occur except through the intervention of some cause acting locally. Thus the effect of cold, so active in producing catarrhal inflammation of certain mucous membranes, * * * * is powerless to excite inflammation in a healthy bladder, however active it may be in kindling an existing congestion or chronic inflammation into an acute state."

This quotation expresses the opinion of most medical writers, and we agree with them when they limit the employment of the term, acute cystitis, to certain pathological changes found to be present at post-mortem examinations.

But the practitioner is constantly meeting with cases presenting the symptoms encountered in acute cystitis, including hypersecretion of mucus, abnormal exfoliation of epithelium, bloody urine, etc., etc., arising idiopathically to which he gives the name acute cystitis, and we think correctly so, although the pathological changes, or rather their absence, would exclude it from such classification.

With this understanding then, we consider the

Etiology. The causes of acute cystitis may be divided into five classes :

- I. Traumatic and chemical.
- II. Extension of inflammation from neighboring parts.
- III. Exacerbation of existing chronic inflammation.
- IV. Drugs and improper food.
- V. Cold, and no *obvious* cause, but generally attributed to the gouty or rheumatic diathesis.

We will consider these causes in detail.

- 1st. Traumatic and chemical. Direct injuries, such as blows

in the vesical region, falls, fracture of the pelvic bones, injury done by the careless or improper use of instruments in the bladder, foreign bodies introduced into the viscus and remaining there, over distension from retention of urine due to stricture, coma, paralysis, acute febrile disease combined with altered urine, pressure of a tumor, sudden displacement of the uterus, contusions and injuries during labor, and especially those in which mechanical aid is required. Chemical causes would include altered urine and irritating injections introduced to arrest hæmorrhage, or, finding their way accidentally into the bladder when employed for the cure of urethritis.

By way of parenthesis, I would particularly call attention to over distension as a cause, due to either ignorance or carelessness on the part of some practitioners, who ignore or forget that their patient has a bladder, and fail to inform themselves as to the condition of the viscus under circumstances likely to produce retention of urine; or, finding it distended, and the patient unable to empty it, content themselves with selecting the appropriate remedy, and leave the poor victim to suffer hours of agony, and expose him to irreparable mischief while waiting for the medicine to act, or till some one else is called in who has acumen enough to afford immediate relief by means of the catheter.

2nd. Extension of inflammation from neighboring parts, pelvic peritonitis, cellulitis, uterine and vaginal cancer, vaginitis, metritis, perityphlitic abscess, or abscess of other organs opening into the bladder, or perforation of a foetal sac, gonorrhœal inflammation of the urethra, prostatitis, and exceptionally an inflammation of the mucous membrane of the pelvis of the kidney, whether of spontaneous origin or set up by the presence of calculi, which may be transmitted along the ureter to the bladder.

3rd. Exacerbation of existing chronic inflammation.

Cold, the result of getting wet, not infrequently calls into activity a sub-acute or chronic condition; the rough use of instruments; neuralgia of the vesical neck; and a diphtheritic patch of membrane. In this category we would place altered urine—for no known abnormality of the urine will excite acute inflammation in a perfectly healthy bladder, however

active it may be in giving rise to marked trouble in a bladder already crippled by chronic congestion or hyperæmia.

We will consider for a moment this subject of altered urine and its *modus operandi*.

From some cause a congestion or hyperæmic condition of the of the mucous membrane of the bladder is produced, resulting in an excessive secretion of mucus; this substance, by its catalytic action and the alkali it contains, decomposes the urea, changing it into carbonate of ammonia, precipitating the amorphous phosphates, and forming, with the phosphate of magnesia already present, the ammonio-magnesian, or triple phosphate.

Carbonate of ammonia is exceedingly irritating to the mucous membrane and provokes a more profuse secretion of mucus, or, eventually of pus, which in turn rapidly changes the urine and develops more of the carbonate. Thus they react on each other, causing more and more irritation till an inflammatory stage is reached.

It is to be borne in mind that the pus or excess of mucus may come originally from the upper urinary passages. Pus, secreted in the pelvis of the kidney, or in the ureter, and passing down into the bladder, may, by its presence, irritate that viscus, and so start the train of changes just enumerated.

4th. Drugs and improper food.

Cantharides is capable of exciting a violent inflammation of the bladder. Whether applied to the integument as a blister, or administered internally, its effects are the same. The cantharidine is absorbed and excreted by the kidneys, and seems only to excite its characteristic irritation and inflammation when brought into direct contact with the vesical mucous membrane by the urine. Not infrequently it produces active hyperæmia and irritation, stopping short of actual inflammation. Such is also the usual effect of turpentine and arsenic. Large and long continued doses of chlorate of potash may also produce aggravated cases of cystitis.

Improper food is probably unable to excite an acute inflammation in a healthy bladder, but may aggravate a sub-acute or chronic state. Such articles for instance are: stimulating condiments, asparagus and onions. Acute vesical irritation of a very severe character may be produced by new, imperfectly

fermented beer, or by all sorts of alcoholic beverages of bad quality.

5th. Cold, rheumatic or gouty diathesis.

We have seen that cold has been excluded by most authorities as a cause of acute cystitis in a healthy bladder; but not a few believe that it can produce such a state.

We choose to include it as a cause, for we have said that we would include under the title of cystitis those cases which, while they may lack the strict requirements of anatomical proof, still present symptoms so closely resembling those belonging to undoubted cystitis that, practically, they cannot be distinguished.

Whether the rheumatic or gouty vice can alone produce cystitis, we are not prepared to admit. That cases do occur for which no adequate cause can be discovered cannot be doubted, and, if the subject happens to be of a gouty or rheumatic habit, one is very prone to ascribe the urinary disturbance to that cause without, perhaps, sufficient reason.

Symptomatology. Whether the attack be primary, or engrafted upon an already existing altered state of the local circulation, the symptoms are about the same. However much the constitutional manifestations may differ in different cases, the local distress is always marked. The attack may commence suddenly with severe pain and frequent desire to pass water.

Pain, with a sense of pressure over the bladder, may be constantly present and aggravated at intervals, or may be felt principally during micturition, being insignificant or absent at other times.

The frequent desire to pass urine is particularly distressing, and this, with the pain, will be present in proportion as the cervix and trigonum vesicæ are involved.

The pain will radiate from the hypogastrium to the inguinal or sacral regions, to the perineum, testes and glans penis, or down the thighs. Pressure over the bladder and in the perineum, and (in women) on the fundus of the bladder through the vagina will demonstrate tenderness, and an increase of the distress spontaneously complained of. The calls to empty the bladder are frequent—perhaps every few minutes—and imperative day and night, attended with violent pain and tenesmus, and perhaps complete retention.

Even through a small quantity of urine escapes with the violent efforts at expulsion, no sense of relief is experienced, for the viscus still feels as if it were painfully distended. This *tension vesicæ* not infrequently becomes communicated to the rectum. In very acute cases fever is present, and even in those cases presenting only moderate local distress, the fever may run high. As a rule, the fever, (which may be absent altogether,) is announced by an elevation of temperature to 100.5° to 102° , or even higher, the pulse being over a hundred.

A chill rarely ushers in the fever, though fits of shivering are not uncommon. With the febrile movement are associated the usual symptoms of that state; gastric disturbance, such as thirst, loss of appetite, nausea or vomiting, dry tongue, and restlessness, with jactitation and hiccough, if gangrene be present.

The urine acid, or neutral and clear at first, soon becomes turbid and high colored, with perhaps more or less blood, and alkaline, containing excess of mucus and some pus evenly distributed through the fluid at first, subsequently, as stringy mucus. The specific gravity of the urine will be but little, if any, below the normal standard in acute cystitis; if there is much fever present it will rise as high as 1030.

The odor is normal, unless decomposition has taken place, when it will be ammoniacal; or, if the intensity of the inflammation is great and sloughing has occurred, it will have a gangrenous odor. If the urine is allowed to stand, a white or blood tinged sediment soon settles to the bottom, which, on microscopical examination, shows numbers of white blood corpuscles (mucus or pus cells), red blood cells, fibrillæ of mucus, bladder epithelia, shreds of tissue (if ulceration is present), and, if the urine has suffered decomposition, the amorphous and triple phosphates. Chemically, albumen will be found in proportion to the amount of pus or blood, and is most marked in cystitis produced by cantharides.

Thus far we have considered cystitis as an inflammation of the mucous membrane of the bladder only. When other of the anatomical structures are affected, especially the sub-mucous tissue, the symptoms are even more severe. For, when the membrane only is involved, the inflammatory exudates, being thrown out on the surface, mingle with the urine, and so relieve the parts from which they came. "But in inter-

stitial and peri-cystitis, no such vent being afforded, the bladder walls become thickened by infiltration, rigid, hypertrophied, adherent and contracted, rendering the viscus not only less able to expel the urine, but also incapable of containing more than a small quantity; hence pain over the whole vesical region, and frequent, almost constant attempts to pass water, which is voided only in small quantities, or even guttatim."

An interstitial abscess of the posterior or lateral walls of the bladder and bulging into the cavity of the organ may considerably obstruct the flow of urine from the ureters, and so cause regurgitation of urine to the kidneys. Or, if the abscess is located near the cervix, it may block up the urethra and produce complete retention. The pain and desire to micturate remains constantly. A sense of pressure in the region of the bladder, or deep in the pelvis, radiating into the sacral, lumbar and perineal regions is constant. Attacks of rigors, occurring irregularly in the course of the fever, with a tendency toward a typhoid state, indicate suppuration or the absorption of the constituents of the urine. Intense thirst, loss of appetite, retching or obstinate vomiting ensue. With the bursting of the abscess into the cavity of the bladder, the pain and frequent calls to void urine diminish, as do also the general symptoms. The pus escapes with the urine, and gradually the cavity of the abscess contracts and cicatrizes.

Such a favorable course may not be followed however.

The abscess, whether sub-mucous or sub-serous, may rupture into the cellular tissue surrounding the bladder, giving rise to the well known symptoms of urinary infiltration, producing intense congestion, inflammation and new purulent formation, which may rupture into the rectum, vagina or perineum, or the bowel. Rarely, the primary abscess opens into the peritoneal cavity, and produces a rapidly fatal peritonitis. If we have to deal with adhesive peri-cystitis, whether primary, or, as is more common, from extension of an inflammatory process from neighboring parts, the febrile symptoms are unimportant, and there are scarcely any symptoms due to pressure. The bladder, however, from adhesions is much less able to contract, producing difficulty in voiding urine, or even complete retention.

[*To be continued.*]

SUICIDE IN ITS RELATIONS TO INSANITY.

BY W. M. BUTLER, M.D., BROOKLYN, N. Y.

LOVE of life is the strongest passion in man and beast.

Under its influence man stains his hands with his brother's blood, and the gentlest beast becomes an object of terror to its pursuer. Recognizing its force the law acquits the homicide, who proves his act to have been committed in self-defence.

Much as is said of the dark shadows which overhang our present life, the majority of mankind cling tenaciously to it, rather than blindly plunge into the dark unknown. Yet, all powerful as is this passion, numbers, in all ages and from every people, resisting its influence have, by their own hands, sought voluntary death. Repulsive as is the thought of suicide to the majority of mankind, it has frequently inspired the artist's pencil, and upon the canvases of hundreds of galleries is perpetuated in living ghastliness the different methods adopted by these self-murderers.

In view of the absolute antagonism of this act to the laws of nature, the question naturally arises, can a person, unaffected by insanity, take his own life? Is not the mere act evidence positive of the existence of insanity?

Instances of self-destruction are chronicled by every historian. Virgil has immortalized the suicide of the Tyrian Dido, but thousands of unsung Didos have earned a like immortality, led by the teachings of Brahma and Buddha. The Stoics, the Epicureans and all the pagan philosophers represented suicide as an honorable and desirable means of escape from the trials and misfortunes of life. "God be thanked," says Seneca, "that no one can be forced to live longer than he desires. Nay, when reason consents, and the fitting time has arrived, the wise man should commit suicide, even though he be happy." As a result of these teachings, defeated generals, disappointed statesmen, philosophers, men and women of every rank, sought escape from misery by the portal of suicide. Cato stabbed himself, Ajax fell upon his spear, Diodorus cut his throat,

Cassius by his own dagger, Diogenes by suffocation, Cleopatra by an asp, Cleanthes by fasting, Peregrinus by fire. Marc Anthony, Zeno, Stilpo, Seneca, and hundreds of the philosophers of every school, by different methods, sought voluntary deaths. The scriptures, also, record the suicides of Abimelech, Saul, Sampson, Ahithophel and Judas Iscariot. During the middle ages, hundreds of Jews destroyed themselves to escape the persecutions of the Christians; five hundred, in 1320, dying by their own hands on a single occasion in York. Since the establishment of Christianity, deliberate suicide has been comparatively infrequent, although various writers, during the succeeding centuries, have attempted to revive the theories promulgated by the pagan philosophers, but they have universally failed in establishing a prevailing sentiment in their favor.

While the enlightened reason of modern times professedly denies the right of man to destroy his own life, the frequent occurrence of suicide at the present day would seem to give the direct contradiction to this belief. "In France alone," says Dr. De Boismont, "during the present century, one hundred thousand have perished by their own hands," yet the percentage of deaths by suicide, to the whole population, is less in France than in Prussia, Wurtemberg, Switzerland, Denmark or Saxony. In the United States even, we find that forty in every million of the population die in this manner.

As if to reconcile this appalling inconsistency between the theory and practice of the present age, there has arisen an almost universal belief that the commission of suicide is an indubitable proof of insanity in nearly every instance, and the crime, therefore, is glossed over by a coroner's verdict of "death while laboring under temporary mental aberration." That suicide is perfectly compatible with sanity, however, is clearly proven by its history in past ages, and by a glance at any human mind. Probably no man exists to whose mind, at some time, suicide has not appeared to offer an enticing avenue of escape from present pain and trouble. Of the struggle which may go on for months in a sane mind against this morbid desire, Goethe has given us a most perfect delineation, drawn from his own experience, in his wonderful prose poem, the "Sorrows of Werther."

The suicide is not necessarily insane any more than the homicide is necessarily a moral lunatic. It is time that this sentimentality were done away with, for this terrible tide of self-destruction never will be checked until public sentiment,—in every case where unmistakable evidences of insanity have not preceded the deed,—brands with equal disgrace the suicide and the homicide.

Yet with the broadest veil of charity would we cover all those cases in which the destruction of life has been the culmination of a long struggle with a diseased brain. In every asylum numbers are found, in whom a mad desire for self-destruction seems to imbue the very life current, driving them to repeated suicidal attempts. No form of insanity is more difficult to treat, and no patient is more to be pitied than he who

“Makes his heart a prey to black despair and longs
To die—to sleep, and by a little sleep to say :
We end the thousand heartaches and the natural
Shocks that flesh is heir to.”

Coming often as an epidemic the victims, possessed by an irresistible desire, exert their utmost ingenuity for the accomplishment of their purpose. Piteable, indeed, are these unfortunates, and, far from agreeing in the severe public condemnation which has at times refused to their mangled bodies a Christian burial, we would join with Laertes when he demands for the fair Ophelia to

“Lay her i' the earth,
And from her fair and unpulluted flesh
May violets spring.”

The questions of most practical importance to us as physicians are ; what are the forms of mental disease most liable to produce suicidal tendencies, and are there any means of overcoming these tendencies when developed ? At times, appearing as an epidemic, this morbid desire for self-destruction will manifest itself in any form of mental disease, but ordinarily it is induced in comparatively few of the numerous brain disorders.

Numbers of the victims of Mania, relying upon their imagined supernatural powers, put an end to their lives when not so intending. Such are the cases which jump from lofty heights to

demonstrate their ability to walk on air, or plunge into fire, imagining that it has no power over them, or swallow corrosive poisons, thinking their throats are lined with brass. While these cases cannot be regarded as suicides, *per se*, the physician should always bear in mind the dangers which surround patients possessed of delusions of this character.

Another class similar to these are Epileptics, who may destroy themselves in their paroxysms of frenzy while unconscious of their acts.

Occasional instances of suicide also occur among Dements, when their minds have become so weakened as to render them utterly incapable of caring for themselves.

The great majority of suicides, however, are Melancholics. Any case of Melancholia is liable to become suicidal, and the existence of this danger should never be forgotten. Constantly enveloped by clouds of deep despair, hemmed in by apparently impenetrable walls of darkness, night and day, looking in vain for some avenue of escape, the unfortunates at last seek relief in death. Often the most desperately suicidal, concealing their intentions, persistently deny the existence of suicidal thoughts even, until a fitting opportunity enables them to accomplish their deadly schemes. It is frequently said that people who talk about killing themselves never have sufficient courage to strike the fatal blow. This is a mistake, as many persons, exhibiting even marked hysterical symptoms,—which would naturally lead the observer to pronounce them harmless,—have at last, in a paroxysm of despair, destroyed themselves. The only safe rule is to distrust all melancholics and give them no opportunity for injuring themselves.

Dr. O'Dea, in an excellent and comprehensive work on "Suicide; its Philosophy, Causes and Prevention," has considered this subject in all its relations. Some of his tables are exceedingly interesting and instructive. He finds that the greatest number of suicides occurs between the ages of twenty-five and fifty-five. In males, fifty being the age at which the greatest number commit suicide, while in females the maximum is reached at thirty-five.

As to sex, in civilized countries, the general proportion is three men to one woman.

As to nationalities the greatest difference exists as to the comparative frequency of suicides; ranging between seven in a million of the population in Portugal, to two hundred and eighty-eight in a million in Denmark. The following table, showing the comparative frequency of suicides among eighteen of the principal nations, is taken from the above mentioned work :

<i>Nation.</i>	<i>Number of Suicides.</i>
Portugal,	7
Spain,	14
Ireland,	16
Russia,	25
Italy,	26
Finland,	30
Scotland,	35
United States,	40
England and Wales,	68
Norway,	94
Sweden,	66
Belgium,	55
Austria Caslethian,	84
Bavaria,	73
Baden,	109
France,	110
Prussia,	123
Wurtemberg,	163
Switzerland,	206
Denmark,	288
Saxony,	251

A marked difference also exists as to the seasons of the year respecting the liability of patients to commit suicide. O'Dea found that in a thousand tabulated cases three hundred and sixteen happened in summer, two hundred and seventy-seven in spring, two hundred and nineteen in autumn, and one hundred and eighty-eight in winter.

As to the time of day, statistics show that the morning and evening hours are usually chosen for the commission of the deed. This fact should be borne in mind by those having this class of patients in charge, and make them doubly vigilant during these hours.

With reference to the methods of destruction, the greatest difference exists among patients. Some patients, possessed by an overpowering desire to kill themselves by some chosen means, as by drowning, hanging or shooting, will not attempt to injure themselves in any other manner. A favorite method is by poison, as the victim thinks that the death will be easier and the fatal issue less of a shock to surviving friends. A large number, however, become so desperate, that whenever any occasion offers, they will by the most handy method, attempt to accomplish their purpose. These are by far the most troublesome cases, as they are almost certain in some manner to thwart the watchfulness of their attendants. Their ingenuity seems limitless in devising means for ending their hated existence. With a nurse a few feet away, we have known a patient to attempt strangulation with a handkerchief, or to suddenly break the glass of a picture or window and try to cut the throat, and when frustrated, attempt to swallow pieces of the glass.

What are we to do with such cases is the natural question that arises? If the friends will permit it, by all means place them in some well managed asylum, where they can constantly be under the supervision of trained nurses. Experience has proven that by congregating these cases in dormitories at night, the chances of their succeeding in their deadly purpose is greatly lessened, for the majority of patients will not attempt suicide in the presence of others. If the friends will not consent to their removal, we should insist upon the patient's being night and day in the care of a reliable nurse, and be sure to explain the great danger there is, of their succeeding in their purpose, so that in case of a fatal result no blame can be laid upon the physician.

As to medication, help will in many cases be derived from a skillful selection of an indicated remedy. While carefully medicating the patient, care should be exercised that sufficient nourishment is taken, and that death is not produced by starvation. When convinced that the patient is bent upon starvation he should at once be fed with the soft rubber nasal tube.

We append a list of the remedies most likely to afford relief, with their chief mental indications. In this list of remedies we have simply mentioned those which in the provers have pro-

duced positive suicidal attempts or marked tendencies to suicide. Many other remedies have been found useful in Melancholia, which have not in the provings carried the provers to such depths of despair. Many of these, undoubtedly, had the provings been carried far enough, would have driven their victims into the same desperate condition. Our space permits us to give but the merest outline of the symptoms of the drugs. In the selection of remedies for this, as every other class of disease, the physician must be guided, not by the mental indications alone, but by the totality of the patient's symptoms.

ALUMINA.—Depressed, apprehensive, uneasy. Upon seeing blood or knives feels as though she would commit suicide, although she has the greatest aversion to it.

ANTIMONUM CRUDUM.—At night, decided disposition to shoot himself, not impelled to any other method of suicide; this forced him to leave his bed, otherwise he was unable to get rid of it. Restless, anxious, irritable and morose, with sensation of lassitude, general relaxation and great weariness.

ARSENIC.—Great restlessness, with excessive anguish, sadness and weeping. Attempts to hang himself. Desires to kill himself by stabbing his heart through and through. Desires to be killed on account of his intense physical pain and mental distress. Great fear and anxiety. No remedy is more frequently indicated or more often curative. Especially adapted to cases when the mental trouble is caused by physical suffering and where the system has been weakened by disease.

AURUM.—Despondent and dissatisfied with everything. Imagines he cannot succeed in anything, and has lost the affection of his friends, and is unfit for this world and longs for death, which he contemplates with internal delight. Apprehensive, peevish and irritable.

BELLADONNA.—Intense mental anguish, driving to despair. Weeping, moaning and howling without cause, accompanied by fearfulness. Begs to be killed; attempts suicide by strangulation, drowning and throwing himself from a height. With these mental symptoms we find the characteristic sleeplessness, hot head, red suffused eyes and dilated pupils, indicating marked cerebral congestion.

CARBO VEGETABILIS.—Peevish, impatient, desperate. He

would like to shoot himself, when the melancholia has been produced by chronic gastric or intestinal troubles.

CHINA.—Morose, peevish, ill-humored. Despondent does not wish to live. Melancholia produced by physical weakness induced by some excessive drain of the system.

DROSERA.—Impelled to commit suicide by drowning. Not inclined to kill himself by any other means. Worse, 7 or 8 p.m.

HEPAR SULPHURIS CALCAREUM.—Irritable, irascible and passionate. Anxious and depressed, with suicidal thoughts. Indicated in scrofulous patients, subject to glandular swellings, boils and abscesses, and in whom slight injuries are apt to undergo suppuration.

HIPPOMANES.—Ill-humored, wearied of life, even to suicide.

HYOSCYAMUS.—Depressed. Thinks those around him are plotting against him and trying to poison him, and on this account desires to kill himself.

KREOSOTUM.—Great excitement and irascibility. Weeping without cause. Great depression and despair, with longing for death.

LILIUM TIGRINUM.—Depressed, lachrymose, irritable and apprehensive, with fear of becoming insane, and thoughts of suicide. When the disease has been caused by uterine or ovarian disorders.

MERCURIUS.—Restlessness and anxiety. Dissatisfaction with one's self, with excessive apathy, indifference and weariness of life, with longing for death. Frequently beneficial in melancholia, when associated with diseases of the liver and alimentary canal in which this remedy has so long been recognized as curative.

NUX VOMICA.—Quarrelsome, irritable, hypersensitive. Extreme anxiety, impelling him to suicide after midnight, when caused by sedative habits, high living and too much mental labor.

NAJA.—Depression of spirits. Broods over imaginary troubles. Suicidal.

ORIGANUM VULGARE.—Quiet, sad, despairing. Disgust for life. Desire for death. Believes herself lost in hell. Increased sexual irritation.

PHOSPHORUS.—Great sadness, apprehensiveness, fear of death, and almost irresistible desire to commit suicide at night.

When the nervous system has been overtaxed, and impoverished.

PLUMBUM. Irritable, sad, fault-finding, with no desire to live. So great depression that he threatens to commit suicide. In cases affected with severe lesions of the cerebro-spinal or sympathetic nervous systems.

PSORINUM.—Anxious, full of fear, very depressed and inclined to suicide. Extremely offensive odor of the person in spite of frequent baths.

RHUS TOXICODENDRON.—Melancholy and ill-humor, with great apprehension and mental anxiety. Sadness, weeping and desire to die. Worse in the house, and at night, relieved by walking in the open air. Especially indicated in patients subject to erysipelatos, rheumatic and gouty affections.

RHUS VENENATA.—Great sadness. Everything seems gloomy. No desire to live. Aversion to all employment, and inability to concentrate the mind.

RUTA.—Irrascible, passionate, lachrymose, indifferent, discouraged and tired of life.

SEPIA.—Fretful and irritable. Great sadness, with frequent attacks of weeping. Greatest loathing of life, and desire to commit suicide, when the mental disorder has been the culmination of years of suffering with disease of the uterus or ovaries.

SULPHUR.—Despondent, discouraged, weary of life and anxious to die. Beneficial in chronic cases and when the indicated remedy seems to have lost its effect.

THEA.—Sensation as if compelled by some uncontrollable power to commit suicide.

THUJA.—Ill-humored and despondent, with a loathing of life.

DR. MORISON found bacteria in syphilitic secretions in fifteen cases. The bacteria were in the shape of rods, mostly collected in groups. Stained by Ehrlich's method. (*Wiener. Med. Woch.*, No. 3, 1883.)

ZIEHL observed the bacillus malarie (Klebs) in the blood of intermittent fever. In a case of diabetes having no malarial symptoms he found the bacillus in the blood; as after eleven days' treatment with quinine, the bacilli disappeared, he concluded that it was a case of occult malaria. (*Deutsche Med. Woch.*, No. 48, 1882.)

A DELICATE TEST FOR BLOOD.

BY MALCOLM LEAL, M.D., NEW YORK CITY.

IN October, 1882, a student¹ in the chemical laboratory of the N. Y. Homœopathic Medical College, while working at a method for detecting blood in the urine, chanced upon a combination of reagents which led to the formulation of the test about to be described. In November of the same year, the writer presented to the N. Y. Medico-Chirurgical Society a paper on "A Modified Test for Hæmoglobin; Applicable to the Detection of Hæmaturia, and the Examination of Blood-Stain,"² in which paper he set forth the method as applied by him, and recounted the experiments that had been made to determine the delicacy of the test. Since the above date, additional experiments have been performed with a view of determining the comparative value of the method.

There are required: a short one-dram homœopathic vial; *Guaiac. solution*, made from equal volumes of the officinal *Tr. Guaiacum* and *alcohol*; *Turpentine mixture*, prepared by mixing one volume of *spirits of turpentine* and ten of *alcohol*.

The suspected urine (or any solution) supposed to contain blood coloring matter, if very high colored, should be diluted with water until at least as light in color as the dilute *guaiacum*. To one cubic centimeter (about $\frac{1}{4}$ dram) of the urine measured into the vial, add one drop of the *guaiac. solution* and mix; then add about one cubic centimeter of the *turpentine mixture* in such a manner that it may overlies the fluid already in the vial. If hæmoglobin is present there will appear within thirty seconds, between the two layers, a third layer of a blue color varying in intensity with the amount of hæmoglobin present. If the ring is very narrow it may be made more apparent by slightly shaking the vial so as to cause the layers to mix somewhat. Finally, unless the amount of hæmoglobin is very small,

¹ Mr. Nathaniel Robinson.

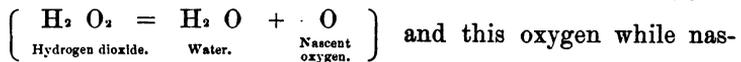
² This paper was read at the next meeting, in December, and an abstract published in the society's *Transactions*, Vol. II, p. 109.

if a thorough mixture is made, the whole fluid will assume the blue color.

An ordinary test tube may be used in performing the test, but the tube vial offers several advantages: Its flat bottom admits of the use of smaller quantities of fluid, besides doing away with the necessity of using a test-tube rack; by using a cork, the final mixture may be made without soiling the fingers; finally, if left uncleaned the vial may easily be replaced, though soap and water will effectually remove the turpentine and guaiacum. It will be found convenient to have a file-scratch made on the vial at such a height as will mark one cubic centimeter.

The *guaiacum* tincture should not be over a year old for the most successful work; as it changes with age in such a manner as to render its response tardy and finally invisible. The addition of alcohol is to enable a smaller amount of the *guaiac.* to be added than could be otherwise, for if an excess of this reagent is present the blue color is so masked as to be uncertain at best, while if the excess is great no change at all is observable.

The *turpentine* should be old, the older the better, and if the mixture with alcohol is made by guess, care should be taken to have a less rather than a greater proportion of turpentine, for an excess of turpentine retards the appearance of the color. The *rationale* of the method is not perfectly clear, because of our slight knowledge of the compounds produced in the various reactions. The following facts are known however and serve to throw some light on the subject: *Gum guaiacum*, a gum-resin exuded by the *Guaiacum officinalis*, when acted upon by oxygen in the nascent state, assumes a blue color, and furthermore the appearance of the blue modification is notably hastened by the presence of blood coloring matter. Any one of several of the so-called oxydizing agents may be used in the production of this reaction, but hydrogen dioxide is the one most applicable. This substance, as is well known, has a strong tendency to split up into water and free oxygen,



and this oxygen while nascent (that is to say, while, for a moment, each atom is free—uncombined with any other atom to form a molecule) is very

active, influencing substances upon which ordinary oxygen would have no effect.

In the tests for hæmoglobin recommended by Drs. Mahomed and Stevenson, an ethereal solution of hydrogen dioxide is used,³ while in the turpentine test described by Vogel,⁴ and in the writer's method advantage is taken of the fact that hydrogen dioxide is one of the products of the decomposition of spirits of turpentine.⁵

The addition of the alcohol to the turpentine renders the action more apparent, probably by its solvent power.

In order to ascertain the delicacy of the method a solution of hæmoglobin⁶ in distilled water was made of such a strength as to represent 32 parts in 1,000,000 or 0.0032 % : a response was obtained from this solution, but failed with another made by diluting the first with its own volume of distilled water (which gave a 0.0016 % sol.). That the conditions might be varied, the following tests were also performed : Four solutions were made as follows : I, 0.200 gramme of dried beef blood (*Sanguis Bovis Exsic.*) two years old, was dissolved in 50 cub. centimeters of distilled water ; II, 10cc of sol. I in 90cc hydrant water ; III, 10cc of sol. II in 90cc fresh, normal urine ; IV, 10cc sol. III in 10cc fresh, normal urine. Solution I, contained 0.3865 % of the dried blood ; gave a strong ring of albumen with nitric acid ; examined with the microscope, showed no recognizable elements, with a $\frac{1}{3}$ " objective ; responded immediately to the blood test as described. 38cc of this solution

³ See description of Mahomed's test and Stevenson's modification in *Tyson's Practical Examination of the Urine*, ed. of 1880, pp. 73-74. The ethereal solution is known as *ozonized* or *ozoïne* ether, and is prepared by dissolving pure hydrogen dioxide in ether. (*Blaxam ; Chemistry*, 4th ed., p. 55.

⁴ *Neubauer & Vogel, Analysis of the Urine.*

⁵ Kingzett has shown that the action of air on spirits of turpentine produces, among other resinous bodies, a small quantity of a substance called camphoric peroxide, which in presence of water becomes camphoric acid and hydrogen dioxide

$$\left\{ \begin{array}{l} \text{C}_{10} \text{H}_{14} \text{O}_4 + 2\text{H}_2 \text{O} = \text{C}_{10} \text{H}_{16} \text{O}_4 + \text{H}_2\text{O}_2 \\ \text{Camphoric peroxide.} \qquad \qquad \qquad \text{Camphoric acid.} \end{array} \right.$$

The reaction may be accelerated by passing steam and air through spirits of turpentine. *Journal Chemical Society* (London), June 1874, and March, 1875.

⁶ Chemically pure, from the laboratory of E. Merck, Darmstadt.

plus 2cc *guaiac sol.* and 10cc *turpentine mixture*, gave a dark (navy-) blue color which persisted without perceptible diminution for half an hour, when the mixture was thrown away. Solution II, contained 0.03865 % of dried blood ; showed about 0.1 % of albumen by Heller's test, and responded readily to the blood test. Solution III contained 0.003865 % blood ; gave no response to test for albumen. With the blood test, 1cc sol. III gave a ring that was well marked, and the color, diffused by shaking, remained apparent for two minutes ; 0.5cc sol. III gave a visible and unmistakable ring, the color not diffused by shaking but disappearing entirely. Solution IV, containing 0.001932 % blood, gave no response to the blood test.

Tidy in his 'Legal Medicine' expresses a decided preference for the spectroscopic method for the detection of blood ; in delicacy, however, it is far behind, as will be seen by the following comparisons.⁷

Exp. I. A drop of fresh human blood in a solution of salt showed the characteristic absorption-bands of oxyhæmoglobin. This solution was diluted until the bands were just perceptible by careful focusing, then the chemical test was applied with a prompt result : the dilution carried to such a point that the absorption-bands, just disappeared ; still gave a solution that responded promptly to the chemical test, while a 50 % dilution of this last gave a faint, though unmistakable ring of color.

Exp. II. A solution of fresh human blood in water showed very faint absorption-bands ; 2cc of this solution in 83cc of fresh normal urine, gave no response with the spectroscope, but showed a faint ring of color which disappeared on shaking.

Exp. III. A solution of pure hæmoglobin so dilute as to give no spectroscopic results responded promptly to the test, and 10cc of this solution diluted with 20cc normal urine gave a faint but decided ring.

