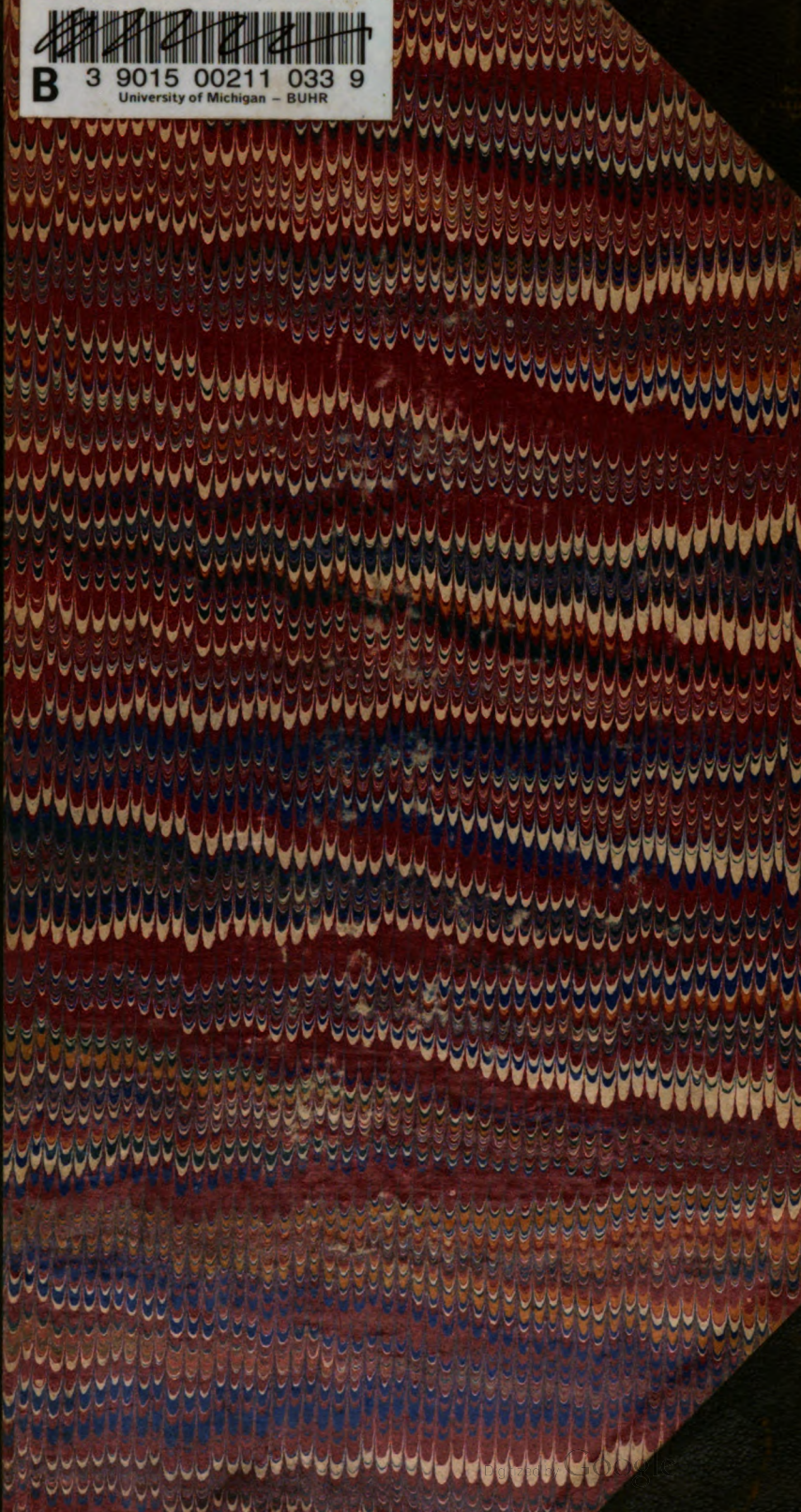
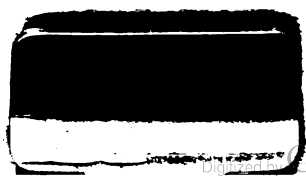
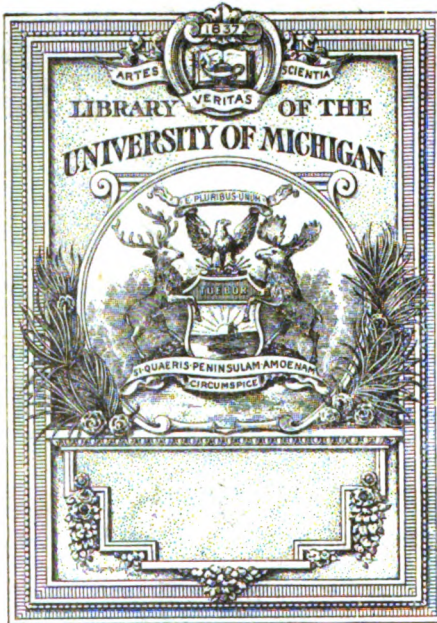




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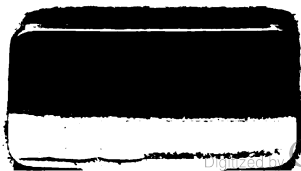
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THE  
NEW ENGLAND  
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MEDICAL GAZETTE.

A Monthly Journal  
OF  
HOMŒOPATHIC MEDICINE.

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*"Die milde Macht ist gross."*

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VOLUME XXV.

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EDITORIAL.

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VOLUME XXV.

The New Year's salutatory of any long-established magazine, is necessarily written under the blighting shadow of the chestnut tree. Which is certainly unfortunate; for the truths on which we habitually fail to act, are the truths of the repetition of which we most easily grow weary. Certain truths, for instance, which the GAZETTE feels moved to call attention to, with every new year and the inevitable "taking account of stock," in tradesman's phrase, which the new year brings, we feel sure are received with sighs of boredom by long-suffering readers. In spite of which, as Mr. Bagnet justly observes, "discipline must be maintained."

One of these truths, now become a truism, is the importance to all workers of the records of others' work. A physician having employed a drug in a given instance, with apparently good result, has his faith in its efficacy most comfortingly strengthened by finding that a brother worker has employed it in like case with equally good result. A physician, saddened and depressed by the loss of a patient, whom he feels that more skilful treatment might have saved, finds re-assurance in the candid confession of fellow-practitioners that in similar cases their work, also, has seemed to go for nothing. All such aids as these, and they number hundreds, are constantly obtained in medical society work; and such aids can be extended far and indefinitely, by full reports of medical society work. Such reports

as these the GAZETTE most earnestly asks of the secretaries of the many New England state and local societies. We have often pointed out the impracticability of editorial request for a record of every separate meeting. We reiterate with all possible emphasis our plea that reports of ALL the meetings of ALL our New England medical societies, may be sent to us at the earliest possible moment after the meeting takes place.

We cannot refrain from an expression of sincere rejoicing, that the subject of revision of our materia medica, urged strenuously upon the profession in our pages, a twelvemonth ago, has taken an immense, an amazing hold on the interest and we may say the conscience of the profession, not only in America but across the sea. Clubs have adopted it as their basis of work; magazines have teemed with comment upon it; much practical work has been done; the brightest minds and most famous names of modern homœopathy are pledged to its advancement; the term which we prophetically applied to it—the Renaissance of our Materia Medica—has been justified of the fact. The reformatory spirit is thoroughly awake at last. In that spirit the GAZETTE will work, in the year to come, to the utmost of its possibilities. And needless to add, to records of work done in that spirit, its pages are always and cordially open.

As to our friend the Remiss Contributor, will he kindly call at our office before making up his book of new year resolutions? There are one or two resolutions we should be glad to “print in” to that book; and we would add an offer of postage-stamps, if necessary, to further their carrying out.

For itself, the outlook is bright: and as bright be the fortunes of the countless friends to whom the GAZETTE proffers its hearty wishes for a HAPPY NEW YEAR.

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#### EDITORIAL NOTES AND COMMENTS.

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THE COMPARATIVE MERITS OF METHODS OF MATERIA MEDICA REVISION is already, as it seems, become an issue. We welcome this fact as a delightfully hopeful sign; indicating as it does, that the revision itself is a recognized necessity, and that now the question is not whether, but how it is to be done

Such discussion is interesting, and should be fruitful so that it is carried on in fairness and good will. A bit of it is to be found in the introduction to an analysis of *Argentum Nitricum* by the Baltimore Medical Investigation Club, recently published in the *Hahnemannian Monthly*. To the work of this club we have already alluded. Its plans and results having been given to the public a very appreciable time after Dr. Wesselhoeft, in the pages of the NEW ENGLAND MEDICAL GAZETTE, formulated for the consideration of the profession, his now famous "chart system" of revision, the Baltimore Club's work is unquestionably in the *post hoc* category; no claim to priority of conception can be advanced; but the Club in its latest published article, lays claim to superiority of method for their work, as compared with that instituted by Dr. Wesselhoeft and long and constantly advocated by the GAZETTE. Work done by either method is undoubtedly rich in useful results. But since the profession, thoroughly aroused to the necessity of revision, is now looking about for the most satisfactory methods of accomplishing it, it may be of use to reiterate the claims of the original system as compared with the later one. The great object of the chart system is *impartiality*; the shutting out from its results, so far as may be, of the factor of personal equation. ALL recorded provings are allowed to enter its lists. We fail to see on what basis other than individual judgment and predilections any other method than this can rest. The Baltimore Club makes the bald statements that "the *Cyclopædia of Drug Pathogenesis* contains the finest collection of pathogenetic records extant:" and that to its records are added, by this Club any others obtainable "from any other sources of satisfactory reliability." Who passes judgment upon these "sources?" The Baltimore Club. Who, therefore, can be called upon to accept conclusions founded on this judgment? Manifestly only those who are prepared to accept the Baltimore Club as final authority. The "chart system" calls for no such *a priori* confession of faith in individual judgment. It rests on a solid scientific basis; it prejudices nothing; it invites all to come and submit itself to test. Its methods appeal not to a faction of the profession, who have already decided past conversion in what drugs or what poten-

cies curative power resides : it appeals to the fair-minded men of the profession in all its length and breadth. This is the vital and fundamental difference between its methods and those of the later workers in the vast field to which it pointed the way.

Lesser differences there are a few, between the "chart system" and that of the Baltimore Club. For instance the latter utilizes no drug that "has not been proved by at least ten individuals;" again an entirely arbitrary rule, founded wholly on personal judgment, and likely to exclude much of extreme value; for why should not congruent symptoms obtained by half that number of provers give clinical hints well worth having? Another slight difference in method is the affixing, in the final synthesis, of an "exponent" number to each symptom, indicating the number of provers from which it was drawn; a capital little idea, as the friends of the "chart system" cheerfully admit, and one which can be grafted upon the "chart system" with gain. Still another difference is the addition, to the drug-records of the Baltimore Club of a history of each drug analyzed; not a necessary procedure, certainly, although calling to the student's attention, in the case of *Argentum Nitricum*, such bits of general information as that the drug is "of especial value in photography," and "enters largely into the composition of indelible ink."

Such are the differences in the earlier and later methods of materia medica revision, as exemplified by the "chart system" and the plan of work of the Baltimore Club. They are dwelt upon by the GAZETTE, through the pages of which the "chart system" was given to the profession, and, in justice to that system, only because they were first dwelt upon, and apparently in no spirit of brotherly love, by the exponents of the later method of revision. The marked absence of fraternal feeling in the attitude adopted by the Baltimore Club toward the work of its predecessors in the field, is matter alike for wonder and regret. It is only in fields of commercial rivalry that workers to a common end are wont to depreciate each other's methods of work. In fields of scientific cooperation there can, and we trust will be in future, only the heartiest rejoicing over useful results obtained. Here, where in the nature of the case the commercial spirit can have no hearing, gain for each is gain for all.



Any claim, based on assertion of the comparative merits of the methods under discussion, is entirely superfluous, in view of the fact that the results of each, as applied to the same drug, are open to the examination and judgment of the profession. *Argentum nitricum*, analysed after the "chart system" by Dr. John L. Moffat, is to be found in the November issue of the *North American Journal of Homœopathy*. The same drug analysed after the later method, by the Baltimore Medical Investigation Club, is to be found in the December issue of the *Hahnemannian Monthly*. Comparison of the two is immediately available and will speak for itself. One fact only, thus discoverable, may here be mentioned. In Dr. Moffat's analyses, there is not a line which does not deal with drug pathogenesis pure and simple. In the analysis of the Baltimore Club, half, at least, of the matter printed has reference to subjects as extraneous to pure pathogenesis as drug history, therapeutic application, and the like.