The solutions of the dried blood gave no absorption-bands (possibly because not sufficiently concentrated) but, as the first set of experiments showed, responded to the chemical test, when very dilute.

⁷ For the opportunity to compare this test with the spectroscopic method I am indebted to Dr. Elwyn Waller and Mr. Hathaway, of Columbia College.

The comparisons may then be summed up as follows: The new blood test is delicate, simple, easy of application and apparently certain; is not interfered with by albumen, and the materials required are within the reach of every one. Stevenson's modification of Mahomed's test is delicate, and perhaps as certain, though interfered with by presence of albumen, but requires a re-agent which can only with difficulty be procured, must be used fresh, and is expensive. The old turpentine test is simple, but uncertain and too slow. The spectroscopic test is certain and reliable, but not delicate and obviously beyond the reach of most physicians.

Now to sum up in brief the possible fallacies of the writer's method. First. Uric acid will strike a blue color with the re-agents used, but the color only appears after the lapse of a few minutes and is very faint, while the color produced in presence of blood coloring matter appears *within thirty seconds*. Second. Iodine compounds if present in the urine would probably react the same as blood, but as no comparisons have been made the writer is unable to state this as a fact: if so, however, the change would take place before the addition of the *turpentine mixture*. The saliva of a person taking iodide of potassium would cause the same color if mixed with the urine, but ordinary saliva does not give the color in the limit of time set. Care must be taken to use the solutions of the prescribed strength; to avoid an excess of *guaiac*, and to disregard all changes that do not take place within thirty seconds.

The test is best applied to blood-stain by soaking the stained substance in a solution of salt and water, filtering and applying the test to the final solution obtained.⁶

⁶ Since the above paper was begun the writer has seen a note from an Italian journal in which it is stated that "a mixture of alcohol and turpentine in the presence of hæmoglobin strikes a blue color with gum guaiac." This of course destroys any claim for priority but certainly that of originality may still be sustained.
M. L.

Vidal in the Bull. de l'Acad., recommends pyrogallic acid as an application for soft chancre. Caustic action does not extend beyond diseased tissue, and pain is not severe or protracted. Used in form of ointment in proportion of one to five.—*No. 1, 1883, p. 297.*

ON THE PATHOLOGY OF SUPPURATIVE INFLAMMATION OF
THE MIDDLE EAR.

BY CHARLES DEADY, M.D., O. ET A. CHIR..

Resident Surgeon of the New York Ophthalmic Hospital.

It too frequently happens that cases of suppurative disease of the middle ear are carelessly passed over in the expectation that spontaneous recovery will take place, and in view of the fact that such expectant treatment frequently results in serious consequences, we propose to give a brief outline of the pathological condition which is so often neglected as a trifling matter, not only by the patient but often by the physician as well.

Otitis media suppurativa appears in both the acute and chronic form. While an acute case *may* run its course and disappear, leaving scarcely a trace behind, it yet too often happens that this happy termination is not reached: the healing process may be interfered with by cold or unfavorable general conditions, and the acute symptoms after perhaps numerous exacerbations, finally subside: the affection takes on a chronic form, and the patient is left with a more or less profuse discharge from the ear, which he may, and often does, only consider troublesome, because it necessitates a certain amount of attention in order to prevent its contact with the skin and clothing, or perhaps because of the unpleasant odor which it may originate.

Acute suppuration of the middle ear is frequently caused by cold, or is the result of a previous acute catarrh of the tympanum, although it may arise from many other conditions, prominent among which are the acute exanthemata, especially measles and scarlatina.

The first pathological change is an intense hyperæmia of the mucous membrane lining the middle ear, including that on the inner side of the drum membrane: this is soon followed by an excessive swelling of the membrane from infiltration, going on immediately to shedding of the epithelium and a profuse exudation of pus into the tympanic cavity.

The pressure upon the drumhead thus brought about, soon causes its perforation, and is the source of the intense pain which is experienced by the patient until this result occurs. The meatus externus is usually much swollen and in some cases this extends to the external ear and may even cause enlargement of the lymphatic glands behind it. Upon the perforation of the drum membrane the acute pain as a rule subsides and a discharge is established which is usually purulent, sometimes muco-purulent or mixed with blood, and which in favorable cases may gradually disappear in from one to two weeks, the perforation closing up and the parts approximating the normal condition, or on the other hand, from a fresh cold or an unfavorable condition of the patient, the flow may persist and the disease pass into the chronic form. We now have a condition which is destined to transform the mucous lining of the middle ear into a raw granulating surface constantly secreting more or less pus : the lining membrane becomes much thickened, denuded of epithelium, its tissue crowded with round cells and often so much swollen that the natural depressions and elevations are obliterated, and the cavity presents smooth red walls upon which are thickly distributed newly formed blood vessels.

From these surfaces we may find new formations springing, which may be simply small nodules, or may on the contrary attain considerable size ; these are termed aural polypi and in some cases they become so large as to fill up the entire tympanic cavity and project for some distance into the external meatus ; they are excessively vascular and bleed upon the slightest touch. In other cases the mucous membrane may be destroyed by ulceration even to the bone, which may become carious by the extension of the process.

The bones of the middle ear are frequently destroyed by the suppurative action, or loosened from their attachments and washed away by the discharge.

The drum membrane, which in the acute form of the disease was simply broken through without loss of tissue, is here thickened and macerated, the simple perforation becomes enlarged to a greater or lesser extent and in many cases the entire membrane is destroyed.

The mastoid cells are always more or less involved and if

ulceration and caries be started here, the whole mastoid process may become infiltrated with pus and so much softened that it can be cut into with very little difficulty.

Extension may also take place in the direction of the internal ear, through the delicate membranes which separate it from the middle ear: periostitis of the osseous labyrinth may result and cause necrosis and exfoliation of the parts with the consequent destruction of the terminal apparatus of the auditory nerve.

The constant passage of a discharge which frequently is very acrid over the floor of the external auditory meatus often results in a loss of the epidermis, and the canal becomes swollen and ulcerated. This condition may extend to the external parts, presenting an offensive appearance and causing much pain and annoyance to the patient.

The hearing power varies in accordance with the amount of destruction. In some cases the patient may hear well with a large perforation of the drumhead if the rest of the conducting apparatus is undisturbed, but the presence of polypi of any size, a considerable swelling of the mucous membrane or the clogging of the tympanic cavity with a profuse discharge renders audition extremely poor, while in those cases in which the labyrinth is invaded the deafness is absolute.

Let us now look into some of the possible results of this so-called simple disease, so often left to take care of itself.

We have here a purulent inflammation of a membrane which sends vessels into the bone beneath, and the vascular supply of this bone is in direct connection with that of the dura mater: an extension of the inflammatory process to the meninges of the brain by the medium of these vessels is not at all outside of the bounds of probability.

The canal which contains the facial nerve is lined by an extension of the dura mater, and is only separated from the inflamed mucous membrane of the tympanic cavity by a plate of bone which is so thin as to be transparent.

Facial paralysis is sometimes caused by pressure upon this canal, or by an exudation into the nerve sheath from extension of the inflammatory process, as numerous cases on record attest: furthermore, by this implication of the nerve sheath, we have another path opened for extension to the cerebral mass.

The roof of the tympanum is only separated from the brain by a thin plate of bone, and even this is sometimes wanting over a large part of its extent. In this situation a caries of the bone may set up irritation of the brain : Von Troltsch states that cases of abscess of the brain from this cause are not at all uncommon.

Finally, when the suppurative process extends to the labyrinth it is again separated only from the brain by a thin plate of bone, which is freely perforated for the passage of the terminal filaments of the auditory nerve.

Although these serious complications are infrequently met with, still the fact remains, that *any* one of these results *may* obtain in *any* case of purulent otitis, and when this fact is fully appreciated by every physician, we shall see more care bestowed upon the treatment of this 'simple' affection.

ANOTHER DISEASE-PRODUCING BACILLUS.

DE WECCKER, in a letter to Pasteur, published in the *Comptes Rendus* of the French Academy, May 14, 1883, says :

"In a note communicated to the Academy, April 9, 1882, I called attention to the power of an infusion of the beans of the Jequirity (*Abies precatorius*) to provoke a purulent ophthalmia of a croupous nature, when applied as a lotion to the conjunctiva. At that time I advanced the opinion that this action was due to a ferment contained in the infusion, and that this ferment affected the human mucous membrane.

"At my request, Prof. Sattler has searched for the active principle of Jequirity, and has found that an infusion of its berries contains a bacillus, which, brought in contact with the human conjunctiva, multiplies abundantly there, and also in the croupous membrane which the lotions provoke. Prof. Sattler has cultivated this bacillus, and has demonstrated that with the products of these cultures alone, he could provoke the jequiritous conjunctivitis ; furthermore, that the sterilized infusion (deprived of bacteria) does not exercise any action on the mucous membrane.

"This fact appears to be of great importance in the study of virulent maladies, and represents the *first incontestable example of transmission of an infectious disease by a plant.*

"When the action is pushed persistently, the lymphatic glands become involved, and erysipelatous phenomena with fever appear." M. L.

SPASM OF THE GLOTTIS IN INFANTS AND YOUNG CHILDREN.

BY GEORGE W. BLODGETT, M.D.,

Prof. of Physiology in the New York Homœopathic Medical College.

IN a somewhat extended study of the subject which it is the purpose of this article to consider, the writer has been particularly impressed with the widely differing and diverging views found in its literature.

It is more particularly upon the subject of the etiology of the disease that authors are at variance, and even in the most recent text-books the subject receives far from a satisfactory handling, there being but little harmony in the advocated conclusions of various writers.

The literature of the subject is at the best not very extended. Previous to the first quarter of the last century there is in it but little that is in any way definite.

Those references to the affection attributed to Hippocrates and the older medical writers are too vague to be accepted with certainty.

In the years 1723 and 1726 appeared the first really elaborate delineations of the disease. The one by Richa, the other by Verdries. Each striving to establish a connection between the affection and enlargement of the Thymus Gland as a cause.

Since these dates there have from time to time appeared more or less extended works, exclusively devoted to the consideration of the disease, some of which have sought to establish various individual causes as the initial factors in its production, while others have been simple compilations drawn from what had been previously written upon the subject.

From the conflicting pathological views advocated in these articles and from the varying languages of their authors, a series of names, each synonymous of the same disorder, now encumber the literature of the subject.

Among those most frequently encountered, are the terms: Spasm of the Glottis; Spasmodic Laryngitis; Laryngismus Stridulus; Child Crowing; Spasmodic Croup; Internal Con-

vulsions; Infantile Laryngismus; Asthma of Millar; Thymic Asthma; Asthma of Kopp; Intermittant Asthma of Infants; Cerebral Asthma; Cynanche Stridula, and a large number of others which the limits of this article will not permit us to enumerate. Among the various works upon the subject, nearly each one of which has bestowed upon the affection an especial name, the essay of Millar appearing in 1769, may be said to almost mark an epoch in the literature of the disease.

It was, at the time of its appearance, considered to embrace the correct views of the disorder, and although we can not now look upon it as correctly reflecting either its pathology or symptomatology, it nevertheless serves to awaken a series of discussions which in their ultimate outcome have developed and led up to the present understanding of the affection.

Perhaps no observer who has labored in this field of pathology has left his stamp upon its literature more markedly than Kopp, in an article written in 1830, which not only served to bestow a new nomenclature upon the subject, but awakened anew its discussion.

His efforts to positively establish a proof of the anatomical origin of Laryngeal Spasm in Hypertrophy of the Thymus Gland led to a lively controversy, his own followers being in the minority, the reported results of autopsies serving not to sustain him in his views.

There were however adduced facts, which in a limited sense and in certain cases, substantiated the view that thymic enlargement might act as an etiological factor in producing the disease, although most modern observers virtually refuse to admit the possibility of a thymic cause for laryngismus.

These adduced facts did not however serve only to uphold this view of the disease, but bronchocele and enlargement of the tracheal and bronchial glands were shown to be occasional factors in its post-mortem history, and their etiological efficacy, through the medium of the recurrent laryngeal nerves, was advocated.

In certain cases reliable observers failed to prove that the affection was not sometimes an idiopathic neurosis without distinctive anatomical lesions, while alterations in brain or cord seemed occasionally a producing cause.

Spengler and his followers sought in a rachitic and softened occiput, permitting external pressure upon the underlying brain, a producing lesion.

Others advocated purely a doctrine of reflex nerve irritation depending upon dentition, the presence of intestinal parasites, masses of undigested food, fecal accumulations and other peripheral nerve irritants.

Among these were certain forms of skin disease, a repercussion of the same being in a few instances urged as a *causus morbi*.

Even the literature of to-day presents a tabulation of conflicting views and we are compelled to regard the pathology of laryngeal spasm as still unsettled.

We have not paused to consider in detail the various individual etiological views of the disease under consideration, such a course would neither accord with our purpose nor be within the scope of the present article.

In a careful study of the available literature of the subject the student can hardly fail to be impressed with the evident presence of a general systemic condition behind the variously aduced causes of the disease.

No cause of the disease is more frequently urged than that of rickets in some one of its manifestations.

Turning to Quain's recently issued Dictionary of Medicine,¹ we find him defining rickets as "a general disease affecting the nutrition of the whole body; arresting natural growth and development; preventing and delaying ossification; retarding dentition; causing the bones to become soft and to yield to pressure, and the muscles and ligaments to waste; and in many cases producing alteration of the brain, liver, spleen, and lymphatic glands." A definition which would require but slight modification, in order that it should be applicable to the term scrofula.

Indeed eminent surgical authority may be quoted as sustaining the view that the one disease is but a manifestation of the other, a view which the writer believes to be a tenable one, in which belief he is upheld by no less eminent surgical opinion than that of Erichsen and Holmes. Returning again to the literature of laryngeal spasm, we find that all or nearly all of the

¹ London, 1883.

adduced causes may be grouped under the one head of struma, admitting rickets to be one of its manifestations.

In substantiation of this view let us briefly glance at the influences adduced as producing causes by various writers.

With regard to the question of hereditary predisposition, instances are not produced of the occurrence of the disease in the child of a parent who has also suffered from it, but several children of the same parents have been reported as being its victims.—Facts tending to show the inheritance or acquisition of a constitutional condition peculiarly favorable to its development, nothing more. A condition in nearly all instances admittedly rachitic.

The circumstances relating to food, residence, mode of life and hygienic surroundings and conditions as well as hereditary influences are of course usually common to all of the children of the same parents and their predispositions will be toward the same diseases, other things being equal.

The increased nervous excitability belonging to the precocious type of the strumous diathesis, with its generally heightened intellectual and nervous activity, not unusually accompanied with some œdema of the brain or intraventricular effusion and a rachitic condition of the thoracic walls with an abnormally accelerated heart's action is a condition of affairs well calculated to promote the occurrence of disturbances in respiratory rhythm from the action of reflex causes as sudden awakening, coughing, sneezing, screaming, sobbing, deglutition, emotional causes, sudden changes of temperature, over distension of the stomach, various visceral diseases, dentition, intestinal irritation, laryngeal congestion or inflammation, etc., etc., causes which may result in the production of laryngeal cramp of greater or less intensity and embrace various etiological views. Hood's efforts to establish the source of the disease in an enlarged liver would fall within this statement, when we bear in mind the fatty enlargement of that organ in strumous and rachitic children. The soft occiput of Elsässer and others together with the other craniostic troubles of various writers belong also to the rachitic and strumous theory of etiology.

Thymic enlargement as a cause of the disorder rests at best upon a most slender basis and admitting that it ever does so act; it, with bronchocele, enlargement of tracheal and bron-

chial glands and inflammatory or neoplastic growths are likewise disposed of as the outcome of struma and belong to that disease as a cause of laryngeal cramp.

The failure of changes in nerve centers when not occurring in a strumous or rachitic constitution to produce the disorder, disposes of such changes as its sole cause, while at the same time we are to bear in mind the intracranial changes of asphyxia, always in a greater or less degree the concomitant of laryngismus, in receiving post-mortem evidence.

Finally it must be admitted that there are a few cases of the disease occurring in children who are not strumous and in which no cause is found in the light of present knowledge. We can only allege here functional nerve disturbance or reflex irritation alone as a cause of the disease.

This paper is not meant to advocate the theory that spasm of the glottis *never* occurs without a strumous or rachitic cause, only that the absence of such a cause is the rare exception to a general rule and the fact of the constitutional cause in nearly all cases remains.

Paralysis of the abductors of the vocal cords as a cause of the disease is refuted by the intermittant nature of the affection. The occurrence of spasm of the glottis as a symptom in hysteria, epilepsy, epileptoid, convulsions, hydrophobia and tetanus and its occurrence in adults will not be here discussed as this paper means to treat of it as distinctively a disease of young children and infants.

As with most other diseases of the larynx, males seem to possess an increased liability to the affection under consideration, a large proportion of the cases occurring in that sex.

The divergence in etiological views pertaining to the various writers upon this subject is not found in its symptomatology.

The ordinary attack is characterized by symptoms which are described so accurately in the various text books upon the diseases of children as to require only a brief summarizing here. The definition of Spasm of the Glottis, given by Mackenzie, serves not only to indicate the position of the vocal cords during an attack but points also to the symptoms belonging to it.

It is, he says, "a condition in which there is a sudden temporary complete or incomplete approximation of the vocal cords, characterized in the former case by an arrest of the respiratory

movements and apnœa, in the latter by stridulous respiration.”

In young children the value of the subjective symptoms is of course not great and it is from the objective phenomena that we are forced to arrive at conclusions.

The age to which the affection most belongs is embraced within that period of time occupied by the first dentition, and its first outbreak usually occurs in the night, the child having retired to bed in apparently its usual condition of health. Generally about one a.m., the little one awakens with great dyspnœa, most markedly affecting inspiration which is much embarrassed and accomplished with a shrill crowing sound not unlike that which is frequently heard in membranous croup. From two to several of these peculiar inspirations terminate in a fit of crying after which the affrighted child sinks again into normal sleep.

Such is not always however the case, for in certain instances a series of premonitory symptoms precedes the attack, the child having seemed to be peevish, fretful, restless and irritable and apparently indisposed for a few days. In certain cases a slight catch occasionally occurs in the breathing during this time. Frequently the beginning and the end of the attack is embraced in the one outbreak, more often there is a recurrence of the disease the ensuing night, in its character more severe and violent than before. Thus the progressive attacks grow longer and harder and more frequent and the condition grows most urgent. The intermissions disappear, the breathing is greatly embarrassed, the crowing sound becomes a long harsh stridor, until at last the respiration ceases, the glottis is completely closed, and the movements of the chest are no longer seen. The face is blue and livid, the eyeball rolling and protruding, the veins of the neck and head engorged and prominent. The limbs grow rigid, carpo-pedal spasm is present, often general convulsions supervene and in the agony of suffocation life ceases to be. In the beginning of the attacks, in the interval between them, the child seems well, but as the disease progresses this interval grows shorter and more invaded by the paroxysms. At any period in the course of the affection the disorder may terminate and health be reestablished. The intensity of the disease varies from a single mild paroxysm to a series of long and severe ones, the last of which terminates fatally.



The absence of fever and its intermittant character together with its distinctive characteristics easily distinguish Spasm of the Glottis from all other diseases.

The treatment is first directed against the causative constitutional condition, and secondly against the paroxysm itself. This will embrace of course the hygienic and dietetic treatment of struma and rachitis. Dashing cold water in the face, slapping the child violently upon the back, the hot bath, and other measures may be employed for the relief of the spasm. Introduction of the finger into the fauces is often followed by prompt relief. A treatment strongly advocated, and one often successful, is, holding the mouth and nose of the child for a few seconds in such a way as to prevent all respiratory acts.

The various emetics, including tobacco, administered by mouth or rectum have been, and still are popular agents in the treatment of the disorder. Sedatives and anti-spasmodics, notably chloral and the bromides, in large doses are also much vaunted remedies. In combating constitutional conditions, iron, the iodides and phosphites with cinchona and mercury are most popular.

In this condition, as in most others, however, it is the careful study of the totality of the symptoms and the properly applied homœopathic remedy which yields the most gratifying results. Among the remedies used and most frequently successful are : *Ars.*, *Coral.*, *Cupr.*, *Ipec.*, *SAMBUCUS*, *Opium*, *CHLORINE*, *Aconite*, *Gelsem.*, *Iodine*, *Moschus*, *Bromine*, *Nux Vom.*, *Mephitis*, *Lachesis*. *Sambucus* and *Chlorine* being most prominent.

TREATMENT OF LARYNGEAL TUBERCULOSIS.—Balmer reports from protracted experiments in the wards of Prof. Fraentzel, that it is not probable that tuberculosis of the larynx can be permanently cured, as long as the tuberculous disease in the lungs is not arrested. The only hope of lasting benefit he believes is held out by constitutional treatment; and should a specific against the bacillus tuberculosis be discovered, the local treatment of the larynx would still be of secondary importance. In the present state of our knowledge, our efforts should be directed mainly to building up the strength of patients and easing their sufferings. (*Zeitschrift f. Klin. Med.*, V., p. 313.)

HINTS ON THE LOCAL TREATMENT OF POST-PARTUM
HEMORRHAGE.

BY W. W. BLACKMAN, M.D., BROOKLYN, N. Y.

Adjunct Professor of Anatomy in the New York Homœopathic Medical College.

OF all the accidents of labor none require more prompt and efficient treatment than post-partum hemorrhage.

It differs from nearly all other complications, in that the physician in attendance, however inexperienced or ignorant he may be, must fight it alone. Nearly every other abnormal condition attending labor admits of more or less delay; but post-partum hemorrhage is so sudden in its onset, frequently so unexpected, and runs its course so rapidly, that the patient may die if instant relief be not given her. It admits of no delay, and ignorance or lack of remedies for such cases is no excuse for bad results. It is a poor excuse for the physician to make, that he had not the proper means at hand to treat a case of post-partum hemorrhage, for there is an implied contract between the medical attendant and those who employ him, that he shall be fully prepared for any emergency.

A rough experience acquired by meeting one or two of these cases, so sudden in attack, appalling in aspect and fatal in termination, will lead a man to study the subject thoroughly, but it is better to be prepared beforehand for these accidents where knowledge means life, and a want of knowledge death to the sufferer.

Post-partum hemorrhage may be defined as any hemorrhage from the parturient structures from the moment the child is expelled until the organs have returned to the condition they possessed prior to fecundation, or as near to that state as possible.

This hemorrhage may be due to a failure on the part of the uterus to contract, even when there is no mechanical interference: such is called inertia. The uterus, in its normal state after labor, assumes a condition of firm contraction which so shrinks the uterine sinuses as to practically obliterate them and

prevent any escape of blood through the torn utero-placental orifices. Undoubtedly the most frequent cause of hemorrhage succeeding labor, is a failure on the part of the uterine muscles to assume this contraction.

Hemorrhage may also be due to some mechanical interference, preventing the contraction of the uterus to its fullest extent, and a severe flooding may thus result from a partial adhesion of the placenta, from the presence of a second child, from uterine fibroids, polypi, clots etc. We have here quite the reverse of uterine atony or inertia,—the uterus contracting firmly upon the mechanical obstruction, which occupies sufficient space however, in the uterine cavity, to prevent that degree of shrinkage in the size of the organ necessary to obliterate the uterine sinuses, and hemorrhage is thus the inevitable result.

Again, we may have a solution of continuity as a cause of the hemorrhage. There may be a laceration of the cervix uteri, or of the body of the uterus, or even of the vagina.

As previously stated, the most common cause of post-partum hemorrhage is inertia, and the various exciting causes of this condition are too well understood to need discussion here. The effects of a too protracted or too rapid labor, or of excessive distention of the uterus from dropsy of the amnion, or multiple gestation, are familiar to all.

The idiosyncrasy of the patient is undoubtedly a frequent predisposing cause of inertia, and patients are sometimes met with who tell their physicians that they invariably have severe hemorrhage after labor, which is probably due to what may be called in a general way, a weak uterus, the same as where another organ or set of organs in the economy present evidences of feebleness, although the general health may be good.

There has been and still is a great discrepancy between practitioners as to the best and most effective method of checking this hemorrhage. It is not the province of this paper however, to discuss the causes of post-partum hemorrhage in full, nor its preventive treatment, but rather to consider the relative value of certain measures to be employed locally in its effective treatment.

What should be the treatment of the chief cause of post-partum hemorrhage, viz., inertia? The uterus should be first emptied of all clots or membranes which it may contain,

since a great point in the treatment of these cases is *not* to introduce or allow anything to remain in the uterine cavity that could in the slightest degree prevent its complete contraction.

Suppose in any case, after the delivery of the placenta, the uterus contracts firmly at first, but on placing the hand upon the abdomen a few moments later, it is found relaxed, distended and soft, blood is escaping copiously from the gaping utero-placental orifices, while the uterine muscles refuse to remain permanently contracted and thus arrest it: the indications here are plainly to make the uterus contract, to *make* it assume that state of tonic contraction which is its normal condition after labor. It is also evident that the remedy should not be selected in view of its styptic properties, but should be chosen with reference to its power to irritate and stimulate the paralyzed organ to perform its duty. What shall this stimulant be? The remedy should be one which can be easily obtained under all circumstances, one that admits of speedy and easy application, and a remedy which can be used with perfect safety to the patient.

The first measure should be to raise the foot of the bed that the force of gravity may aid in the arrest of the hemorrhage, at the same time that one hand is applied to the abdomen which should be thoroughly manipulated just above the fundus uteri, always pressing the organ towards the pelvis, while with the other hand the os is irritated. If this is not sufficient stimulation to produce the desired result, the whole hand should be carried directly into the cavity of the organ and gradually withdrawn as the uterus contracts upon it.

The excitement of reflex contractions by the irritation of distant organs, as the mammary glands and stomach, will often prove effectual.

Applications of cold should be resorted to, by means of compresses wrung from cold water laid across the lower portion of the abdomen, or ice may be used, by carrying a piece in the palm of the hand directly within the uterus and gently sweeping it over the internal wall. This however, should not be done but for a short period, as the persistent application of such extreme cold is pernicious.

There are cases in which the above mentioned measures will prove ineffectual, and we must seek for a more powerful stimulant to awaken the uterus to activity. As previously stated, the

remedy must be easy to obtain, admit of speedy application and one that will not be followed by injurious or dangerous consequences.

Some physicians advocate the use of the tampon, and even the introduction of a sponge or a hog's bladder, into the womb; but this is undoubtedly dangerous treatment, the presence of a plug or tampon is certainly an obstacle to complete uterine contraction and will in many instances convert an external, into a much-to-be-dreaded internal or concealed hemorrhage. Compression of the aorta through the abdominal walls is sometimes resorted to, but this is more for the purpose of gaining time for other remedies to act than any thing else.

• Injections of styptics are recommended by many, and are deemed indispensable by others. Most prominent among them are the persalts of iron, which are certainly most efficient in checking the hemorrhage, but unfortunately most dangerous in their subsequent effect. Of the power of the ferric salts to excite instant shrinking of the uterus there is no doubt. It should be remembered, however, that this is not in consequence of the styptic properties of the iron, but due rather to its irritant effects, or reflex action when applied to the placental surface. Many cases have been recorded where bad effects unquestionably resulted from the use of this agent. Experience shows that septicæmia is the great though not the only danger to be feared from its use, as thrombosis has also occurred.

The ferric salts then should not be regarded as remedies for post-partum hemorrhage, as they cannot be used with entire safety to the patient. Injections of alcohol and oil of turpentine, like the persalts of iron, should be banished from use in cases of this kind. Iodine injected into the uterine cavity has been urged as a certain remedy in post-partum hemorrhage. It certainly is vastly preferable to the preparations of iron, and acts powerfully as a local stimulant; but there is danger of inflammation after its use. Some physicians are in the habit of injecting the pure tincture into the uterine cavity. If used at all, great care should be exercised, and it should be diluted at least one half with water.

Common vinegar has been very highly lauded, and justly, as being not only a certain remedy in hemorrhage following labor, but as safe as it is certain. It can always be easily obtained, and may be applied instantly without apparatus. It is sufficiently stimulating to excite the most sluggish uterus, while at the same time not irritating enough to be followed by injurious consequences. Its application is made by carrying a clean rag, or better a sponge, saturated with the vinegar, into the uterine cavity and there squeezing it. The great virtue of this remedy is, that it is a safe irritant; another such means is heat, applied by means of very hot fomentations over the uterine region, or by injections of water as well as of temperature of from 107° to 115° Fahr., carried well into the cavity of the uterus, taking care at the same time to exclude air. Many regard this as a most harmless agent, and use it with the greatest success. It is a direct excitant, easy to obtain, can be applied without delay, and with perfect safety to the patient.

It is important in considering all the measures mentioned to recollect that they have no specific action whatever, that they act simply as local *stimuli* to produce contractions of the uterus by reflex action. It is well known that the uterine sinuses have no muscular walls, and hence the remedial efficiency of these agents depends solely upon their power to cause contraction of the muscular fibres, whose special duty it is to press upon these vessels and practically obliterate them.

THE LIQUEFACTION OF OXYGEN, ETC.

On the 9th of April, 1883, a telegram to the French Academy announced the *complete* liquefaction of Oxygen by Wroblewski and Olszewski. Another despatch dated the 16th of April announced the liquefaction of Nitrogen. In the course of the experiments alcohol and carbon disulphide were frozen.

Oxygen became liquid at a temperature of -133.4°C . and under a pressure of 24.8 atmospheres.

Alcohol becomes viscous like oil at about -129°C . and solidifies into a white substance at about -130.5°C .

Carbon disulphide congeals at about -116°C . and melts at about -110°C .

Comptes Rendus.

M. L.

16 Apr. 1883—p. 1141.

ON VACCINATION.*

BY GEORGE R. STEARNS, A.M., M.D., BUFFALO, N. Y.

PART I.

THE world has never done full justice to the name of Edward Jenner. To have robbed a most loathsome and fatal disease of its terrors to so great a degree as vaccination has of small-pox, should bring to any man the gratitude and blessings of every age and generation.

Other men had obtained good results from the introduction of the virus of cow-pox as a precaution against the ravages of small-pox long before Jenner published the proof of its efficacy in 1798, just as other men had held ideas concerning the circulation of the blood before the time of Harvey; as others had tried the proving of drugs upon the healthy as a means of gaining information for their use at the sick bed and had even some intimation of the development of medicinal energy by succussion and trituration, previous to the writings of Hahnemann. Newton and Kepler were not the first to obtain glimpses of the great truths which they respectively promulgated, nor can we consider any of the great steps in science, art, literature or history as the result of the transcending genius of one unaided mind. Such advances are governed by the law of development, but none the less is lasting honor due to Jenner, to Harvey, to Hahnemann, Newton and Kepler, and those others who had the mental grasp, the inductive power and the moral courage publicly to promulgate such universal truths, and to endure all the opposition and obloquy attaching to every such new idea.

During the two centuries preceding the introduction of vaccination, it has been estimated that nearly one-tenth of the general population died of small-pox; that disease ranking first of all in virulence, and carrying off 400,000 people every year in Europe, while another tenth were disfigured by the loathsome disease. Statistics are hardly necessary to prove how great

* Read before the Erie Co. Hom. Med. Soc.

a diminution has taken place in this factor of mortality, nor that this diminution is due almost entirely to the general introduction of vaccination. Improved hygienic conditions and enlarged knowledge of the disease and its treatment being admitted to be of small effect.

Inoculation for small-pox, though dating from remotest ages, practiced in nearly every country of the globe, and introduced into England by Lady Wortley Montague, in 1721, was never likely to become a general measure; for while the comparatively small number who could or would avail themselves of the procedure were thereby protected from the special dangers of the disease in case they survived the inoculated affection,¹ yet each case of inoculation furnished a new center of infection from which the disease might spread in its worst form. Thus it was left for Jenner after twenty years of careful study, investigation and experiment to deduce his conclusions and give to the world these important truths: that the casual or artificial communication of cow-pox (*Variola Vaccinæ*) to man, grants the same immunity from succeeding attacks of small-pox (*Variola*) as that rendered by a previous attack of the disease itself; that the cow-pox alone of all the diseases affecting that animal has this protective power; that the cow-pox can be communicated at will from the cow to man at the requisite opportunity, and that once engrafted on the human subject it may be continued indefinitely from individual to individual by successive transmissions, conferring on each the same immunity from small-pox.

The vaccine disease being essentially the same as small-pox, though greatly reduced in virulence, the phenomena observed in the development of a normal vaccination will give all the anatomical characteristics of the variolous disease. If a small portion of vaccine virus be introduced by puncture into the arm of an infant never before vaccinated, no special change will be noticed for a day or two. By the end of the second or on the third day a small hyperæmic spot, a *macule*, will be noticed at the seat of the operation, followed very soon after by a slight elevation of the surface—a *papule*. By the fifth or sixth day this has become by the exudation of lymph under the surface of the

¹ The mortality from inoculation was about 2 p. c.

elevation a distinct pellucid *vesicle* of bluish-white color, raised border and characteristic depression or so-called umbilication at the center. By the eighth day the vesicle has attained the height of its development, is filled out with slightly opaque contents, while the elevated margin and depressed center are still more marked. At this time a ring of inflammatory redness or *areola* is formed about the base, attended by swelling and hardness of the subjacent tissue. This areola continues to spread for about two days until it reaches a circumference of from one to three inches. The presence of this areola is important as being the *best indication*, barring symptoms of a general febrile disturbance, that the desired constitutional effect has been obtained. There may be at this time slight derangement of the stomach and bowels and in some cases swelling of the axillary glands, but none of these are of such prognostic value as is the well-formed areola. In the meantime the vesicle has lost its transparency by a purulent transformation of the contents of the vesicle. The bleb has become more distinctly white; it has lost the central depression and has reached the fourth stage of development—that of a *pustule*. After the tenth day the areola begins to fade, the contents of the pustule to dry up from the center out, so that by the fourteenth or fifteenth day a hard brown scab is formed which becomes dry and blackens and from the twentieth to the twenty-fifth day falls off, leaving a permanent cicatrix, indented by a number of minute depressions. Such is the typical development of the vaccine disease in the human body, although the exact periods given are not always to be observed. The practical fact to be borne in mind is that whether normal, retracted, accelerated or altogether irregular in development, a vaccination, yielding other than the typical vesicle and the regular formation of the areola, is not to be relied upon as protective. In re-vaccination the normal development may take place or it may be accelerated and transitory, the constitutional symptoms, however, being often much more severe than on the primary occasion.