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THE REPORT OF THE WESTBOROUGH INSANE HOSPITAL for the year just ended is as always very interesting reading. The statistical column shows 27.72 per cent. of recoveries to the whole number of patients discharged; and a percentage of deaths to the whole number treated, of 6.94. The average cost of patients is shown to have been \$3.94 per week, as against \$4.79 in the year immediately preceding. Dr. Paine, with his characteristic and commendable candor, points out that this reduction is in part due to the greatly increased number of patients that have been received, and is an economical gain at the expense of a humanitarian loss. During the last year the hospital has been called upon to treat an average of eight per cent. more patients than was estimated as its capacity. Dr. Paine convincingly sets forth the ill effects of such overcrowding, and earnestly appeals for the increased accommodation so obviously demanded. He advocates its being furnished in the form of cottages, where the violently insane and the filthy and demented can be comparatively isolated, and the continuously ill effect of their presence removed from the more hopeful class of patients. The mischief of compulsory intermingling of widely differing cases of mental

disease is dwelt upon in a few brief but most forcible paragraphs, from which we quote the following :

“ Those recently afflicted come generally from their own homes, being conscious that something strange has occurred within them by which they are changed from their former condition. They have lost their affection for their relatives; their surroundings no longer have a familiar appearance; they feel themselves so different that in many cases they do not consider themselves any longer the same persons. Their imagination, founded on ignorance, leads them to dread an insane hospital above all places. They need in that condition to be treated in small cottages or small wards, where they will see either none or very few other patients, and their companions should be those who are recovering or who have a mild form of the disease. They certainly should not be grouped in large wards with a mass of incurable patients having fixed delusions, in whose condition they recognize a prophecy of what is awaiting them. To provide such accommodations is better even from a business stand-point, without considering higher motives. Most of the curable cases recover in from three to six months. Suppose, for example, that the longer period of six months be necessary to effect a cure, and let us assume that double the rates are paid for the care of such cases, in order to furnish the best possible conditions; at the end of that period the patient is able to be restored to his home, perhaps to be self-supporting. If, on the other hand, the same person should be thrown among the incurable, disturbed and demented classes, without the helpful influence of pleasant surroundings and subject to the terrible effect of constant companionship with others in the advanced stages of the same disease, he may pass into a chronic condition, and remain for years a public charge, costing many times over the same sum.

The financial showing of a hospital at the present rates is benefited by crowding. To give each patient the proper amount of air space, with single rooms for most of them, and with a proportion of nurses of one to eight or ten patients, requires such an expenditure of money, that \$3.25 a week makes the strain after economy very great upon the officers of the hospital, or makes the administration of the hospital impossible at that cost. When, however, fifteen to twenty-five per cent. more patients are crowded into the building than it has accommodations for, the expenses are not materially increased, while a large addition is made to the income. The number of cures made by the hospital, and the welfare and contentment of the patients, are known and appreciated only by a limited number; while the financial statement can be read at a glance, can be easily published, is appreciated by all, and is a standard basis of successful management. The temptation, therefore, to overcrowd, is present even to those who are acquainted most intimately with the evils of such a condition.”

There is a drastic hint conveyed in the last lines which it is to be hoped will not be overlooked by conscientious legislators, — if the existence of such white blackbirds be demonstrable among us.

Every such report pleads “trumpet-tongued” for the entirely equal justice which homœopathy is as yet denied in the councils of our state. The voice of that plea grows louder every year

and joining itself with it ever more and more, our legislators will recognize the *vox populi*.

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THE TRAINING OF CHILDREN, — that subject which will be of perennial interest to humanity as long as there are children to train, — is treated with uncommon brightness and good sense by Jennie Waller, in a paper lately quoted by the *Popular Science Monthly* from the *Nineteenth Century*. Nothing surprisingly new is said : but old truths are brought forward so convincingly and piquantly that the thoughtful reading of the article, by the average thoughtless mother, would diminish the family doctor's revenue for the ensuing twelvemonth. For instance, no technical lecture on the mischief of sending children out with short frocks in chilly weather, would impress the maternal mind measurably with our author's incisive epigram that "from the artistic point of view, a blue *or* red stocking is infinitely preferable to a blue *and* red leg!" All sorts of useful hints are given, on variety and wholesomeness of diet, on proper hours of study, on sane methods of punishment. A picture is drawn of the ideal hygienic nursery, which every physician will greet with enthusiasm. The uncarpeted floor, on which no amount of romping can raise, as from the cleanest-swept carpet, lung-infesting dust ; the insistence on play-room and bed-room being quite separate apartments ; the suggestion of painted rather than papered walls, the former being so much more susceptible to cleansing and disinfection ; dozens of points like these are brought home to the reader with cleverness and tact. The paragraphs on winning rather than compelling dull children to study are rich in suggestion. Altogether the article is one which the doctor should have tucked into some convenient corner of his memory, ready for production and recommendation to the young mother, who is moved to ask questions as to the physical training of her child.

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A THREE year old Philadelphian had heard her parents discuss hygiene until her youthful mind was soaked with the subject. One day her grandmother, meaning to give Bessie a piece of cake, said "Bessie, what do you always have after your bath?" The child regarded her grandmother for a moment with inquiring eyes, and then replied: "Reaction." — *Christian Intell.*

## COMMUNICATIONS.

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## REMARKS UPON TUBAL PREGNANCY.\*

BY H. I. OSTROM, M.D., NEW YORK.

*Surgeon to Ward's Island Hospital and to the Hahnemann Hospital, New York.*

There is at present little dissent from the opinion, that normal impregnation takes place in the uterus and not in the Fallopian tubes, for as Mr. Tait has reminded us, the contrary argument drawn from the lower animals is fallacious; only in those animals that maintain the upright position does the true Fallopian tube exist.

We will assume therefore, as most consistent with what is known of the physiology of impregnation, that the ovum can only develop in the Fallopian tube when the latter is sufficiently diseased to arrest it in its passage to the uterus, or to permit the spermatozoa to pass outwards towards the ovary. We will therefore ask, what are the antecedents of such a condition.

Anything that tends to destroy the ciliated epithelium lining the tubes, will deprive them of their power to prevent the passage of the spermatozoa and will so reduce their caliber that the ovum is arrested in its passage to the uterus. Here then we have conditions favorable to tubal pregnancy, and pathologically, such conditions belong to inflammation.

It is well known that gonorrhœa has a most destructive effect upon the epithelial lining of mucous surfaces, and it is also becoming a well established fact, that gonorrhœa plays an important part in the diseases of the Fallopian tubes. I believe that gonorrhœa, frequently contracted from so called latent gonorrhœa in the male, is the principal cause of ectopic pregnancy.

The history of this disastrous accident, corresponds closely to cases of tubal disease that are known to be of gonorrhœal origin. The first conception may take place some years after marriage, or more usually, there is an early pregnancy, followed by a long period of sterility, marked by symptoms of damaged appendages. Then conception takes place—after the tubal disease has become less active—but the tube, in which impregnation occurs, being weakened by disease, cannot bear much distention, and ruptures about the twelfth week, letting the developing ovum pass between the folds of the broad ligament, thus becoming extra peritoneal, or more frequently into the abdominal cavity, in which situation the ovum cannot in any proper sense become encysted. These cases, up to the time of rupture, present no

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\* Read before the "Clinical Club," Nov. 15, 1889.

symptoms that indicate the existence of the extra-uterine pregnancy, and even when the tube ruptures into the broad ligament, if that structure remains unbroken, the case may go on to full term, without any alarming symptoms, or definite warning of its nature. More frequently, however, rupture of a tubal pregnancy, whether in the direction of the abdominal cavity, or the cavity of the broad ligament, is followed by such well marked symptoms of shock, that a diagnosis is rendered unmistakable. When the broad ligament yields before the increasing pressure of the embryo, — in case this has survived the primary rupture — and the embryo is thus discharged into the abdominal cavity, there will always be symptoms sufficiently severe to indicate the condition, but though the body thrown into the abdomen by secondary rupture is much larger than that discharged at the primary rupture, the shock is not so severe, nor does the accident require the same prompt surgical interference. A probable reason for this will be found in the slight hemorrhage that accompanies secondary rupture, while this forms the principal source of danger in the primary rupture.

While in Europe this summer, I examined a number of specimens of extra-uterine gestation, and as far as possible, studied their clinical histories, and I am convinced that to gonorrhœa, to that form which seems to be especially malignant and destructive to the female reproductive organs, — the so called latent-gonorrhœa — we may refer the principal number of ectopic pregnancies. I will go further, exposing myself to the charge of irrelevancy, and say, that my own work and investigation, and my abdominal work with Mr. Tait, have greatly strengthened a growing belief, that many of the female diseases of married life are due to this cause. The tubes and broad ligaments are more fruitful sources of disease, than the ovaries and the uterus, and it is upon these organs, more especially the first-named, that the gonorrhœal poison expends itself.

The question of when to operate, or whether to operate at all, has given rise to much discussion. The fact that a woman has been known to carry an extra-uterine fetation in her abdomen for twenty years, suffering no more than mechanical inconvenience, has by some surgeons appeared a sufficient reason for urging non-interference. But happily, at present there is little dissent from a belief in the advisability of operating, the discussion turns more upon the most favorable time to interfere.

Practically there can be only one issue of an extra-uterine pregnancy looked forward to, for in the majority of instances, sooner or later, the product of conception must be removed from the abdomen, by an abdominal section. The time at which an operation may be called for will fall into three natural periods

in the history of the gestation. Before rupture; at the time of rupture, — *a*, primary rupture, *b*, secondary rupture — and when false labor sets in. I believe the time of election to be the earliest possible period, before the tube has ruptured, but we have here the unfortunate element of uncertain diagnosis, for I am not among the surgeons who consider any thing like certainty to attend the diagnosis of tubal pregnancy before rupture. We are thus prevented from acting at a time when the operation would be little more than a removal of the appendages. If we can diagnose an ectopic pregnancy while it is contained in the Fallopian tube, there should, it seems to me, in the face of the much severer operation that is almost certain to be required, be no question concerning the propriety of removing the abnormally developed ovum. But unfortunately, we cannot take advantage of this favorable period, for when the cases come under observation, they either demand an immediate operation, having for its object the arrest of hemorrhage; or, presenting no urgent symptom, the rupture having taken place towards the broad ligament, call for consideration upon the ground of the accidents to which the extra-uterine development is subject; the grave results to the mother, and the almost certain necessity at some period, of operative interference. Practically therefore the operations for ectopic pregnancy are limited to the period of rupture of the tube, and the period of full term of gestation. If the rupture is in the free portion of the tube, and the embryo has passed into the abdominal cavity, the only hope of saving the woman's life, lies in a prompt laparotomy. If the rupture is towards the broad ligament, and an extra-peritoneal hæmatocele is thus formed, an immediate operation may not be necessary, for it is possible that the hemorrhage will be slight, and form only a small broad ligament cyst. Such cases however, must be carefully watched, and if it becomes evident that the hemorrhage is increasing, and that which I have called a *dissecting hæmatocele* is forming, the abdomen should be opened, the sac evacuated, and the open vessel secured.

We now have to consider cases of extra-uterine pregnancy into which the question of saving the child's life enters. In such cases the fetus is either extra-peritoneal, the result of primary rupture into the cavity of the broad ligament, or it may be intra-peritoneal, lying free in the abdominal cavity, the result of a secondary rupture of the broad ligament envelope.

Present opinion, favors an attempt to save the child, if this has survived the primary rupture of the tube into the broad ligament. That is to say, if the fetus has passed into the broad ligament, — this usually occurs about the third month of tubal pregnancy, — and there is reason to believe that it is alive, and

is not giving rise to serious disturbances, the case should be treated upon an expectant plan, for it is probable that the fetus will continue to develop with no more than the usual symptoms of pregnancy, until full term, or until the broad ligament ruptures.

The latter accident may call for an immediate operation, and therefore any known, or suspected case of extra-uterine pregnancy should be constantly under observation, and placed within the reach of skilled surgical aid.

On the other hand, secondary rupture of an extra-uterine pregnancy, may not be attended with symptoms sufficiently grave to justify removal of the fetus before the period of full term, for the child may continue to develop, free in the abdominal cavity, and be successfully delivered at full term by an abdominal section.

One of the most important details of the operation for tubal pregnancy that has survived primary rupture, concerns the treatment of the placenta. If the fetus has not left the broad ligament, the placenta will of course be found in that cavity, and may be dealt with according to the method adopted for treating the sac. Formerly the sac was brought up and stitched to the abdominal wound, and the placenta left to a tedious process of suppuration; but now, thanks to Mr Lawson Tait, this can in a great measure be avoided by the use of the per-chloride of iron.

The treatment of the placenta becomes a more complicated question if secondary rupture has taken place, as the placenta then may be found attached to almost any one of the abdominal organs. I have seen it grown so firmly to the intestines as to give the impression that the structure of one organ actually passed into that of the other. Under such circumstances it is very evident that any attempt at dissection, must result, not only in failure, but will greatly add to the risk of the operation. It has been proposed, and some surgeons have practiced bringing the cord out of the abdominal wound, when it will act as a drainage tube, but Mr. Tait suggests separating the placenta if possible, using the per-chloride of iron to control hemorrhage, and if this cannot be done, to ligate the cord close to the placenta, and drop this struction into the abdominal cavity; the fate of a placenta so treated has not been demonstrated, a fact that speaks in favor of the method. Upon theoretical grounds there is no reason to anticipate a different issue, for when the object for which the placenta exists is removed, it is probable that the placenta itself shares the fate of other useless organs, and gradually disappears, or becomes harmless.

*A GRAPHITES AMENORRHŒA.*

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

Miss C——, a young lady, who is aggravatingly slow of thought and poor in memory, even concerning things which have transpired very lately, had on Nov. 16, 1889, been three months without a "show" of menses. During this time she has developed a severe constipation, the stools being very difficult, often going several days without stool. Has grown pale with disposition to purplish flushing of cheeks. Has occasional nose bleed. Sharp pains here and there in arms, knees, hypochondria, etc., after lifting, particularly. Sharp pains through the temples when studying in school. Wants only vegetables at the table. No meat.

On Oct. 10th, I inquired and prescribed hastily Puls. which up to Nov. 16th had helped her in no respect, unless it corrected her inability to retain urine at night, which was noted then, but not at the later date. Besides this item my notes at the former date were simply, "Six weeks since last menses. Generally regular and flows considerably, but not so much as usual at last two periods."

I was again (Nov. 16) on the point of sending this patient away with a poor prescription, even after eliciting carefully this array of graphites symptoms, when something said, "hold," "look over graphites." I called the patient back, and as she came, I recalled in confirmation of the whisper of graphites, that a year ago or more she had an attack of typical graphites eruption about one or both ears. She received graph., c. m. night and morning for five days.

She reports today, Nov. 30, that her menses came on within a few days after beginning on the medicine; that she has had no more nose bleed; that her bowels have become entirely regular and have been so nearly or quite, ever since the last prescription; that the pains in the temples and in various other parts of her body are gone, and have been for some time. In short she feels very well indeed. I wish I could say that she was mentally quickened and in memory regenerated.

It is possible that she has improved in this direction also, as her face certainly shows more animation; but her intellectual processes are not yet of the scintillating kind.

This is not claimed as a homœopathic cure. It is merely related with scrupulous care to tell the truth in every particular, and it is left with the reader to decide what sort of a cure it was.

I will only add that no change in the patient's surroundings, diet, or occupation was made. No adjuvants of any sort were used. No appeal to her wonder and no promise of relief was



made, and, finally, I gave her no "Christian Science" treatment unless I did it in my dreams. Her case was dismissed from mind as soon as prescribed for, and had not been recalled till to-day, when she reported. "She may have lied," someone may submit. Yes that is possible. But please suggest a possible motive for lying. To escape further treatment? I suspect patients do that sometimes. But she came for more treatment, and her mother so corroborates her daughter's account of her benefit.

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*GONORRHŒAL INFECTION IN WOMEN.*

BY LESLIE A. PHILLIPS, M.D., BOSTON, MASS.

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

It is a lamentable fact that gonorrhœal infection in women is of much more common occurrence and is attended by far more serious and lasting consequences than is generally recognized, either by the victims themselves or by their physicians. This lack of recognition is due, on the part the women themselves, to the facts, 1st, That only in exceptional cases is it contracted by reckless, illegitimate exposure, but innocently and without a suspicion either before or afterwards, of the possibility of infection; 2d, That even in the acute form, and still less in the more common, latent, or creeping form, it is not *generally* attended with the painful urinary symptoms by which it is characterized in the male, and when the urethra is affected the acute inflammation subsides in a few days, and the smarting, burning and soreness of the external genitals are charged to the profuse, excoriating leucorrhœa which soon appears, and this may, in many cases, be so modified and relieved by hot water douches and such medication as the woman herself may apply, that she will not consult a physician at all during the acute stages; 3d, Physicians very generally refrain from exciting suspicion of such cause, even if they themselves suspect, or even know it, because of the serious domestic disturbances which would naturally result, thus adding to the misery already existing; whether this is just to the injured woman, whether we are justified in shielding the man at the expense of the woman, for the sake of guarding the home, is a question having two sides, but one which I do not propose now to discuss.

Physicians very generally fail to realize the extent and consequences of the infection, because they are not consulted in the majority of cases during the acute attack, when it might be more easily recognized, as nearly all respectable women will endure such suffering long enough to carry them through the

first stage, in the hope of ridding themselves of it, by simple means without the necessity of exposing themselves or their difficulty to a physician; 2d, because the inflammation is not as a rule in the urethra, as in the male, but attacks rather the vulva,—the vulvo-vaginal gland and the cervix uteri,—and therefore without a history of exposure to gonorrhœa, and without the severe urethritis, no suspicion is awakened. Moreover, the form of infection most common in respectable women is that resulting from contact with a man, who having had gonorrhœa at some previous time, is left with the gleet, or with what is termed a latent gonorrhœa, and which, though hardly perceptible, still carries infection in a mild form; and this is present in a considerable proportion of those who have had this disease for months and years; in some cases *many* years. In this form of infection the cervical canal alone is the point of attack, and the gonococci being few and feeble, its progress is slow and not at all likely to be recognized.

Another reason which applies to some, especially to those who magnify the importance of subjective symptoms, and ignore or belittle pathological conditions,—no attempt is made to discover the *cause* of trouble in any given case;—the manifestations as seen at the time of presentation being sufficient to satisfy their requirements, they treat the “leucorrhœa,” the “cervicitis,” or the “pelvic abscess,” without a thought of its being the result of gonorrhœal infection.

I want to emphasize the fact which is now recognized by careful observers generally, that instead of the urethra as in males, the seat of inflammation in women is in the *generative* canal, beginning with the vulva and cervical canal, and if unchecked in its early stages, extending to the endometrium and thence through the tubes to the ovaries and peritoneum, creating lasting and even life-long suffering and pathological changes which are often incurable by any form of treatment.

It is this insidious, unsuspected, innocently-acquired, latent gonorrhœa which furnishes the never-ending supply of incurable “womb-troubles,” the class of patients which are at once the discouragement and the reproach of gynæcologists everywhere. It is a mild statement that gonorrhœal infection is the cause of more of the inflammatory diseases of the female pelvic organs than any, or all other causes combined; and I do not hesitate to assert that it is more disastrous in its results and more difficult to overcome, than the much-dreaded syphilis. There is nothing more productive of sterility than gonorrhœa. When it invades the fallopian tubes it generally results in a sealing of those ducts so that ova cannot pass, and the membranes of the ovaries themselves, if affected, are thickened to such an extent that the

escape of the ova is rendered difficult, if not impossible. It is suggested that a less degree of this same inflammation in the tubes, which was not followed by complete closure, but which had destroyed the ciliated epithelium, may be the explanation of tubal pregnancy in many instances. I leave this as a suggestion merely. As regards the effects of gonorrhœa upon reproduction, prostitutes furnish a forcible illustration, it being a notorious fact that after one or two attacks of gonorrhœa, to which they are all frequently exposed, they are in no danger of becoming pregnant. Whether the infection has any direct influence upon the general health I cannot decide. That the health is seriously affected in most cases is certain, but this may be only the effects of reflex disturbances from the extensive pelvic inflammation. Summing up, in brief, the results of gonorrhœal infection, we find it to be the cause of a large majority of the cases formerly known as pelvic-cellulitis, now known to be generally salpingitis or pelvic peritonitis, — as also of ovaritis and perimetritis, with the attendant adhesions, and many of the intractable cases of endometritis, chronic cervicitis with purulent leucorrhœa, sterility, and impaired general health.

This is not a picture drawn from the imagination; it is the conclusion reached after careful observation, diligent study and persistent search after the *cause* of the trouble. I could detail dozens of cases which I have treated, in all these different classes, which I have traced back to this cause; but I leave it for each of you to find your illustrations, as you surely will if you follow some of these cases *a posteriori*.

As evidence that I am by no means alone in my conclusions, I offer a few quotations, viz:

Dr. Wm. Sinclair, in a monograph entitled "Gonorrhœal Infection in Women," says "Gonorrhœa, as it exists in the female, is strangely neglected; its symptoms, its differential diagnosis, the ravages which are its immediate or remote results, are hardly recognized or understood, and its ordinary treatment in the light of recent pathology, is puerile. Yet from its virus arises a group of pathological conditions of surpassing importance." "Treatment, to be effective, must be energetic and immediate. When the disease has once passed beyond the uterus, it is beyond our reach." "Gonorrhœa in women is as ruinous as syphilis; there is little to choose betwixt the diseases."

Dr. Steinbach, in a recent publication entitled, "The Sterility of Marriage; its Causes and Treatment," says "It has recently been shown that in many cases of catarrhal diseases of the genital tract, the secretion is of infectious nature, and the associated sterility due to gonorrhœa." "The diagnosis of gonor-

rhœa in the female is difficult, and must often be made by exclusion." "The gonococcus produces a superficial epithelial disease of purulent character; when associated with other micro-organisms, more deeply seated processes ensue." "The purulent catarrh and sequæ may produce complete plugging of the cervical canal," and "the extension of the gonorrhœal inflammation will induce sterility by a variety of means; the fimbriæ of the tubes may be sealed together by plastic adhesions and their erectility destroyed, the uterine parenchyma may become affected, the mucous plugs in the cervix may undergo cystic degeneration; the endometrium may undergo polypoid degeneration; cicatricial contractions and folds in the cervix, abscesses in the parametrium and perimetrium, salpingitis, perisalpingitis with perforation and circumscribed or diffused peritonitis, may all be caused by the conjoined action of the gonococcus and staphylococcus," etc.

To obtain the direct opinion of some of our best authorities in gynæcology, I addressed to them these questions without indicating my own opinion in any way, viz.: "Have your observations led you to believe that gonorrhœal infection in women, generally or frequently extends beyond the urethra and vagina? and when it does, what and how serious have you found its effect upon the pelvic organs, the general health and the reproductive capacity?"

Dr. T. Griswold Comstock, of St. Louis, replies:—

In my experience, gonorrhœa in females is far more serious in its consequences to them than to males. It seldom affects the urethra in females, but localizes itself upon the cervix, and is liable then to affect the whole endometrium. When such is the case salpingitis may set up, and, eventually, oöphoritis and peritonitis. Withal, a perimetritis, as the result of gonorrhœal infection is not very infrequent, and in such cases, as a rule, we shall have sterility. As regards the health of the women afflicted with gonorrhœa, it is not infrequently broken down, and sometimes they never recover.

I do not wish you to conclude from what I have said, that I in any way deny the existence of gonorrhœa in women, as a *urethritis*. Such cases do occur, and I have had one of the kind recently, where a woman became pregnant and suffered from urethritis from the time of her conception, until a short period before her delivery. The case left town, and she was delivered in Colorado. I have not heard whether the child had ophthalmia neonatorum or not.

I think the consequences of gonorrhœa upon women are quite as ruinous to them as syphilis. Syphilis is much more easily treated than gonorrhœa.

You may think my opinions are dogmatic and radical.  
 "Quod vidi, scripsi."

Yours very sincerely, T. GRISWOLD COMSTOCK.