There are several points of interest respecting the anatomical structure and the changes involved in the development of the pock itself. In investigating these it will be well to keep in mind the arrangement of the different layers of the skin,—an outer covering or epidermis composed of two lamellæ of cells, a horny

layer lying upon one of softer texture known as the *rete mucosum* or *rete Malpighii*. Under this mucous layer comes the papillary layer with its numerous minute elevations or papillæ, the whole based on the internal reticulated or fibrous layer; the fibrous and papillary layers together constituting the *cutis vera* or true skin.

The first stage in the growth of the pock—the macule—is produced by simple circumscribed hyperæmia which extends through all the layers of the cutis. Certain cells in the mucous layer of the epidermis now become enlarged and granular by which the outer layer is pushed up and the solid papule is formed. The next step is the exudation of a clear lymph from the papillary layer; this fluid separates the enlarged cells already spoken of and still further raises the outer epidermal layer, thus producing a vesicle.

Now it is a noticable fact that in a vaccine or small-pox vesicle the fluid is not contained in one distinct cavity but the space is divided up by horizontal and perpendicular septa into numerous separate minute cells so that several punctures are required to draw all the fluid contained in any one vesicle. The *rationale* of this can now be readily understood from the foregoing descriptions, for as the fluid raises and separates the enlarged cells of the rete mucosum, it does not remove them entirely from each other but compresses them into membranous and fibrous forms, making a network extending through the vesicle and dividing it into the minute cells before mentioned. That this has to do also with the formation of the central depression in many of the vesicles is held by many of the best authorities. It does not result from an adhesive inflammation in the wound made at the time of instillation, as umbilication may be observed in isolated spontaneous vesicles situated some little distance from a large vesicle following vaccination with very fresh and unusually vigorous virus. Other writers claim that the periphery of the pock swells more rapidly than the center and thus causes the umbilication. The vesicle changes to a pustule by the breaking up of the altered cells into pus corpuscles which are mingled through the serum of the vesicle.

When the pustule is fully ripe the umbilicus disappears from the stretching or destruction of the tissue which held down the center. When desiccation commences in typical cases, depression

appears even in the center of those pustules where it did not occur before, presumably from the earlier drying of the center. The pressure of the contents of the distended pustule flattens down the papillæ lying beneath and this condition may remain after the scabs have fallen off, giving rise to shallow depressions in the skin. These differ, however, from the real cicatrices formed by a protective vaccination. In the latter case the papillæ themselves become involved in the inflammation, pus cells accumulate in the papillæ, compressing the blood vessels and producing partial or entire necrosis of the tissues. The extent of the ulceration thus formed determines the extent and shape of the cicatrix. The high grade of inflammation accompanying this destruction of tissue is the cause of the redness and swelling of the areola and of the general febrile disturbance which is as in variola directly proportionate to the amount of surface involved.

[To be continued.]

THE MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

A SEMI-ANNUAL Meeting of the Society was held on the afternoon of June 13th, 1883, at the Hawthorne Rooms, Boston. Twelve applications for membership were brought before the Society.

Dr. J. H. Carmichael, of Boston, reported an interesting case of Uterine Fibroids with operation, and exhibited the specimens.

The President, Dr. A. J. French, delivered an address upon "Neurasthenia as Related to Uterine Disease," after which the special subject of the meeting, viz. : "Diseases of the Cervix Uteri" came up for discussion by Drs. C. L. Nichols,—Anatomy and Physiology of the Cervix ; Laura M. Porter,—Pathology ; H. K. Bennett,—Diagnosis ; J. K. Carmichael,—Traumatic Lesions ; L. A. Phillips,—Results of Trachelorrhaphy in two cases ; D. B. Whittier,—Carcinoma of Cervix ; J. K. Warren,—Application of Electricity ; A. M. Cushing,—Indications for Homœopathic Remedies ; L. A. Phillips,—Experience with Boracic Acid as a Local Application.

L. A. PHILLIPS,

Secretary.

NOTES ON THE BACILLUS TUBERCULOSIS.

BY CHARLES MCDOWELL, M.D.

Demonstrator of Microscopy in the New York Homœopathic Medical College.

THE principal fact maintained by Koch (Berliner Klinische Woch., April 10th, 1882,) that the bacillus tuberculosis described by him, is found in the sputum of all cases of pulmonary tuberculosis met with prompt support from a number of observers.

First Ehrlich corroborated his statements, finding bacilli in the sputa from cases of phthisis, but never in other diseases. His main service, however, in the study of the bacillus, is his method of staining, which modified by others, has been adopted by nearly all later observers. (Deutsche Med. Woch., No. 19, 1882.)

Balmer and Fraenzel (Berliner Klin. Woch. No. 45, 1882,) reported 120 cases of phthisis, in all of which they found bacilli in the sputa.

D'Espine (Rev. Med. Suisse Romande No. 12, 1882,) found the bacilli in 20 cases.

L. Lichtheim in a large number of cases found them in all except two, but these two he was able to examine once only. (Fortschritte der Med. No. 1, 1883.)

Franz Ziehl in 73 cases found them in all but one. (Deutsche Med. Woch. No. 5, 1883.)

G. A. Heron found them in every one of 62 cases. (Lancet, Feb. 3d, 1883.)

Whipham (Lancet, Feb. 10th, 1883,) found them in seven cases of acute tuberculosis: in four cases of phthisis arrested or improving, bacilli were found in small quantities or not all.

Dettweiler and Meissen in 87 cases found them in 85. (Berliner Klin. Woch., Feb. 12th, 1883.)

J. Dreschfeld in 46 cases of well marked phthisis found them in all. (British Med. Jour., Feb. 17th, 1883.)

C. T. Williams examined altogether 130 cases of disease, in 109 cases of phthisis he found bacilli in 106. In the three cases

in which the bacilli were not found, he considered the diagnosis doubtful. (*Lancet*, Feb. 24th, 1883.)

Early objections to the views of Koch came from America. In the *Medical Times*, Philadelphia, Nov. 18th, 1882, H. F. Formad reported the absence of bacilli in some cases of phthisis with destruction of lung tissue; and stated that other bacteria exhibited the same reaction to staining re-agents as the bacillus of Koch. R. R. Gregg of Buffalo, came to the conclusion that what Koch supposed to be bacilli were merely fibrine fibres, and he seems to have had such faith in his conclusion that he considered any microscopical examination superfluous. Schmidt stated that the bacilli were fat crystals. (*Chicago, Med. Journal and Examiner*, Dec., 1882.) Whittaker (*Cincinnati Lancet and Clinic*, Jan. 3d, 1883,) showed the difference between the fat crystal of Schmidt and the bacillus of Koch, and later Schmidt himself frankly admitted that the minute crystalline rods which he discovered were not identical with the bacilli. (Wm. T. Belfield, *Medical Record*, March 17th, 1883.) Spina, an assistant of Stricker in Vienna, was the first to test experimentally the whole ground gone over by Koch: his conclusions, published by Braumüller, in a brochure, 1883, are greatly at variance with those of Koch, and are answered by him in the *Deutsche Med. Wochenschrift*, March 7th, 1883, with a denial of the accuracy of Spina's methods.

Reports of bacilli in other than tuberculous subjects are neither numerous nor positive. Korányi is reported to have found bacilli in a case presumably of pulmonary syphilis. Crämer found bacilli in the stools of healthy individuals, which he could not distinguish from the bacilli of tubercle. (*Sitzungsberichte d. physik. med. Societät zu Erlangen*, Dec., 1882.) Marchand who examined the slides of Crämer said that the bacilli which he demonstrated were not identical with the bacilli of Koch, (*Deutsche Med. Woch. No. 15*, 1883,) and De Giacomi reported that he did not once find bacilli in the stools of health, which he could not distinguish from the bacilli of tubercle. (*Fortschritte der Med.*, March 1st, 1883.) Balogh reported that he found bacilli in the slime of the sewers. (*Wiener Med. Woch. No. 1*, 1883.) Koch stated (*Deutsche Med. Woch. No. 10*, 1883) that he had examined the slime of the Berlin sewers by Ehrlich's method, and had never found

bacteria having a similar reaction to that of the bacilli of tubercle.

A number of observers found bacilli in other parts of the body in tuberculous subjects. Balmer and Fraenzel found them in the pus of tuberculous joints and in tuberculous ulcers of the tongue and intestine. (Berliner K. Woch. No. 45, 1882.) Hiller in three cases of hæmoptysis without physical signs of phthisis, found in two of them bacilli in the expectorated blood. (Ver. f. Innere Med., Deutsche Med. Woch. No. 47, 1882.) Lichtheim found them in the pelvis of the kidney in a case of genito-urinary tuberculosis; and in the stools of tubercular enteritis. (Fortschritte d. Med. No. 1, 1883.) Fränkel found them in a tuberculous joint, and in the secretions of laryngeal ulcers which he removed with the help of the laryngoscope and a delicate brush. (Berliner Kl. Woch. Nos. 3 and 4, 1883.) Rosenstein, (Centralblatt d. Med. Wiss. No. 5, 1883,) found bacilli in the urine in a case of tubercular epididymitis. V. Babes, of Budapesth also found them in the urine. Dr. Barrow of Liverpool found the bacillus in the urine in a case of tubercular kidney. (Stated by Dr. Burney Yeo, Med. Society of London. Lancet, Feb. 10th, 1883.)

Dr. R. Demme of Berne, found bacilli in an excised lupus nodule and in the secretions of ozoena scrophulosa, in a boy eight months old, who died soon afterwards of tubercular meningitis. (Berliner Klin. Woch. No. 15, 1883.) Menche found them in the stools, and in tissue excised from the base of an ulcer of the tonsil. (Med. Sektion d. Niederrh. Verein f. Natur und Heilkunde.) Schuchardt and Krause (Fortschritte d. Med., May 1st, 1883,) found the bacilli of tubercle in 40 cases, including tuberculous affections of the bones, joints, tendinous sheaths of muscles, skin, (including lupus), abscess walls and granulations, lymph glands, tongue, testicles, uterus, &c.

In diabetic phthisis, Immermann and Rüttimeyer, as well as Leyden, found numerous bacilli. (Centralblatt f. Klin. Med. No. 8, 1883.)

Riegel reports two cases of diabetic phthisis, in one of which he found bacilli, and in the other, the sputum of which contained numerous elastic fibres, he found none; from which he infers that there are two varieties of diabetic phthisis, a tubercular and a non-tubercular. (Centralblatt f. Klin. Med. No. 13,

1833.) Dreschfeld reports a case of diabetes with profuse expectoration and symptoms of phthisis, in which he found no bacilli. (Br. Med. Jr., Feb. 17th, 1883.)

With reference to the prognostic value of the bacillus, Balmer and Fraenzel, as well as Heron, believe that the gravity of a case can be estimated by the numbers and arrangement of the bacilli, while D'Espine, Ziehl, Dreschfeld, Williams and others find no relation between the two.

A résumé of Ehrlich's method of staining, may not be out of place. Press a pellet of sputum between two cover glasses (.10—.12 mm. thick) separate, and allow them to dry. Coagulate the albumen by heating at 100°—110° c. for one hour, or by passing the glasses several times through a Bunsen flame. Saturate some water with aniline oil, filter, and add drop by drop a saturated solution of Fuchsin or Methyl-violet, till slight opalescence appears, (indicating saturation with coloring matter.) Bathe the preparation in this solution $\frac{1}{4}$ — $\frac{1}{2}$ hour. Then put the preparation in Nitric acid, one part, and water, two parts, till it becomes white. Stain the background yellow, if the bacillus is violet, or blue if the bacillus is red. (Ver. f. Innere Med. Berlin, May 1st, 1882, reported in Deutsche Med. Woch. No. 19, 1882.) Variations in this process have been proposed by Rindfleisch, (Deutsche Med. Woch. No. 2, 1883,) Heneage Gibbes and others.

Fraenzel, in a recent article (Deutsche Med. Woch., April 25th, 1883,) remarks upon the necessity of care and practice in preparing specimens. He says that it is *possible* to see bacilli with Hartnack's objective No. 7 and a No. 3 eye-piece without the illuminating apparatus of Abbé. He recommends, however, a $\frac{1}{2}$ in. immersion objective and No. 4 eye-piece, with the illuminating apparatus of Abbé.

A CASE of *Diabetes insipidus* in a girl four and a half years old, is reported by E. Hagenbach. (Jahrbuch für Kinderheilkunde, No. XIX, p. 214.) The quantity of urine at one time reached nearly ten litres (10 qts.) in a single day. The disease continued nine months, when the patient died after a short illness, of tubercular meningitis.

A SCHEDULE FOR GYNECOLOGICAL CASES.

BY WALTER Y. COWL, M.D.,

Late Assistant to the Clinic for Diseases of Women at the N. Y. Hom. Med. College.

THE existence of several schedules by which gynecological cases may be more uniformly and easily recorded, forms a presumption, that at least to him who has cases in any number to treat, the use of an easily filled blank is a convenience and a help. It also tends to show that these cases are of such complexity as to render desirable a subdivision, which will both relieve the memory in calling out the points to be noted and enable the eye at any time to review the record at a glance.

Any one who is in the habit of looking for objective symptoms in aid of diagnosis and prognosis, or has frequently to search for the diseases peculiar to women, can but have realized the help which a case-schedule would give, that was sufficiently full yet easy to use. The actual lack of knowledge and the diffidence in exactly stating their condition upon the part of patients in general render a tally which shall obviate recourse to memory by patient as well as physician at least desirable.

The number of different points in which abnormality may occur, and their intimate relation oftentimes to each other, coupled with the obscurity that frequently clouds their causation at least for the time, renders exceedingly helpful a form in which may be set down an orderly statement of conditions noted.

It is moreover true that in the majority of gynecological cases there is more than one abnormal condition of importance, and a frequent uncertainty exists as to just which pathological change it is that causes the prominent symptoms.

In deciding therefore upon surgical or other alleviatory measures it is well to have a plain and constant reminder of what the whole condition is or has been.

A black and white remembrance of all the abnormalities is particularly valuable in giving prognoses from time to time.

DIAGNOSIS.....

Date..... *Name*..... *Address*.....

HISTORY. *Age,* *Condition,* *Occupation,*
Children, *Last,* *Labors.* *Recovery,*
Abortions, { *Yrs. ago;* *Causes,* { *Crim. Path.* } *Sev. Hem.*
{ *At* *mos.;* { *Accid. Unknown,* } *Inflam.*

MENSTRUATION. *First at,* *Puberty,*
Last, *Frequency,*

Amount; *Duration;* *Character;*

Pain, Time of

LEUCORRHOEA. *Duration;* *Persistence;* *etc.*

URINARY SYMP'S. *Duration,* *etc.*

Urine,

SYMPTOMS, LOCAL *Duration;* *Constancy;* *Incitants;* *etc.*

& GENERAL.

PHYS. EXAM.

ABDOMEN.

PELVIS. *TOUCH,—Os—Position, Size, Shape;—CERVIX—Direction, Size, Shape, Density, Mobility, etc.;—BODY, ditto;—ROOF, Pain, Stiffness, Tumor, RECTUM—*

HYPOGAST. ETC. *Fundus;* *Tumor;* *Pain;*

EXT. GEN. & PER.

VAGINAL CAVITY. *SPECULUM—Stim's. Bivalve—Leuc.;—Mucosa;—Os; etc.*

UTERINE CAVITY. *PROBE.—Spring. Silver—Length; Os Int.—Depth and Size; Flexion;—Form, Am't, and Rigidity; Pain.*

RECTUM & ANUS.

BREASTS.

ETIOLOGY.

PROGNOSIS.

RESULT.

DATE.	<i>Previous Treatment; Indicated Measures, Hygienic and Local; later History and Remarks.</i>	DRUG.
⋮		⋮

EXPLANATORY.

The sample form given herewith is reduced from a size of 9x14 in.

To indicate more fully the mode of use of the form herewith given, in the matters of History and Physical Examination, it may be added that, under 'Condition' S.—single, M.—married or W.—widowed, are followed, (in the latter instances,) by the number of years, thus M—5, W—6, M—4 would briefly indicate facts otherwise taking considerable space.

After 'Children,' their number. After 'Last,' the time since last delivery at term. After 'Labors' their character. After 'Recovery' their length, normality or complications.

Between 'Yrs' and 'ago' the several lengths of time since previous miscarriages and under them the months at which they occurred. After 'Crim.,' 'Accid.,' 'Path.,' 'Unknown,' 'Sev. Hem.,' and 'Inflam.,' the number of the abortion to which the character of cause or accident relates.

After 'Puberty,' a note of its normality or any abnormalities.

The time since 'Last' menstruation (important where later on it may be wished to use the uterine probe) and the history of its 'Frequency,' 'Amount,' 'Duration' and 'Character' as well as the present conditions. Under 'Symptoms' as under other headings, the history as well as the *status præsens*, in other words, the salient points of history with reference to diagnosis, etiology, and prognosis.

As the headings under 'Phys. Exam.,' are explained in the table following, it may be merely added, with reference to the probes and specula, that those not used may be marked out. The word 'Spring,' refers to Jennison's Uterine Sound, which personally is the one more frequently used.

In looking over schedules already devised or in endeavoring to fashion one after one's needs, the first thing that presents itself, is the difficulty of constructing an outline for cases which shall be at once scientific and easy to use.

Economy of space, economy as to the amount of writing required in filling out the form, and the excision of needless subdivisions or of headings seldom used, must be given especial attention. The ease of taking a glance at the case as a whole, at any future time is likewise to be looked after.

The most natural and from a clinical point of view the most important rule to go by, is to have a form which follows the most frequent order of investigating a case. This we think will not diminish its scientific value while it will increase the ease of use and prevent the omission of important points.

This is evidently not the guiding principle of those published schedules, which aim at completeness. It is indicated however in the form used and recommended by Gaillard Thomas, which furnished the basis of the schedule herewith presented. The additions and special changes made, suggested themselves from time to time as new case-books were needed in the clinic for diseases of women at the N. Y. Hom. Med. College. The treatment of an average of twenty cases per week rendered the use of a minute record particularly needful.

The ease, rapidity and completeness gained in making record of a case by the use of the form with the abbreviation of long words, of which in gynecology there seem to be an unusual number, was particularly gratifying.

The continued use of such a blank moreover has led to the belief that just as with physical exploration of the chest, diagnosis in gynecology is to be greatly aided by a sharp study of the separate physical signs to be obtained by the touch, the eye and the ear, and that until we do more than merely record diagnoses of displacements and lacerations we shall make little actual headway.

The mere number of points that need be noted in making a complete physical examination of the pelvic cavity is surprising when one comes to note them all, and the frequency with which the most careful, moreover, may neglect to observe some matter afterward found to be important, is quite confirmatory of the need of a reminder when we examine.

I.—DIGITAL EXAMINATION.

A.—Vaginal.

VAGINA.—Leucorrhœa, Dryness, Smoothness, Folds (ant. or post.), Size, Tumor (position, density, attachment), Tenderness (degree and locality), Softening, Stiffening, Fistulæ.

OS UTERI.—Position (cent., ant., post., lat.), Hight (norm., high, low), Plane (of face of cervix), Size, Shape, Rigidity, Laceration (position, depth, eversion), Mucus, Polypi, Tumor.

CERVIX.—Direction, Size and Length, Shape, Density, Smoothness, Tenderness, Mobility (trans., antero-post., vert.) Pain on motion, Tumor (smoothness, shape, attachment, density).

BODY.—Position, Angle (with cervix), Size, Shape, Mobility, Tenderness, Pain on motion, Tumor (position, size, shape, attachment, mobility, density).

PELVIC ROOF.—Rigidity (gen., ant., lat., or post.), Tumor, Tenderness.

PERINEUM.—Depth (antero-post.), Thickness (vert.).

RECTUM.—Firmness, Distension, Thickening, Tenderness.

BLADDER.—See Pelvic Roof.

URETHRA.—Thickening, Tenderness, Tumor.

VULVA.—Size of Ostium Vaginæ, Hymen, Vulvo-vaginal glands.

B.—Rectal.

RECTUM.—Size (stricture), Stiffening, Roughness, Tenderness, Tumor, Uterus (size, position, shape, tenderness, tumor), Hemorrhoids.

II.—VISUAL EXAMINATION.

A.—Pudendal.

LABIA.—Ulcers, Abscess, Eruptions, Oedema, Color, Tumor.

NYPHÆ.—Ditto.

FOURCHETTE.—False or true.

OSTIUM VAGINÆ.—Size (ant., post.), Cystocele, Rectocele, Color, Ulcers.

MEATUS.—Caruncle, Eversion, Tumor.

PERINEUM.—Length.

ANUS.—Hemorrhoids, Fistulæ, Fissure.

B.—Vaginal.

VAGINA.—Size, Color, Leucorrhœa (character), Ulcers, Fistulæ, Cicatrices, Respiratory Movement.

CERVIX.—Size, Shape, Color, Erosion, Ulceration, Laceration, Cysts, Tumor.

OS UTERI. Size, Shape, Discharge (character), Lacerations, Polypi.

III.—MEDIATE UTERINE EXAMINATION.

CERVICAL CANAL.—Length and course.

UTERINE BODY.—Length, Direction, Angle (with cervix), Calibre of Os Internum, Tenderness, Tumor.

HALT! WHAT CODE BELIEV'ST THOU IN?

FROM Cleveland comes the news of what the test of true Aesculapian regularity is. The member of the American Medical Association presenting himself at the portals of the late annual gathering, was given,—quite as though he were a stranger,—a blank application for admission, by signing which, he became entitled to an iron-backed seat on the floor of the assembly.

The affirmation read as follows :

“In acknowledgment of having adopted the constitution and by-laws and code of ethics of this body, and of my willingness to abide by them, and in my endeavors to carry into effect the objects of this association, I hereunto affix my name.”

It is reported that a few gentlemen did not sign. Whether they objected to the requirement, the sentiment, the elegance of the composition or its lucid grammatical construction, we have not learned. Suffice it to know, however, that, although not from New York, they halted, and went back to their freedom.

THE thirty-sixth session of the American Institute of Homœopathy will be held at Niagara Falls, beginning June 19th, 1883, and lasting four days. There will be a morning, afternoon session and evening session on each day, at which synopses of the papers presented to the various bureaux, will be read and discussed.

On Tuesday, June 19th, the sessions will be devoted to Executive Business, the Bureau of Materia Medica, and the Bureau of Clinical Medicine.

On Wednesday the Bureaux of Microscopy and Histology, Ophthalmology, Otology and Laryngology, Gynæcology and Surgery will report.

On Thursday the bureaux of Pædology and Anatomy, Physiology, Pathology, with banquet in the evening; and on Friday the bureaux of Psychology and Sanitary Science, followed by a Memorial Service for Deceased Members. BUSHROD W. JAMES, M.D., President; J. C. BURGER, M.D., Secretary, Pittsburgh, Pa.

THE HOMŒOPATHIC LEADER.

A Monthly Journal of Medicine.

New York City.

WALTER YEOMANS COWL, M.D., *Editor.*

ASSISTED BY

H. M. LEWIS, M.D., Brooklyn, N. Y., - - - - - SURGERY.
WM. M. BUTLER, M.D., Brooklyn, N. Y., MENTAL AND NERVOUS DISEASES.
MALCOLM LEAL, M.D., New York City, - PREVENTIVE MEDICINE.
CHAS. DEADY, M.D., New York City, - DISEASES OF THE EYE AND EAR.
GEO. W. BLODGETT, M.D., New York City, - DISEASES OF CHILDREN.
W. W. BLACKMAN, M.D., Brooklyn, N. Y., - - - - - OBSTETRICS.
GEO. R. STEARNS, A.M., M.D., Buffalo, N. Y., - MATERIA MEDICA.
CHARLES MCDOWELL, M.D., New York City, - FOREIGN LITERATURE.

Editorial and Publication Office, 36 West 21st Street.

JULY, 1883.

WHAT'S IN A NAME.

THERE seem to be many aspects in which one may view the subject of names. Their worth, the curiosities they present, and even, sometimes, their very wit, furnish matter which is both prolific and interesting; but to compass this we shall not attempt. There is, however, a portion of the subject, which is of special importance and profit, and that is the origin and use of names.

We need hardly speak of parental difficulties in naming new-comers, beyond remarking the tendency to adopt the names of heroes and other worthy persons; for it is perhaps needless to say that we approve of the practice, even although some incongruity may appear between the name and its recipient. There is to this however a compensating advantage. We believe, for instance, that the name, given to his first born, by a loyal Kentuckian, of Henry Clay Mudd, may not, after all, have been such a drag as either its congruity or its incongruity would imply. It may have been more a spur than a hindrance to this particular youth. The onus which it put upon him, we doubt not, rather stirred his pluck than cast him down. There's much in having a constant ideal to work to,—one is

not so apt to fall behind. A name, moreover, which is given, rather than hereditary, does not, as history shows, make the recipient a duplicate of his tutelary genius, nor cause him to slavishly adhere to all the views his namesake, living in a different era, held. The possessor gets the advantage of the original and righteous example, together with a freedom to act for himself, which a remove in time invariably and justly brings.

Such we hold, moreover, is not only true of individuals but likewise of bodies of men. Bound together by common interests or common principles, the name they bear not only makes them known to those without, but preserves their belief in those tenets which time has proved true, and also tends to actively promulgate their faith.

All history shows that men cannot fight for a principle which has no name, while the moment that a body of men assume a definitive name, that moment their strength is tenfold increased.

It is for men, however, who claim the title of scientific, whenever they think of taking on or putting off a name, to be most fully assured, of its meaning and truth, or of its falsity and uselessness. This, and not a regard for the opinions of others, is the test to be applied. If a distinctive appellation means an essential difference, it is for an individual to determine simply whether he comes under that head; if it means, however, a difference which is apparent rather than real, it is a thing to be speedily done away with.

The question now is put to the Homœopathic School of Medicine, from various quarters, why do you cling to the name of Homœopathy? What meaning do you now attach to it, and if it have a meaning, is it distinctive of anything in your actual practice? Familiarly we're asked, 'Don't you and your old school brethren use medicines pretty much alike?' 'Aren't you drifting together?' 'Doesn't everyone use opium and quinine?' 'Haven't you mostly given up the peculiar views of Hahnemann?' 'You admit of course that all cures are not made on the homœopathic principle?' 'I understand you have given up the use of infinitesimals, (excepting a few fanatics,) and you doubtless believe in the scientific improvements of modern medicine.'

These questions indicate the reasoning which those who stand without the pale of homœopathy, are now employing in their

endeavor to do away with this ever more popular watchword ; and the pertinacity with which these questions have been asked, accompanied by a specious wonderment at what the name of homœopathy had really now to stand upon, has even brought some who were formerly believed to be homœopathists, to doubt the real existence of the truths of Hahnemann.

We think however that all these questions may be answered, and effectually disposed of ; and to this end we have addressed ourselves.

Taking the various assertions that the 'homœopathists' no longer believe to any extent in 'dynamization,' no longer use infinitesimals, and have especially discarded the higher potencies ; that they have quite given up their belief in the 'Law,' and no longer respect Hahnemann as they did ; it was concluded, that a record of the practice of a representative body of homœopathic practitioners, would effectually answer these questions either in one way or the other.

A card was therefore sent to each member of the Homœopathic Medical Society of the State of New York, with the following personal request :

“DEAR DOCTOR :

For statistical purposes, I desire very much to ascertain what potencies are in use in our school in this State, and therefore enclose the card herewith, which I beg you to fill out and remit by return of mail.”

Upon the reverse of the “card herewith,” (an ordinary postal card,) was printed :

The Potency or Strength of Drug most used.....

The Highest Centesimal (or Decimal) Potency used.....

Up to June 10th, with responses still coming in, there were received 160 cards out of 286 sent out: this, to a simple request without intimation or forewarning of the special use to be made of the facts gathered, may be considered a large ratio as compared with returns to personal inquiries in general.

The answers to the first inquiry ranged from the 'tincture' to the 'hundred-thousandth potency' (so denominated.)

By taking tallies of the number of times each potency was mentioned, and placing them in a consecutive row, beginning with those for the tincture, and ending with the tallies of the

'billionth'; then alternately checking off one tally from each end until all but one were checked off, the midpoint was found to lie in the tally of the third (centesimal) potency, which in point of fact was also the potency oftenest specified upon the card as "most used."

The answers to the second question ranged from the third decimal dilution to the highest attenuations manufactured by Jenichen, Deschere, Fincke and Swan, and their midpoint, obtained in the same way, lay in the tally for the two hundredth potency, which was likewise the one most frequently given on the cards.

If we take the Homœopathic Medical Society of New York State as a representative body of men, these facts teach several things.

When a majority, which in reality is doubtless a large majority, use with greatest frequency, on an average, the third (centesimal) potency and go as high in prescribing as the two hundredth, it seems quite evident that they continue to believe in infinitesimals and dynamization, that they still believe in the Law of Similars, and continue to honor the man who declared the fact and proved its truth.

What have we then to say to those in the Old School, who have adopted the use of homœopathic drugs, of homœopathic preparations, of minute doses, and of small bottled pocket cases, and who even prescribe according to the indications given in works on *materia medica*, with old school covers and new school contents.

What shall we say of those, in the elder body medical, who finding that in these as in many other things, they are like their younger brethren, now propose to the latter to cast off this denomination of homœopathic, which makes them, as it were, a sect?

But what shall we say more especially to those, who joining hands with these clever gentlemen of the Old School, seem quite convinced that because they use, more or less frequently, the various drugs of the old school armory, because they and their friends of allopathic color are "*drifting together*," the school altogether should throw up the sponge?

We take it, that there is too universal a belief in the Homœopathic Law, too general a use of it, in the practice of homœ-

opathic physicians, too firm a consciousness that neither its belief nor its intelligent use pertains to any considerable number of old school practitioners, too sure a knowledge that the only way to propagate a truth distasteful to its opponents is by fighting with a banner, too honest a faith that when homœopathy has been fully developed and simplified, an ordinary man will seldom need to go to other resource,—which now as ever he claims the perfect right to do,—for us just now to forsake the name which is compelling the world to listen to the truths of scientific therapeutics. Not, we think, till this war is over, will the Homœopathist be ready, like the Abolitionist of former days, to give up that by which he is known, and for which the world respects him.

THE NOTE OF URBANITY.

WHAT is it that denotes urbanity? What is the grace of speech and power of manner, the charm of which so few can withstand, and yet to which so few attain?

The respect for the opinion and practice of others, in everything not morally culpable, the regard in particular for the views and utterances of him with whom we discourse, the conservative self-respect, the absence also of that self-abnegation, which, often alike unpleasant and untrue, betrays a lack of confidence in one's self or one's opinions, the avoidance of positiveness except in matters of surety, the careful use of words, coupled with a mildness yet sureness of statement, that carries conviction more by the inference it suggests than by the assertion actually made.

How few after telling off these factors of social culture can claim the whole of them, and yet how needful do they not appear to him who, by his life or work, is greatly brought in contact with his fellow-men.

We apprehend that there is naught that makes one's merit better understood, nor even better paid, than possession of this quality of urbanity. There is certainly nothing that will bring him fewer enemies and cause him fewer blunders than this same

calm unprejudiced bearing ; and when he comes to controversy, (for who does not,) no man will be better guarded from attack nor better prepared to deal effective blows in aid of his cause.

It is of no use to deny the fact that life is a conflict, and that in all its avenues a constant struggle is going on. The earlier we recognize this as inevitable, and come to see the great advantage of taking part exempt from passion, the sooner individually and collectively shall we reach the attainment of our just ambition.

Looking at the profession of which we are members to-day, we find it distracted by dissensions, some of them old and some of them recent. With our knowledge of their history, we can but feel a sincere regret for the emotions which have found expression in this struggle of men, and conflict of ideas.

Despite the increasing amity of our time, members of the profession still hurl stones at each other, and as yet cannot seem to be content that there should be differences more or less radical, but must needs despise their opponents and more or less freely assert, that things of which perhaps they know not much are positively right or positively wrong. But few apparently can bear to think that each side of a controversy may have its measure of truth. To be sure it may be said, that medical men do but follow the general tendency of human kind, which likes to think of a hero or of a cause as altogether good or altogether bad, as altogether right or altogether wrong, which strives to divide things very much as though they were chemical elements divisible into metallic and non-metallic, not bearing in mind that all but few things are intricate and complex, apt to be excellent in some respects and miserable in others, that much knowledge moreover is yet half developed or but half freed from a more or less constraining shell.

We see those around us who cannot wait for time rather than the voices of men to determine the principles and practices which accord with truth. Warned by such, who stoop rather than admit their wrong, let us, while convinced of the truth of the principles we hold and the value of the practices we adhere to, allow the leaven of truth to work, making no extravagant claims nor undue assertions, but simply record the

facts which we accumulate, and present them in that firm but kindly manner, which by its urbanity will help to convince rather than repel.

THE ASPECT OF THE GERM THEORY.

THE principal position held by those who believe in the fungic origin of infectious disease, seems after all simply to be, that a group of smaller parasites than any which we have heretofore been able to prove as causative agents of morbid processes, in reality form the source from which springs a class of affections possessing a number of marked features in common.

In other words, they would extend the belief which we hold, respecting intestinal worms, larval tæniæ (echinococci and cysticerci) the trichina, the itch insect, the spores of favus the various tineæ and other parasites, as causes of the several affections or disease-actions that now have been shown to result from their presence. They would extend this belief so as to connect other parasites with other infectious diseases.

The theory considers that a class of smaller parasites, which this time propagate and have their habitat within the blood and tissues, are causative of the affections, to which they have been more or less shown to be incident.

Owing, however, to the fact, that in health we find members of this low class of organisms upon the surfaces of the body if not within it, organisms which are oftentimes with difficulty or not at all to be distinguished from those observed in cases of disease, the theory encounters at the start somewhat of a presumption against it.

The fact on the other hand that the investigation of the subject has to be largely consummated with the microscope pushed to its higher powers, together with the frequent aptitude that two persons will see the same thing differently upon the microscopic slide, becomes a very considerable hindrance to its advancement.

There is, moreover, with reference to each disease which is considered to be due to infection with a parasite, a considerable

number of facts to be positively shown, before the proof of its fungic nature is complete, namely : first, that it is infectious, either by clinical proof that it is contagious, or by experiment upon animals by inoculation with virus (volatile or fixed), with blood or with diseased tissue, from a previous case of the disease. This is already completed in respect of most of the diseases believed to be infectious ; second, that inoculation with other matters or other means, cannot produce the disease ; third, the constant presence of a foreign body in sufficient numbers to support a presumption of efficiency as a cause ; fourth, the absence of such bodies in health or disease ; fifth, the ability to distinguish them in one way or another from all other known bodies ; sixth, and finally, if possible, the cultivation or breeding of this parasite upon unorganized food-material by successive transplantations, until all possibility of contamination with any of the original diseased tissue or its juices or products, is precluded.

Such are the necessary steps for complete proof of the truth of the theory in respect of any one disease. It will therefore be readily seen that the demonstration is not only a slow and laborious thing, to be undertaken by many observers, but its present reception as a theory, by those not interested in its study, is rendered still more tardy.

There is, also, it may be said, a natural tendency to laugh at that of which we may know little. It is easier to ridicule than to understand, and this is or has been the position of the germ theory of disease. The wonderment that if these parasites are all around, upon and often within us, we were not swept from the face of the earth long ago ; the remarkable fact that, when afflicted with any of the contagious diseases and our blood begins to boil with the seething millions of devouring bacteria, we are not always consumed by these swarming parasites, whose course we often seem powerless to check, in fact the wonder is that we ever come out alive after being infested by them.

But now comes Koch, who humiliates us by saying that pulmonary consumption, which we have never connected with bugs or bacilli, though treating it in about one-seventh of the inhabitants of the globe, for a period of four thousand years less or more, is actually due to insignificant little specks upon a microscopic

field, which has to be doctored in various ways before the wonderful little worms begin to show themselves. Our conservatism resents the imputation! The thing is too small to believe in, and we pass its serious consideration by.

But do we right in passing it by? This perhaps is not so evident as the presumption of the man who essays to teach us the unsettling thing. We had best, however, take him on a par with ourselves, and ask him what facts he brings forth; and we may the more readily do this when we remember that the idea of the fungic origin of infectious disease is not simply an hypothesis, but already in respect of one disease a demonstrated fact.

The specific contagious disease variously known as Malignant Pustule, Splenic Fever, *Charbon*, and *Anthrax*, by the discovery of the *bacillus anthracis* by Pollender, and by the researches and experiments principally of Koch and Pasteur, has passed through what we may call the six stages of proof, and is now known to be due to the entrance and multiplication of this parasite within the blood and tissues of the animal.

With reference to other diseases known to be infectious and specific (i. e. proved in numbers of cases to be due to the introduction of specific poisonous matter) investigation by more than one observer has so far shown, that erysipelas, leprosy, diphtheria, relapsing fever, pyæmia, and some forms of septiæmia are characterized by the presence in the blood or tissues of bacteria, which in some instances are to be positively differentiated from all others, while shortly after death bacteria have been observed in the tissues of subjects dead of small-pox, typhoid and scarlet fever, a fact that, excepting that sloughs and suppurating parts, does not pertain to the healthy body.

But we come again to the assertion of Koch, that tuberculosis is caused by the bacillus which he was first to describe. The late discussion of his work by Dr. Belfield, of Chicago,¹ goes to show that he has not only completed the proof that tuberculosis, local or general, is an infectious disease, but has demonstrated that it is *due to a parasite*. He has made the crucial test of its fungic origin. The hesitancy, however, that we

¹ Cartright Lectures, New York City, 1883, "Micro-Organisms in Disease."

always feel in accepting the conclusions or contributions of any single man leads in this instance, as in every other, to a suspension of judgment until some others shall, in like thorough manner, and with the same freedom from error of observation,—which as yet his critics have failed to find in Koch,—give us a record of similar experiments with similar results.

To Koch, however, is not due the idea that tuberculosis is infectious. Villemin, Klebs, Cohnbein, Fränkel, Chauveau, Aufrecht, Bollinger and others, long ago proved this fact, while Chauveau, Gibboux, Tappeiner and others, had shown that it was contagious by means of food, or by means of the respired air coming from apartments containing tuberculous animals; Koch, however, was left to discover the bacillus, to first show its constancy in phthisical lungs and sputum, its absence in other sputum and in the tissues of patients not dying of tuberculosis, and finally to demonstrate the power of the bacillus to incite tuberculosis after reproducing itself upon over a hundred successively implanted gelatine-coated microscopic slides.

With this brief consideration of what is now becoming an extended subject, we may say to those, who have not yet an inclination toward the germ theory of disease, with reference simply to this remarkable presentation of Koch's, which by its precision seems to carry all before it, that while it seems true that the bacillus is the cause of tuberculosis, it may yet be held that something else than the bacillus is the primary exciting cause of pulmonary phthisis.

The view which has been held, that a subacute lobular pneumonia at the apex of the lung, resulting from a local occluding bronchitis of the finer tubes, may form the "congenial soil," which the bacillus, floating in the air we breathe, whether coming from nature itself, or from some tuberculous patient, finds and settles in; i. e. in a nissus composed of degenerate and ill-nourished cells, debris and enfeebled tissue. Here the vital functions are at so low an ebb, that the little bug can gain a foothold, and not be kept or crowded out by the superior vitality of the higher organism, upon whose decaying parts it feeds. Here it finds an entrance, by which it can work its way into surrounding tissue, and excite the formation of the tubercles that seem to be due to its irritation; while these in

time, as we already know concerning cases of general tuberculosis, can excite surrounding inflammation, and thus help to continue the process of pulmonary consolidation.

The bacillus at least would seem most likely to gain a hold where hereditary weakness and adynamic disease had already begun a process, enfeebling tissue peculiarly exposed to the assaults of floating atmospheric germs.

SAMUEL HAHNEMANN.

WHAT is the niche that history in the future will give to Hahnemann? Such is the query that rises in the mind on thinking of the time when all medical men shall have come to practice homœopathically. At first thought it would seem that when this period arrives, no man that ever lived could outrank Hahnemann as a benefactor of the human race. Such we believe will be the fact.

But leaving the future and confining our view to the present, it is very apparent that practitioners of medicine may use drugs according to the indications of the homœopathic materia medica, without believing in the Law of Similars, and without recognizing him who proved its truth. The surprisingly extended and continued use among old school practitioners of such works on therapeutics as those of Phillips and Ringer, which in large part are composed of indications for remedies, paraphrased from works on homœopathic materia medica, the frequently-appearing reports in old school journals of the use of remedies peculiar heretofore to the homœopathic school, the favorable nature of such reports, the goodly number of cases reported as benefited and the character of the gentlemen making the statements, all lead us to believe that the use of homœopathic remedies in the homœopathic way, is becoming more or less frequent among our old school brethren.

We, nevertheless, cannot say as yet that they who thus use our means and method of cure very generally believe in the law. They can have hardly arrived at this stage of conversion. Many things tend to hinder. It is also not to be supposed except

in a few cases, that they believe but refuse to confess. We have too much faith in the honesty of mankind in vital things to think that any number of men convinced of a glorious practical truth would not declare their belief. Such would be a contradiction of the past.

The New School numbers many converts and some of its most distinguished men among those who have at some time, privately or publicly, set out to prove by trial the fallacy of homœopathy. We have likewise yet to learn of one who with sufficient knowledge of homœopathic materia medica, has not made positively successful homœopathic prescriptions enough to satisfy him that naught but a law of nature could underlie these mysterious cures.

If then, the use of drugs according to homœopathic indications increases in the profession until likely to become the general practice, the question arises : what will be the attitude of the 'conservative' branch of the profession ? What, as Mr. Matthew Arnold might say, will the 'Philistines' do who have fought so long this bugbear, and now have swallowed it all but the name and the principle ? This is a question for them to decide ; in fact, it seems to be a question which they are already beginning to decide, and apparently it is a severe one. Looking at the present symptoms, we trust that the violent convulsion it is causing will not still further becloud their intellects, but that the *vis medicatrix naturæ* in the shape of common sense, honesty, and fair play, will bring them to their senses.

When the fact is generally recognized among medical men that the homœopathic law and the homœopathic practice are things to be respected, we apprehend that those who do the thinking and the leading for the older branch of the profession will take up the study of the therapeutic law of Hahnemann. Then with the honesty that is the special pride of scientific men in general, we may rest assured of their free admission of its truth. And at this moment the name of Samuel Hahnemann will be graven upon the tablet of Fame where we have it marked out.

TO THE PROFESSION.

It is intended that the LEADER shall speak for itself: yet, in accordance with custom, it may not be amiss to say a word concerning outlook.

The journal is for the profession, and will aim to make itself their mouthpiece. The contributions to medical knowledge which will, it is expected, be the leading feature of interest. The Associated Editors consider themselves assistants in this work. They hope simply to second the contributions of those who can convey the sound originality and accumulated experience of longer periods of time. The journal will appeal not only by the pen, but also by the graver and the photographic ray to the sense for truth, which in medicine as elsewhere is always the leader, first to belief and then to practice. It will condense and present the matters which are engaging the attention of those without the Homœopathic profession. An open eye will be kept on outside doings.

It is also expected to hear from those who can inform us of the progress of the cause in other parts, removed from us by space or language.

The main aim of the journal, however, will be to make itself the expression of the American Homœopathic profession, whose true image it is hoped to reflect. And to this end we invite the contributions of those who form that body.

Finally, with the preservation of fraternity and unity throughout the school at heart, and with the desire that in some degree our labors may promote the propagation of the truth of Hahnemann, we commend ourselves not without emotion to the profession.

THE American Homœopathic Ophthalmological and Otological Society holds its annual session at Niagara Falls, beginning Thursday, June 21st, at 9 a.m. C. H. Vilas, M.D., Pres. F. Park Lewis, M.D., Secretary, 188 Franklin St., Buffalo.

HAHNEMANN'S HONORARY MEMBERSHIP IN THE N. Y. COUNTY MEDICAL SOCIETY.

IN a Presidential Address, the manuscript of which is in our possession, delivered before the Homœopathic Medical Society of the County of New York, upon the one hundred and twentieth anniversary of the birth of Hahnemann, April 10th, 1875, by Dr. B. F. Joslin, mention is made of the fact that Hahnemann was elected, continued, and died an honorary member of our fellow county society of the Old School, showing that during his life he was not only recognized and honored by the medical profession of his own and surrounding countries, but likewise in a land, which he had never visited but to which his fame had extended.

Upon referring to the record of the minutes of the N. Y. County Medical Society,¹ we find, that at a regular meeting held Sept. 10th, 1832, "S. Hahnemann was nominated by Dr. Gray as an honorary member," and that at a later meeting held Nov. 12th, 1832, "Dr. Jas. W. Anderson, of the Island of Cuba, and Sam'l F. Hahnemann, M.D., were elected honorary members." Between these two stated meetings a regular and a special meeting had intervened, which confirms the idea that Hahnemann's election was not an ill-considered but rather a deliberate affair, taking place as we may reflect, some seven years after homœopathy was introduced into this country by Dr. Gram, twenty-two years after the publication of the "Organon," and at a time when more than one member of the County Society was practicing homœopathy.

The fact moreover is apparent, upon consulting the record of minutes, that notwithstanding the antagonism to homœopathy which has since prevailed in the Old School body, Hahnemann continued an honorary member of the County Society until 1843, the year of his death; but, as noted by Dr. Joslin in his address, a short time after his demise, yet before the news thereof had reached this country, the society which had honored him, voted to rescind their action of eleven years before; and in the minutes of a meeting, held July 10th, 1843, we find it recorded, that, "On Motion of Dr. Jas. R. Manley it was then *Resolved*, That the resolution of the Society of Nov. 12th, 1832, conferring honorary membership of the Society on Samuel F. Hahnemann of Germany be, and the same is hereby rescinded; carried, ayes 28, nays 2," which opposing two, as Dr. Joslin remarks, and the record confirms, were Drs. B. F. Bowers and B. F. Joslin, Sen., neither of whom at this time had become tainted with the heresy of homœopathy. It is doubtless probable that the twenty-eight who immortalized themselves on this occasion by doing nothing, later heard, that Dr. Samuel Hahnemann of Germany died on the second of July, 1843.

¹ Minutes of the Medical Society of the County of New York, from 1808-1878. A. E. M. Purdy, Editor. New York, 1879. Published by the Society.

PROCEEDINGS OF SOCIETIES.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

A QUARTERLY meeting of the Society was held in Providence, R. I., on Friday evening, April 20th, the President, Dr. Robert Hall, in the chair. The Vice-President, Dr. Geo. B. Peck, entertained the members at the Narragansett Hotel.

Two applications for membership were received and referred to the Board of Censors.

Dr. Peck read the second of a series of three papers upon "A Young Physician's Death List," treating somewhat of the matter of still-births, but more especially of diphtheria, diphtheritic croup and membranous croup, their relationships, modes of death, and methods of treatment.

The paper was discussed by Drs. Mann, Sawin, Hicks and Knight.

Dr. Barnard, of Centerdale, reported a case of Favus, which had lasted twenty years, coming recently under his notice. A cure was effected by the method recommended by Piffard. He also reported a case of obstetrics.

Upon motion by Dr. Knight, the Executive Committee were directed to secure a permanent place for the meetings of the Society.

Special votes of thanks were given the ex-President, Gen. J. C. Budlong, and the late Secretary, Dr. Geo. B. Peck, for their faithful services to the Society in the past.

It was also resolved that the Society after January, 1884, cease to furnish medical attendance for the Homœopathic Dispensary, and thereby sever formal connection with the institution, that it may be founded upon an organization and support of its own.

The Society after adjournment partook of a supper.

NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE Annual Meeting of the New Jersey State Homœopathic Medical Society was held at the Board of Trade Rooms, Newark, N. J., May 1st, 1883. There was a large and enthusiastic attendance. There were no difficulties over codes of ethics or other matters. The general spirit was a liberal one.

Among the papers read, were: "Symptomatology, the Physiognomy of Disease," by Dr. Younglove, of Elizabeth; "Experiments with Menthol in the Treatment of Neuralgia," by Dr. Mandeville, of Newark; "Physiology of the Voice," by Dr. Howard, of Camden.

A highly enjoyable dinner was partaken of, which tended to cement the general fraternal feeling.

The officers elected for the ensuing year, were as follows : President, Dr. Isaac Cooper, of Trenton ; first Vice-President, Dr. J. F. Miller, of Newark ; second Vice-President, Dr. M. D. Youngman, of Atlantic City ; third Vice-President, Dr. A. E. Griffith, of Camden ; Recording Secretary, Dr. Edwin J. Howe, of Newark ; Corresponding Secretary, Dr. C. W. Butler, of Montclair ; Treasurer, Dr. W. McGeorge, of Woodbury.

The Semi-Annual Meeting will be held September 4th, at Asbury Park.

EDWIN J. HOWE,
Secretary.

THE MARYLAND INSTITUTE OF HOMŒOPATHY.

THE first regular meeting of the Maryland Institute of Homœopathy was held on the 9th of May, 1883, in Baltimore, Md.

The President, Dr. Elias C. Price, called the meeting to order and the minutes of the meetings at which the Society was organized were read, together with the Constitution.

The address by the President, which followed, gave a brief view of the past and present state of the Homœopathic Societies in Maryland, and was listened to with interest by those present.

Several original papers were read or offered, the most interesting being on "Potencies," by Dr. Geo. T. Shower ; "The Pulse and Temperature in Pneumonia," by Dr. Elias C. Price ; "Remarks on the Cumulative Action of the Diphtheritic Poison and on the Newly Used Drug Convallaria," by Dr. Eldridge C. Price ; "Post-partum Hæmorrhage," by Dr. N. V. Wright, and "The Diet of Nursing Children," by Dr. J. A. Gwaltney.

The discussions which followed the reading of these papers were both animated and instructive. Altogether the meeting was a very interesting one and this interest is expected to increase when the autumn session shall be held, October 24, 1883.

O. EDW. JANNEY, M.D.,
Secretary.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

THE Nineteenth Annual Meeting of the Connecticut Homœopathic Medical Society was held at the City Hotel, Hartford, Tuesday, May 15th. The President, Dr. W. B. Dunning, of Hartford, called the Society to order, at 11.15 A. M. After routine business and the election of new members, the following papers were read :

"An Operation for Strangulated Femoral Hernia," by Dr. W. F. Hinckly ;

- "Spinal Irritation," by Dr. C. S. Hoag;
 "A Case from Practice," by Dr. A. H. Allen;
 "Surgical Cases from Practice," by Dr. H. M. Bishop;
 "Observations on the Feeding of Infants," by Dr. E. B. Hooker;
 "Experience with High Potencies," by Dr. J. M. Tabor.

The Annual Address was delivered by Dr. W. B. Dunning, and dealt mainly with the modification which Homœopathy has caused in Old School practice.

Dr. W. Y. Cowl was present and spoke for the Homœopathic Medical Society of the State of New York; Dr. A. H. Allen represented the Massachusetts Homœopathic Medical Society.

The following officers were elected for the ensuing year:

President, Dr. B. H. Cheney, of New Haven.

Vice-President, Dr. A. H. Allen, of New London.

Secretary and Treasurer, Dr. E. B. Hooker, of Hartford.

Librarian, Dr. G. H. Wilson, of Meriden.

Censors:—Dr. E. E. Case, of Hartford; Dr. C. B. Adams, of New Haven; Dr. E. H. Linnell, of Norwich; Dr. E. P. Gregory, of Waterbury; Dr. C. S. Hoag, of Bridgeport.

The following delegates were appointed:

To the Massachusetts Homœopathic Medical Society, Dr. A. H. Allen, of New London.

To the Rhode Island Homœopathic Medical Society, Dr. H. M. Bishop, of Norwich.

To the Homœopathic Medical Society of the State of New York, Dr. E. P. Gregory, of Waterbury. E. B. HOOKER, *Secretary*.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The Regular Monthly Meeting of the Society was held at the N. Y. Ophthalmic Hospital, May 9th, 1883, the President, Dr. Doughty, in the chair. The minutes of last meeting were read and approved.

Dr. Eife, elected a member at the last meeting of this Society, was introduced by the President.

The Executive Committee reported favorably on the propositions for membership of Dr. Georgiana D. Read and Dr. W. D. Hough, who were duly balloted for and elected.

The Special Committee appointed at the last meeting to examine the pathological specimen presented to the Society by Dr. Schley, reported progress.

The Bureau of Surgery—Dr. E. Carleton, Chairman, presented the following papers:

Dr. E. Carleton presented "A case of Keloid Tumor with specimen."

Mrs. A — D —, aged 29, colored; health good, except a history of an abnormal pregnancy four years previous. Three years ago noticed a

small tumor under the right ear, but not attached to it, which grew slowly, and was removed one year ago, when the size of a pullet's egg. It almost immediately began to grow again. On May 3d, 1883, she was brought to the N. Y. Medical College and Hospital for Women, by Dr. W. T. Fairbanks. The writer proceeded to operate by carefully dissecting out its attachments, which were not deep, except at the upper portion. Many small arteries were divided, but not tied. Hemorrhage was controlled by torsion and pressure. Important structures were retracted out of harm's way in removing the growth. Small tumors of a similar nature were found on the left breast and left auricle and were removed.

Dr. Carleton also read a paper on "The Buttonhole Operation for Stricture of the Urethra."

Dr. Wilcox, Historian of the Bureau, read a paper on "The History and Progress of Surgery during the past Year."

Dr. Doughty read a paper "On Acute Cystitis."

Dr. Geogiana D. Read presented a case of minor surgery.

Discussion of Papers.

The President:—"I should like to ask Dr. Carleton to what extent the urethra was closed, in the case he operated upon, and whether the urethra was followed in making the incision. I can testify from my own knowledge that it is one of the most difficult operations to perform; and as has been said, it requires a long day, a bright day and great patience. I should suppose that the incision would be simply through the prostate and not a mere enlargement of the urethral canal."

Dr. Doughty also said: "To try and follow a tortuous canal which is contracted so that it will not admit more than a filiform guide is a difficult matter. If the orifice can be reached, it is much easier. In Dr. Carleton's case he would doubt if the canal had been penetrated."

Dr. Carleton:—"The membranous and prostatic portions were closed and had to be cut. The autopsy showed that it followed the canal, which was cut freely downwards. The operation was extremely difficult. I used a long knife, perfectly pointed, about two lines wide, one which has served me well in performing lithotomy."

Dr. Jas. Lillienthal said, "In the paper read by Dr. Wilcox the preparation actually recommended for use by the author of the operation for Hernia described, was incorrectly translated. It should be Oleum Hyoscyami twenty parts, and Ether one hundred parts; he desired simply to make a correction of the mis-translation from the German made in the current English journals."

Dr. Cowl asked Dr. Doughty with reference to his paper on Cystitis, whether he would differentiate between Pyelitis and Cystitis by means of the acidity or alkalinity of the urine in cases where there was a quantity of pus in the urine.

Dr. Doughty said he simply called attention to the fact that it was important to make a differential diagnosis between Cystitis and Pyelitis, as cases have occurred where the entire trouble was in the kidney, and the bladder had received heroic treatment.

Dr. Dillow said he had seen cases of chronic Cystitis with acid urine lasting for months, and did not consider the re-action of the urine a good guide. There might exist a violent Pyelitis with alkaline urine, and a Cystitis with acid urine. There is likely to be a Cystitis connected with any severe case of Pyelitis. In regard to the epithelium of the kidneys and bladder, he thought a distinction could be made. He believed that epithelium could be detected which comes from the kidney and which does not come from any where else, and the same with reference to epithelium which comes from the bladder. There may be small epithelia from the bladder which cannot be distinguished from large epithelia of the kidneys, but in ordinary cases a person can make a diagnosis between acute Pyelitis and acute Cystitis by this means. The German authorities claim there is more albumen in acute Pyelitis than in Cystitis. It is comparatively rare to have a case of marked Pyelitis without a complicating Cystitis. Dr. Heitzman lays particular stress upon epithelia of a certain size coming from the kidney, smaller than those from the bladder, angular, and very often canted; there are some canted epithelium coming from the deeper layers of the bladder.

Dr. Cowl :—“ With reference to the question of epithelium from the kidneys and bladder, there is one point which has impressed itself upon me, in examining a large number of specimens of urine in the Pathological Laboratory of the College during the past winter ; namely, that disease gradually modifies the size and shape of epithelium coming from various surfaces. Cystitis tends to cause the throwing off not only of the superficial disk-like cells, found commonly in normal urine, but also the deeper layers of cells which are smaller and more or less canted. The more intense the inflammation, the more rapid the production and exfoliation of these deeper cells. As a rule I do not find such large cells in inflammation as in normal conditions, and in cases of severe Cystitis we may find cells of very nearly the same size as those coming from the kidney. Cells from the bladder vary in size in the same layers according to the part of the organ from which they come. The cells from pelvis of the kidney also vary in size. With reference to Dr. Heitzman's views, it may be said that although he insists upon the difference in size of cells as forming a diagnostic criterion as to their origin, he does not give measurements in his lately issued work.”

Dr. Dillow said that Dr. Heitzman estimates sizes by his eye, and trains students to do the same. He always enjoins upon them the use of but one magnifying power with the microscope. With a power of about five hundred diameters the differences can easily be made out.

Dr. Dillow asked if any members knew of the utility of Balsam of Canadian Pine in Cystitis. He had tried it in drop doses on sugar, and it had shown very marked effects upon bladder symptoms. He had also frequently used Eucalyptus Globulus, not so much in acute as in chronic troubles of the bladder : he knew of nothing which would so soon bring back an alkaline urine to an acid condition as five to ten drop doses of the Eucalyptus several times a day.

Dr. Schley :—" Before closing the subject of Cystitis I would like to ask an opinion : I have a case at the Hahnemann Hospital which has been under the care of the two attending physicians preceding me, and it is interesting me much, as they have done nothing to relieve her. She is suffering from Cystitis, which dates back to the time of a severe labor several months ago : she will have a chill, followed by a discharge of pus from the urethra. The walls of the bladder are thickened. I have only had her under my care for a few days, and have had no opportunity to examine her urine. The question is, would a rapid dilation of the urethra or an artificial vesico-vaginal fistula be beneficial. She has taken many remedies without benefit. It is my experience that bladder troubles are more frequently found in women than in men, whether from displacements of the uterus, it is difficult to say. They are more difficult to treat in women than in men, so far as my experience goes. This patient has not improved within the last few weeks, according to the records of her case. She has had bloody and micropurulent discharges every day or two."

Dr. Doughty said that if Dr. Schley would refer back, he would find the case had been under his (Dr. Doughty's) treatment. He had then advocated a vesico-vaginal fistula, but the case improved so much that he gave up the idea of operating. He would now recommend the operation and preferred Dr. Pallen's method of using the thermo-cautery. Dr. Pallen lays great stress on the way the heat is to be used in applying the cautery, arguing that if the blade be used at a white heat the same effect would be produced as with a knife, but if the cautery be used at a dull red heat, hemorrhage would be prevented. The difficulty with the operation was the after-annoyance it subjected the patient to.

Dr. Doughty had had cases similar to that mentioned by Dr. Dillow, where the acidity of the urine continued for months, even with the presence of large stones in the bladder. In one case a stone weighed three ounces.

Dr. Ryder said :—" The case mentioned by Dr. Schley, brought to mind a case of the Woman's Hospital, similar in its symptoms, but which afterwards proved to be a pelvic abscess, there would be a chill and discharge of pus, followed by an interval of rest and again the chill and discharge of a large quantity of pus." The doctor thought this case might be similar.

Dr. Schley asked under what circumstances operation for floating kidney would be justifiable.

Dr. Wilcox thought where there was great annoyance and pain, and where danger to other organs existed, it would be advisable to operate.

The President called upon Dr. Carleton for remarks.

Dr. Carleton said :—" In response to your invitation, Mr. President, I would first like to remind members who have been discussing floating kidney, that some well-known pathologists, (Tait and others), deny the existence of the lesion. Whether floating kidney is ever seen, or not, I do not undertake to decide. I have never seen a case where such diagnosis could be made.

"I have listened with interest to the excellent paper upon Cystitis and the discussion it has elicited. The enumerated causes of Cystitis, although

very full, I should hardly consider complete, without adding *metastasis*. To be sure, extension of inflammation from neighboring parts is mentioned; but that will not cover those too frequent cases, where there is an actual and utter change of place of diseased action and morbid sensation—sometimes from distant parts. For instance:—a few months ago a lady applied to me for relief from an acute Cystitis, which troubled her greatly. By dint of questioning, I learned that her first ailment was piles, which an old-school gentleman suppressed (cured he said) in the fashionable way, that is, by injecting carbolic acid. The recto-anal trouble was completely stopped; but the bladder malady immediately succeeded, which he could not subdue. After awhile I partially relieved the bladder, but then pains in the rectum and anus returned. A change of medicine reversed the process again, and so it went back and forth as I changed remedies. At length I drove the malady to the anus as well as I could, though imperfectly, the bladder not being cured altogether, and then improved the case somewhat with the anti-psorics; but an absolute cure of the whole case was impossible, at least in my hands, owing to the destruction of the piles. It seems to me that the Homœopathic physician should always feel it to be his duty to prescribe for the whole case, and to feel disgraced should he ever produce a metastasis.

“ Let me also speak in defense of those physicians who do not immediately resort to mechanical means of relief in all cases of retention of urine. I am one of those physicians; and I have seen the good effects of a well-selected remedy without catheterization, as well as the ill effects of resorting instantly to the catheter, before giving medicine. In fact, it has been my experience, that if a woman be catheterized after delivery, just because she says she cannot pass water, that the practice must be continued for a number of days; but if the suitable remedy be given, with patience and gentle coaxing, the catheter can generally be dispensed with altogether. I ask those of you who have had large obstetrical practice, if your experience is not the same? Of course we must use our best judgment when to use and when not to use the catheter. Certainly I cannot endorse a sweeping condemnation of those who select the similar remedy and give it sufficient time to act.

“ As regards the treatment of Cystitis, Homœopathic physicians always prescribe for individuals, of course. In every case that comes before me for examination, I have constantly in mind the relationship between the symptoms, as given, and remedial agents, with a view to selecting the one that is most similar. That is the bent of my mind. I want to find something to cure my patient. In the hypothetical case given, I should think first of *Arnica*, on account of the traumatism. I have seen it cure cases of traumatic origin in different degrees of intensity. After cutting operations upon the bladder, think of *Calendula* and *Millefolium*. The latter remedy has saved cases after lithotomy, that would otherwise have resulted fatally. We have no excuse for resorting to allopathic measures in the treatment of cases of Cystitis. Advance boldly to their cure, with the well-selected, similar remedy, and you will be rewarded. Just to briefly consider a few leading remedies, both *Aconite* and *Arsenicum* have thirst, restlessness and

burning; but the mental state of *Aconite* is *anxiety*, while that of *Arsenicum* is *anguish*; that will enable us to decide which is indicated. Again *Cantharides* has burning and urging *before, during and after* micturition. *Mercurius sublimatus* has always *recto-anae and vesical tenesmus*,—both together. *Kali carb* is a neglected remedy, with its *sharp, cutting* pains across the abdomen. And so we might continue to illustrate the varying indications, which, if heeded, will enable us to cure individuals suffering with *Cystitis*; but at this late hour I refrain."

Dr. Doughty said he did not intend to condemn physicians for not using the catheter in all cases, but believed there were many cases where the physician neglected to examine the condition of the bladder where a patient had not passed water for some time.

Under the head of Miscellaneous Business, notes of resignation were received from Drs. Henry B. Millard and E. D. Simpson; they were on motion laid over until next meeting.

Dr. Cowl, speaking of the proposition of Dr. Chas. S. Sprague as a corresponding member, desired to bring the matter up at some future meeting of the Society, and on motion the consideration of the propositions of Drs. Sprague and Robinson were laid over.

Adjourned.

CHAS. DEADY, *Secretary*.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.

The Society held its regular monthly meeting in the rooms of the Atlantic Yacht Club, 44 Court Street, Brooklyn, Tuesday evening, June 5th, 1883, President Chas. L. Bonnell in the chair.

Present—Drs. Bonnell, Wells, Minton, R. C. and J. L. Moffat, Dunlevy, Richter, Barkelee, Talmage, Pratt, Spooner, Mary C. Brown, Hasbrouck, Lewis, Lassen, Blackman, Chapin, McKinney, Hugh M. Smith and Valentine. Visitors—Drs. W. M. Butler and W. Y. Cowl.

As a correction to the minutes, Dr. wells stated that 'Boenninghausen on Fevers' has been translated by Dr. Korndorfer.

Dr. J. L. Moffat read a paper on 'Muscular Asthenopia.'

Dr. Wells suggested, in addition to the remedies mentioned, Hyos. and Stram., and cited a case in illustration.

The courtesy of the floor was extended to Dr. Cowl.

A resolution was passed endorsing the movement now on foot to establish, under the auspices of the Brooklyn Health Department, a hospital for cases of contagious disease.

After narration of cases and some executive business, the Society adjourned, to meet in the same place on the first Tuesday of July.

J. L. MOFFAT, *Secretary*.

JOHN REYNDERS & CO.,

No. 303 Fourth Avenue, New York.

No. 56 Randolph Street, Chicago, Illinois.



MANUFACTURERS OF

Surgical Instruments

AND

Orthopædic Apparatus

OF

Superior Quality and Workmanship.

SKELETONS

AND ANATOMICAL MODELS.

Unbound copies of our Catalogue of 283 pages and 2700 illustrations, sent free upon receipt of 10 cents for postage. Bound copies for cost of binding, 40 cents.

Blake's Oro-Nasal Respirator for the continuous inhalation of Medicated Vapors. Price \$3.75.

Please mention the LEADER.



J. H. VAIL & CO.,

SUCCESSORS TO THE

Jobbing and Retail Department of Wm. Wood & Co.,

21 Astor Place & 142 Eighth Street,
NEW YORK.

Medical Publishers, Booksellers and Importers,

PUBLISH THE FOLLOWING:

MICROSCOPICAL MORPHOLOGY OF THE ANIMAL BODY IN HEALTH AND DISEASE, By C. HEITZMANN, M.D. 8vo. Illustrated. Price \$7.00 cloth, and \$8.00 half bound.

ON ELECTRO-DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM, By DR. HUGHES BENNETT. Illustrated 8vo. Cloth \$2.25.