Dr. O. S. Runnels, of Indianapolis, replies :—

Yours relative to gonorrhœal infection in women, its extent, etc., received, and in answer must say that, in my opinion, the effects of the disease are far more serious and lasting than has generally been supposed. I think tubal disease and sub-acute ovaritis are quite as sure to follow the disease as gleet and orchitis in the male, while its effect upon fecundity is exceedingly blasting, fertility being rather the exception than the rule, after the disease has reached the superior passages.

In all such cases the general health has been much compromised, and these cases constitute the tedious remnant, "the ne'er-get-wells," in every gynæcologist's practice. I have no statistics to offer, and am just giving you the substance of my conclusions after a somewhat extended observation.

Hoping that you may find more definite data in your further researches than I am here able to offer you, and with long-lasting regards, I am

Yours fraternally, O. S. RUNNELS.

Dr. R. Ludlam says :—

Specific urethritis is, I believe, the exception, and not the rule. I am satisfied the profession have been going wrong in this direction; that the line which the infection follows, and where it works its disastrous results, is in the tract of the uterine system; it follows along within the os uteri, into the uterus and appendages. I believe it is a hundred times worse in the woman than in the man.

Dr. Edwin M. Hale writes as follows :—

In answer to your letter, allow me to state that every succeeding year of my experience in diseases of women, convinces me that the extension of the gonorrhœal poison *beyond* the urethra and vagina, is the cause of four-fifths of the cases of salpingitis, ovaritis and endometrial metritis. No woman who has had such an extension of the poison can ever regain her normal condition again, its disastrous efforts are so far-reaching and penetrating. Many cases of so-called rheumatism of the joints,—rheumatism of the uterus, etc., are the direct or remote consequences of the poison.

Yours truly, E. M. HALE.

Others heard from are in general accord with those quoted, and with my own conclusions.

Let us now inquire how it is that so many women are suffering from the effects of gonorrhœal infection, though so few realize or even suspect the cause of trouble. We, as physicians, know, what the women generally do not, that gonorrhœa is a disgracefully common disease among young unmarried men. It has been estimated by some who make venereal diseases a special study, that, in our large cities, not more than one in three, and some even say one in five, young men reach the age of twenty-five, without having contracted gonorrhœa. While it is to be hoped that this is an exaggerated estimate, yet we all know it is too nearly true, and moreover, it frequently occurs among men who are neither young nor unmarried. This, together with the knowledge that in a large proportion of these cases, especially those suppressed by astringent injections, the sequel is gleet, or chronic latent gonorrhœa, which continues months, and even many years, in some instances,—and that infection may be communicated under favoring conditions as long as a trace of the disease is present, — this, I say, makes it evident why and how the innocent and unsuspecting women who suffer infection are so numerous. In justice, it should be said that as a rule, the men are as unsuspecting as their wives, because they are generally assured by their physicians that gonorrhœa is a very simple difficulty, that it is quickly cured, and that there is no danger of communicating the disease after the acute attack has subsided.

Now this brings me to the main object of my paper. As you will have already perceived, I am not discussing gonorrhœal infection with relation to its treatment, but I am striving to make it felt, and thoroughly realized, that its effects and its consequences are serious, far-reaching, long-continued, and ruinous. I wish, further, to appeal to you, one and all, to stand as a guard between the innocent women and those of your male patients who have contracted this vile disease. Here, if anywhere in the world, the principle of Protection is appropriate. Women suffer enough from inherent weaknesses and their own follies, without the importation of any foreign elements to add thereto.

Prevention in this matter is far better than any attempt at cure, and I am quite positive, if you would impress upon men the real danger of transmitting the disease and its terrible consequences to women, very few would wilfully expose a wife to such a danger; while, as now generally instructed, many a man supposing himself cured, and having the sanction of his physician, does inflict this curse upon his wife. *And I here charge every physician who neglects to duly warn such men, and guard their wives, as being an accessory to the crime, and quite as guilty of the wrong as he who commits it.*

Finally,—in view of the extent, the magnitude and the direful consequences of this evil, ought not the law to furnish some safe-guard and protection to women? I believe it should at least require that no man should be allowed to marry who has any trace of venereal disease. If the very questionable benefits of vaccination are worthy the support of statute law, surely this is vastly more deserving of legal support, and a demand from the profession is all that is necessary to secure it. Shall we not demand it?

You may think me over-heated on this subject, but I assure you there are many individual cases, which, could you follow as I have done, from cause, through torturing pain to the unavoidable and incurable effects,—would make your blood boil, as mine has done.

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*SUMMARY OF A CRITICAL STUDY OF PHYTOLOCCA.\**

BY J. W. WHIDDEN, M.D., PORTLAND, ME.

In pursuing this study the chart system, as suggested by Dr. Conrad Wesselhœft was used, and Allen's Encyclopedia was utilized as a storehouse from which to draw the symptoms.

Out of twenty-nine observations — provings and poisonings — given in that work, fifteen were selected from which to make the summary. By these fifteen the quantity and form of drug taken was recorded as follows :

Not given — two.

Effects in two young women after taking three ounces of an infusion of root in cold water, — one.

Effects of eating a lot of berries, in a boy, — one.

Effects of one to one and a half grain doses in healthy persons, — one.

Proving with small doses (1 to 1 1-2 drops) of tincture — one.

Proving with tincture; repeated doses for four days of ten drops to four drachms, — one.

Effects of two or three drachms of tincture in a boy six years old, — one.

Effects of chewing and swallowing small bits (3 or 4 grs.) of the fresh root, — one.

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\* We gladly give space to Dr. Whidden's analysis as being so interesting in itself, although we recognize and deprecate the fact of its being a fragmentary and not a complete one; according to his own preliminary statement only fifteen out of twenty-nine observations having been utilized. We cannot too strongly reiterate our conviction that ALL accessible observations must be utilized in drug study. The useless and incongruous ones will betray themselves; a much more satisfactory arrangement than an *a priori* casting them aside. ED. GAZ.

Proving, with five grains the first day and ten grains the third day, — one.

Effects of eating fresh, grated root in a man sixty years old, — one.

Effects of chewing and swallowing small pieces of fresh root, — one.

Effects in a woman suffering with inflammation of right breast, who took of a solution of ten drops of tincture in three ounces of water, a teaspoonful and in an hour, a tablespoonful, — one.

Effects of eating the root, — one.

Effects of eating half of a root six inches long, in a man twenty-nine years of age, — one.

Opposite each heading in the summary is placed the total number of observers having symptoms in that particular region.

Following each symptom is a figure denoting the number of observers experiencing that symptom.

Many symptoms have been excluded through lack of congruence or concordance, but each one attaining a value (in congruence) equal to one-quarter of the total of that especial division has been retained.

#### SUMMARY.

Mind, 4

Indifference, 2.

Vertigo, 5.

Ranges from slight dizziness with heat in head to alarming vertigo with nausea.

Head, 11.

Headache of dull, heavy, pressive character, 6. In forehead and temples, 6. In occiput, 3. In top of head, with heaviness and pressure, 1.

Eyes, 7.

Dimness and impairment of vision, 3. Photophobia, 2. Watery discharge, 2.

Nose, 4

Sensation of an oncoming cold in head, 4. Watery discharge, coryza, 3. Smarting, tickling, stinging sensation in nostrils, as though tickled with a feather, 2.

Face, 5.

Paleness of face, 4. Red and flushed or alternating red and pale, 2.

Teeth, 3.

Pain in all the teeth, 3.

Tongue, 6.

Coated, 3. White, 2. Yellow, 1. Dry, 2.



Saliva 3.

Profuse secretion, 3.

Taste, 3.

Metallic, 3.

Throat, 11.

Sore throat, 11. Marked dryness, 8. Raw, rough, scraping, burning sensation (throat and pharynx), 10. Tonsils red and swollen, 4. Sensation of something in the throat which could not be dislodged: desire to hawk mucus without gaining relief, 5. Dryness, roughness and rawness, 11.

Appetite, 2.

No concordance.

Eruclatations, 3.

Gaseous and liquid, 3.

Nausea, 13.

Ranging from general disturbed feeling in stomach to intense nausea, deathly sickness, 11.

Heat and burning in stomach, 2.

Vomiting, 9.

Vomiting followed the nausea, 9. Easy and without much effort, 4. Frequently and violently, 5. Vomited first contents of stomach, 9. Followed by a watery, yellow or greenish fluid, 3. Tinged with blood (after violent straining), 1.

Pain 9,

Pain in stomach, pit of stomach, epigastric region, 9. Of a bruised, sore, traumatised nature, 5. Sharp, cutting or severe, 3. Of a burning nature, 2.

Pain in hypochondria, dull and heavy, 3. Griping pains in umbilical region with desire for stool, 4.

Stool, 9.

Diarrhoea, 6. Copious and watery discharges sometimes preceded by griping, 4. Mucous stools with straining, tenesmus, 3. Stools soft and mushy, 2. Increased action of bowels, stools natural but more frequent than usual, 1. Bowels felt like moving but did not, 1. Bowels which had been loose became more regular while taking the drug, 1. (Cure?)

Urinary.

Sexual.

Respiration.

Cough.

Larynx.

Trachea.

Chest.

These regions furnish no congruent symptoms.

Pulse, 6.

Slightly accelerated, 5.

Extremities, 8.

Stiffness and pain in the neck, 4. Pain, soreness and stiffness of the shoulders, shoulder-blades and back, 5. Arms ache, soreness, 3. Pain and weakness of the lower extremities, 3. General muscular rigidity, 1.

Generalities, 8.

Great prostration, weakness, lassitude, 7. General soreness and stiffness, 5.

Skin, 5.

Itching eruption, 2.

Sleep, 5.

Drowsiness, 3. Restless sleep (disturbed by bodily conditions) 4.

Chill and fever, 6.

Coldness and chilliness, 3. Heat in head and face, 3. Alternately very hot then very cold hands and feet, 1.

*A CASE OF CONVERGENT STRABISMUS DEPENDENT UPON A HIGH DEGREE OF HYPERMETROPIC ASTIGMATISM.*

BY DR. L. H. KIMBALL, BOSTON, MASS.

[ Read before the Massachusetts Homoeopathic Medical Society. ]

The following case, to me interesting and instructive, may prove equally so to some of the members of this society.

To my mind the concise presentation of the results obtained in the treatment of some abnormal conditions, is far more instructive than a lengthy dissertation on the theories and speculations which are the popular "fads" of the day, if I may be allowed the expression.

It is a well-attested fact, and one becoming more widely recognized by the profession at large, that a great many cases of convergent squint, especially in children, are occasioned by errors in the refraction of the eyes—notably hypermetropia.

The technical explanation as to why this is so, is not pertinent to the scope of this paper; suffice it to say then that it is dependent upon the relation between the accommodation and convergence of the eyes.

The excessive amount of accommodation requisite to distinct vision in hypermetropia, necessitates an excessive amount of the convergence which produces a turning in of one eye, at first periodic in its nature, but finally becoming a fixed squint.

That this is so should certainly be the common knowledge of the profession, in order that the unsightly deformity may be corrected; and more than all else, that the child may have its eye

sight in as perfect a condition as possible, during a period of life when so many of its future possibilities are at stake, and at a time, too, when in many cases an operation would not only be unnecessary, but rather inadvisable. The following is a case in point :

In December, 1887, a lady came to me in a greatly distressed state of mind over her domestic. The girl was most anxious to give satisfaction, and her earnest endeavors had prompted her mistress to see if something could not be done for her eyesight. This was so poor that she could not see even to sweep or wash dishes, with any certainty that the floor or the china would be clean when she had finished. On this account she had been unable to keep any place for more than a few days, and in consequence was in needy circumstances and heartily discouraged. The girl herself was at that time twenty years of age, and gave the following story: Up to three years previous she had noticed no particular trouble with her eyes, except that one of them would turn whenever she got angered. Whether this was a common occurrence or not she did not relate. Three years before she attempted to stimulate a fire with a little kerosene oil, with the very natural result of a badly burned face and singed hair. Her eyes for a month after were very much inflamed, so that she had to wear a bandage or shade, and two or three weeks after, she says she noticed that her right eye turned in whenever she attempted to look at anything at close range, and that she saw double.