ON THE MORBID CONDITION OF THE URINE DEPENDENT UPON DERANGEMENT OF DIGESTION, By C. H. RALFE, M.D. 12mo. cloth, \$2.25.

In press and to be published early in the fall:

Dewattville's Medical Electricity. New Edition.

Hill's Essentials of Bandaging etc. Fifth Edition.

Barnes' Synoptical Guide to the Study of Obstetrics.

Catalogue of American and English Medical Books furnished on application.

A CASE OF TEST GLASSES

FOR THE

GENERAL PRACTITIONER,

Containing thirty-six pairs of *Trial Glasses*, concave and convex, from 5—60, with Test-Types, and Directions for the Testing of Vision and the Diagnosis of some common Optical Defects. Designed for the General Practitioner. By D. B. ST. JOHN ROOSA, M. D. and EDWARD T. ELY, M. D. Price, \$12.00.



TRIAL CASES, OPHTHALMOLOGES, ARTIFICIAL EYES, CLINICAL THERMOMETERS, MICROSCOPES & ELECTRICAL BATTERIES.
ILLUSTRATED CATALOGUE SENT ON APPLICATION

MEYROWITZ BROS., Opticians,
295 & 297 Fourth Avenue, S. E. cor. 23d St. New York.

N. B.—Special attention given to prescriptions of Oculists. Prescription Blanks sent free on request.

The New York Homeopathic Medical College,

Corner of Third Avenue and 23d Street, New York City.

FACULTY.

- E. M. KELLOGG, M.D., Professor Emeritus of Diseases of Women.
T. F. ALLEN, M.D., Professor of Materia Medica and Therapeutics.
F. S. BRADFORD, M.D., Professor of Theory and Practice of Medicine.
J. W. DOWLING, M.D., Professor of Physical Diagnosis and Diseases of the Heart and Lungs.
S. LILIENTHAL, M.D., Professor of Mental and Nervous Diseases.
C. TH. LIEBOLD, M.D., Professor of Clinical Ophthalmology.
W. O. McDONALD, M.D., Professor of Gynæcology.
S. P. BURDICK, M.D., Professor of Obstetrics.
WM. TOD HELMUTH, M.D., Professor of Surgery.
R. H. LYON, Esq., Professor of Medical Jurisprudence.
F. E. DOUGHTY, M.D., Professor of Anatomy and Diseases of the Genito-Urinary Organs.
ST. CLAIR SMITH, M.D., Professor of Materia Medica.
GEO. W. BLODGETT, M.D., Professor of Physiology.
MALCOLM LEAL, M.D., Professor of Chemistry and Toxicology.
MARTIN DESCHERE, M.D., Professor of Diseases of Children.
HENRY C. HOUGHTON, M.D., Professor of Clinical Otology.
P. E. ARCULARIUS, M.D., Professor of Dermatology with Clinics.
WALTER Y. COWL, M.D., Professor of General Pathology and Morbid Anatomy.
JOHN BUTLER, M.D., Professor of Electro-Therapeutics and Electro-Surgery.
E. V. MOFFAT, M.D., Professor of Histology.
SIDNEY F. WILCOX, M.D., Professor to the chair of Surgery.
C. W. CORNELL, M.D., Clinical Assistant to the chair of Surgery.
W. W. BLACKMAN, M.D., Demonstrator and Assistant Professor in Anatomy.
C. S. ELEBASH, M.D., Assistant to the chair of Physiology.
C. H. DUNNING, M.D., }
G. G. SHELTON, M.D., } Instructors in Chemistry.
CHARLES McDOWELL, M.D., Demonstrator of Microscopy.
J. L. BEYEA, M.D., Demonstrator of Midwifery.

The Course opens October 2, 1883, and closes March 15, 1884. The instruction is *thorough and practical* in every department. For Seniors, clinics are held by almost every chair. For Juniors, special facilities are provided for laboratory work, embracing courses in Medical Chemistry, Normal Histology, Microscopic Examination of Urinary Sediments, etc. The instruction is adapted as far as possible to the needs of the students individually, and each man is taught to work for himself. No extra charge for instruction, apparatus or reagents. The large College Dispensary provides abundance of clinical material, and all the public hospitals of New York are open to our students.

T. F. ALLEN, M.D., Dean.

For announcements and information, address,

EDGAR V. MOFFAT, M.D., Secretary,
149 West 44th St., New York City.

(2) 2

THE HOMŒOPATHIC LEADER

EDITED BY WALTER YEOMANS COWL, M. D.
AND ASSOCIATES.

August, 1883.

*Homœopathy, the Science of Therapeutics.
Pathology, the Basis of Prognosis and Prevention.*

DUNHAM.

CONTENTS :

Photo-Micrograph of Norris' 'Invisible' Blood Corpuscle.		
Irritability of the Bladder in the Female, - - - - -		L. L. DANFORTH, M. D. 81
Hydrocele in the Female, - - - - -		WM. N. GUERNSEY, M. D. 86
Notes on the Use of Turpentine in Hospital Gangrene, - - - - -		J. ROBIE WOOD, M. D. 89
A Case of Caries of the Cervical Vertebrae, - - - - -		H. M. LEWIS, M. D. 92
On Acute Cystitis,—II., - - - - -		F. E. DOUGHTY, M. D. 97
A Case of Craniotomy, - - - - -		B. F. JOSLIN, M. D. 102
Pre-Natal Influence in the Production of Mental Disease, - - - - -		WM. M. BUTLER, M. D. 106
Ophthalmia Neonatorum, - - - - -		CHAS. DEADY, M. D. 113
A Case of Urethral Stricture, - - - - -		GEO. W. BLODGETT, M. D. 119
On Vaccination,—II., - - - - -		GEO. R. STEARNS, M. D. 121
Remarks on Dr. Leal's Blood Test in Urine, - - - - -		C. TH. LIEBOLD, M. D. 127
The Condiments in Digestion, - - - - -	C. HUSSON, translated by MALCOLM LEAL, M. D.	129
Editorial Articles :		
Liberality without Compromise, - - - - -	132	
Prof. Edwards Smith's Researches, - - - - -	133	
Preventive Medicine, - - - - -	136	
The Revelations of Norris, - - - - -	138	
Notes :		
Vaccination during Pregnancy, - - - - -	85	
The Tension of the Vocal Bands, - - - - -	95	
Temperature in Infancy, - - - - -	101	
Oxide of Zinc as a Dressing, - - - - -	105	
Antiseptic Ovariotomy, - - - - -	105	
Diphtheritic Myringitis, - - - - -	112	
A Sound Conclusion, - - - - -	128	
Proceedings of Societies :		
The Homœopathic Medical Society of the County of New York, - - - - -		142
Kings County Homœopathic Medical Society, - - - - -		143
The Southern Tier Homœopathic Medical Association, - - - - -		144
The Rhode Island Homœopathic Society, - - - - -		144
The Coming Meeting of the State Society at Ithaca, - - - - -		145
Transactions of the Homœopathic Medical Society of New York State, for the Year 1883, - - - - -		145

New York: 36 West 21st Street.

Published Monthly. Yearly Subscription Four Dollars.

ASSOCIATE EDITORS.

SURGERY :

H. M. LEWIS, M. D., *Attending Surgeon to the Brooklyn Homœopathic Hospital.*

MENTAL AND NERVOUS DISEASES :

WM. M. BUTLER, M. D., *Late First Assistant Physician at the New York State Homœopathic Asylum for the Insane.*

PREVENTIVE MEDICINE :

MALCOLM LEAL, M. D., *Professor of Chemistry at the New York Homœopathic Medical College.*

DISEASES OF THE EYE AND EAR :

CHAS. DEADY, M. D., O. et A. Chir., *Resident Surgeon at the New York Ophthalmic Hospital.*

DISEASES OF CHILDREN :

GEO. W. BLODGETT, M. D., *Professor of Physiology at the New York Homœopathic Medical College.*

OBSTETRICS :

W. W. BLACKMAN, M. D., *Formerly Resident Physician at the Brooklyn Maternity. Lecturer on Anatomy at the New York Homœopathic Medical College.*

MATERIA MEDICA :

GEO. R. STEARNS, A. M., M. D., *Formerly Resident Physician at the Wards Island Homœopathic Hospital.*

FOREIGN LITERATURE :

CHARLES McDOWELL, M. D., *Formerly House Surgeon at the Hahnemann and Wards Island Homœopathic Hospitals.*

THE GENERAL EDITOR WILL GIVE ESPECIAL ATTENTION TO THE
DISEASES OF WOMEN.

The LEADER will appear upon the first of every month succeeding July, 1883, and will number sixty-four pages, or more, as occasion may require, exclusive of advertisements.

Subscriptions will be received by the Editor, or by Mr. R. W. Turner, Stationer, 349 Fourth Avenue, New York City.

Single copies may be obtained at 40 cents each. Sample copies will be mailed free upon application to the Editor,

PHOTO-MICROGRAPHS.

GEO. G. ROCKWOOD, 17 Union Square, has organized a special department for the photographing of microscopic objects and preparations of every description. An expert of experience as a Microscopist will give his aid to a first class Photographer in charge of this department.

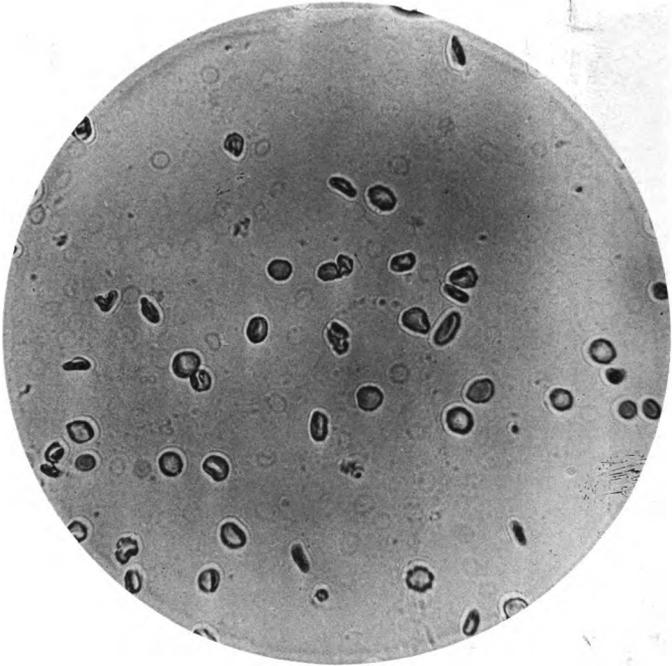
The instruments and objectives so successfully used by Dr. J. W. S. Arnold, late of this city, have been secured for the above work.

Address,

GEO. G. ROCKWOOD,
17 Union Square, N. Y.

THE HOMŒOPATHIC LEADER,

AUGUST, 1883.



RED DISCS AND THE 'INVISIBLE' BLOOD CORPUSCLE OF NORRIS.

A photo-micrograph of blood, showing beside the red discs other bi-concave discs possessing in major part no color, but differing in density and refractive power from the plasma of the specimen owing to the addition of sugar to the blood upon being shed. The film photographed was of about one ten thousandth of an inch in thickness,—a tenuity secured by strapping the cover-glass at its sides to the slide until the rings of Newton appeared. The blood, containing sugar, was then drawn by capillary attraction into the space presented. *A single layer of corpuscles* was thus secured. Lying in a common plane, all the blood discs were therefore equally in focus. The specimen was immediately photographed.

The sugar added not only allows these newly recognized bodies to become visible in the blood, in which they are normally invisible, but also greatly prevents them from disintegrating and forming threads of fibrin. In the specimen above they appear somewhat smaller than the red discs, and do not all show their concavities as in the negative. They are to be easily differentiated from the white blood corpuscle or leucocyte, by their smooth non-granular appearance, by their bi-concavity and by their size. Few leucocytes are to be met with in spaces which contain Norris' corpuscles in a single layer.

W. Y. C.

The HOMŒOPATHIC LEADER.



1755 1843 Similia Similibus
Curantur

AUGUST, 1883.

IRRITABILITY OF THE BLADDER IN THE FEMALE.*

BY L. L. DANFORTH, M. D., NEW YORK CITY.

It is well known that the term "irritable bladder" is applied to a condition of the organ characterized by a frequent desire to micturate, with symptoms of burning, heat, tenesmus and pain, without regard to its cause. No special pathological condition is understood, although in the majority of instances the cause upon which the irritability depends is readily ascertained. It is not the intention of this paper to detail all the conditions upon which the symptoms depend; but rather, to point out wherein a very simple method of treatment has been signally successful in the cases of several patients who had suffered much from this troublesome complaint.

In the first place, it is very important in all cases of irritability, to ascertain the cause. Nowhere in medicine or surgery, it may almost be said, is it more necessary to do this, before good results can follow, on account doubtless of the peculiar function of the part.

* Read before the *Homœopathic Medical Society of the County of New York*.

In all cases a physical examination should be made at the start. The attention of the examiner should be first directed to the orifice of the urethra, for here caruncular growths may be a source of irritation, and by reflex action keep up the complaint. The meatus may be abnormally contracted, or, just within the meatus there may be a slight stricture, sufficient to retain a portion of the urine at the lower part of the urethra. This is sufficient to cause marked impatience on the part of the bladder.

The thickening of the peri-urethral tissues, which frequently results from prolonged labor and instrumental delivery, is often productive of such unnatural action of the vesical neck. All are aware how important it is to take cognizance of displacements of the uterus, and the *rationale* of the action of such conditions needs no explanation. The state of the rectum should not be overlooked in searching for a cause. Ulcers, fissures, hæmorrhoids, and sometimes impaction of fœces may give rise to symptoms of irritability of the bladder.

Nearly all the diseases of the genito-urinary system may act as causative influences in the production of the complaint, and hardly need to be enumerated.

The methods of diagnosis will be suggested to each investigator by the probable nature of the exciting cause. The condition of the urine, as regards its reaction is important. It has been well observed by Dr. Prout, ("On Stomach and Renal Diseases," p. 316,) that all deviations from the normal condition of the urine, whether in deficiency, excess, or in kind, are recognized by the containing organs, and may prove a source of irritation in the kidneys and bladder.

Exposure to cold and malarial influences, are both capable of exciting morbid action of the bladder; the latter manifesting itself by periodical disturbance of function. In some cases irritability seems to arise without any appreciable local cause, and then is only a manifestation of that general irritability of the whole nervous system, met with more especially in girls of a nervous temperament, whose physical and perhaps moral training has been injudicious, and in whom almost every tissue and organ is preternaturally sensitive. The main object of this paper, however, is to seek the cause of excessive irritability in obscure

cases, and to give some explanation of the curative effect produced by dilatation of the urethra, when other means fail.

Billroth thinks "that irritability of the bladder occurring in the absence of any discoverable cause may find its analogue in the spastic phenomena which accompany superficial affections of various other mucous membranes." He alludes to keratoconjunctivitis, catarrh of the stomach and intestines, excoriation and fissures of the rectum, and various forms of catarrh of the air passages, all of which affections are accompanied by more or less spasm and irritability, and are characterized by marked hyperæmia of the mucous membrane, sometimes with slight excoriation. He believes that similar pathological changes of slight extent, occurring in the neck of the bladder, or in the ureters or pelvis of the kidneys, may, in the absence of other causes, sometimes account for the symptoms indicated by the term "irritable bladder."

Three of the cases which I shall relate, were obscure as to the nature of their causes, and pathological conditions, but were relieved quickly and permanently by dilatation of the urethra. Undoubtedly the nerve supply of the neck of the bladder was involved in some manner, probably by a slight congestion of the mucous membrane implicating the nerve filaments.

When we reflect on the anatomy of the female bladder, we find that the sphincter is not in reality a true sphincter in the sense in which we generally use this word, but rather a "falling together," as it were, "of folds of loose, superabundant tissue about the neck." The sacral plexus furnishes the nerve supply of this portion of the organ, which in the female, is as much more sensitive than the corresponding portion of the male bladder, as is the organism of the female than that of the male.

In this general way, therefore, we may explain the frequency with which irritability depending upon slight and sometimes undiscoverable lesions is observed among women.

The usefulness of the steel sound in the cure of irritability, by dilating the urethra and vesical neck, may find its explanation in the principle that irritability of mucous membranes or the nerves supplying them may be diminished by gentle but repeated mechanical attrition. This method would probably be still more universal, if the original and aggravating causes were always completely removed in the first place.

CASE I.

Mrs. A. T.—æt. 27. Mother of three children. Last child born three months before patient came under treatment. Has had symptoms since the birth of her first child, five years ago, which was accomplished by the aid of instruments. For fifteen days after the birth of this child the urine had to be drawn with a catheter. Since that time she has been unable to urinate without the greatest difficulty. No unnatural frequency, but when the desire to urinate comes on, in order to pass the smallest quantity, the patient is obliged to strain and press intensely. She assumes various positions to favor the flow, will get on her knees and strain like a woman in labor, and then is only able to partially empty the bladder.

Physical Examination—Uterus in normal position; slight bilateral laceration of the cervix. Peri-urethral tissues very much thickened: by pressure upward and fixation of the urethra it seems as large as the examining (index) finger: no sensitiveness: meatus open: two small caruncular vegetations may be seen, one on each side of the orifice.

Treatment—Cauterized growths with nitrate of silver, which speedily removed all traces of them. Between the dates of Oct. 27th and Nov. 13th, various remedies were tried and a pessary applied to support the anterior vaginal wall, which was prolapsed, but without relief in any respect.

Nov. 13th.—Inserted a steel sound No. 21, French. Nov. 15th.—Is much improved; much less tenesmus; is not obliged to get on her hands and knees in urinating as formerly. Passed a No. 23 sound. Nov. 18th.—No straining worth mentioning. Repeated passage of No. 21. Nov. 25th.—Straining entirely relieved, urinates naturally. Patient dismissed.

CASE II.

Miss A. E. S.—æt. 24. Has suffered from irritability of the bladder to the extent of being obliged to empty it "twenty or thirty times in the course of a single night," and as often through the day.

Physical examination revealed only a narrowing of urethra. No tenderness of the bladder. Dilated with a No. 21 French sound. Irritability at once disappeared.

CASE III.

Miss E. D.—æ. 20. Took cold by sitting on a cold stone. Immediately afterward began to suffer from frequent and irresistible desire to empty the bladder. Every half hour or at the longest every two hours, she was obliged to urinate. Became depressed in spirits and life was a burden to her.

Examination failed to reveal any cause of the trouble, except a sensitive point at about the middle of the urethra. Thinking that this might be the cause of the irritability, the urethral walls were dilated as much as possible with a sound, without causing great pain. The inordinate desire to empty the bladder at once disappeared, and patient remained permanently relieved.

CASE IV.

Mrs. E. B. W.—æ. 50. Has suffered from irritability of bladder to such an extent that she was obliged to urinate as often as two or three times an hour. A cause could not be assigned and examination gave negative results, so far as the bladder and neighboring organs were concerned. The peri-urethral tissues were somewhat thickened and pressure on the urethra gave slight pain. The passage of a large sized sound was followed by relief and several repetitions of the dilatation entirely relieved the patient.

VACCINATION DURING PREGNANCY.—(Centralblatt für Gynäk, No. 40, 1882.)—Belim vaccinated thirty-three pregnant women in the eighth, ninth and tenth months of gestation. Cuts in the skin were made, and humanized lymph for the most part was used. In four cases, there was failure; in twenty-two, there was complete success; in seven success was only partial (?). Of the thirty-three children, twenty-five were vaccinated with success, and the others without success. In six of the latter, the lymph was not good; in one of the others the lymph was good, and the vaccination carefully done. In the remaining case no certain report could be made. The advantage of vaccination to pregnant women is great on account of their increased liability to small-pox during gestation. New-born infants experience less constitutional disturbances from the operation than they would at a later period.

HYDROCELE IN THE FEMALE. *

BY WM. N. GUERNSEY, M.D., NEW YORK CITY.

HYDROCELE in the female is of such rare occurrence that I take the liberty of reporting the following case :

About a year since, Mary A., a delicate-looking girl of six years of age, was brought to my office, presenting a tumor of the left *labium majus*, the size of an English walnut, pear shaped in form, and extending slightly up the inguinal canal. It had been first observed by the mother a year or more before. There were no evidences of inflammation, being neither hot, painful nor sensitive to the touch. It was not resonant on percussion, and did not receive any impulse upon the patient's coughing. The tumor was partially translucent and felt as if containing fluid. It could be made to partially recede into the inguinal canal, and yet would not pass through the internal ring into the abdominal cavity. When made thus to partially disappear it still received no impulse during violent efforts at coughing.

In making a diagnosis, simple hernia was excluded by the impossibility of reducing the mass, and irreducible hernia by the absence of resonance on percussion, as well as by the history of its growth. The tumor plainly could not be either pudendal hemocele, inflammation of the vulvo-vaginal gland, or *œdema labiorum*. The question seemed to be whether it was a cystic growth of the labium or a hydrocele, and although the latter condition is so rare as to have almost no literature, its appearance, the sensation it gave to the touch, its situation, and the capability of partial recession along the inguinal canal, led me to believe that it was not a labial cyst, but a hydrocele.

I could remember at the time of having read of only one case of hydrocele in the female, which was reported by Dr. Bennett, of Danbury, Connecticut, and quoted by Dr. Thomas in his work on Diseases of Women.

* Read before the Homœopathic Medical Society of New York County, June 13, 1883.

In looking over the standard English works I found no mention made of hydrocele as existing in the female, and in the German only slight allusions to it by Scanzoni and Schröder. Among American authors it was ignored, except by Goodell and Thomas.

In looking over the literature of diseases of children, I found no mention of it made by German, English or American writers.

In the current periodical literature, however, in a very able and painstaking article, Dr. Wm. C. Wile, reports of two cases in multiparous women were discovered. He had addressed fifty letters to some of the most prominent physicians in the United States, inquiring as to its frequency, but ascertained that very few had ever seen a case. Dr. Fordyce Barker had met with one which, like those reported by Dr. Wile, had been incorrectly diagnosticated a hernia, the patient having worn a truss over a year. At Dr. Wile's request, Dr. Bigelow, of Washington, D. C., searched through the large library of the Surgeon-General's office, and wrote that he had looked over all the old Latin, French and German literature from the fourteenth century to the present time, and that there was *absolutely nothing*. Paré, on page 233, edition of 1599, simply mentions hydrocele as a variety of tumor, but does not allude to it as occurring in the female. Scarpa, edition of 1584, speaks of it merely in connection with scrotal hernia, etc. *Ætius* and *Meckel* have nothing.

Of all the current medical literature of the world for 1879, but one paper was published, viz.: O. Chien, Ueber Entzündung der Weiblichen Hydrocele, *Wiener Med. Bl.*, and in 1880, another, viz.: V. Cavagues, Idrocele muliebra. *Gazz. med. Ital. lomb., Milano*.

Nowhere could I find any history of its occurrence among girls. The few cases which have been reported, were of women who had previously borne children. Notwithstanding this fact, however, I could not but believe that the tumor was a hydrocele. But in order to satisfy myself, I requested the mother to take her child to one of the ablest and most experienced gynecologists in this city, who seemed much interested in the case, and confirmed my diagnosis. He also kindly loaned me what literature he possessed upon hydrocele in the female. Goodell graphically describes it as consisting of a collection of fluid in a

serous sac around the round ligament in the inguinal canal, and due as in the male to imperfect obliteration of the peritoneal prolongation,¹ which invests the round ligament, from each internal ring through the inguinal canal to the upper third of each *labium majus*. He further describes its origin by mentioning that obliteration begins at the two ends—the ring and the labium—and if incomplete, a sac is formed in which fluid may collect.

Pathologists assert that the secretion of the serous fluid which gives rise to hydrocele in the male, is due to an inflammation of the *tunica vaginalis*, although in the congenital form it may be due only to hypersecretion of the serous membrane, as it frequently disappears under the administration of tonics and with improvement in the health of the patient. In the treatment of this case, gentle compression by means of a pad strapped over the tumor was first tried at the suggestion of the consulting gynecologist, but without much apparent result.

The method of treatment advised by all of the writers on these cases in adults is tapping, followed by injections of iodine, but as I considered that in this case the pathological consideration was somewhat similar to that of the congenital form in the male, and was moreover a passive effusion, I thought it best to give tonics and apply mild counter-irritation. Accordingly *Ferrum* was given internally, and the compound tincture of iodine applied externally. The ointment of the iodide of lead was also used for a short time. When external applications alone were used the iodide of lead seemed more beneficial, but the most rapid decrease in size occurred when the patient both took tonics and used the external application, and under their conjoint use, the growth in a few months almost entirely disappeared.

As a prophylactic against Ophthalmia Neonatorum, Crede, of Leipzig, washes the eyes of the new-born with pure water, and then applies with a glass rod a two per cent. solution of nitrate of silver. Prof. A. R. Simpson and others have greatly reduced the frequency of the disease in their own practice by this method.

A CASE of perforation of the intestine from round worms is reported.

¹ Canal of Nuck.

NOTES ON THE USE OF TURPENTINE IN
HOSPITAL GANGRENE.

BY JAMES ROBBIE WOOD, M.D., NEW YORK CITY.

THE following account of cases of hospital gangrene, which were under the writer's personal care during the late civil war, were written out at the time, but never published.

They are now offered to illustrate the prompt and certain action of turpentine. It was used, almost without exception, in a very large number of severe cases, nitric acid and sub-sulphate of iron being temporarily applied in a few instances.

The general characteristic of this sloughing phagedœna appearing in gunshot wounds, in the army hospitals, was a rapid destruction of tissue along or beneath the surface, destroying in its course cellular tissue, muscles, veins, arteries and even the surface of bones. Sometimes a small bullet hole with a gangrenous surface would disclose to the probe a cavity three or four inches in diameter, the skin surrounding being dull red and indurated.

If the disease was not promptly arrested, an 'ichorrhœmia,' from the presence of the putrid mass, soon prostrated the patient. Upon discovery these cases were immediately transferred from the wards of the neighboring army hospitals to the "*gangrene tents*," of which the writer had charge. There every gangrenous wound was immediately dressed with lint, saturated with turpentine, first carefully cutting away all the dead tissue possible. If the lint could not be thoroughly applied to every part, as in long sinuses, then turpentine was injected. In cases of hospital gangrene among ligaments and tendons, nitric acid was used before dressing with turpentine. As soon in any case as the slough disappeared, leaving a healthy surface, the turpentine was laid aside and a dressing of *Ol. Copaibæ* substituted.

Notwithstanding the free use of the turpentine, no poisonous effects were observed in any case. Its curative action was rapid and complete and unquestionably superior to bromine. In applying the turpentine dressing, incisions were in no cases made, even to open burrowing sinuses.

In these days of search for an antiseptic that shall be a maid of all work, the profession we believe should study the range of each separate antiseptic,—for every disease-bacillus may have its own most deadly antidote.

In this affection turpentine quite proved its value, for of forty cases treated only one died ; in that case the gangrene had nearly encircled the body before any treatment worthy the name had been instituted.

Private Clarence Aldrich, Infantry.—Gun shot wound at upper third of left arm on the inner side. When he came under treatment the tissues were destroyed far up in the axilla, over a space about the size of a man's palm, and for quite a depth. The brachial artery could be seen pulsating in the lower part of the wound. The vein ruptured, but was secured before the loss of much blood. The latter appeared black as it poured over the gangrenous surface. Fearing a rupture of the artery, he was closely watched, night and day. Twice daily the cavity was carefully packed with lint, saturated with turpentine. The gangrene was promptly arrested and healthy granulations appeared. After using liquor sodæ chlor. for a few days the wound was dressed with Ol. Copaibæ and healed rapidly.

Lieutenant Williams, Infantry.—Gun shot wound of middle third of thigh. When received in hospital tents the gangrenous surface was about four inches wide by five in length. Nourishing diet and stimulants were given. After cutting away as much of the *dead tissue* as possible, the wound was snugly packed with lint and turpentine, morning and evening, sometimes applying a poultice over the whole. Each day the improvement was marked. Ol. Copaibæ completed the cure. The leg remained for a long time slightly contracted.

Sergeant C——, Infantry.—Gun shot wound of upper third of left arm, with fracture of humerus. When he came to the "surgical tents," which were but a short distance from the "gangrene tents," the wound had healed with ligamentous union of the bone. As there was still much pain on motion, he was kept very quiet in bed, the arm resting on a pillow. After some days his arm was placed in binders board and starch bandages and patient allowed to walk about. Unfortunately he abused his liberty, procured some bad whiskey, and became crazy drunk. Two days after this occurrence he

complained of a severe burning pain on the outer side of the elbow. Upon removing bandage and splints, which were found to be giving no undue pressure, two small discolored spots, apparently taking origin from deep beneath the integument, were visible directly below the elbow-joint, and were surrounded by highly inflamed tissue. No abrasion was found. On the succeeding day these spots assumed a purplish hue and soon the integument at these points sloughed. Up to this time uncertainty had hindered treatment further than poultices to subdue the inflammation; but now, on probing, the walls were found deeply excavated. This, with the peculiar odor, plainly declared gangrene. Knowing full well that timidity was but a bid for its progress, and that temerity alone could stay it, all haste was made by twisting bits of cotton about the ends of splinters of wood, dipping them in strong nitric acid and then applying to every part of the sinuses, which extended far under the healthy tissues in every direction. During the early treatment one of the cavities became frequently suffused with blood, and at such times the turpentine, which was used as a constant dressing, was laid aside and persulphate of iron substituted. This appeared to have a value beyond its styptic qualities in many cases.

Slowly the disease was eradicated. One place assumed a healthy aspect much sooner than the others, and by careful treatment was preserved from re-infection. Both openings gradually healed under the use of *Ol. Copaibæ*.

The question in this case presented itself, Why did the gangrene begin beneath the skin? Apparently it had been undermining the tissues without any inlet by which the poison could have been introduced. It is not possible that the disease at the start is a form of blood poison; if it were, the shock to the system would be more terrific than that of any other known malady. While in some cases, especially neglected ones, the prolonged presence of the putrid mass may develop septic fevers; yet many cases of extensive gangrene are unattended by any constitutional symptoms, and often large gangrenous surfaces are found close beside clean and healthy wounds.

MINUTE doses of chlorate of potash are said to be curative in the various forms of destructive stomatitis and gangrene of the mouth.

A CASE OF CARIES OF THE CERVICAL VERTEBRÆ WITH
GENERAL PARALYSIS.

BY H. M. LEWIS, M.D., BROOKLYN, N. Y.

May 20th, 1880. J. M., aged 17. Single. Occupation, tailor. Native of Sweden.

Patient has been working at his trade continuously for the last two years, until six weeks ago, when he noticed a swelling in the lower posterior cervical region, causing the head to flex upon the chest, and accompanied by muscular pains in the shoulders and arms. Has not been exposed to wet or cold. No history of traumatism.



Present Condition.—Head firmly flexed upon the chest, which is thrown forward, with shoulders elevated and thrown backward, causing scapulæ to become very prominent. Sternomastoid muscles not tense. On attempting to lift the chin, has pain in nape of neck. All the posterior part of neck appears swollen, but the spinous processes are distinctly felt

and the tissues over them are not thickened. Lateral mobility of head very slight.

Complains of aching pains in shoulders, extending down arms, worse at night and compelling him to sit up for relief. Pain upon pressure over spinous processes of neck not very severe. Appetite fair. Sleep poor. Bowels and urine normal. Temperature, A.M., 99.3 ; P.M., 101 .

Patient became gradually worse up to the end of the month, when the following notes were made :

May 31.—Is unable to raise arms to head or to flex them easily. Has also loss of power in extension of fingers. Deltoid, biceps and the scapular muscles all much atrophied ; pectoral muscles slightly so. Lessened mobility of neck and increased pain in muscles of neck and arms. Temperature, A.M., 99.9 ; P.M., 100.8 .

June 1.—Head rigidly flexed on chest to-day, and very painful if moved. Cannot raise the arms. Temperature, A.M., 99.3 ; P.M., 100.3 .

June 2.—Legs very weak, with partial loss of control. Dorsum of each hand swollen. Moves about with much more difficulty. Cannot raise the arms.

June 3.—Partial anæsthesia of arms, slight in legs. Greater on dorsal surface of hands and radial border of forearms. Sensation above seventh cervical vertebra perfect. Entire loss of power of arms. Can raise left leg but slightly from ground. Cannot stand. Bowels costive. Moves head and jaw a little better than yesterday. No impairment of speech. Has to be moved in bed.

June 4.—Can only move right leg to-day, and the fingers of right hand. Frequent and sudden urging to urinate, which he is unable to resist. Has no pain, except a little in the neck. Temperature, A.M., 100.3 ; P.M., 99.7 .

June 5.—Cannot move the right hand. Has slight hesitancy of speech this morning ; right pupil more dilated than left ; both respond readily to light. Temperature, A.M., 100 ; P.M., 101.3 .

June 6.—Physical condition the same. Complains of pain in left lumbar region. Severe pain all over when moved. Pulse, 100 and full. Appetite fair. Urine normal. Temperature, A.M., 99.3 ; P.M., 100.5 .

June 7.—Arranged a sling which supports the head and prevents it from falling to the right side.

June 8.—Head can be drawn further back this morning. Condition otherwise the same as yesterday.

June 9.—On raising him in bed this morning, the head could be raised erect upon shoulders, though he could not support it himself. When erect it was found that there was a lateral curvature of the vertebræ between the occiput and the seventh cervical process. Forcible upward traction on the head causes pain in neck, as does flexion of neck. Has had no difficulty in deglutition since he became ill. Can flex the fingers (except thumb and index) of right hand and elevate and depress the shoulder which he could not do two days ago.

June 12.—Some pain in neck and hips. Very little sensibility of general surface. Cannot move hands.

June 19.—On being supported in sitting posture this morning could support his head erect without help for the first time. Says he has more feeling in the back.

June 21.—Had natural movements of bowels without enemata for the first time since confined to bed. Held his head erect for a minute and a half. While lying on back can move both legs. Right arm still more improved.

June 22.—Bowels moved again naturally. Increased mobility of left arm.

June 25.—Can raise head slightly from bed when lying on the back.

June 27.—This evening can move left arm and hand slightly, as well as the left leg while lying down.

June 30.—Some tenderness of dorsal vertebræ on pressure. Less pain in neck. Able to sit up without support although he cannot raise himself from recumbent to sitting posture. Temperature A.M. and P.M. normal.

July 2.—Gaining strength. Can feed himself.

July 13.—Walked a few steps this morning.

July 24.—Continued improvement. Can rise from chair.

Aug. 16.—Walks without a cane to-day.

Sept. 15.—Improving slowly.

Nov. 4.—Walks better, but has no increase of strength in hands. Cannot extend the last phalanges of fingers.

Dec. 1.—Gains in use of arms slowly. Can use a broom.

Dec. 6.—Strength increasing. Has a good appetite and feels well. There is considerable shortening of neck which seems to increase gradually.

Dec. 31.—Bowels constipated. Condition otherwise about the same.

Feb. 5.—Walks more unsteadily and cannot stand as erect as before. Anæsthesia of fingers and less strength in hands.

Feb. 14.—Fell out of bed during night and was unable to get up until rescued.

Feb. 28.—Leans more forward and to right side. Walks very unsteadily and has not as much strength as at last date.

March 18.—Is losing strength very rapidly. Has great difficulty in standing or walking.

March 19.—Discharged from hospital and sent by State Board of Charities to his home in Sweden.

Improved on the way home, and at the end of several months wrote to the Superintendent that he was well.

The illustration accompanying this report shows the immovable position of the head at the time of patient's admission. The case is interesting as showing an apparent recovery after the occurrence of paralysis that involved almost every muscle whose functional activity was not essential to the continuance of life.

RESEARCHES ON THE TENSION OF THE VOCAL BANDS.

DR. F. H. HOOPER, of Boston, in a supplement to the *Archives of Laryngology*, for July, 1883, reports the results of a series of experiments made in the physiological laboratory of the Harvard Medical School, in conjunction with Prof. Bowditch, the object of these experiments being to elucidate the cause of the tension of the vocal cords. To this end, Dr. Hooper considers: (a), the action of the thyro-cricoid muscle; (b), the action of the expiratory blast of air.

In a brief historical notice of the different views of the action of the tensor muscle entertained by previous observers, he divides these observers into six classes:

I. "Those who hold that it (the muscle) tilts the thyroid cartilage downward and forward into the cricoid. * * * "

II. "Those who affirm that it draws the cricoid up to the thyroid. * * "

III. "Those who maintain that it draws both cartilages together by its contraction, the predominance of movement being in the thyroid. * * "

IV. "Those who assert that its action is according to the fixation of the cartilages; that when the cricoid is fixed, the thyroid is the one moved, and *vice versa*. * * * "

V. "Those who insist that instead of drawing the cartilages together, its function is to retain them in a fixed position when separated. * * "

VI. "The sixth class is purely of historical interest. * * * "

Only four of the observers cited (Magendie, Longet, Schech, Schmidt), base their views upon the result of experiment; and these four agree, being represented in Class II.

The author's experiments were performed upon dogs. By means of mechanical appliances arranged upon the principle of the sphygmograph, the motions of both cricoid and thyroid cartilages were recorded; in the first series of experiments, while under the influence of electrical stimulus applied to the exposed trunks of the superior laryngeal nerves; in the second, when the vocal cords were acted upon by blasts of air forced into the larynx through an opening in the trachea.

After describing the individual experiments, the author states the following conclusions:

I. "The cricoid cartilage is the most movable part of the laryngo-tracheal tract."

II. "The thyro-cricoid muscle, according to its physiological action, should be described as *arising* from the thyroid cartilage, and *inserted* into, and giving motion to, the cricoid."

IV. "The air blast * * * is a direct and important longitudinal tensor of the vocal bands." M. L.

DR. S. B. SHERRY, of Dearfield, Wis., says that the following substitute for mother's milk always proves successful: A pint of boiling water poured upon an ounce of pearl barley, allowed to cool, and then strained. One-third of a pint of this barley water and two-thirds of a pint of undiluted cow's milk are mixed and sweetened with a teaspoonful of milk sugar.

DR. MARTIN claims that Biedert's cream mixture will agree with the digestive organs of most infants, and urges it as an artificial diet in hot weather. He prefers it to a wet nurse. (Jarhbuch, f. kinderheilkunde, XVIII.) The mixture is composed of one-eighth liter. (four oz.) cream, three-eighths liter. boiling water and fifteen grammes (half oz.) sugar of milk.

ON ACUTE CYSTITIS.*

BY F. E. DOUGHTY, M.D.,

Professor of Anatomy and Genito-Urinary Diseases in the
New York Homœopathic Medical College.PART II.—PATHOLOGY, DIAGNOSIS, PROGNOSIS, AND
TREATMENT.

Pathology. In the more acute forms the mucous membrane is swollen and relaxed, and shows intense congestion, as evinced by a bright or deep red color over its whole extent; or only partially in a punctiform manner; or in streaks; or with ecchymosis. Its surface is covered with a thick tenacious mucus, or muco-purulent fluid, or even pseudo-membrane. The tops of the rugæ will be found more or less denuded of their epithelium, and pus and loose cells will be found in the sulci between the folds. If the inflammation is more of a diphtheritic character, a finely granular exudation will infiltrate the mucous membrane, and will lead, later, to abrasions or deep ulcerations. In croupous cystitis, the false membrane, while moderately adherent, is usually on the surface, covering the whole or most of the mucous membrane of the bladder. In some cases, especially those caused by retention and over distension, a part, or even the whole of the lining membrane may be thrown off. This is particularly apt to be the case when the retention and over distension are caused by accidents of the puerperal state, or, during delivery. This separation does not exist at the vesical neck. There may be interstitial thickening, with or without interstitial abscess, or abscess around the bladder. One of the most serious results of intense vesical inflammation is gangrene. The organ becomes distended from paralysis of its muscular walls, and its contents are found to be a brownish colored fluid, consisting of decomposed urine, shreds of broken down mucous membrane, altered blood, pus, and epithelial elements, and urinary salts. The membrane itself is soft, pultaceous, and its color varies from a deep charred black

* Read before the Homœopathic Medical Society of the County of New York.

to a dark greenish or greenish-yellow color. The submucous connective and muscular tissues are softened, discolored, and infiltrated with putrid pus.

With these evidences of acute action may be also found evidences of older chronic inflammation : such as condensation, and thickening of the mucous membrane or of the other structures of the bladder walls, colored in purple and red, or a bluish gray, slate colored tint, trabeculization, sacculation and ulceration. In gonorrhœal cystitis, the inflammation is confined to the region of the vesical neck, and does not attack the body of the bladder.

Diagnosis. Acute prostatitis is the only affection with which an acute attack of cystitis is prone to be confounded. The two may be, not infrequently, associated. A comparison of the two will show the characteristic differences.

Cystitis of the Neck :

Marked vesical tenesmus, with frequent uncontrollable calls to urinate.

Micturition, particularly painful during the passage of the last drops of urine, when there is a convulsive contraction.

At the end of micturition, the escape of a thick fluid mixture of pus and blood, or pure blood.

Simple perineal sensibility ; pains radiating toward the rectum, much less violent than in prostatitis.

Prostate normal.

No retention of urine.

Slight or no general symptoms.

Prostatitis :

Less vesical and more rectal tenesmus.

Nothing similar.

Nothing similar. Urine normal.

Perineal pains deep, very violent, aggravated by movements, by defecation, etc.

Rectal examination shows prostate large, hard and tender.

Dysuria ; retention of urine.

General symptoms well marked.

Usually no difficulty is experienced in making a diagnosis if the case is markedly acute ; but in mild cases, care is necessary

to distinguish it from other conditions that cause similar symptoms, particularly from vesical spasm or neuralgia of the vesical neck. In the latter, the pain, tenesmus, and frequent calls to pass water are marked, but the urine remains unchanged, or, is more watery and clearer than normal, and the symptoms especially, are decidedly less or entirely absent when the mind is deeply interested, and sleep is undisturbed.

A careful examination of the urine should always be made. If pus is found, it must be determined whether it comes from the bladder, or upper urinary passages. This can be done more or less perfectly by resorting to the expedient instituted by Sir Henry Thompson. "A soft catheter is gently introduced just within the bladder neck, the urine drawn off, and the viscus gently washed out with tepid water. If the water cannot be made to come away clean the inference is that the pus comes from the bladder. If it will flow clear, then the catheter is corked for a few minutes, the patient keeping quiet, and the first dram of urine which collects may be drawn off and examined. The bladder is now again washed out, and, if after a single washing, the second flow of injection be clear, while the dram of urine contained pus, the inference is that the pus comes from other source than the bladder." We would particularly call attention to the not infrequent error of mistaking pyelitis for cystitis. No dependence can be placed on the epithelium, as transitional forms from the bladder are very likely to be mistaken for normal epithelium of the renal pelves.¹

Parenchymatous vesical abscess is difficult of recognition, as there are no special signs to indicate it. It is only the sudden escape of large admixtures of pus with the urine, while at the same time a marked improvement gradually ensues, (pyonephrosis being excluded,) that the diagnosis can be made. If, however, a quantity of pus and mucus had previously been mixed with the urine, all signs of the bursting of the abscess would be wanting. The symptoms of pericycstic infiltration of pus, as pain, swelling, doughy œdema, etc., are more readily recognized, especially when the abscess is situated

¹ One or two microscopists place the greatest dependence upon the epithelia.



between the front of the bladder and the symphysis pubis. If the abscess is situated laterally or posteriorly, the bladder is more impeded in its efforts to expel the urine, and the pain and sense of fulness is felt more deeply. The swelling may be detected through the abdominal wall, through the perineum, or by the rectum or vagina.

Prognosis. In ordinary cases of acute cystitis, where the mucous membrane only is involved, the prognosis is hopeful with reference to life or death, and a return to a state of health may be expected in from three or four days to as many weeks. There is, however, a marked tendency for it to assume a chronic form when the cause has been over distention, a stricture, foreign body, or irritating urine.

Treatment. Absolute rest in bed is of the first importance; and the patient should be directed to resist, as much as possible, the urgent calls to urinate, and restrain from adding to the involuntary tenesmus by voluntary efforts, as the powerful contractions of the muscles of the bladder irritate and bruise the vesical neck, and only serve to increase the difficulty; and inasmuch as this condition cannot be wholly controlled by volition or immediately by the usual remedies, we advocate the exhibition of opium in the form of rectal suppositories, and in sufficient amount to render the patient comfortable, but no more, for opium has marked effect on the renal excretion, rendering it somewhat irritating to the bladder.

Suppositories, containing one half grain to a grain of the extract of opium and one quarter of a grain of the extract of Belladonna each, to be used every two hours till relief occurs, is the mode of exhibition we have found most efficacious.

Aconite and Canth., in alternation, are generally indicated in the early stage; or either may be given separately, if one is opposed to alternation.

Bell., Digital, Cann. sat., Nux, Hyos., Ars., Terebinth, Merc., Puls., Pareira brava and Buchu, are the remedies most likely to afford relief. Kali brom. in xxv gr. doses, or better, Hydrobromic acid, are highly recommended for frequent micturition and tenesmus.

Benzoic acid, or Benzoate of Ammonia is very efficacious, particularly if the urine has a strong ammoniacal or bad odor.



Eucalyptus Globulus is attracting notice at present, and we have certainly seen excellent results from its employment.

Sulpho-carbolate of Soda has marked effect in preventing the decomposition of the urine, though the salt cannot be found in the excretion.

The diet should receive strict attention. Animal food should be avoided as much as possible, and when allowed, only those varieties that are of easy digestion should be permitted.

All condiments, rich dishes, gravies, pastry, liquors, biers and wine should be strictly interdicted. Milk should enter largely into the bill of fare ; indeed, it should be the exclusive diet if possible. If it prove too heavy, the cream may be removed. Rather small quantities, at frequent intervals, are better than large quantities at long intervals. Lime water may be added *ad libitum*. Flaxseed, slippery elm or marsh-mallow tea, with Clysmic or Poland water, should be given freely.

Locally, the application of hot fomentations, either of simple hot water, or cloths rung out of a hot decoction of Chamomile or hops, will add materially to the comfort of the patient. The catheter should not be used, except under pressing necessity, and then, with the utmost gentleness, employing a soft instrument in preference.

Later, when the more acute symptoms have subsided, and particularly, if the condition tends toward a chronic state, with increase of pus, such remedies as Equisetum, Uva ursi, Triticum repens, Buchu, Epigæa, Populus, Pareira brava and Copaiva will be called for, perhaps with washing of the bladder.

TEMPERATURE IN INSANITY.—Berechtere in Archiv. für Psych. No. XIII, p. 484, states that in beginning melancholia, the temperature is normal or slightly elevated ; but at the time of deep depression it is continuously lowered ; and with change of psychological symptoms or with improvement, it rises. In the prodromal stage of mania the temperature is sub-normal, while in the stage of excitement it becomes normal or slightly elevated, with marked fluctuations, which cease when the patient is quieted. B. believes that the variations in temperature are due to changes in the central nervous system.

DR. J. F. GOULD, of Boston, Mass., reports an aggravated case of congenital encephalocele in which the child survived sixteen days.

A CASE OF CRANIOTOMY.

BY B. F. JOSLIN, M.D., NEW YORK CITY.

MRS. H.— C.—, a rather intelligent mulatto woman, was taken in labor at term Sunday October 13, 1878, with discharge of waters and pains. A physician was called and remained in attendance until Thursday the 17th inst., when the writer was sent for. The pains had continued more or less since the 13th, but without effect. First saw the patient at 7 a.m., and found her in an exhausted condition. Had had no sleep since the labor began. Pulse 120 and small. On examination found the *os uteri* just large enough to fairly admit the extremity of index finger. Head presenting apparently in the first position. Scalp œdematous and disposed in folds within the *os*, showing that the head had been subjected to considerable pressure. The vagina was hot. As it seemed that the most important need was of sleep, four drops of Majendie's solution were given the patient.

At 4 p.m., the *os uteri* was much larger, being about two inches in diameter. Pains occurred every four minutes and lasted about two minutes, with two minutes interval. Pulse, 130; temperature, 101.8. Heard the foetal heart. Her pulse was 130, and the temperature was 101. Gave five drops of Majendie's solution.

A 5 p.m., gave vaginal injection of carbolic acid in five per cent. solution.

At 8.30 p.m., pulse 132 and fuller; pains harder; temperature, 101.4. All the symptoms improved. Gave five drops of Majendie's solution.

Oct. 18th, 5 a.m., pulse, 134; temperature, 101.2; *os* more dilated; head in same position. Gave *Puls*°; procured a specimen of the urine, which on examination proved to be highly albuminous. Subsequently examined under the microscope, it revealed granular and epithelial casts.

In consultation with Dr. D. B. Hunt, at 6 a.m., it was decided to await a greater return of strength and fuller dilatation of the *os uteri*. A constant aching sensation in pelvis

was felt, but pains were absent. Gave five drops of Majendie.

At 11 a.m., drew the urine. Patient complained of desire without ability to urinate. Pulse, 122; temperature, 100.6°. The vagina was much cooler than on the previous day, and as will be observed, the pulse and temperature were each lower. The pulse was decidedly fuller at 1 p.m. Gave *Puls*°.

At 4 p.m., pulse, 132; temperature, 100.7°. The *os* was nearly dilated. The patient insisted that she had had no pains through the day. The constant aching remained. Her general condition had evidently improved since first seen on the morning previous. The position of the head had not changed since first observed. It likewise possessed no mobility.

At 4.30 p.m., it was decided to make an effort to deliver the patient. The forceps were applied. After endeavoring to deliver, without result, until 6 p.m., Dr. Belcher was called in, who at 7.30 p.m., began to perform craniotomy. The pulse was now 140. After the contents of brain were taken out, the head still could not be brought down. Dr. Belcher then introduced the hand, seized a foot, and with difficulty brought it down.

Dr. Hunt, after some effort, succeeded in bringing down the second foot.

Dr. Belcher then made traction, but experienced such difficulty in delivery, that the abdomen and subsequently the chest of the child were perforated before it could be accomplished, requiring as it was, considerable strength and persistence in traction. About 22 ounces of chloroform were used between 4.30 and 10.30 p.m., the time of delivery, when her pulse was 160. At 11 p.m., pulse, 156, and temperature, 102°. At 11.30 p.m., the pulse had fallen to 146. At Dr. Belcher's suggestion, 10 grains of quinine were given, and milk punch ordered to be given each hour. *Arnica* was prescribed externally and internally.

Oct. 19th, 7 a.m., patient's condition much improved. Pulse, 110, (a less degree of frequency than at any time previous.) The temperature, 97.8°. Had slept off and on during the night. *Arnica* continued.

11.30 a.m. Nausea and retching. Pain in abdomen and on inner side of left leg. Abdomen tympanitic. Continued *Arnica* and gave injection of carbolic acid in five per cent. solution.

6.30 p.m. Pulse, 116 ; temperature, 98.8'. Vomiting of food and drink during the day. Hiccough, pain in bowels. Gave *Ars*³, then *Nux Vom.* in water each half hour.

9 p.m. Pulse, 110 ; temperature, 99 . Slight improvement. Less hiccough. Continued *Nux Vom.*

Oct. 20th, 8.15 a.m. Pulse, 116 ; temperature, 99.8'. Hiccough less ; no vomiting. Had a restless night. Slept some toward morning. Gave Hyposulphite of Soda each hour.

12.30 p.m. Pulse, 128 ; respiration, 40 ; temperature, 100.5'. Hiccough on motion. Pain in abdomen and leg. Has taken no nourishment during the day. Advised juice of beef. Gave two doses of *Bryonia*, one each hour. Then continued with the Hyposulphite of Soda every three hours.

5 p.m. Pulse, 124 ; respiration, 44 ; temperature, 100.6°. Less hiccough, no vomiting. Gave her London Extract of Beef, a teaspoonful and a-half each hour. Remedies continued.

Oct. 21st, 9.45 a.m. Pulse, 130 ; temperature, 100.2 ; respiration, 46. Delirium all night, less this morning. Had slight normal evacuation. Passed several offensive clots. Continued treatment.

Husband came to office at 2 p.m. Said she complained of pain in pit of stomach, was delirious and had desire to evacuate the bowels, without effect. Sent *Nux Vom.*

5.30 p.m. Less pain. Gave one grain of *Opium* and continued *Nux Vom.*

9.30 p.m. Sleeping and perspiring. Gave Hyposulphite of Soda.

Oct. 22d. Pulse, 124 ; temperature, 101' ; respiration, 44. Slept early part of night. Some pain in stomach and abdomen. No lochia. Remedies as before.

5.30 p.m. Worse. Not fully conscious. Advised brandy and water.

9 p.m. Pulse, 100 ; respiration, 48. Totally unconscious. Gave *Bryonia*.

Oct. 23d. Died at 6 a.m.

AUTOPSY.—Oct. 23, 1878. By Dr. W. O. McDonald, assisted by Dr. Hunt and Mr. McDonald ; Drs. Belcher and Joslin present.

Pelvis—Purulent infiltration of cellular tissue.

Incipient abscess of anterior wall of uterus.

Evidences of recent peritonitis in Douglass *cul du sac*.

Lining membrane of uterus and vagina gangrenous.

Right kidney lobulated, tissue soft, measures $5\frac{1}{2}$ by $1\frac{1}{2}$ inches.

Congestion of Malpighian bodies. Extravasation points.

Left kidney, 4 by 2 inches. Many ecchymoses. General congestion.

The antero-posterior measurement of superior strait was found to be three and three-eighths inches after the removal of the soft parts.

The superior strait formed almost a right angle with the spinal column. This was considered by Dr. McDonald to have been the principal cause of the difficult labor. It was his opinion that the death was due to gangrenous metritis, the result of difficult and prolonged labor.

The patient had been delivered some years previous with forceps of a still-born child, while suffering from puerperal convulsions. The patient has also been confined since that time with a five or six months' fœtus, which lived a few hours.

OXIDE OF ZINC AS A SUBSTITUTE FOR IODOFORM.—Prof. Ferd. Petersen, of Kiel, believes that the oxide of zinc can entirely replace iodoform in the treatment of wounds, it having equal antiseptic qualities and none of the disadvantages of iodoform, and having moreover the great recommendation of cheapness. He has used it in two hundred cases of large and small wounds with entire satisfaction, and recommends it in deep wounds of the skin, with or without loss of tissue, contused and lacerated fingers, burns, ulcers of the leg, eczema, intertrigo, etc.

In some later remarks at the close of his article, the author says that he has given up using the oxide of zinc in *powdered form* in the cavities of wounds, especially in wounds with *small openings* as those from resection operations, where he uses a watery mixture of from one to ten per cent. (Deutsche Med. Wochenschrift, June 20, 1888.)

ANTISEPTIC OVIOTOMY.—A. Martin, in reporting 110 ovariectomies in the *Berliner Klinische Wochenschrift*, p. 137, 1888, arranges them in three groups. The first includes six cases occurring before the advent of antiseptic ovariectomy. The second includes forty-six cases in which the antiseptic method was not strictly carried out. The third class embraces the remaining fifty-eight cases in which antiseptics was rigorously enforced in the minutest details. Of the first six cases, three died, or 50 p. c. Of the second series of forty-six cases, twelve died, or 26.6 p. c. Of the last fifty-eight cases, only two died, a little less than 3½ p. c. Of these two one died of embolism, the other of carcinoma of the peritoneum.

PRE-NATAL INFLUENCE IN THE PRODUCTION OF
MENTAL DISEASE.

BY W. M. BUTLER, M.D., BROOKLYN, N. Y.

It has been said that "man is the product of his antecedents, multiplied by his environments." The influence of the first of these forces, however, is utterly disregarded by the majority of mankind.

While the pedigree of the racer, for generations, is accurately recorded, and the effects of different crossings carefully studied, the procreation of the human species is left to mere chance.

Laws which the stock-raiser considers absolutely essential for the production of a perfect calf, or a model colt, he never gives a thought to when engaged in raising a family of children. Yet these laws, defining the effects of crossing certain temperaments, and the results of particular pre-natal surroundings which are recognized as universal in their application to the higher animals, are just as absolute in their relations to man.

When we consider this wanton and almost universal disobedience of *Nature's Laws*, we do not wonder that she showers down punishment upon the heads of so many offenders, and that the effects are manifest both in the mental and physical constitution of their children.

Whether it is a *universal law or not*, that the mental state of the parents at the moment of conception is impressed upon the child, numerous undoubted instances are recorded in general literature and met in daily experience, which are corroborative of its truth. Nor does this appear a matter of surprise, when we consider the intense excitement and great impressibility of the nervous system during coition. Whatever may be our views regarding this one point, the intimate physiological relation existing between the mother and child during the period of gestation, would seem to indicate that the Creator intended to render universal and absolute the law, *similia similibus generantur*.

In view of these facts, it must be self-evident, that any influence, good or evil, exerted upon the mother during the pre-

natal condition of her child, must be reflected to a greater or lesser degree upon it.

In the present paper we propose to briefly consider some of the *pre-natal influences* likely to produce in the offspring a tendency to *Mental Disease*.

Most of the cases cited, in corroboration of the views here expressed, have come under our observation in the State Homœopathic Asylum, and their histories, given by friends of the patients, are recorded in the Case Books of that institution.

The influence of *insanity* in the mother or father, or of *sypilis*, where the children survive, is too well recognized to need mention. Yet, too often, when suffering from constitutional weakness, the result of some other malady, has the mother been informed by her physician, that were she to have a child, her health would probably be improved. Guided by this advice, a poor unfortunate has been brought into the world, whose imperfectly developed nervous system has caused it to fall an early prey to *epilepsy* or *insanity* in some of its forms.

The Spartans understood the perniciousness of such advice, and trained their girls in gymnastics, so that possessed of perfect health themselves, they might as mothers produce men capable of being the terror of all their enemies.

It seems almost incredible that any physician should recommend a diseased woman to seek health through parturition, but the following case is only one of many that might be cited, in which this advice has been given with a result to be expected.

C. B., twenty-seven years of age, has been suffering with epilepsy for the past fifteen years, which has greatly weakened his mind. His mother, after a severe illness, was told by her physician that should she have another child she would recover. She followed the advice, gave birth to this child, and regained her health. Although several maternal relatives have been insane, and his mother had Acute Mania when he was twelve years of age, none of this boy's brothers or sisters are insane or epileptic.

To judge of the pre-natal influence of *drunkenness*, we need but glance at the wards of any idiot asylum, or look into the

dulled eyes of the thousands of mental dwarfs that swarm in the slums of any large city.

Perhaps equally injurious, though not as frequently encountered in this country, is the habit of *opium eating* on the part of the mother. The following case is exceedingly interesting in this connection :

J. J. T., a Presbyterian clergyman, admitted to State Homœopathic Asylum, June 10, 1874, suffering with Recurrent Mania, this being his sixth or seventh attack since 1868. During these attacks, when at large, the patient drank to excess, and was very ugly, quarrelsome and dangerous.

Before his birth his mother took opium to excess, and was in the habit of giving it to him during his infancy.

After his recovery from this attack he described to me minutely, and in a most intelligent manner, the delusions and hallucinations which were always present during his periods of insanity, and from his description, one might have imagined that he were listening to a reading of De Quincey's "Confessions of an Opium Eater." The patient ascribed his disease, and we think rightly, to the *opium eating of his mother* during his foetal life.

With the effects of *shocks* upon the impregnated uterus, we are all too familiar, from the number of miscarriages they produce. In cases which go on to full term, after being subjected to this danger, unless some physical disfigurement of the child results, we are apt to be unmindful of the mental impairment which may have been produced. Yet, very frequently, the damage thus inflicted lays the foundation of disease, which at last culminates in an entire overthrow of the reason.

Most undeniable proofs of the disastrous effects of such shocks have been furnished by every great war, in the numerous cases of insanity gathered in the wards of asylums, from among the children born during such periods.

A good illustration of this effect of the horrors of war is seen in the case of a girl for the past two years an inmate of the Homœopathic Asylum. Her mother, the wife of a Union man in the South, during our late war, when pregnant with this girl, was thrown into prison, and lived in a state of constant fear for months.

Although deprived by death of her parents when very young,

and brought up in the most careful manner by those adopting her, this girl at eighteen years of age became insane, manifesting a mental state almost identical with that experienced by her mother during prison-life. Can one doubt that the anxiety and terror of her mother during pregnancy was the chief cause of this poor girl's insanity ?

In every case where the mother is known to have been subjected to any shock, while pregnant, great care should be taken to guard the child against anything tending to disturb the nervous system.

Another frequent cause of injury to the foetus, arises from the mother's being constantly subjected to *disturbing emotions*. Grief, anger, or excitement of any kind, in the mother may leave an indelible impression upon the child's mind, which in after years shall develop into melancholia or mania.

No fact is better established than that a child's disposition is often, if not always, but a reflection of its mother's during her pregnancy. Let a mother be subjected to frequent outbursts of anger, and she need not be surprised if before many months she sees her little one writhing in convulsions.

Such a case, the patient of a brother physician we have recently seen in consultation. Although three years of age, this child—a girl—is unable to walk or to talk, and for the past year and a-half has been subject to severe convulsions, occurring once in two months. The mother, during her entire pregnancy, was subject to constant worry, and allowed herself to give way to frequent and violent outbursts of temper, the effects are now unmistakably apparent in her child, which in all probability, if it lives, will be an epileptic idiot.

Numerous instances of insanity might be cited, directly traceable to the emotional states of the mother during pregnancy, but the two following will suffice for our present purpose.

Miss E. G., admitted to the State Homœopathic Asylum, Nov. 2, 1882, suffering from her fourth attack of Sub-Acute Mania. The medical certificates state that she "has suffered from Melancholia, and recently has had attacks of Mania, during which times she has threatened to do herself bodily injury and is uncontrollable ; is subject to delusions and hallucinations. Has been ordered out of several boarding-houses on account of making disturbances and outcries at night. From

childhood up she showed a nervous temperament, and being of delicate constitution, she had it all her own way." The mother, while pregnant with this daughter, was much depressed by the death of a son. The patient ever since she was fifteen years of age has been subject to periods of depression.

Mrs. A. D., admitted Feb. 21, 1879, suffering with Melancholia. One morning in October, 1878, patient awakened at four o'clock, and talked until daylight; since then has talked of her incompetency. Does not think that her friends or her property amount to anything. Does not wish to recover. Patient tried to commit suicide by jumping from a window.

Her mother was much worried during pregnancy, anticipating a severe labor, and patient has always been inclined to worry. The mother, contrary to expectation, had an easy labor, and during her next pregnancy was bright and cheerful. Her second daughter has always manifested the same disposition.

Continued mental exertion in one direction on the part of the parents, by producing imperfect development of the child's brain, also predisposes it to mental disease. This is frequently seen in families where the only aim and object in life is the accumulation of wealth.

Upon this point, Maudsley in his *Physiology and Pathology of the Mind*, p. 206, says, "In several instances in which the father has toiled upwards from poverty to vast wealth, with the aim and hope of founding a family, I have witnessed the results in a degeneracy, mental and physical, of his offspring, which has sometimes gone as far as extinction of the family in the third or fourth generation.

"When the evil is not so extreme as madness or ruinous vice, the savour of a mother's influence having been present, it may still be manifest in an instinctive cunning and duplicity, and an extreme selfishness of nature—a nature not having the capacity of a true moral conception or altruistic feeling.

"Whatever opinion other more experienced observers may hold, I cannot but think, after what I have seen, that the extreme passion for getting rich, absorbing the whole energies of a life, does predispose to mental degeneration in the offspring, either to moral defect, or to moral and intellectual deficiency, or to outbreaks of positive insanity under the conditions of life."

We have in mind, at present, the daughter of one of New York's former millionnaires, whose mind is an utter wreck. Unable to carry on a connected conversation for any length of time, subject at times to severe paroxysms of violence, she will sit for hours, writing on scraps of paper, checks payable to herself.

One of this girl's sisters, although not insane, is far below the mental average. The long continued strain of her parents' minds in one direction has been, without doubt, the cause of her mental weakness.

The influence of *severe manual labor performed by the mother during pregnancy* is also frequently disastrous to the unborn child.

The violent exercise of the muscles distorts the mother's body and affects the development of the foetal brain. Too much labor with the muscles also drains the parent's brains, and to that extent robs the foetal nervous system. No breeder would think of working a valuable mare with foal, as men allow their pregnant wives to work.

Another evil influence of this excessive manual labor is the necessary subordination of the mother's intellectual faculties, and as a result oftentimes, a predominating transmission of her sexual organization, increasing thus in the offspring the tendency to sexual excess,—the greatest cause of insanity.

Although numerous other equally disastrous pre-natal influences might be cited, we have preferred to confine ourselves to these, the actual effects of which we have encountered in clinical experience.

No subject can be of more vital importance than that of pre-natal influence, yet probably no subject is given less attention by the medical profession. When we reflect not only upon the great improvement that might be effected in the human race, but upon the amount of suffering that might be avoided by due attention to this subject, we can but pronounce this negligence on the part of medical men worthy of the severest reprehension.

No physician has a right to allow his patient to go through pregnancy without impressing upon her mind the great effect which her surroundings and mental condition during this period are liable to produce upon her child. Much, undoubt-

edly, can be effected by careful training and proper association during childhood, but it is an open question whether any training can overcome in a child the effect of the influences and surroundings of the mother during its foetal life.

Upon this point, Johnson, in his "Economy of Health," has wisely written, "It is quite true," as Locke has said, "that the human mind (as well as its material organ, the brain) is devoid of innate ideas, and like a blank sheet of paper at birth. All ideas, all knowledge must be subsequently acquired through the medium of the senses and reflection.

"But it does not follow that, because all the sheets are blank, they are all equally well calculated for acquiring knowledge. Far from it. Some of them are like thick Bath post, others like thin foolscap, and many of them resemble common blotting paper, incapable of retaining or exhibiting any distinct or legible impression.

"This part of the subject, in fine, may be summed up in a very few words, though it has occasioned interminable discussions among metaphysicians. *The qualities of our minds, or of the material organs of our minds, are hereditary, or born with us.*"

Too much light cannot be thrown on the subject of heredity. The world can but be benefited by the labors of such men as Ribean and Galton. When this subject is thoroughly understood by the masses, as well as the learned, much of present misery will be done away with through the "ounce of prevention." No one has spoken more truly than Spurzheim, when he said, "He who can convince the world of the importance of the laws of hereditary descent, and induce mankind to act accordingly, will do more good to them, and contribute more to their improvement than all institutions and all systems of education."

DIPHTHERITIC MYRINGITIS.—Dr. Jounia in the *Revue de Therapeutique*, for June 1st, 1883, claims to report the first case of diphtheritic myringitis. It occurred in a woman, 36 years of age, secondary to diphtheritic deposit on the right tonsil, which extended to the right posterior vares, and then to the right ear. The false membrane on the membrana tympani is described as of a grayish yellow color, having the appearance of a piece of old butter, being in color, thickness and consistence an exact reproduction of that on the tonsil.

OPHTHALMIA NEONATORUM.