During the following year she was in a hospital in Newburyport for some heart difficulty, when her eyes were treated by drops and a lotion. She subsequently went to the Eye and Ear Infirmary, where atropine was used for six weeks, glasses prescribed, and an operation recommended. Glasses were also fitted and an operation advised by an oculist of this city. The glasses, however, gave no relief and occasioned headache, and the operation she objected to. When she came to me the eyes externally presented nothing abnormal but the convergent squint in the right one. The vision in right eye =  $\frac{20}{30}$ , in left eye =  $\frac{38}{38}$ . Examination by test-glasses showed a hypermetropic astigmatism, as follows :

$$\begin{aligned} \text{R. E. } + .50 \text{ } \odot + 3 \text{ } \text{cyl.} \text{ } 35^\circ \text{ vision} &= \frac{20}{30} \\ \text{L. E. } + 1 \text{ } \odot 2.50 \text{ } \text{cyl.} \text{ } 165^\circ \text{ vision} &= \frac{20}{30} \end{aligned}$$

Examination by the ophthalmoscope, however, showed a much higher degree of hypermetropia than was apparent by the test-glasses alone. On this account and from the fact that glasses had already been twice prescribed without satisfactory results, I determined to make an examination with the accommodation

relaxed by atropine. The result was a very high degree of hypermetropic astigmatism, viz. :

O. D. + 7  $\ominus$  + 2° axis 35°.

O. S. + 7  $\ominus$  + 2.50° axis 165°.

This showed some six dioptrics more hypermetropia than was disclosed by the test with glasses, and verified the results obtained by retinoscopy.

Theoretically, the full correction of this high degree of hypermetropia, should give relief to the constant strain the eyes had been subjected to, and allow clear and easy vision. Practically, however, it was manifest that the ciliary muscles, accustomed from youth up to a state of tonic spasm, so to speak, would not be relegated all at once to a state of complete relaxation, and the result would be an over-correction of the trouble, and consequent blurred and confused distant vision.

I therefore decided to correct all the manifest hypermetropia, and about one-fourth of the latent, with the expectation of arriving at the full correction by easy stages. Accordingly on the 28th of December she put on the following glasses :

O. D. + 2.25°  $\ominus$  + 2° axis 35°.

O. S. + 2.75°  $\ominus$  + 2.50° axis 165°.

With these, vision in the left eye was normal, and nearly so in the right. These glasses she wore with a great deal of satisfaction, and reported that she could see better than for years, and was enabled to do her work easily without any turning of the eye. In about a month, however, her sight began to blur when looking at near objects, her headaches returned and her eye had a tendency to turn again, so that on the 23rd of January, 1888, I increased the spherical glasses 1. dioptric each. With these she got along well for some six weeks, when there was a return of the old symptoms, so that on April 7th, an increase of 1.50 d. for right eye, and 1. d. for left eye, was advised. In August following, another increase of the spherical glasses was prescribed, and in December last a glass correcting the full amount of the hypermetropia, was ordered. With these her vision has been  $\frac{3}{4}$ °, or normal, and her eyes have given her comparatively little trouble. She has been employed ever since, working all the summer at a laundry, and making no complaint in regard to her eyes, so that she may reasonably expect an average degree of useful vision in the future.

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*A CASE OF GANGRENE.*

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

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

Miss —, an American and factory operative, aged seventeen years, complaining of headache, pains in the back and symptoms of malaise, giving up her work, went to bed about the twenty-fifth of August, 1888, where she remained until the second of September, when she was conveyed to the hospital, and placed on the allopathic side. The morning temperature that day, was  $103^{\circ}$ , which at evening had risen to  $104^{\circ}$ . There were petechiæ on the abdomen, enlarged spleen, a brown coating on the tongue also diarrhœa. Her disease was diagnosed as typhoid fever by the old school physician, under whose care she was placed.

The following day, she complained of pain in the abdomen and vomited, when she was given bismuth and soda; the dose not recorded. In the afternoon, the patient had a severe chill, and the evening temperature was  $105^{\circ}$ .

The next day, Sept. 5th, there was another chill in the morning, after which the temperature was  $104^{\circ}$ , and pulse  $120^{\circ}$ . There was vomiting, for which she received hydrobromic acid 3ss, and antifebrin was continued in five-grain doses, four times a day. The following day, the conditions remained about the same.

Sept. 7th. The temperature was somewhat lower, the thermometer recording  $102^{\circ}$ . There was a slight bronchitis with a loose condition of the bowels, for which the patient received an enema of opium, dose not stated.

For the succeeding ten days, there were the usual epistaxis, diarrhœa and bronchitis. The fever running a variable course, modified by antifebrin in five grain doses, which was the principal treatment during this time.

The report Sept. 18th records the patient as improving.

On the morning of Sept. 19th, it was noticed that the pulse was rapid, and stronger in the right than in the left radial artery, where it was almost imperceptible. In the afternoon, the patient complained of pain in the left leg, and that the left foot felt numb. The following morning it was discovered that the foot was discolored in spots, and that there was no pulsation in the left femoral artery.

Sept. 21st. The area of discoloration was much larger, and color more decided. There was no swelling, but great pain in the left leg, and no femoral pulsation. While the patient suffered the most excruciating pain in the left leg up to the knee the previous day.

Sept. 22d. The conditions greatly changed; as the discoloration extended above the knee, with no pain at or below the knee, but very severe at the hip. She also complained of the right foot feeling numb.

Sept 23d. The discoloration was still creeping up the leg, with the same severe pain in the hip. The leg and foot were cold. Temperature of the patient underneath the tongue was 102.°

Sept. 24th. As the case had evidently become a surgical one, the patient was transferred to the surgical side of the hospital, and came under my charge. I found the heart action aggravated, rapid and weak. The patient suffering great pain in the left hip and right leg. The abdomen distended and tympanitic. Left foot black, hard and dry, the gangrene extending above the knee. No pulsation in the left radial and femoral, and very indistinct in the right femoral artery. My diagnosis was, embolism, resulting in dry gangrene. I gave her *secale* 3x every hour.

The following day, I found that the gangrene had crept a little higher; about to the lower border of the middle third of the thigh. Still continued the *secale* 3x.

Sept. 26th. Since the previous day, there had been no increase in the gangrene. Continued the *secale* 3x.

Sept. 27th. The patient's bowels were hard and distended, for which condition I gave her  $\mathbb{R}$ . *magnesii sulph.*  $\mathfrak{z}$ ss. The other conditions remaining about the same. No pulsation in the left femoral artery, and so very weak in the left radial, that it was a difficult matter to discover any pulsation at all. But as the progress of the gangrene seemed to have been arrested, it not having extended at all during the past forty-eight hours, I still continued the *secale* 3x and ordered  $\mathbb{R}$  *glycerine*  $\mathfrak{z}$ j to be given in an enema, the following morning, which freely moved the bowels.

From this time until Oct. 1st, when my term of service as surgeon in the hospital for 1888 expired, the patient continued to improve in general health, with no spread of the gangrene since Sept. 25th, the second day after she came under my care, so that my successor found the patient with but little pain in either leg, heart stronger and pulse less frequent, eating well, and bowels acting normally.

In a few days the line of demarcation commenced to show itself at the border of the gangrene, so that on consultation, the Surgical Staff deemed it advisable to immediately amputate, which operation was performed by my successor on the morning of Oct. 12th.

The leg was amputated at the lower border of the upper third of the femur. An Esmarch's tourniquet was applied, and after amputation, removed, as it was found that both the femoral

and profunda arteries, were filled with a tough thrombus, preventing all arterial hemorrhage. There was slight superficial hemorrhage, but all bleeding vessels were firmly tied, the wound immediately closed, the stump dressed and patient put to bed.

The operation and dressing was strictly antiseptic. The wound healed rapidly, and the patient as rapidly improved, although the pulsation in the left radial and both femoral arteries, could not be detected for nearly four weeks after amputation. Nor could the right leg be extended without pain for a long time, and for a still longer time remained very sensitive.

Some two months since, I measured the patient for an artificial foot and leg, which she now wears with comfort, and is again at her work feeling quite well.

This case is an interesting one, presenting as it does several important questions. 1st. Was the gangrene arrested by the secale, or by natural causes? In answering this question, we must not forget that the amputation disclosed, that the arteries were still occluded with thrombi. 2d. Was the gangrene a result of the long continued use of the antifebrin, causing an inflammation and occlusion of the arteries, or an endocarditis, so that emboli were thrown off and carried into the circulation? 3d. Or are these two lesions the natural result of typhoid fever, as one or both must have been the cause of the gangrene?

In the *Medical Record* of Sept. 28th, a similar case to the one just described was reported, where amputation of both feet was successfully performed for the same cause, but the treatment of the fever was not described.

There are quite a number of cases reported in the medical literature of the Old School, where gangrene has followed typhoid fever; treatment not stated; but I can find no case reported by the Homœopathic School, or following homœopathic treatment.

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#### THE TREATMENT OF MENINGITIS BY IODOFORM.

BY DR. MARC JOUSSET.

*Translated from "L'Art Médical," by F. Pritchard, M.D., and Albert Pick.*

Last year M. Niemier described in *L'Art Médical*, six cases of tuberculous meningitis cured by the application to the head, of a pomade containing one gramme of iodoform to six grammes of vaseline; and he added that probably the iodoform acted in these cases according to the law of similars. There had already been observations of poisoning by iodoform, principally in the German journals; the iodoform having produced symptoms of meningitis. Our old teacher, Berger, in the *Revue des Sciences Médicales* (T. XXI., p. 754) speaking of the toxic action of

iodoform used in dressings says : " In very rare cases, especially in infants, the nervous symptoms assume the form of a cerebral complication ; the intoxication then presents itself with the characteristics of a meningitis or an acute encephalitis. Small and irregular pulse, vomiting, inequality or slowness in the contraction of the pupil, convulsions, contractions of the muscles, and coma are the principal symptoms, which do not differ from those characterising an inflammation of the meninges, except there is an absence of elevation of the temperature. Finally, when it ends fatally, collapse follows excitation ; the patients pass into a state of complete insensibility, there is relaxation of the sphincters, the pulse becomes imperceptible, respiration embarrassed, and death takes place, without there being a rise of temperature during the whole course of the accident."

This absence of fever, if it can be perceived, will facilitate the diagnosis between poisoning by iodoform and true tuberculous meningitis ; but it is not always thus, as we see from the two observations which we reproduce here from the practice of M. Cazin.\*

The first case was that of a young boy, five and a half years of age. At the age of five, the child had a white swelling of the knee with multiple abscesses. The abscesses were opened and scraped out, in Paris, at the Hôpital des Enfants. The wounds did not heal, and the child having numerous fistulæ, it was sent to Berck. At its arrival at the Hôpital Maritime, the fistulæ discharged much pus and the general state of the child rapidly became worse. Dr. Cazin scraped out a second time the fistulous passages and removed a few pieces of bone, which seemed to be the cause of the process. The amelioration was but transitory and soon afterward the local state as well as the general became worse.

Then amputation was decided upon which was followed by no accident. The sutures held well, except at the external border of the wound, at which point, iodoform was applied thickly. Everything passed well the first and second day, but the third day the child was found sleepy and the nurse informed us that during the night, the child had been very restless and that it sighed very frequently. The dressing was changed and the iodoform renewed.

The same day, the child not having eaten since the night before, was attacked by vomiting several times in repetition. These attacks of vomiting were without effort and bilious.

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\* Cazin et Iscovesco ; Intoxication iodoformique à forme méningite chez deux enfants. *France Médicale*, Paris, 1888, II., 1637-40 ;— Cf. *Echo Méd.* ; *Toulouse*, 1888, II., S. ii. 557-60. (Translators.)



During the next few days all these symptoms became more prominent; the child was constipated; had vomited and seemed to suffer from its head. The nights were very restless and the patient drowsy during the day. The sleep was interrupted by sighing and cries having exactly the character of these of meningitis. The pupils were inequally contracted and reacted slowly to light. The child did not recognize those persons surrounding it, appearing to be entirely indifferent to all that took place around it. The agitation of the preceding nights was soon replaced by a tranquil delirium; the temperature constantly oscillated between 37.5 and 38 or 38.2, (Cels.)

These symptoms continued until the eighth day after the first use of iodoform. The pulse was rapid, small, perceptible and *regular*. In short, here was a child with the cephalalgia, vomiting, delirium during the night with somnolence during the day, a little fever and *iris hydrencéphaliques*, and what is more, if one remembers that the patient in question is suffering from local tuberculosis, one will see that it will be difficult not to believe that the disease be *tuberculous meningitis*. Only the pulse did not present the characteristics of meningitis. The beginning of the disease had been, it is true, very sudden, but we have been accustomed to see cases beginning without prodromal symptoms in which the disease terminated in the space of three to five days, and where the necropsy confirmed the diagnosis of *tuberculous meningitis*. The sixth after the beginning, we thought it possible that the iodoform might have something to do with the case under observation and a simple dressing of phenic acid was applied.