BY CHARLES DEADY, M.D., O. ET A. CHIR..

Resident Surgeon of the New York Ophthalmic Hospital.

AMONG the various affections incident to early infancy there are few which begin so insidiously, and in the early stages are so apparently trifling, as the subject of this paper; yet notwithstanding the mild onset of the disease, it behooves the prudent physician to use his best endeavors to stop its progress *at once*, if he would avoid the terribly disastrous consequences which frequently follow its neglect or incompetent treatment.

The calamitous results of Ophthalmia Neonatorum are to a great extent unappreciated by the majority of practitioners. It is in the large cities, where poverty-stricken humanity is closely packed together, and where as a consequence of untidy habits, foul air and filth abound, that the affection accomplishes its most fatal work. Aided by the ignorance and carelessness so often found among the lower classes, the disease is often far advanced before the physician's attention is called to it, and the care of the case, if intrusted to the parents, is frequently so inefficient as to be worthless.

It is asserted by a writer¹ on the subject that fully one-half of the inmates of the blind asylums of this country, lost their sight as a result of purulent ophthalmia in infancy. Many physicians will, in the light of their own experience, question this statement, as most of us have frequently seen conjunctivitis in newly born infants, which rapidly subsided under almost no treatment, simple cleanliness often sufficing to conquer the affection in a day or two, and after treating many such cases, it becomes difficult for one to realize the dangerous nature of the disease.

The prevalence of such erroneous impressions among a certain portion of the profession, is largely due to two causes, the first of which is, that among the intelligent classes, the slightest tendency to disease of the eyes, is at once noted and reported to

¹ Moore, Medical Press, Vol. XVI, s. 272.

the physician, who is thus enabled to apply preventive measures before the affection has obtained a foothold; the second cause lies in the fact, that not all cases of conjunctivitis occurring in new-born babes can properly be called Ophthalmia Neonatorum in the strict sense of that term.

Zehender² defines Ophthalmia Neonatorum as "a disease which begins within the first three or four days of infant life as a catarrhal conjunctivitis and very rapidly passes over into the stage of blennorrhœa." He also says, "A blennorrhœa which does not appear until after the fourth day of life, cannot strictly be called Ophthalmia Neonatorum." In this opinion he is fully supported by numerous observers, and it will be noticed that this definition bars out a large number of cases that are usually classed as examples of the disease,—cases caused by cold, exposure to light, etc.,—and which may not begin for a number of days, or even weeks, after birth. It is true that these cases of acute conjunctivitis, if neglected, frequently terminate in purulent ophthalmia, but this is probably due rather to the extreme delicacy and liability to swelling of the infantile conjunctiva than to the specific cause of the disease.

Authorities are quite uniform in the opinion that true Ophthalmia Neonatorum is due in all cases to inoculation of the affected eye with some form of genital discharge, either during the process of parturition, or by careless handling with soiled fingers immediately after birth.

Credé³ thinks "that the eye-inflammations of the new-born under his observation, arise almost without exception only by direct conveyance of the vaginal virus during birth."

C. Von Hecker⁴ thinks "the infection only takes place *directly* by the contact of the virus during the act of birth, but may also occur indirectly by means of the finger or other carrier of the virus." He also says that "statistics go to show that the longer the head of the child remains in the vagina the more likely we are to have Ophthalmia Neonatorum."

Coppez⁵ makes the statement that "All women whose new-

² Handbuch der Augenheilkunde, Vol. 1, p. 84.

³ Arch. für Gynäk., XVII, pt. I, p. 50.

⁴ Arch. für Gynäk. Bd. XX, p. 386.

⁵ Maladies de la Conjunctive.

born infants suffer from blennorrhœa have previously had some genital discharge, and in the majority of cases also their husbands or paramours have a chronic urethritis." He cites sixty cases, in fifty of which, careful questioning revealed the facts to be as above, and he also states that in many families he has found child after child infected.

With reference to the character of the vaginal discharge necessary to produce Ophthalmia Neonatorum, we are yet in doubt. While it is certain that gonorrhœa of the mother, or even a non-specific discharge of a purulent character, is extremely liable to cause the disease, it is still not settled whether the causes of the infection may be confined to these, or whether we shall include all genital discharges.

Otto Haab⁶ has indeed tried by Koch's method to isolate the micrococcus whose special duty is the propagation of the disease under consideration. He examined specimens of discharge from eleven cases, but as he only succeeded in proving that the 'animal' was identical with that found in gonorrhœal ophthalmia, the conclusion must be drawn that either all of his cases were the offspring of parents with gonorrhœa, or that the difference in the character of the discharge is not to be distinguished by the presence of the micrococcus.

The disease usually begins with a slight reddening and heat of the affected eye (it is usual to have one eye affected first, although in the majority of cases the other follows the same course a little later), soon followed by a mucous discharge. Even in this the catarrhal stage, we may already find a considerable swelling of the lids and œdema of the ocular conjunctiva, as the loose tissue of the infantile conjunctiva is especially favorable to exudation.

The catarrhal stage often passes over into that of blennorrhœa with extreme rapidity. According to Zehender, "What we can distinctly diagnose as catarrh one hour, we may with equal certainty pronounce blennorrhœa the next."

With the accession of the purulent stage the swelling of the lids becomes enormous, the upper overlaps the lower, and from between the two flows a stream of yellowish or greenish pus, which is frequently so profuse as to require constant removal in

⁶ Beiträge zur Ophthal. Wiesbaden, 1881.

order to prevent the patient's face from becoming excoriated and inflamed. The conjunctival lining of the lids becomes intensely red and sometimes so much swollen that it springs into view on attempting to evert the lid, and is with difficulty restored to its normal position.

The ocular conjunctiva is now intensely chemosed and may surround the cornea like a wall ; it is very red, and the whole eye is often extremely tender to the touch.

We may now find that the cornea is becoming implicated in the process ; the constant maceration to which it is subjected by the profuse discharge, together with the interference with its circulation, caused by the extreme chemosis and pressure of the swollen-lids, combine to affect its nutrition, and we find upon examination, that the membrane is becoming hazy, perhaps throughout its entire extent, but more generally in a circumscribed spot, which speedily forms an ulcer, and goes rapidly on to perforation, or the whole cornea may become a yellow slough, leaving the eye a total wreck.

In some cases the disease tends toward a membranous formation, and the palpebral conjunctiva is covered with a yellowish lining, which has been compared to that found in diphtheritic conjunctivitis, but differs from it in the fact that it does not penetrate the tissue of the conjunctiva so deeply, and interferes less with the nutrition of the membrane ; still, these cases differ from the purulent form in that the lids are harder and more tender, the discharge is thinner and has more of a serous character, and the liability to implication of the cornea is greater from the interference with nutrition by pressure.

In France and Germany the disease has been so fatal to sight, especially in the great obstetrical hospitals, that means of prevention are habitually used by some of the most eminent specialists. Thus, Graefe⁷ advises as a prophylactic the careful cleansing of the lids immediately after birth and before opening the eyes, and the bathing of eyes and lids with a 2% solution of carbolic acid every twelve hours during the first two days of life.

D. Haussmann,⁸ in an article on the prevention of the dis-

⁷ Klin. Vortr., p. 192.

⁸ Centralblatt für Gynäk., Jahr. V, No. 4, 1881.

ease, advises the frequent disinfection of the vagina of the mother with a 2% solution of carbolic acid during labor, and the treatment of the child's lids and eyes in the same manner immediately after birth, and in a letter written to this author and printed in the *Klinische Monatsblätter*, L. De Wecker heartily indorses this method. Solutions of boracic acid, nitrate of silver and chlorine are also recommended for the same purpose by different authorities.

In the treatment of the disease the first and by far the most important point to be observed is cleanliness ; it is impossible to place too much emphasis upon this fact. The eye must, if possible, be kept absolutely free from discharge, if necessary being cleansed every ten minutes during the whole twenty-four hours, and in a bad case the chances of a successful termination will be largely proportionate to the rigidity with which this requirement is carried out. The cleansing may be done with pieces of soft linen, or old muslin, cut into little squares, measuring about two inches across. With these the discharge must be carefully wiped away and they should be destroyed at once, as the matter is highly contagious, and if applied to other eyes will cause severe inflammation.

At intervals of an hour, more or less, the eye should be carefully cleansed by dropping into it a sufficient quantity of a very weak solution of common salt to wash away all secretion.

The application of cold is a very valuable aid in the treatment of this affection. Indeed, Dr. Knapp¹ regards it as almost sufficient in itself. After speaking of cold and cleanliness combined, he says, "No child need lose its eyes from ophthalmia neonati, and no child does, if faithfully treated in the manner just described," which is doubtless true in the large majority of cases, if the patient is seen early enough.

The best method of applying cold is to have a basin, containing a cake of ice, near the patient, placing upon the ice several compresses made of four or five squares of linen of the size before mentioned, which becoming intensely cold are to be laid upon the affected eye, being changed frequently to maintain an even low temperature of the part. If ulceration of the cornea supervene, however, this treatment should be discontinued, as

¹ Arch. of Ophthal., Vol. XI, No. 1, p. 9.

the action of cold will hasten the ulcerative process, and we should use instead compresses saturated with a solution of *aqua chlorinata* of the strength of one to four of water.

Among remedies the foremost in point of usefulness is ARGENT. NIT., which may be used both locally and internally, a solution of ten grains of the first centesimal trituration to the ounce of water being dropped into the eye (after it has been thoroughly cleansed) once in two hours, while a higher potency of the drug is given *per oram*. It is indicated by intense redness of the palpebral and ocular conjunctiva, much swelling of the lids and a profuse purulent discharge.

APIS MEL. may be used if the characteristic œdematous condition of the parts is present, with the usual evening aggravation, and especially if the patient is drowsy.

EUPHRASIA is indicated if there is profuse purulent discharge, which excoriates the cheek, together with much excoriating lachrymation. Under this drug we have also great redness of the conjunctiva.

HEPAR. SULPH. is especially useful when the disease has attacked the cornea and we have deep ulceration, purulent discharge, much photophobia and lachrymation, together with great tenderness to the touch. The patient seems to be relieved by warm applications.

PULSATILLA.—Profuse, thick, greenish-yellow bland discharge, with the usual concomitant symptoms.

MERCURIUS.—Greenish, excoriating discharge; the cheek and the edges of the lids are sore and raw; aggravated at night.

RHUS TOX.—Much swelling of lids, with thick purulent discharge; especially useful if there is much hot scalding lachrymation present, restlessness, aggravated after midnight.

SULPHUR may be used if the case seems to relapse and remedies lose their effect, more especially if the characteristic constitutional symptoms are present.

DR. CLAUDET'S Electric Flannel, said to be efficacious in rheumatism, contains, according to *La Nature*, 115 grammes of the oxides of tin, copper, zinc and iron to one kilogramme. The threads containing the oxides are alternated with the plain threads, thus constituting a form of electric pile. M. L.

A CASE OF URETHRAL STRICTURE.

BY GEORGE W. BLODGETT, M.D.,

Genito-Urinary Surgeon to N. Y. Hom. Med. Col. Dispensary.

EARLY in March of the present year, the writer was consulted by a young medical man, who justly considered himself the subject of a rather aggravated form of urethral stricture. The case is here reported, as it is thought to be in certain respects a novel one, and not devoid of interest.

The patient, a practitioner in a neighboring town, contracted gonorrhœa, in January, 1882.

In the hope of aborting the disease, he introduced into his urethra a soluble boujie, containing *chloride of zinc*, intending to remove it within a few minutes. He unfortunately, however, selected a time just subsequent to retiring for the night, and dropped asleep with the boujie still in his urethra. After some hours he awakened to find his penis swollen, painful and bleeding, from the action of the caustic.

After several weeks, the acute and severe urethritis thus engendered, subsided, leaving a dense indurated band of stricture, extending back a distance of *two* inches from the meatus, producing and maintaining a free gleet discharge.

After this discharge had continued for several weeks, and had failed to yield to various plans of local and constitutional treatment, complete retention ensued, apparently depending upon several hours exposure to cold and rain.

An injudicious attempt was made to relieve this retention by a vain endeavor to introduce a pen holder.

This effort being futile, a specialist was consulted, who relieved the retention and cut the stricture to a No. 20, American scale.

Contraction again ensued, notwithstanding efforts at dilatation, and influenced by an article from the pen of Dr. Robert Newman, claiming an universal efficacy for electrolysis in the treatment of stricture, the services of a distinguished old school electrologist were sought.

The stricture was electrolyzed for several weeks at varying intervals resulting in a material increase of the gleet, and leaving

the urethra the seat of a dense thick nodular cicatrix three inches in length.

Disgusted with electricity, the patient again obtained the services of another genito-urinary specialist, who cut his stricture to a No. 30, French scale.

For a time relief was experienced, but the gleet never entirely disappeared and recontraction again ensued.

The case now came into the hands of the writer, who, bearing in mind the extreme difficulty of dealing with long cicatricial strictures, and especially those near the meatus, cut this one to a No. 42 FRENCH, with the urethrotome of Otis. The incision was made upon the floor of the urethra, and but little hemorrhage resulted.

All bands of cicatrix were divided, and the little finger was readily passed into the canal.

A No. 37 French sound was passed every other day for a week, then every third day for two weeks, after which a No. 34 French was substituted, which is now used with ease at intervals of three weeks, there being no evidence of contraction at the seat of stricture, and all gleet having disappeared.

The induration has been almost entirely absorbed, and erections, which for a time were accompanied by a marked downward flexion, are perfect, and the patient considers himself well.

The history of this case constitutes still further evidence of the inefficacy of electrolysis in the treatment of strictures far anterior in the urethra, and tends to show that they are only handled satisfactorily by free incision.

The writer in a somewhat considerable experience with electrolysis as applied to strictures, has obtained very satisfactory results in a few deeply seated contractions, but he has met with universal failure in the first three inches of the canal.

It is not meant to condemn electrolysis as a means of curing urethral stricture, for from it, in the hands of Dr. John Butler, of this city, we have seen results in very aggravated cases, which were truly remarkable.

It is, however, believed that electrolysis should be used only by the experienced specialist and that free incision is the best means of treating strictures not far from the meatus, electrolysis being confined to the region behind the peno-scrotal angle.

ON VACCINATION. *

BY GEORGE R. STEARNS, A.M., M.D., BUFFALO, N. Y.

PART II.

Such being the phenomena of the process of vaccination, it may be well to enquire as to the best method of performing the operation, the advantages to be derived from it, and the dangers, if any, attending its performance.

As to the most suitable age for primary vaccination, the conditions vary. In case of an epidemic it is evident, that owing to the peculiar danger attending the disease in infancy, as early a date as possible should be selected. Furthermore, since infants may even pass through the disease or a portion thereof *in utero*, no age can be considered too early in itself for vaccination.

Plump, healthy children should be vaccinated when a month or six weeks old, and earlier if exposure or liability thereto demands it. Except when urgent, the operation should only be performed upon the child in perfect health. Any acute disease and even chronic affections, more especially of the skin, such as herpes, eczema and intertrigo, should interdict vaccination unless otherwise demanded. If there is a suspicion of inherited syphilis, the operation is likewise best deferred, at least until after the age of three months, by which time specific symptoms will in all likelihood have shown themselves. If this precaution were not taken, such symptoms might be ignorantly ascribed to the vaccination rather than to their real and embarrassing cause. The early age before mentioned, is further advantageous in being free from the disturbing influences of teething. When there are indications of scrofula or other dyscrasia, it is also best to wait, even until the second or third year, or until the health and vigor of the child are well established, lest the constitutional excitement due to vaccinia stir up these latent tendencies.

The question of the age at which re-vaccination is called for, involves that of the amount and duration of the protection

* Read before the Erie Co. Hom. Med. Soc.

afforded by the vaccine disease. In general, an actual lack of susceptibility to vaccination implies the same lack of susceptibility to the variolous disease. A very small proportion of cases seem to be entirely insusceptible to the effects of vaccination in spite of repeated thorough attempts. On the other hand, many persons after being once thoroughly affected by vaccinia (as indicated by a large scar) cannot again be vaccinated. In the greater majority, however, the protective power of the vaccination, as indicated by renewed susceptibility, seems gradually to diminish, so that after the lapse of a varying number of years, re-vaccination may be successfully performed or small-pox itself be incurred, usually in its modified form (so-called varioloid) but occasionally in a most severe and fatal form (viz.: confluent or hemorrhagic.) This last has led to the conclusion on the part of some, that vaccination should be at least attempted as often as every three years, from the uncertainty respecting the duration of protection. Others hold that unless special danger threaten, from exposure or an impending epidemic, it is sufficient to defer the repetition till the twentieth or twenty-fifth year, providing there be evidences of a thorough effect in infancy, on the ground that the larger number of those in whom small-pox occurs after vaccination have passed the age of puberty or a considerable number of years at least since the time of the primary operation. Thus Seaton¹ says: "One thorough primary vaccination to start with and one careful re-vaccination after puberty, so conducted as to give evidence that the lymph was absorbed, are all that is necessary for the complete protection against small-pox, and no doubt by the first operation nine out of ten are perfectly well and permanently protected." But however differing in other respects, all authorities agree in this, that in the presence of any danger, as from exposure,—real or anticipated—a thorough attempt at re-vaccination should be made without regard to the time of any preceding operation, and even in the absence of any special danger, most authorities deem it best to repeat the operation as often as every five or ten years.

Passing from the duration to the amount of protection against small-pox afforded by vaccination, there is more unanimity of

¹ Reynold's System of Medicine.

opinion. This protection is shown in two ways : first by shielding the individual against any future attack, however modified, of small-pox, and secondly (in those few who do incur the disease) so modifying its severity as to deprive it, as a rule, of all danger to life and of power to disfigure. It is manifestly impossible to collate reliable statistics to prove the first of these points, although its truth is evident to all who have paid any attention to the subject, and respecting the latter benefit, most average tabulated results are not truly indicative, since all classes of vaccinations, however imperfectly performed, necessarily rank as successful operations. In spite of this however, it is shown that while the general mortality of the unmodified small-pox is rarely under 20% and more frequently runs from 40% to 50%, the death rate among the vaccinated (of all classes) is seldom over 7% and often but from 3% to 5%. On this subject, Simon in his work on Vaccination states that among four millions of people in Bohemia, the death-rate from small-pox for twenty-one years among the vaccinated was but $5\frac{1}{4}\%$ while among those not vaccinated it was $29\frac{1}{4}\%$. So among 15,000 cases treated in one of the English small-pox hospitals in a period of thirty years, the unvaccinated died at the rate of 35%, while the vaccinated only gave a mortality of $6\frac{1}{4}\%$. These cases further showed that the protection afforded was in direct ratio with the completeness and excellence of the vaccinations as shown by the cicatrices ; for while 35% of the deaths were in those never before vaccinated 19% had previously had small-pox, $23\frac{1}{4}\%$ claimed to have been vaccinated, but showed no mark, and of those showing such marks the mortality steadily decreased from such as had one poorly marked cicatrix of whom 11.91% died down to a minimum of less than $\frac{1}{4}\%$ in those who had four or more well marked cicatrices.

This leads us directly to consider the method most to be preferred in performing the operation. The statistics in part cited above lend some force to the view that it is well to instill the virus at more than one point in vaccination, although the reason for such a low mortality among those having several cicatrices, as is above quoted, may be and probably is, largely due to the fact that such persons as a rule have been more recently vaccinated than those bearing but one or two scars.

Some of the most experienced and successful vaccinators inoc-

ulate at two or three points, using a *whole quill* for each scarification. Such procedure is more apt to secure the thorough constitutional effect from which the protection comes, than the single scarification usually preferred, which not infrequently may give rise to but one minute vesicle covering but a small portion of the surface inoculated.

If the operation is performed at but a single point, however, and such a result occurs, a surrounding crop of vesicles is easily added to the small one already existing, a thing that should be invariably done, either by using a charged quill or by pricking the vesicle and allowing the drop of lymph exuded to flow over the new scarification.

The operation of vaccination is best performed by scarifying a surface at least as large as a half-dime in parallel lines perhaps to the number of a dozen or more, crossed by a similar series, whilst tension is put upon the skin, (the hand firmly grasping the arm) drawing a drop or two of blood at least, and then vigorously rubbing the quill across the cuts opened by the tension upon the skin, which, as the arm is let go, closes over the instilled virus and keeps it moist.

As to the question of preference for bovine or for humanized virus, several things are to be considered. There can be no danger of infection with syphilis or other disease by the use of bovine virus, and owing to the greater ease of its manufacture, which is concentrated in the hands of men trained in the work and with special reasons for furnishing virus only from the best vesicles, there is more likelihood of its producing typical pocks and a thorough constitutional effect; in fact bovine virus is known more profoundly to affect the constitution, just as it is more apt to produce a considerable degree of local inflammation and a greater number of accidents, where care of the vesicle is not taken, than humanized virus, yet unless the quills charged from any one calf (however fine the vesicles) are tested, there is much more certainty that good humanized virus will be sure to 'take' in any case, a fact of value sometimes where time is important, as after exposure to small-pox.

The position taken by certain men of recent years who are expressly opposed to vaccination on the ground that the advantages are more than counterbalanced by the disadvantages,

is far from meeting with the approval of the best recognized authorities.

Curschmann in Ziemssen's *Cyclopædia of Medicine* says : "If caution is exercised in vaccinating, that is if the operation is not performed upon too young, feeble or sickly children, nor during the period of dentition, nor at any unfavorable seasons of the year, the bad results will be so extremely rare that in comparison with the advantages of the method they will appear of trivial importance." Further on, in speaking of the supposed transmission of scrofula, phthisis and other diseases (not including syphilis) to healthy individuals by means of humanized lymph, he says : "Not the slightest evidence is adduced in support of this assertion," and of the very rare cases in which there is the suspicion of transmitted syphilis, he says : "Nearly all of the unhappy occurrences of this sort are not the fault of vaccination but of its improper performance." Niemeyer writes as follows : "It cannot be denied that vaccination sometimes endangers life and in other cases leaves permanent impairment of health, especially cutaneous eruptions and other scrofulous affections, but the hypothesis that scrofula was transferred by vaccination from one child to another is false as may be proved ; for sometimes children become scrofulous after vaccination, although the lymph have been taken from the arm of a perfectly healthy child, and sometimes children remain perfectly healthy after being vaccinated by lymph from a decidedly scrofulous child."

In respect of syphilis there is almost the same concurrence of opinion that it is in extremely rare cases, if ever, that the disease is transmitted in the course of a vaccination performed with proper care. Simon has well observed : "If syphilis could be diffused by the vaccine lymph of children with an hereditary taint of that disease, this possibility must long ago have been made evident on a scale far too considerable for question." Dr. Morson, an English authority, states that in the performance of over 50,000 vaccinations, he has never seen any other diseases communicated with the vaccine disease, nor does he believe that they are so communicated. Many other authorities, from like extended opportunities for observation, speak with equal certainty, attributing any possible complications which might arise in very rare instances, to an inherent pre-

disposition on the part of the child vaccinated, or to some error or element of carelessness in the operation.

But however slight the real danger of the properly performed vaccination, the merest possible risk must be avoided and every element of doubt eradicated in deference to the popular prejudices on the subject. The use of fresh bovine virus of course removes the greatest element of uncertainty, but this in itself is not sufficient. The public should be instilled with proper views on the subject, and the demonstrable fact made evident to them, that this is not an operation to be undertaken with impunity by persons ignorant of the principles involved. A vaccination improperly performed or incompletely developed is often worse, from the mistaken sense of security aroused than no vaccination. The profession also can use more care to obtain satisfactory results primarily, and thus do much to prevent the operation from falling into that disrepute which invariably follows repeated unsuccessful attempts.

Furthermore, in spite of the overwhelming evidences as to the benefits to be derived from vaccination, and in spite of the weight of authority respecting the slight amount of danger attending the operation when left to those of sufficient knowledge and experience, negligence, deficient sense of duty and decline of fear of small-pox will combine to prevent that universal acceptance of the measure which is absolutely necessary for affording the fullest protection to the public. This can only be affected by means of legal compulsion, regulating the age and circumstances under which vaccination and re-vaccination must be performed on all citizens by those only who are qualified properly to carry out the trust. Then and then only can the hopes and expectations of Jenner and his followers be realized in seeing the scourge of small-pox banished from the face of the earth.

IN the Medical Record for June 16, 1888, Robert T. Hayes reports a successful operation for Spina Bifida after the method of Robson, of Leeds, England.

DR. C. J. MACGUIRE, of New York, considers the free local use of sub-nitrate of Bismuth a specific for Cancrum Oris.

REMARKS ON DR. LEAL'S BLOOD TEST IN URINE.

BY DR. C. TH. LIEBOLD, NEW YORK CITY.

In the valuable article by Dr. Leal I have missed only one animal secretion, which in contact with the alcoholic solution of Guaiac produces a bluish tinge or ring, and which may occasionally be present alone or mixed with the urine or blood, and that is *milk*.

From my student's days I remember the fact, but in looking over several works under the articles of Guaiacum and milk, I can not find any reference to it, and therefore I write these lines to induce Dr. Leal to make controlling experiments with these substances and find out whether it is really a fact or not, and whether there are, and what, discriminating tests between blood and milk. Especially stains of longer existence should be examined, because *Hoppe* says that milk will absorb in three days more than its own volume of oxygen from the surrounding air. Some years ago milk was accused in London to have caused a severe epidemic of Typhoid fever, traced from the milkman's habitation, where the milk was kept in the cellar, and a case of fever existed in the house, to his customers. The sensitiveness of milk to react on electrical disturbances, to turn sour during a thunderstorm is well known. Is it the absorbing faculty of milk of nascent oxygen, ozone or something else?

Milk has been used as an injection in the female bladder, the trouble to get the curds out again might perhaps best be accelerated by a solution of pepsine. (Sol. of acetic or tartaric acid will also redissolve the curds.) It is used as an injection in the vagina. In many other ways it may find its way into the urine to be examined, all of which shows the necessity of making comparative examinations to prevent a mistake with blood.

Speaking of milk, an article in the *Hahnemanian Monthly*, July, 1883, "How shall we feed a child when in a state of infanition?" by T. C. Hunter, M.D., of Wabash, Ind., raises a few questions in my mind, which I may be permitted to adjoin. The doctor says it will be necessary to try often the milk of many different cows before one will be found the milk of which

will agree with the child. Some trials should be made by the physician, too, before trying the different cows, on the baby. There is ten times as much butter in the last drawn milk from the udder than in the first pint, there is twice as much butter in the evening milk than that drawn in the morning. (Gorup-Besanez Organische Chemie.)

Suppose the physician who has a baby patient with a very delicate stomach orders only the first pint of milk drawn from the udder of a cow in the morning ?

Then it would be prudent to ascertain whether the milk contains relatively more casein than butter. There is a vast difference in that respect between the different races, and it seems to me but natural that an excess of casein, which in mother's milk is but 9 to 17 parts per thousand, while in cow's milk it is from 22 to 46 parts, must be hard for a baby's stomach to digest.

Some years ago I visited a patient in New Jersey, whose pride was a small herd of Jersey cows, superlatively pure stock. Of course I was invited to admire them, but I found more to condemn than to praise. Some had swollen glands on neck and abdomen visible to the eye already, and the examining fingers detected innumerable enlarged glands from the size of a bean to a goose-egg. Scrofulous in the highest degree ! The effect of breeding in and in as I was informed. From that time I have been always in the habit, wherever I felt it to be my duty, to warn parents to examine the cows carefully where they get the milk from for their households, if they have a chance to do so.

A SOUND CONCLUSION.—“The law of the State of New York requires every physician to be a member of a county society. The provision is a wise one, intended not only to protect the public, but to benefit the physician. A physician cannot well isolate himself from his fellow-practitioner without detriment to himself and injury to his practice ; and the law, by compelling him to belong to a legally constituted society, protects the community to a certain extent, by making his brethren in the profession answerable for his intelligence and responsible for his acts. Every man, as a good citizen, should cheerfully obey, not only the letter, but the spirit of the law, which makes the profession itself responsible for the originating and efficiency of great sanitary measures, and the proper education of its members.”—*Homœopathic Times*, Vol. V, Feb. 1878, p. 254.

THE CONDIMENTS, PARTICULARLY SALT AND VINEGAR, CONSIDERED WITH RELATION TO ALIMENTATION. *

BY C. HUSSON.

(Translated by Malcolm Leal, M.D.)

IN looking over the history of the culinary art, one is surprised to find how great an importance has been assigned to the various condiments, even from the remotest antiquity.

It would be of great interest to study the origin, causes and effects of their employment, but we do not propose to examine them from an historical point of view, but rather to note their influence on digestion, and, among the numerous substances used, salt and vinegar will especially receive our attention.

The condiments are not alone destined to render the food more palatable, to excite the appetite and create enjoyment; they have a decided influence on the digestive phenomena. Science has spoken to this effect, and, instinctively, man has felt this influence, and though often he believes he has satisfied only his taste, he has in reality obeyed the exigencies of the organism. The care used in preparing food has always originated in this impulse, and medicine and chemistry join in an appeal for the proper seasoning of even the simplest form of food.

Too often, because a dish is simple, its preparation is neglected, and then the fault wrongfully hidden by an addition of excessive amounts of the condiments, especially of salt and vinegar.

The following experiments will serve to support the assertions to be made :

Slices of meat deprived of fat and tendon were pickled for four days severally in white wine, vinegar and oil; another piece was prepared with all the condiments required, and still others simply mixed with salt and with charcoal; 4 grammes of each of the samples were introduced into a vial, with 1

* *From the Comptes Rendus hebdom. des séances de l'Académie, XCVI, p. 1608. May 28, 1868.*

gramme of pepsin and 40 grammes of water to which was added hydrochloric acid in the proportion of 1 to 100.

For comparative examinations two other vials were used; one (No. 1) containing 4 grammes of meat, which had not been submitted to any culinary process, 1 gramme of pepsin and 40 grammes of the same acidulated water used in the first instance; the other (No. 2) containing the same substances in the same proportions, but with acidulated water of the strength of 1—40 instead of 1—100.

All the vials were kept at a temperature of 40 C. in a water bath.

The results were as follows :

The meat from the wine pickle was digested very rapidly, and that from the vinegar next in order. The specimens from the oil and from the charcoal followed, requiring pretty nearly the same time as the unprepared, No. 1. The salted meat and the meat No. 2, were digested with great difficulty.

As for salt, a series of experiments (in which 4 grammes of hashed meat were mixed in a vial with 40 grammes of water, 1 gramme of liquid pepsin and 4 drops of hydrochloric acid; and to like samples of this mixture were added the following quantities of salt: 0.05, 0.10, 0.25, 0.50, 1.00, 2.50, and 5.00 grammes) showed that in small amount it perhaps facilitates the action of the peptic ferment, but after more than 0.50 gramme is added the action is retarded—the retardation being proportional to the amount of chloride present.

With acetic acid the reverse is true. The above experiments were repeated, using crystallizable acetic acid (4.00, 2.00, 1.00, 0.50, 0.25 and 0.10 gramme), and the stronger the acid the more rapid was the solution of the meat.

With 4 grammes of acetic acid, the transformation occurs almost instantaneously; but, while an excess of the acid produces a more rapid solution of the meat, it causes, aside from the formation of the peptones, the formation of a gelatine precipitable by sulphate of magnesium, and the proportion of this gelatine is directly as the quantity of acetic acid used.

By operating on 4 grammes of meat, to which is added 1 gramme of monohydrated acetic acid, and filtering after digestion and saturation of the liquid, we still obtain a precipitate

by addition of magnesium sulphate, but the precipitate is very slight, so that we may fix the proportions, giving good and rapid digestion at 10—15 of acetic acid to 1000 of meat, or 10—15 of vinegar to 100.

From the various facts above stated it is possible to derive other practical conclusions.

A.—Certain of the condiments apparently have no other use than to stimulate the appetite, and excite the secretion of the various digestive fluids. Small quantities of salt fall into this category as long as in passing through the economy they are not transformed into the hydrochloric acid which enters into the composition of the gastric juice. The quantity of salt used in preparing meats should not exceed 5 or 10 grammes per 500 grammes of meat; if more is used it acts in two ways:

First. It modifies a portion of the muscular fibres of the meat, rendering them more resistant to the action of the gastric juice.

Second. It diminishes the peptic fermentation. See for example the indigestible character of salted and smoked meats.

Moreover salt in excess is an irritant.

B.—The non-poisonous organic acids facilitate digestion. The employment likewise of condiments containing vinegar is reasonable, provided they are not used in quantities sufficient to produce irritation of the digestive organs.

If the mineral acids (hydrochloric acid especially) in the proportion of 1—4 per 1000, are necessary for digestion, they may in larger quantities act contrarily, and often arrest it.

This is a résumé of my first observations, and in presenting them to the Academy, I appear to be sanctioned by the experiments of Cl. Bernard, Dumas, Wurtz, Béclard, Miahle, etc., which have served as the basis of my researches.

“THE preface of twenty pages with which M. Edmond Perrier has introduced M. Lévêque's French translation of Mr. Darwin's essay on 'Earth Worms,' is a masterly work, the importance of which will escape no one. We know that this eminent naturalist, after having given quite a cool reception to the theory of descent, at last, in his 'Colonies Animales,' accepted it under reserves, the tendency of which was to restrict the bearing of evolution at different points.”

“Now, M. Perrier has resolutely canceled most of his reserves.”—*M. A. Elpinas in Revue Philosophique.*

THE HOMŒOPATHIC LEADER.

A Monthly Journal of Medicine.

New York City.