After the seventh day the symptoms diminished; there was considerable improvement the eighth day, and all went well the ninth day. The constipation and vomiting disappeared, the child cried no more during the night, and the sleep returned. The state of the patient gradually improved and sometime after, it was able to leave the hospital.

The second case, which much resembles the first, was that of a child with tuberculous osteitis of the lower portion of the tibia. The tuberculous place was scraped and iodoform gauze applied. The symptoms appeared the first night; the child was very restless and did not sleep. It complained of violent pains of the head. The next day at the time of making the rounds, the child was drowsy and responded with difficulty to the questions asked. The pupils were unequally contracted. During the day several attacks of bilious vomiting; the pulse was irregular and very frequent (100 per minute, child eight years of age.) These symptoms continued for three days, becoming worse, in the meanwhile constipation. The fifth day after beginning of

these symptoms the iodoform was left off, the symptoms became rapidly much milder, disappearing completely three days after leaving off the iodoform. We will add finally, that during the entire course of the symptoms, the child presented a slight fever with evening aggravation and that the temperature oscillated during the five days between  $37^{\circ}$  and  $38.5^{\circ}$ .

In our first as well as second case, the symptoms appeared very quickly after the use of iodoform; disappearing fully as quickly after its disuse. However, there is a certain slowness in their complete disappearance so that several days are necessary before the patient returns to perfect health.

M. Cazin observes in continuation, that these intoxications are very rare, for he has observed but two cases at the Hôpital de Berck, where iodoform is employed on a very large scale.

These two children presented symptoms of tuberculous meningitis although not attacked by that disease; for us who believe in the reality of the therapeutic law "*similia similibus curantur*" it is an encouragement to try again iodoform in the form of a pomade externally, and internally iodoform *ix.* in the treatment of *tuberculous meningitis*.

We have already had occasion in two cases to make use of this treatment, which we here report, although they may not be sufficiently convincing.

The first case was that of a little girl five years of age, sickly and an orphan, having a family history of tuberculosis. Her father and mother died of consumption; two first cousins have had tuberculous meningitis; the one is dead, the other remained an idiot and epileptic. As regards the child's own history, it suffered from a pleurisy which was obstinate and followed by a suspicious cough, and which still existed at the time when the meningitic symptoms made their appearance. I was suddenly called by the aunt of the child, who told me that her niece had certainly a meningitis; she complained of her head and abdomen already two days ago, she had vomited several times a greenish substance and had no movement of the bowels.

I found the child in bed and emaciated since my last visit. The brows were contracted and I thought it the beginning of a tuberculous meningitis. The pulse was rapid but regular, the pupils normal; there was no elevation of temperature. I had the child's head shaved and applied three times a day the pomade of iodoform, also giving a potion of 125 grammes of water with 0,20 grammes of iodoform *ix.*

The next day the condition was the same; during the night the child had uttered several cries, resembling the *cri hydrencéphalique*. Treatment continued.

The third day there was a slight amelioration, and during the

third and fourth days, the symptoms had entirely disappeared.

In such a favorable and rapid result we should place an interrogation point after the diagnosis, and ask if we really had to do with a tuberculous meningitis as the antecedents of the patient and the beginning symptoms would lead one to think.

Our second patient died in spite of the iodoform, which we should not have applied, for Dr. Piedvache had made a resection of the knee, a dressing of iodoform had been applied, which was kept on without our knowledge, until the patient's knee had nearly healed. It is quite evident that if the iodoform had not been able to prevent the development of the meningitis, it would have been impossible to have cured it. It may also be asked whether the dressing of iodoform did not have something to do with the development of this meningitis, which we only would have aggravated by our treatment.

In conclusion we would say, that our two observations are insufficient to decide the question. What is to be desired is, that others of our *confrères* as well as we ourselves, if such cases present themselves, use this treatment.

However, we should be encouraged in this treatment by the symptoms of meningitis produced by iodoform in poisoning cases,\* and again by the clinical experience of the German and Italian physicians,\*\* who have used this treatment with success.

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\*R. W. Taylor; The toxic effects of iodoform, cutaneous and systemic, "*New York Medical Journal*, 1887, XLVI., 367-72."

Iodoform-poisoning, by Elbridge G. G. Cutler, *Boston Medical and Surgical Journal*, July 29, Aug. 5, 1886.

Iodoform-Intoxications-Erscheinungen, *Virchow's Jahresberichte*, II., 571, 1886.  
 \*\*\* Iodoform-Einreibung gegen Meningitis tuberculosa, *Virchow's Jahresberichte*, II., 176, 1886.

Tubercular meningitis cured by iodoform, *Therapeutic Gazette*, January, 1886, also in *Philadelphia Medical Times*, 16, 1885-86.—[*Note by Translators.*]

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#### THE MEDICAL PROFESSION, THE MEDICAL SECTS, THE LAW.

*The Address in Medicine. Yale University, 1889. By H. C. Wood, M.D., LL.D.,  
 Clinical Professor in the University of Pennsylvania.*

Such is the title of the address containing the latest attack upon homœopathy. For his main object was evidently to give the death blow to homœopathy. After dwelling in several pages on the importance of a thorough medical education and the imperfect training of the many medical men in the United States, he uses the following language:

"The regular profession rejects homœopathy, eclecticism, allopathy, and other pathies." He seems to forget or not to know that it was Hahnemann who gave the name of allopathy to the whole old practice of medicine and with justice.

It was until quite lately, and is to this day, that the whole practice of the old school was on the principle of "contraria contrariis," or rather no law at all. It was only after the establishment of homœopathic law, there was an idea of other laws.

After disposing of Hahnemann's theory of the itch as the cause of all chronic diseases, in which no homœopathic physician believes, since the discovery of the *acarus scabiei*, he arrives at the dynamisation of medicine trying to show the absurdity of this theory.

If Dr. W—— with his usual regular mode of treatment wishes to benefit his patient at all, he must use large doses, but the cures in any important case will be transient. But there is a great truth connected with the small doses of homœopathy if conjoined with the principle *similia similibus*, because the cure will be more permanent and lasting, and by thousands and thousands of cures the Homœopathic School has shown the truth of this maxim.

Over thirty years ago we defended the universality of this law in a lecture delivered at Providence, Rhode Island. Notwithstanding this truth, the most enlightened physicians of the old school only will permit a small share to this great law in its practical application.

The author has undoubtedly some glimmerings of its truth, when he says that "ipécacuanha in large doses causes vomiting, but in small doses it may relieve it."

But if he looked more deeply into this matter or with a wish to see the truth he would discover in the homœopathic literature the proof, that the homœopathic physician does not prescribe for one symptom alone like vomiting, but that he regards also the circumstances and collateral symptoms of the case. This would necessitate a new course of study with regard to the pathogenesis of the remedies, and would teach him that the opium to which he refers as disproving the homœopathic action in vomiting, has also nausea and vomiting in its primary action as he will find in any materia medica of the Homœopathic School.

The importance of this law will only be known and generally acknowledged, when the investigations commenced by Dr. C. Wesselhoef and his *confrères* in Boston, with regard to the truth of the homœopathic provings have been carried out to their fullest extent.

Dr. Wood now only acknowledges that the "law of similars is sometimes a successful theory for work."

He afterwards tells, in order to please his student audience, a coarse story of a shoemaker being cured by pork and cabbage, while a blacksmith died of it.

Dr. Wood sees the truth, but his prejudices overwhelm him and as a teacher or professor, he cannot see farther, but ascribes the success of homœopathy to the former wisdom of the regular medical practice, and not to the infinitesimal doses but to nature.

We have never advocated the use of the infinitesimal doses in every case of sickness but can testify to their decided action in many cases during a practice of medicine of fifty years, if we only strictly keep within the bounds of the homœopathic law. Hahnemann himself has varied his practice during the last year of his life, according to the nature of the case.

C. NEIDHARD, M.D.,  
PHILADELPHIA, PENN.

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### SOCIETIES.

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#### MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Tremont House, October 11, 1889.

The following persons were elected to membership:

- Dr. H. E. Spalding, Hingham.
- Dr. Chas. W. Morse, Salem.
- Dr. Chas. H. Fessenden, Newton Centre.
- Dr. W. B. Perkins, Malden.
- Dr. Edward A. Wright, Lynn.
- Dr. N. W. Emerson, Dorchester.
- Dr. Joseph Chase, Jr., E. Weymouth.

The president, Dr. L. A. Phillips, read an interesting address on Society work, and the duties of individual members, which was heard with much interest. Drs. Logan, Hall, and Homer were welcomed as visitors, and reports were read from Maine, New Hampshire, Vermont, and Rhode Island, showing what is being done by our *confrères* in those States.

Dr. Gary provided a well-written paper on "Progress in Gynæcology." Dr. Southwick presented four cases for the consideration of the society. One case of membranous dysmenorrhœa, the patient taking borax internally; the last menstruation occurred naturally, without membrane. The second case was one of non-development of breasts or genital organs, all these being in the condition of childhood; while there has been no menstruation, she has had once a month some headache, and feeling of weight and fullness in the pelvis. Some of her subjective symptoms have been relieved by pulsatilla. The

third case was one of atresia of the vagina, following difficult labor; and the fourth case was one of tumor of the right kidney; a large cyst belonging to this tumor had ruptured spontaneously without causing any constitutional disturbance.

Dr. H. E. Spalding read an excellent paper on "Rectal Fistulæ," which will doubtless be read elsewhere, with much interest. After supper, Dr. Southwick reported some of the work he has seen abroad this last summer, illustrating the operations by dissolving views and the calcium light, and including many views of scenery in places visited by him.

The officers elected for the ensuing year are:—Dr. G. R. Southwick, President; Dr. F. W. Halsey, 1st Vice-President; Dr. Martha Mann, 2d Vice-President; Dr. L. A. Phillips, Secretary; Dr. J. H. Sherman, Treasurer.

G. R. SOUTHWICK, M.D. *Sec'y.*

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS*

The last quarterly meeting for the current year was held at Cooley's Hotel, Springfield, Wednesday, Dec. 18, 1889. At 11.30 A. M. President Dr. G. F. Forbes, called the meeting to order. Report of Secretary read and approved. By consent of society, Dr. Mitchie presented a girl of twelve years, suffering with empyema, for examination and counsel. The right side was affected and the pus had made a fistulous series between the ribs, near the sternum, at the upper part of the chest, which had discharged continuously for five years.

Discussion of the case was postponed and the meeting placed in the hands of Dr. O. W. Roberts, chairman of the bureau of *Materia Medica* and *Clinical Medicine*.

Paper No. 1, "Hernia," was presented by Dr. Gibbs, in the course of which he reported a case of unusual interest. Patient, male, sixty-four years of age, in whose abdomen a tumor "large as the fist" was discovered. Urination, copious and frequent. Still tumor increased, until upon catheterization six quarts of urine, s. g. 1012 were withdrawn. Tumor disappeared. Patient living ten miles distant from physician, suffered the bladder at another time to accumulate four quarts, which were withdrawn by an attendant after repeated bungling attempts. Death ensued from uremic coma. In connection with the foregoing, Dr. Spencer reported the case of an old man with enlarged prostate, from whom he had by aspiration drawn at one time, four quarts of urine. Dr. Wilkins spoke of a case of apparent Bright's disease. Albumen constantly present. At length severe convul-

sion. Hypodermic injection of morphine and atropia administered. Patient improved, and under ars. and apocynum had made good recovery.

Paper No. 2, "Ataxic Aphasia," also by Dr. Gibbs. In this the doctor gave a detailed account of this disease in a woman aged fifty-two, caused in his opinion by thrombosis of the middle cerebral artery. He illustrated by colored drawings the portions of brain supposed to have been affected.

Adjourned for dinner.

At the opening of the afternoon session, in order to secure time for the five remaining papers, it was voted to defer discussion until all should be read.

Paper No. 3, "Typhoid Fever," by Dr. Bates, touched upon the entire subject but dwelt especially upon ætiology and prophylaxis. It contained many useful hints regarding treatment. The importance of frequent bathing, fresh air, cold water, and a milk diet was emphasized.

Paper No. 4, "Clinical Notes," by Dr. O. W. Roberts related to the writer's experience in an epidemic of diphtheria among the French. Twelve patients had been treated; all made good recoveries. Baptisia 2x, nitric acid 1x, kali bich., crude, and merc. protoiodide 2x, were the remedies employed. Iodide of ars. 3x, cured a case of malaria which occurred simultaneously in one of the families. Disinfection was obtained throughout the course of disease by means of burning as much sulphur in the apartments as could be borne by the patients.

Paper No 5, "Infantile Paralysis following Whooping Cough," was presented by Dr. Mellus. Leading symptoms were retention of urine, cutaneous hyperæsthesia, and finally wasting of muscles. Preparations of causticum, plumbum and zinc were employed; also Faradic electricity. Patient improved, and at last accounts the improvement had continued.

Paper No. 6, "Scarlet Fever without Eruption," was read by Dr. Wilkins. In an epidemic still active in Palmer he had treated twelve cases. Upon only two had he been able to discontinue any eruption. Upon three others a rash had been, for a short time observed by the parents. In the urine of five he had found albumen. Two had had facial anasarca, eight had desquamated. All had had the typical scarlatinous throat, and all had either recovered or were convalescent.

Paper No. 7, "Santonine Poisoning," by Dr. O. W. Roberts, consisted of a *resumé* of the literature concerning the toxic effects of santonine and a report of two cases that had come under his care. These were children respectively eight and ten years of age, to each of whom, by advice of a druggist, fifteen grains had been administered. Restlessness, nausea, vomiting, diarrhœa

together with disturbance of vision and of the excretion from the kidneys were pronounced.

In the concluding discussions, Dr. Parkhurst recommended that the case of empyema before mentioned should be treated with calc. sulphurica (Schüssler). Dr. Cushing objected to the use of milk in fevers; while for bathing purposes, alcohol, water, and a mixture of the two had each its advocates.

Dr. Oliver reported another case of paralysis following whooping cough. Also a case of "Nasal Diphtheria," in which no membrane appeared in the throat. Dr. Parkhurst spoke of several peculiar forms of diphtheria and of the advantage of using locally a continuous spray of merc. cor. 1 to 4000.

In the midst of this discussion it was announced that the four o'clock eastward bound train was due, upon which many members must take their departure. Thus adjourned for three months, one of the most interesting meetings ever held by the society.

N. W. RAND, M.D., *Secretary.*

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#### GLEANINGS AND TRANSLATIONS.

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THE GLYCERINE TAMPON IN THE VOMITING OF PREGNANCY.—Dr. S. B. Kirkpatrick blistered the cervix in an obstinate case of vomiting in a pregnant patient, and observing that the patient was not relieved until the serum was formed and discharged, conceived the idea of procuring a watery discharge by the use of glycerine. He accordingly inserted into the vagina a tampon saturated with glycerine. The distressing symptom was at once removed and, on its return at intervals, was always relieved by the glycerine tampon.—*Tex Com. Rec.*

APPLICATION OF ICE IN THE TREATMENT OF PNEUMONIA.—Dr. Ficandt, writing in *Duodcum*, a Finnish medical journal, states that he has now treated no less than 106 cases of pneumonia with ice, and with the best results. Though ten of the cases were of double pneumonia, only three out of the whole number succumbed, notwithstanding that the epidemic was by no means a slight one. The method adopted was to apply over the affected lung an India-rubber bag containing ice, continuously for from twelve to twenty-four hours after the crisis. In addition to the local treatment, the patients were given such medicines as are usually employed, that is to say, opium, ipecacuanha, digitalis, brandy, etc. The method has, we may remark, received of late some attention in England.—*Lancet.*—*Hak. Monthly.*



THE ABSOLUTE SIGNS OF DEATH. — Dr. B. W. Richardson, in a paper read before the Medical Society of London (*Lancet*), gives the following efficient practical details: 1. Apply the fillet to the wrist and examine the veins at the back of the hand. If life is not extinct, turgescence of these veins will soon be apparent. 2. Open a vein at the bend of the elbow and seek for stringy coagula; if necessary, two or more veins. 3. Inject ammonia hypodermically — after which the absence of a red blotch under the skin will be strong evidence of death. 4. Examine by strong light for absence of red color from the transparent tissues. 5. If any doubt still remains, and rigor mortis has not developed, let the body be kept in a damp room at 84° F.; this will speedily bring about decomposition if the body is dead, and will favor recomposition or restoration if life is not extinct. This last test has the advantage that it can be carried out in cases where it is forbidden to touch the body. — *Weekly Med. Rev.*

HOT AIR INHALATIONS IN PHTHISIS. — Two observers in Germany, according to the *Lancet*, have independently of one another, been engaged in investigations on the bactericidal property of heated dry air, and on the methods of utilizing this property for the practical treatment of phthysical patients. Dr. Weigert, who appears to be an American living in Berlin, finding that tubercle bacilli outside the body die at a temperature of 106° F. and are adversely affected by one of 100° F., had constructed an apparatus for the inhalation of heated air, and commenced to make trials on phthysical patients in the early stage recommended to him by other medical men, he himself not being in practice. At first a temperature of from 104° to 140°, was employed, the air for inhalation being quite dry. This temperature was gradually raised as high as 176°. The patients bore this hot dry air exceedingly well, and continued to inhale it for three or four hours a day during a month, the only unpleasant effects produced being hyperæmia and dryness of the mucous membrane. The general effects are represented as having been remarkable, patients who had been falling away picking up strength and becoming quite robust, the physical examination showing at the same time that the dullness and râles had perceptibly decreased. The bacilli in the sputum, which had been very numerous, rapidly diminished in number, and finally disappeared altogether. These observations were confirmed by several other medical men. Dr. Halter, of Lengerich, Westphalia, seems to have gone even further than Dr. Weigert, he having himself inhaled, and caused patients also to inhale, dry air heated to 374°; according to his report the results were satisfactory. — *Med. Abstract.*

THE FOODS OF DIFFERENT PEOPLES. — Many nations, many dishes! Some articles that are esteemed as delicacies by certain nations are regarded with disgust by others. According to the *Pacific Record* the Turk is seized with violent trembling at the very idea of eating oysters. The American Indians look upon an invasion of grasshoppers as a mark of especial favor from the Great Spirit, and make the best of such a time to lay up a store of provisions for the future. Buckland states that among certain people a mixture of fish, nearly putrefied, and soap-suds is preferred to the best butter. In Canton and other Chinese cities rats are sold at ten cents a dozen, and a hind-quarter of dog is more expensive than mutton or beef. Some of the East Indians eat serpents dried in the oven, but despise the flesh of rabbits. Lizard eggs are a delicacy in the islands of the Pacific, and many people besides the aborigines of the Argentine Republic esteem the flesh of the skunk. Ants are eaten by many peoples, and in Siam a curry of ant's eggs often tickles the palates of the wealthy. The silk-worm is eaten with relish by the Chinese, and a desert of roast snails is considered a fitting termination of a feast in New Caledonia. — *Med. Rec.*

INVERSION OF THE UTERUS; NOVEL TREATMENT. — Dr. G. E. Fell, of Erie County, explained his method of irrigating with warm water, while employing manual pressure, for returning the inverted uterus, citing a case of partial inversion returned in five minutes. In answer to a question, he replied that the history of a previous labor in this case was that the forceps had been used and the uterus pulled bodily into the world, though of this he had known nothing until afterwards. — *New York Med. Jour.*

A QUESTION OF IMMENSE IMPORTANCE. — The General Medical Council of Great Britain seems to be a body of great importance, or at least so considers itself. Among other mighty subjects engaging its attention at a recent meeting, was that of precedence as between its president and those of the Colleges of Physicians and of Surgeons, respectively. The question had arisen lately in connection with a work in which they were jointly engaged. The Council appointed a deputation to wait upon the Lord President of the Privy Council in reference to the matter, but the result of their interview proved inconclusive. It was therefore resolved that the President of the Council be requested to frame, together with the solicitor to the Council, a petition to the Queen to request Her Majesty to determine the order of precedence of the President of the Medical Council and the heads of the other bodies concerned in the administration of the medical acts. — *Med. Rec.*

FILIX MAS (Poisoning by.)—Dr. M. Freyer, of Hetline, reviews the rare cases of poisoning by Filix mas, and finally finds it to cause violent stomach symptoms, and especially symptoms of the central nervous system: Great feeling of weakness, vertigo, confusion, stupor, coma, trembling, cramp-like feelings in the hands and feet, amaurosis and immobility of the pupil. Pathologico-anatomically there were no signs, except a general venous congestion. (*Therapeut. Monatschafte*, 3, 3, 1889.) (A case of his, a child of two years and nine months, received 8.0 extract grains filicis maris in five hours, and died somnolent with spasmodic symptoms, within twenty-four hours.) Dr. Boyer attended a woman who took 17.0 grains extract filicis maris æther and the same quantity of extract pumicæ granite in gelatine capsules. A part of the *Tænia solium* passed away, but violent vomiting and diarrhœa appeared directly after the first three capsules and the woman became worse and worse. Towards evening she fell into a soporific condition, in which she lay thirty hours; awakening, her left eye was blind, and the right eye had lost some of its acuteness of vision. Confinement in the dark led to perception of light, after forty-eight hours, by the left eye and recovery took place.—*Prager Med. Wochenschr.*—*Hom. Rec.*

REFLEX DISTURBANCES FROM A WISDOM TOOTH.—How small an irritation may give rise to the most painful and most widely disturbed of reflex neuroses is well illustrated by a case cited in the *Deutsche Medizinal-Zeitung* from the practice of a dentist, Dr. Herrman, of Halle. A man of forty-seven had suffered for twenty years with an intense pain which began in the frontal region, but afterward involved the whole right side of the face and neck, and ultimately resulted in periodical mental excitement accompanied by delusions. A score of doctors and the most varied remedial measures had been ineffectual in affording him relief. Finally he sought admission to an asylum, where the physicians hit upon a misplaced wisdom tooth as the probable cause of the morbid manifestations, and called in a dentist to extract it. In addition to malposition, its roots had large exostoses, as was seen upon its successful removal under chloroform narcosis. The wound healed under antiseptic precautions in two weeks, and the reflex disturbances, neurotic and psychic, gradually disappeared altogether. They have not returned in the year now elapsed since the dental operation. This cure of a psychosis by extracting a tooth is in curious contrast with not infrequent cases of insanity set down in many of our asylum reports as due to the extraction of teeth.—*N. Y. Med. Journal.*

CONFINEMENT, WHAT SHALL THE FOOD BE AFTER? — For we might say centuries, the laity have insisted on giving “puerperal women” gruels, beef teas, toast-water, from the first to the ninth day after confinement, and the fact is, two-thirds of the physicians have fallen into this aged groove. We think this tea, gruel, and toast bill of fare, practically a starvation diet, irrational, impracticable, and a positive detriment to the patient. Is not the theory and practice a foolish one, when we consider for a moment, that the organs connected with parturition will be more rapidly restored to the normal condition prior to conception, that the tissue changes, which we call involution, will be more quickly and perfectly accomplished, and that the new function of lactation will be more surely and plentifully established, by a starvation diet? Does not common-sense teach us that a diet the opposite of the starvation one is the proper kind to restore the uterine tissues to the normal state; and to prevent exhaustion of the patient by the unusual cell-waste incident to lactation? Our plan is to give the puerperal patient as good nutritious food as she has an appetite for, and can easily digest. The woman exhausted by labor needs rest. As soon as she awakens give her a good cup of beef, chicken, or mutton broth; as soon as the general condition of the woman and the appetite calls for it, a safe guide, no matter whether it is the second or ninth day, gradually give solid foods — mutton-chops, tenderloin of beef, poultry or game. — *Ar. of Gyn.*

TO PRACTICE DEEP BREATHING. — Stand erect, the feet separated, the right slightly in advance.

2. Shoulders and head in a natural position.
3. Hands lying lightly on the abdomen, the fingers pointed to the umbilicus. Compliance with this rule enables the child to be sure she is using the abdominal as well as the pectoral muscles in respiration.
4. Empty the lungs of air, then close the mouth.
5. Inhale slowly through the nostrils, using abdominal as well as chest muscles. The lungs thus receive the utmost possible amount of pure oxygen and the muscles have exercise.
6. Hold the breath as long as possible, and meanwhile use the ordinary calisthenic exercises.
7. Never exercise except with the chest well expanded with air.
8. Exhale slowly, enunciating the vowel sounds as the air passes the lips.