WALTER YEOMANS COWL, M.D., *Editor.*

ASSISTED BY

H. M. LEWIS, M.D., Brooklyn, N. Y., - - - - - SURGERY.
WM. M. BUTLER, M.D., Brooklyn, N. Y., MENTAL AND NERVOUS DISEASES.
MALCOLM LEAL, M.D., New York City, - PREVENTIVE MEDICINE.
CHAS. DEADY, M.D., New York City, - DISEASES OF THE EYE AND EAR.
GEO. W. BLODGETT, M.D., New York City, - DISEASES OF CHILDREN.
W. W. BLACKMAN, M.D., Brooklyn, N. Y., - - - - - OBSTETRICS.
GEO. R. STEARNS, A.M., M.D., Buffalo, N. Y., - MATERIA MEDICA.
CHARLES McDOWELL, M.D., New York City, - FOREIGN LITERATURE.

Editorial and Publication Office, 36 West 21st Street.

AUGUST, 1883.

LIBERALITY WITHOUT COMPROMISE.

As a word to those whom we hope to represent by this latest addition to the crowded ranks of journalism, we wish to say, that our main motto is, and we believe will continue to be, a generous liberality for others, with a firm and uncompromising adherence to those principles in which most of all we believe lies the essence of Medical Truth. There is as far as we can see, no reason for resorting to impassioned feeling in matters of medical science, nor even in matters of medical art. Whatever our brother be, whether allopath, liberal homœopath, 'Hahnemannian' or nondescript, we need not rant and tear because he does not think as we do. If we have facts to prove that he is wrong, let us simply record them, and allow others to draw the inference. Let us individually and collectively, meet him on a plane of good humor and satisfaction, that will show him at the same time our respect and our indifference. Let us not compliment his position and assume the burden of proof, by excited argument.

Conscious of truth we have only to wait for time, either to put him right or to upset him.

If we believe, for instance, that the best way to convert the

dominant school in the profession, is to retain our distinction until there is no distinction, to keep our name until we can call all the profession homœopathists, to refuse to compromise ourselves by therapeutic consultation with those who can not know our materia medica as we know it, to help each other to cure disease, rather than commit our honor and our interests to the hands of men who are in no way responsible to our fraternity, to purify ourselves, and to steadfastly work for the development of the truth which nature has given us, let us nevertheless, be free to admit their claims as scientific men, and to acknowledge the worth of their writings upon disease, notwithstanding their ignorance of scientific therapeutics.

PROF. EDWARDS SMITH'S RESEARCHES.

THERE is no surer road to ultimate success than that which leads first to the discovery of faults.

The honor accorded him in any cause who fearlessly lays bare its points of weakness can scarcely be overweening. Not only does he avert the captious criticism and the seemingly well-based ridicule, which are so potent when taking their stand upon mistakes whatever their nature or import, but also greatly prevents the confusion of those who are frightened into doubting the staunchness of their ship by every breeze that blows from some strange quarter.

Showing his confidence and fearlessness by making public his discoveries, he will get the greater respect of the enemy, and at the same time strengthen the weak-kneed among his brethren.

Such, we believe, will be the result of the disclosures of Dr. J. Edwards Smith respecting the impurity of homœopathic triturations, which were outlined by him at the recent meeting of the American Institute of Homœopathy at Niagara.

The first effect upon the mind which an unquestionable proof that *all sugar of milk*, wherever bought, contains at least enough Silica, Alumina and Iron to constitute itself the sixth decimal potency of these drugs—if it have received the

requisite amount of trituration—is a fact which seems stupendous, when we reflect that many of the polycrests may only be prepared by trituration, while the process has been adapted to many other drugs. The matter is not benefited apparently by the fact placed on record by Dr. Conrad Wesselhoeft, that the glass of bottles, such as we use for preserving dilutions, is to a very appreciable extent soluble both in water and in 95% alcohol.

We see at once that whenever we have prescribed an attenuation of any remedy, we have in reality administered two or more drugs, and furthermore, with reference to Silica, Alumina and Iron, we have never given either of them in a potency higher than the sixth decimal,—if we measure potency by dilution rather than by dynamization.

Two questions immediately present themselves: first, how do the results of these researches affect the use of attenuated or dynamized medicine? and, second, how can this new phase of POLYPHARMACY be gotten rid of?

These queries present several aspects, but it is beyond our present purpose to discuss them all. It is perhaps sufficient at this time to consider how the use of triturated preparations, containing, as Dr. Smith has shown, some three or four dynamized drugs of varying degrees of dilution, affects the homœopathicity of the remedy, the symptoms of which we find in our patient.

The various other questions connected with the subject may be left for future consideration, while the task at least of getting rid of the difficulty at its source is most liable to be consummated by Dr. Smith himself.

In the first place there seems to be no doubt about the fact of the impurity of the most carefully refined sugar of milk, and that the impurities are very constantly Silica, Alumina and Iron. With this assured by the details of Prof. Smith's work in connection with Prof. M. B. Wood, of Cincinnati, at the latter's extensive laboratory, taken together with the fact brought forward by Prof. Wesselhoeft, that the glass we use is soluble in the alcohol of our dilutions, we are obliged to admit that whenever we use any dynamized drug, of whatever potency or dilution, 1", 3" or 30", we are at present in actuality polypharmacists. Now this is quite disconcerting. We may be-

lieve, however, that, as with every other minor put-back in the past, the Art of Homœopathy, without much doubt, will weather it.

The point, it will be observed, affects everything except the crude drug, and the fact is thus presented, that the 'crude' homœopath who uses only the tincture or the 'pure quill' of whatever drug, that even, moreover, the 'base allopath' may be a purer prescriber than the 'highest flyer' of us all. The discovery on the other hand, tends to strengthen the case of the fluxionists who have disregarded the fact that the medium of dilution which they employ contains many other medicinal agents than the one they seek to potentize. We repeat again, the reflection altogether seems quite disconcerting to the ideally pure homœopathist. But, recognizing the fact, that in the present as in the past, homœopathic remedies of the first, the third, the twelfth, the two hundredth, and other potencies have done their duty *according to their selection*, whether containing Silica, Alumina, etc., or not, we are forced to the conclusion, that in the matter of purity we are all in very much the same condition. High potency men or low potency men, homœopaths or allopaths, we are all polypharmacists, and as yet can none of us say that we have carried out the injunction of Hahnemann, to give the single remedy in the 30th dilution. It is as yet a point to strive for.

The moral of all this argument, if we should draw one, would seem to be, that we all live in glass houses and must not throw stones.

E. P. BREWER, of Norwich, Conn., reports in the *Hahnemannian Monthly*, July, 1883, an inadvertent proving of Nitrate of Silver made by a patient, a druggist, who disbelieved in the action of minute doses. Marked pathogenetic symptoms appeared after taking by mistake one grain of the drug, triturated with 240 grains of sugar of milk, twice daily for three days.

He then began taking the original prescription, viz., one two-hundred-and-fortieth grain three times a day. Symptoms remitted for five days. Similar but more aggravated symptoms then appeared. The drug was stopped after four days of severe action. Symptoms did not cease until after the third week of their continuation.

PREVENTIVE MEDICINE.

To prevent disease with all its various results may be considered the highest office of the physician.

When we consider humanity in the mass, we can at least but admit that no duty performed by the physician is more important to the physical, mental or social well-being of mankind, than those acts which he performs for the prevention of disease.

Whether he simply inculcate the rules of personal hygiene, or instruct concerning the care and sanitation of the dwelling, or whether, on the other hand, he has to watch and provide for the public health, he is not only obviating death and curing disease, so to speak, in advance of its coming; but what is almost as important, he is preventing the acquirement of that general debility, those 'weak spots,' or that chronic disease, so frequently remaining after acute disease, and which cripples so large a portion of every community.

In this sense, no one, we think, will deny the fact that Preventive Medicine constitutes the highest function of the medical art. It is only when we come in contact, in the practice of the art of healing, with lives of extraordinary value, whose ills mayhap no art could have prevented, that for the time at least we would award to some more 'practical' department the palm of superiority. The ability to save a life in such sore strait, for instance, as that of the lamented Garfield, would seem quite to shade all knowledge of preventive medicine.

Nevertheless, when we take the statistics of the general mortality, or computations of the average expectation of life, and compare the present with the past, we see at once the vast gain which civilized man is making in his chances of life—chances which are not restricted to those most benefited by public hygiene,—namely, the poor and ignorant,—but which also extend to those whose lives are among the most valuable. The ravages of small-pox, of typhoid fever, of diphtheria and consumption are to be lessened by preventive medicine for every member of the community, and the more enlightened and observing

the individual the more may he take advantage of the discoveries of science with reference to the avoidance of disease.

The matter of lay interest in the prevention of disease, moreover, is beginning to make itself felt in the practice of medicine. Patients are asking, "Doctor, what must I do to prevent another attack?" "How may I avoid getting the malaria?" "Doctor, what does typhoid fever come from?" And the eagerness with which the knowledge given, is received and applied, is astonishing when we remember how the laity of the past regarded all these matters as mysteries of Providence unfathomable and inscrutable.

But when the laity begin to lay hold of a matter, to adopt it as reasonable, and proceed to ask questions, it becomes the professional man to cast about him and lay hold of all the facts as far as he can ascertain them.

We are inclined to believe that there are many things which science has determined, that have strong bearing on the art of prevention, yet which to any considerable degree, are not possessed by the general profession. We may for instance mention a fact that, within the past two years, has been very positively determined at the Small-Pox Hospital, in connection with the Board of Health of New York City, namely, that cases of death are rare in variola, where the patient bears a scar of vaccination of more than a quarter of an inch in diameter,—the practical inference from which is obvious, when we realize that after the first few months, the cicatrices of vaccination do not diminish in size. Again, it has been ascertained that in collecting bovine virus, be the collector never so experienced, nor so careful to reject calves whose vesicles do not seem typical, a calf now and then with pocks seemingly fine, will yield virus comparatively worthless; a fact which shows the necessity of testing all bovine virus before general use.

Facts such as these belong to the department of Preventive Medicine, and fully as much as new methods of treatment, or new points in diagnosis, need to be generally disseminated.

As yet we seem to be in the infancy of the study of prophylaxis. Let us pursue it therefore with a zeal almost equal to that for the development of homœopathy; for the one as much as the other, is the natural enemy of disease and death.

THE REVELATIONS OF NORRIS.

SINCE the days of Hippocrates and the humoral theory, the essential nature of the blood has been alike the most mysterious and difficult of the fundamental questions in medicine.

The demonstration of the circulation by Harvey in 1615, the discovery of the red blood corpuscle, in 1658, by Swammerdam, and that of the white blood corpuscle by Hewson in 1773, who likewise noted the constant pouring of lymph corpuscles into the blood stream by the thoracic duct, marked epochs in the physiology of the blood; but neither these nor the host of minor observations, which have since been made upon the blood and its elements, chemical or histological, have given rise to a satisfactory theory of the origin of the principal body found therein, namely, the red blood corpuscle; nor have we succeeded in explaining the cause of the coagulation of the blood.

The idea has passed current that the red corpuscle arises from the white corpuscle, but no one has demonstrated the truth of this view, and in attempting to account for the mass of red corpuscles it is, in reality, as we shall find, nothing more than hypothesis.

With reference to coagulation, on the other hand, chemists have isolated the so-called components of fibrin, determined their location in the plasma and corpuscles, and even discovered a ferment capable of causing a clot to form. The mass of medical men, however, have never interested themselves in the details of these complicated processes, and never more than half believed in the theories put forward.

We thus have not been able to say, how the principal element of the blood arises, nor why the blood, whenever spilled, should form a clot.

These, however, are the things that Dr. Richard Norris, of Birmingham, England, has discovered and demonstrated, conferring thereby a benefit on Physiology perhaps only surpassed by the discovery of the circulation itself. The enlight-

ened study which it opens up, of nutritive processes, the most important matters in the whole field of physiology is simply vast.

But the questions immediately occur: What has Dr. Norris shown the origin of the red blood corpuscle to be, what is his view of the coagulation of the blood, and how does he prove his positions?

He states, that in August, 1877, while endeavoring "to render photography available for the preservation of observations, made with the high powers of the microscope," and having accumulated a large number of photographs of human blood, he observed in some of them "corpuscles which, although obviously in the same plane, were barely visible, and it was found that they could not be seen at all in the original specimens however carefully looked for. Photography had therefore detected the existence of corpuscles which differed so little in refractive power and color from the liquor sanguinis as to be invisible to the eye."

Upon this discovery Dr. Norris dropped all other work, and with his assistant, for five months, continuously worked at its development, with the aid of photography; and in November, 1878, he published his discovery by reading before the Birmingham Philosophical Society a paper "On the Existence in Mammalian Blood of a new Morphological Element which explains the Origin of the Red Discs and the Formation of Fibrin."

Between this time and the publication of his work (with photographic illustrations) on "The Physiology and Pathology of the Blood," (London, 1882), he devoted himself to the further development of his discovery and the proof thereof.

Different methods of demonstrating the new corpuscle were devised and photographs of the specimens taken. They were rendered patent to the eye in various ways; they were successfully stained by agents which would not color the other corpuscles. Their outline was rendered evident by increasing the density of the liquor sanguinis (see Plate), and again by staining it so that these bodies should appear, and in other ways the positive presence of a corpuscle of the size and shape of the red blood corpuscle, but without color, of the same density as the liquor sanguinis and normally invisible, was demonstrated.

The author, in the first place, takes up the hypotheses that these bodies might be either decolorized red discs or corpuscles

undergoing dissolution. In a careful and complete manner he points out their untenableness, and on the other hand shows the entire agreement of all the facts with the hypothesis, that these bodies are "biconcave corpuscles which are destined, by acquiring color, to become converted into red discs." Not the least suggestive of these facts is his observance and delineation by photography, of discs of all depths of color from the 'full-blooded' red corpuscle, so to speak, to the merest 'ghost.'

He further shows how, when blood is shed, these 'invisible' corpuscles tend to become granular, and then to break up and form fibrillæ of fibrin.

His startling statements are not, however, verified by 'celebrated histologists,' but printed faithfully and indelibly by photo-lithography upon the numerous plates contained in his work. Of these there are altogether 196, constituting a series of photo-lithographs of remarkable clearness and definition, comprising views of blood corpuscles, lymph corpuscles, splenic corpuscles, and artificial corpuscular bodies showing properties like those of the blood-discs.

Photographs are given of the corpuscles while forming fibrin, of their swelling, aggregation, fusion, spreading into films, etc., upon coming into contact with the microscopic slide. Photographs of the blood of ovipara are also given, displaying very curiously nucleated corpuscles with 'invisible' bodies, similar in all other respects to the nucleated red discs of the blood of these animals, thus confirming by analogy his discoveries in mammalian blood.

The whole matter, nevertheless, seems so new, so strange and so unsettling, that one is quite apt to imagine, after all, that Dr. Norris may be mistaken, and his supposed new corpuscle be really a decaying red disc, which like the race of man, becomes in its age white-headed, and of less note among the brawny young.

Not so, however. The moment almost that one follows Dr. Norris' simple process of preparation, and searches for and sees the thing itself, his conversion to the theory is well-nigh complete. The striking difference upon the microscopic stage between the red disc and this body, both in color and refraction, the large numbers of them, sometimes surpassing those of the red corpuscles, the fact that the bodies *absorb* hæmoglobin (set free

from the red discs and dissolved in the plasma) together with the rule that the older an element the denser it gets under the same conditions, all lead us to feel at once that this is no decaying blood-cell.

The complete and painstaking way, likewise, in which Dr. Norris disposes of the various sources of error is very convincing. His facts hang well together.

But the mere discovery of the 'fugitive group' of corpuscles, and the proof that they compose the fibrin of the blood, are not the only fundamental facts established in this remarkable volume.

From a series of investigations too lengthy to detail, and aided by the fact-fixing power of photography, Norris concludes that by far the major portion of the 'invisible' corpuscles are directly produced in the spleen and other blood-glands from the corpuscles of these organs, which, remaining for a certain period at the site of their origin, are finally washed by the lymph-stream on into the efferent vessels, and thus, sooner or later, into the blood.

That whilst remaining thus *in situ* they undergo changes which convert them from a lymphoid corpuscle with a cell wall, (non-permeable to certain stains) and possessing more or less stability, into a bi-concave homogeneous structureless body identical with the 'fugitive' corpuscle of the blood.

He also concludes that the white blood corpuscle is a lymphoid cell which has escaped from its producing organ, before this conversion has taken place, and with the increase of pabulum offered by its new surroundings, has increased in size until it presents an aspect quite different from the original lymphoid corpuscle.

The white corpuscle of the blood, if it breaks up into red corpuscles, which it probably does, forms but a minor mode of production of the red discs.

Finally, to cap the climax, this physiologist concludes, that the red blood corpuscle is not a solid but a liquid body, and to prove his point, he produces liquid bodies of the same size and shape as red blood corpuscles, by what he denominates 'liquid precipitation,' or the separation of one liquid from another in the shape of bi-concave discs instead of globules.

PROCEEDINGS OF SOCIETIES.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

THE Regular Monthly Meeting of the Society was held at the N. Y. Ophthalmic Hospital, June 13, 1888, the Vice-President, Dr. Dillow, in the chair.

The minutes of the last meeting were read and approved.

The President introduced Dr. Chas. G. Davis to the members of the Society.

Dr. Cowl, in behalf of the Committee appointed to examine the specimen presented to the Society by Dr. Schley, said that all the Committee had not examined the specimen, and he would therefore merely offer his own report. He had found on examining the specimen that it was not composed of normal lung tissue; it was contracted, solid and airless. There seemed to be cavities, but all of them he believed were bronchi or blood vessels. Under the microscope he had only been able to find fibrous connective tissue, containing very few nuclei. He believed the solid condition of the specimen was due to carnification, the result of pleurisy with effusion, and not to Phthisis; if it were due to Phthisis the tissue would present a large number of nucleated cells. The amount of coloring matter taken up in staining the minute sections was very small, showing the presence of but few cells in the tissue.

On motion, the report was received and the Committee discharged.

The Bureau of Gynæcology and Pædology reported, Wm. N. Guernsey, M.D., Chairman, Dr. J. G. Brinkman, Historian.

Dr. W. N. Guernsey read a paper on "Hydrocele in the Female," and reported a case.

Dr. L. L. Danforth read a paper on "The Treatment of Irritability of the Bladder by Dilatation of the Urethra."

A paper by Dr. S. J. Donaldson, entitled, "Rational versus Speculative Gynæcology," was read by Dr. Guernsey.

Dr. J. G. Brinkman gave a "Résumé of progress in Gynæcology during the past year."

The papers presented were then discussed as follows:

Dr. Wilcox asked if the author mentioned by Dr. Brinkman in her paper thought there were any special characteristics of Ovarian Fluid by which it could be diagnosticated with certainty.

Dr. Brinkman said the author thought there was no positive guide. The examination of the fluid being simply one means of diagnosis.

Dr. Wilcox said that in a recent case of ovariectomy at which he assisted, the tumor weighed nineteen (19) pounds, consisting of a large number of cysts, which contained about ten to twelve different kinds of fluid. Some were limpid, others straw colored, one of the usual greenish color, and one almost like fecal matter, clayish in consistency. One of the cysts spurted on being cut, and the fluid, which fell on the clothes of the operator, after drying, exhibited small crystals. From his observations, in many cases, he had arrived at the conclusion that there is not much reliance to be placed on the fluid as a means of diagnosing ovarian cysts.

Dr. Danforth said he had been much gratified and interested by the paper read by Dr. Brinkman, and thought the Society should take notice of the careful and painstaking work which had evidently been expended in its preparation, he therefore,

Moved, that Dr. Brinkman be tendered the thanks of the Society for the thorough manner in which she had performed her duties as Historian of the Bureau of Gynecology and Pædology.

The motion was seconded by Dr. Lillenthal, and unanimously carried.

Under the head of miscellaneous business, the resignation of Dr. Millard, laid over from the last meeting, was, on motion, accepted.

Dr. T. F. Smith thought it was customary to appoint delegates to the American Institute of Homœopathy at their yearly meeting, and moved that delegates from this Society be appointed.

The motion was carried.

The Vice-President appointed Drs. T. F. Smith, L. L. Danforth, and S. Lillenthal.

The Society then adjourned until Sept. 11th.

CHAS. DEADY, *Secretary.*

KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE 184th monthly meeting of the Kings County Homœopathic Medical Society was held in the rooms of the Atlantic Yacht Club, 44 Court St., Brooklyn, Tuesday evening, July 8, 1883, fifteen members being present. The President, Chas. L. Bonnell, occupied the chair.

Dr. P. P. Wells narrated a case of scarlatina in a boy of seven years, beginning with severe symptoms, but no convulsions. Under Lachesis all the symptoms were better the next morning, except the sore throat; this was almost gone, however, on the following day, after taking Mercury. A dose of Sulphur was given, and the rash came out nicely. The patient is now desquamating without having had pain or disturbance of any kind since the appearance of the eruption.

A brief article upon "The Growing Custom of Cigarette Smoking among Boys," was then discussed. It was agreed that tobacco is injurious to the system during the formative state of the tissues in youth, but that preaching will be of little avail so long as the boy can quote his minister and family physician as indulging in the habit.

Dr. Perrine quoted a case of a boy whose health was restored, after other means had failed, by the habit of chewing tobacco. He is now a strong, robust man.

JOHN L. MOFFAT, *Rec. Sec.*

THE SOUTHERN TIER HOMŒOPATHIC MEDICAL ASSOCIATION.

THE Southern Tier Homœopathic Medical Association of New York State, held its regular quarterly meeting July 17, at the Fall Brook House, Watkins, Dr. E. W. Bryan, President, in the chair.

Members present - Drs. Wm. Gulick, Watkins; E. W. Bryan, Corning; John M. Barden, Mansfield, Pa.; Alden Horten, Ovid; S. A. Brook, New Milford, Pa.; E. C. Eddy, Elmira; F. W. Adriance, Watkins; B. F. Grant, Bath; G. A. Tracy, Logan; Rev. C. W. Brooks, Watkins, and A. P. Hollett, Havana.

Dr. S. A. Brooks was received as a delegate from the Broome County Society. Drs. Alden Horten, of Ovid, and S. A. Brooks, of New Milford, Pa., were elected members of the Association.

Mr. Michener extended an invitation to visit the Glen, which was received with thanks.

The Secretary read an essay by Dr. O. P. Barden, of Tioga, Pa., on Nitric Acid, which was discussed.

Quite a large number of clinical cases were reported and discussed.

Drs. F. W. Adriance, of Watkins, and Eliza J. Beach, of Waverly, were appointed to read essays at the next meeting.

The Association adjourned to meet at Tioga, Pa., on the third Tuesday of October.

A. P. HOLLETT, *Secretary.*

RHODE ISLAND HOMŒOPATHIC SOCIETY.

A QUARTERLY meeting of this Society was held on Friday evening, July 20th, commencing at 8 o'clock. By invitation of Dr. George D. Wilcox, the members, with their guests, assembled in the parlors of the Narragansett Hotel. The President, Dr. Robert Hall, occupied the chair. Drs. C. H. Hadley, of Block Island, and Charles A. Howland, of Providence, were admitted to membership. The names of Charles H. Giles, M. D., a graduate of the Hahnemann College, of Philadelphia, class of 1883; of Frank W. Mann, of Woonsocket, B. S., (Harvard), M. D., (Boston University, class of 1883), and Louis A. Jackson, M. D., (Boston University, class of 1882), also of Woonsocket, were presented and referred to the Board of Censors.

After the transaction of some routine business, Dr. Peck gave an account of the recent session of the American Institute of Homœopathy at Niagara Falls and repeated the eulogy on the late Dr. Ira Barrows, pronounced by him at the memorial service of the Institute. He also gave figures showing that more than one-half of the practitioners of homœopathy have, during the past three years, been accustomed to use attenuations ranging from the thirtieth decimal upwards.

The Society then adjourned to accept the hospitality of the President, Dr. Wilcox.

The Semi-Annual Meeting of the Homœopathic Medical Society of New York State will be held at Ithaca, Sept. 11th and 12th, 1883. The following arrangements have been made for the convenience of the Society.

The Ithaca Hotel will entertain members and friends at \$2.00 per day.

The Delaware, Lackawanna and Western R. R., which connects with New York and Buffalo, will sell return tickets at their Ithaca office on the certificate of the Secretary for one-third the usual fare. The Utica, Ithaca and Elmira R. R. will sell excursion tickets from Utica and Elmira on certificate from Secretary for fare one way. The Cayuga Lake Steamboat will transfer from Cayuga Bridge, N. Y. C. & H. R. R. R., and return, upon certificate, for \$1.00.

The Executive Committee of the Society are making arrangements which, when completed, it is hoped will add greatly to the interest of the session. Due notice will be given members previous to the meeting.

The location of the Cornell University at Ithaca will give members an opportunity of personally visiting one of the few American colleges which has instituted a special curriculum preliminary to the study of medicine.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1883. 8vo., pp. 300. ISSUED BY THE SOCIETY.

There is a general impression that the Volumes of Transactions of Medical Societies are in general sealed books, or in other words, that few are opened and read. This no doubt is true, respecting much of such literature, and especially true, we may say, of the books as we find them in many physicians' libraries.

The idea, however, of their want of practical value arises not so much, we think, from any lack of worth on the part of this class of medical works, as from the heterogeneous character of the matter contained within them. There is a natural repugnance to heterogeneity, and this it is which seems responsible for the lack of interest that is assuredly shown in this kind of literature. But just as in buying a dictionary or an encyclopedia, it is to be remembered, that although we are paying for an *omnium gatherum* of knowledge, much of which we may never use, the fact remains, that we do not in these instances, hesitate in purchasing for this reason. We buy because we want a work of reference. So should it be in respect of volumes of Society Transactions. And we may offer the book before us as an example alike of the worth and peculiar nature of these publications.

The papers in this instance, bound together with a record of the public acts of one of the most important of Homœopathic Societies, include articles ranging from Quiet as a Factor in the Treatment of Children to Necrological Memoirs, and discuss matters differing from each other as much as scientific investigations upon the minute structure of the normal tissues, and the pure consideration of the homœopathic treatment.

The volume contains forty-four strictly medical essays, beside recorded proceedings of meetings, addresses, memoirs, the constitution and by-laws, lists of its past officers, of its honorary members, of deceased permanent members, the elected recipients of the regent's degree, the permanent members, and delegates.

The character of the articles contained bespeaks originality and care in their preparation. In quality they are above the average, and in many instances furnish facts of much value. The book is well printed, and baring occasional errors of typography, is generally excellent. The volume, as a whole, shows the work of an active, well conducted, and scientific Homœopathic Society.

UNIVERSITY OF MICHIGAN.

Homœopathic Department.

COLLEGE AND HOSPITAL.

SESSION 1882-83.

For the Higher Medical Education of Men and Women.

For information address,

DR. T. P. WILSON, Dean,
ANN ARBOR, MICHIGAN.

POMEROY'S TRUSSES.

The "FINGER PAD," The "WATER PAD," The "FRAME TRUSSES," The "JOINTED SPRING TRUSSES," The "ELASTIC RUPTURE BELT," &c.

Dr. Richardson's Clavicle and Leg Splints; Elastic Stockings, Knee Caps, Belts, &c.; Crutches, Shoulder Braces, Suspensories, Abdominal Supporters, Club Foot Shoes, Leg Braces, and other Surgical Appliances.

Mr. Pomeroy will attend personally to the careful adjustment and adaption to each case of his specialties in Trusses. Ladies may avail themselves of the services of a skillful lady attendant, with Mr. Pomeroy's advice and aid, in the selection and preparation of such appliances as may be required.

Careful attention is given to the proper fitting of abdominal supporters, Elastic supporting Belts, Elastic Stockings, for varicose veins, etc. Instruments for prolapsus ani, Trusses for inguinal and umbilical hernia of infants, and other surgical appliances.

Common Trusses Fitted at Low Prices.

SPECIAL ATTENTION TO INFANTS AND CHILDREN.

POMEROY TRUSS CO.,

DANIEL POMEROY, PREST. }
CHARLES R. DEAN, SEC. }

785 Broadway. New York.

Corner Tenth Street.

JOHN REYNDERS & CO.,

No. 303 Fourth Avenue, New York.

No. 56 Randolph Street, Chicago, Illinois.



MANUFACTURERS OF

Surgical Instruments

AND

Orthopædical Apparatus

OF

Superior Quality and Workmanship.

SKELETONS

AND ANATOMICAL MODELS.

Unbound copies of our Catalogue of 283 pages and 2700 illustrations, sent free upon receipt of 10 cents for postage. Bound copies for cost of binding, 40 cents.

Blake's Oro-Nasal Respirator for the continuous inhalation of Medicated Vapors. Price \$3.75.

Please mention the LEADER.



J. H. VAIL & CO.,

SUCCESSORS TO THE

Jobbing and Retail Department of Wm. Wood & Co.,

21 Astor Place & 142 Eighth Street,
NEW YORK.

Medical Publishers, Booksellers and Importers,

PUBLISH THE FOLLOWING:

MICROSCOPICAL MORPHOLOGY OF THE ANIMAL BODY IN HEALTH AND DISEASE, By C. HEITZMANN, M.D. 8vo. Illustrated. Price \$7.00 cloth, and \$8.00 half bound.

ON ELECTRO-DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM. By DR. HUGHES BENNETT. Illustrated 8vo. Cloth \$2.25.

ON THE MORBID CONDITION OF THE URINE DEPENDENT UPON DERANGEMENT OF DIGESTION, By C. H. RALFE, M.D. 12mo. cloth, \$2.25.

In press and to be published early in the fall:

Dewattville's Medical Electricity. New Edition.

Hill's Essentials of Bandaging etc. Fifth Edition.

Barnes' Synoptical Guide to the Study of Obstetrics.

Catalogue of American and English Medical Books furnished on application,

A CASE OF TEST GLASSES

FOR THE

GENERAL PRACTITIONER,

Containing thirty-six pairs of *Trial Glasses*, concave and convex, from 5—60, with Test-Types, and Directions for the Testing of Vision and the Diagnosis of some common Optical Defects. Designed for the General Practitioner. By D. B. ST. JOHN ROOSA, M. D. and EDWARD T. ELY, M. D. Price, \$12.00.



TRIAL CASES, OPHTHALMOLOGOSCOPIES, ARTIFICIAL EYES, CLINICAL THERMOMETERS, MICROSCOPES & ELECTRICAL BATTERIES.

ILLUSTRATED CATALOGUE SENT ON APPLICATION

MEYROWITZ BROS., Opticians,

295 & 297 Fourth Avenue, S. E. cor. 23d St. New York.

N. B.—Special attention given to prescriptions of Oculists. Prescription Blanks sent free on request.

The New York Homeopathic Medical College,

Corner of Third Avenue and 23d Street, New York City.

FACULTY.

- E. M. KELLOGG, M.D., Professor Emeritus of Diseases of Women.
T. F. ALLEN, M.D., Professor of Materia Medica and Therapeutics.
F. S. BRADFORD, M.D., Professor of Theory and Practice of Medicine.
J. W. DOWLING, M.D., Professor of Physical Diagnosis and Diseases of the Heart and Lungs.
S. LILIENTHAL, M.D., Professor of Mental and Nervous Diseases.
C. TH. LIEBOLD, M.D., Professor of Clinical Ophthalmology.
W. O. McDONALD, M.D., Professor of Gynæcology.
S. P. BURDICK, M.D., Professor of Obstetrics.
WM. TOD HELMUTH, M.D., Professor of Surgery.
R. H. LYON, Esq., Professor of Medical Jurisprudence.
F. E. DOUGHTY, M.D., Professor of Anatomy and Diseases of the Genito-Urinary Organs.
ST. CLAIR SMITH, M.D., Professor of Materia Medica.
GEO. W. BLODGETT, M.D., Professor of Physiology.
MALCOLM LEAL, M.D., Professor of Chemistry and Toxicology.
MARTIN DESCHERE, M.D., Professor of Diseases of Children.
HENRY C. HOUGHTON, M.D., Professor of Clinical Otology.
P. E. ARCULARIUS, M.D., Professor of Dermatology with Clinics.
WALTER Y. COWL, M.D., Professor of General Pathology and Morbid Anatomy.
JOHN BUTLER, M.D., Professor of Electro-Therapeutics and Electro-Surgery.
E. V. MOFFAT, M.D., Professor of Histology.
SIDNEY F. WILCOX, M.D., Prosector to the chair of Surgery.
C. W. CORNELL, M.D., Clinical Assistant to the chair of Surgery.
W. W. BLACKMAN, M.D., Demonstrator and Assistant Professor in Anatomy.
C. S. ELEBASH, M.D., Assistant to the chair of Physiology.
C. H. DUNNING, M.D., }
G. G. SHELTON, M.D., } Instructors in Chemistry.
CHARLES McDOWELL, M.D., Demonstrator of Microscopy.
J. L. BEYEA, M.D., Demonstrator of Midwifery.

The Course opens October 2, 1883, and closes March 15, 1884. The instruction is *thorough and practical* in every department. For Seniors, clinics are held by almost every chair. For Juniors, special facilities are provided for laboratory work, embracing courses in Medical Chemistry, Normal Histology, Microscopic Examination of Urinary Sediments, etc. The instruction is adapted as far as possible to the needs of the students individually, and each man is taught to work for himself. No extra charge for instruction, apparatus or reagents. The large College Dispensary provides abundance of clinical material, and all the public hospitals of New York are open to our students.

T. F. ALLEN, M.D., Dean.

For announcements and information, address,

EDGAR V. MOFFAT, M.D., Secretary,
149 West 44th St., New York City.

BOUND IN LIBRARY.
JUN 25 1902.

UNIVERSITY OF MICHIGAN

3 9015 02393 5995