It is well to call attention to the fact that when the child begins these lessons she makes many mistakes. The lungs are not half filled, the exercises are nervously executed, and of course are imperfect, and she catches her breath between the

vowel sounds. Sometimes she inhales with undue force, holds the breath until the face is flushed, and dizziness is complained of; but do not let her be discouraged. *Vires acquirit eundo.* In a fortnight the rules are acquired, and practice produces the required results.

The habit of deep breathing once fixed, the proper development of the voice will come in its order, and besides being conducive to health, the wise use of the respiratory organs will be an aid in acquiring that most delightful accomplishment for our daughters, reading and speaking well. — *Med. Times.* — *Mass. Med. Times.*

A HOMŒOPATHIC HOSPITAL IN ITALY, — Guiseppa Camploy, a citizen of Verona, (Italy), died at Venice, February last, at the advanced age of 95 years. He passed the greater part of his life in Venice. He was an extremely active man and quite an enthusiast for homœopathy, attributing his long life to his being treated by this school. He left at his death his fortune to be used in erecting in Verona, a hospital where homœopathy is to be practiced, the hospital to be called the Hahnemann-Camploy Hospital. Only patients with acute diseases will be admitted. Dr. Pompili, (of Rome) will be placed in charge. — *Rivista Omiopatica.*

AN OLD MEDICAL WORK. — George Ebers has recently translated from the *Papyrus* named after him. That portion relating to eye-diseases, accompanied by explanations and had the same printed. In the ophthalmological part he is assisted by Dr. Hirschberg, of Berlin, which circumstance is of importance as Dr. H. has, since a number of years, been interested in historical and philological studies bearing upon ophthalmology. Eber's new book adds a new and important contribution to the history of ophthalmology. The ideas as to the knowledge of the Egyptians on eye-diseases have been completely overthrown. One thought formerly, these to be quite insignificant, but Eber's new book shows us how mistaken this idea was. We learn therefrom that they were familiar with a number of eye-diseases, as reddening, sépocation and swelling of the conjuction; the apocities of the cornea, trochoma, the calcification of the meibomian glands, leucoma, etc. In Egyptian ophthalmology eye-pain was a disease by itself. It is worthy of remark that the Egyptian physicians used single remedies, as at present are used, as zinc salts and mixtures of alcohol and fennel, which last is still used to strengthen the eyes. Dr. Hirschberg has written a long article upon this in the *Berliner Med. Wochenschr.*, 1889. This work was written 1500 B.C., 1000 years before Hippocrates' time.

NOTES UPON AN EASY, RAPID AND EFFECTUAL METHOD OF PERFORMING CIRCUMCISION. — After the interesting and complete articles that have lately appeared in the *Monthly Homœopathic Review* upon the importance to be attached to the prompt relief of a tight or adherent prepuce, it would be needless to add much more to the discussion; but at the same time it may be of interest to describe the method of operation now in vogue at the London Homœopathic Hospital, as experience has shown it to be both easy, rapid and effectual. The operation is not original but has been modified from a method introduced a short time since by, it is believed, an army surgeon.

The necessity for the operation being decided upon, the patient, if a child, is given a few whiffs of chloroform, and at the same time twelve to fifteen minims of a four per cent. solution of cocaine are injected into the prepuce, about the level of the corona, in two or three places. The object of the chloroform administration is to quiet the child, and to remove the alarm attendant upon any attempt at an operation. As soon as the cocaine is injected the chloroform can be withdrawn, as, owing to the injection, the rest of the operation is painless. Lately, in adults, no anæsthetic beyond the cocaine has been employed. Whilst the cocaine is being absorbed, three straight needles are threaded with fine cat-gut, in lengths of about ten to twelve inches. A narrow grooved probe is now oiled and passed through the preputial orifice, between the upper part of the prepuce and the glans penis until it reaches the fold of mucous membrane at the corona, when the end should be felt in the middle line of the upper surface of the penis. Along this an unthreaded long straight needle is passed and thrust through the skin, one end appearing at the dorsum of the penis, the other protruding from the preputial orifice. A special pair of forceps is now used. These forceps are something like a straight pair of dressing forceps, with somewhat broader and flatter blades than usual, their peculiarity consisting in their blades being fenestrated for nearly the whole length of the gripping part of the forceps. Having drawn the prepuce forward by holding the needle in one hand, the forceps are applied obliquely from above downwards, behind the needle, between it and the glans penis. The forceps will have behind them the glans penis, and in front the prepuce included in that part pierced by the needles. The threaded needles are next taken, and one is passed through the centre of that part of the skin of the penis that lies in the fenestrated part of the forceps; the other two needles are put, one on each side of the first, but still nearer the middle than the outer edge of the skin. With a sharp knife the foreskin is removed by passing the knife between

the forceps and the needle. The forceps are then removed, taking care not to withdraw the sutures at the same time. There will now be three sutures of catgut passing on one side through the skin and mucous membrane across the tip of the glans penis and out on the other side through mucous membrane and skin. \*Withdrawing the divided skin and mucous membrane, the sutures are picked up by a pair of forceps as they lie on the glans, drawn out a little and divided in the middle; the corresponding parts are then tied. By this means the skin and mucous membrane are sutured together in six places. The operation is completed by seeing that the mucous membrane can be thoroughly retracted beyond the corona. Occasionally the mucous membrane is not quite divided freely enough by the knife, but this can easily be remedied by a small snip with a pair of scissors.

No dressing is required to be applied, it causes much less subsequent pain to the patient to have none at all; the parts are simply dusted with iodoform. The after treatment consists of a warm carbolic or calendula sitz bath night and morning. — Dr. Shaw, *in Hom. Rev.*

**THE ACCIDENTAL REDUCTION OF INCARCERATED HERNIA BY COUGHING.**—Vandenabeeck reports two cases in which an incarcerated hernia was reduced by paroxysms of coughing. The first was that of a merchant, suffering from emphysema, who had acquired a hernia during a paroxysm of coughing, and this at once became incarcerated. During what bid fair to be fruitless effort at reduction, the patient was obliged to cough, whereupon, the hernia was felt to yield beneath the pressure of the fingers, and after another cough, was returned to the abdominal cavity. The second case was similar to the first one. The explanation of this phenomenon is probably to be found in the fact, that during the act of coughing, the inguinal ring becomes dilated, and the gases retained in the incarcerated intestine are liberated, diminishing the volume of the hernia, and thus rendering reduction possible.—*Hah. Monthly.*

**DROSERA.**—A French homœopathist claims that drosera is a most valuable agent in the early stages of consumption. If given to patients inheriting the trouble, it will never appear; if given when the trouble is well under way, it will quickly cure the existing symptoms and prevent further progress.—*N. W. Journal of Homœopathy.*

**STRYCHNINE IN OPIUM POISONING.**—When the respiration shows the least sign of irregularity or shallowness or inequality, one hundredth to one-fifteenth of a grain of strychnine should be administered subcutaneously and repeated at intervals of an hour, two or three times. It stimulates both heart and respiration and is of the greatest importance in treating opium poisoning.—*Practitioner*; — *Ther. Anal.*

## REVIEWS AND NOTICES OF BOOKS.

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THE TRANSACTIONS OF THE FORTY-SECOND SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, puts in a prompt and welcome appearance. The fact that the tabulated list of contents occupies, in itself, upwards of six closely-printed pages, testifies to the amount of honest and arduous work it represents. It is inspiring to note the number and vigor of the contributions on *materia medica*, and the best methods of its reform. Another highly interesting bureau-report is that on Psychological Medicine, whose papers evidence a very excellent capacity for high and abstract thought on the part of members of the Institute. The volume as a whole is a credit to the body for which it speaks, and to the committee who have put such effective work into its preparation.

THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. By Henry Ashby, M.D., M.R.C.P. and G. A. Wright, B.A., M.B., F.R.C.S. London: Longmans, Green & Co., 1889. 681 pp. Cloth: \$6.00.

The writing of a book on diseases of children by a physician and a surgeon in collaboration is a very happy thought. And when the physician and surgeon in question are gentlemen of such wide experience as the authors of the present volume, the value of their joint work scarcely needs critical affirmation. The book has the great recommendation of giving the results of personal experience covering a long series of years and an immense number of clinical observations; the Manchester Children's Hospital, on whose staff both Dr. Ashby and Mr. Wright have served for upwards of a decade, treating, on an average, 1,200 in-patients and 10,000 out-patients, annually. Most of the illustrations, which are very numerous, clear and interesting, are engraved from original photographs of cases under the author's personal care. It will thus be seen that the work is both original and practical to an unusual degree. All the medical and surgical diseases incident to childhood, receive a share of attention, though none are treated in over-detail. Among the most valuable chapters—and that, to physicians of all schools,—are those on the Hygiene and Diet of Infants and Children, and Anæsthetics for Children. In the former chapter, there is a series of remarks on the care of the child immediately after birth, which every accoucheur could occasionally read with much profit, as freshening his memory on many important details. The work as a whole is thoughtful, thorough and in many respects original, and has solid claims on the interest of the general practitioner.



**OPHTHALMOLOGY AND OPHTHALMOSCOPY.** By Dr. Hermann Schmidt-Rimpler. Translated from the third German edition. Edited by D. B. St. John Roosa, M.D., LL.D. New York: Wm. Wood & Co., 1889. 571 pp.

This work, which has obtained much popularity in Germany, will doubtless, in its present excellent translation, promptly commend itself to specialists on this side of the sea. The author, "knowing the widespread antipathy of physicians to mathematics," which, with gentle irony, he deprecates his inability to classify as "congenital or acquired," has simplified his formulas as far as this is possible. The substantial volume is thoroughly illustrated, three handsome colored plates adding to its attractiveness and usefulness.

**AN EXPERIMENTAL STUDY IN THE DOMAIN OF HYPNOTISM.** By Dr. R. Von Krafft-Ebing. Translated by Charles G. Chaddock, M.D. New York and London: G. P. Putnam's Sons.

This remarkable and fascinating monograph contains the record of a series of hypnotic experiments made on a single subject of peculiarly susceptible temperament. Being the close and exact observations of an unbiassed and conscientious scientist, there is no room for incredulity concerning them; yet no dream of Poe or Hawthorne ever told a wilder, a stranger, or a more saddeningly mysterious story than is here given; and the possibilities of the "darker side of hypnotism" are set forth in a fashion to wake as hudder in the most skeptical. The secret of "mind-cure" miracles becomes an open one, to the student accepting such facts as Dr. Krafft-Ebing here sets forth. It is a study as fascinating to the psychologist as instructive to the alienist; and will doubtless attract as much attention with us, as it has already done on the other side of the sea.

**A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY.** By W. S. Playfair, M.D., L.L.D., F.R.C.P. Fifth American from the seventh English edition. With notes and additions by Robert P. Harris, M.D. Philadelphia: Lea Brothers & Co. pp. 671.

Every new edition of this work calls for fresh words of commendation, although such words are indeed superfluous concerning a work that has reached, in England, its seventh edition in fourteen years. One innovation to be noticed is the use of symbols in describing cranial positions, etc. "The obstetric nomenclature decided on by a committee appointed at the International Medical Congress, held at Washington in 1887, has been introduced." The letters used differ somewhat from those familiar

to most of us, but it is to be hoped that the example here set by Dr. Playfair may be followed by others until a uniform nomenclature becomes international. The Editor calls special attention to the Porro-Cæsarian, and conservative Cæsarian operations, and the exsective method of treating extra-uterine pregnancy, when the foetus is alive and of viable development, and presents the statistical records of these operations to the close of 1888. At least seventy notes have been added by the Editor so that the work is sufficiently Americanized to continue to be a most satisfactory text-book. Two new plates and several illustrations have been added to this edition.

#### THE THIRD ANNUAL REPORT OF HELMUTH HOUSE.

This report presents, in tabulated form, and with detailed and illustrated accounts of certain exceptional cases, the work done at Dr. Helmuth's well-known hospital, for nine months, ending June 15, 1889. It records treatment of 262 cases, including 163 operations: the number of deaths chronicled is but eight, of which one each was due to empyema, gangrene, gastric ulcer and heart failure, and two each to peritonitis and shock. The work covers an immense field, and the report is as creditable as interesting. Antisepsis is strictly observed. There are many illustrations, in the best style of photogravure. The pamphlet will be of the greatest interest to all engaged in surgical work.

**LISTERISM.** By James B. Bell, M.D. Reprinted from the *Medical Advance*.

Dr. Bell's position on the subject of antiseptic surgery is well-known. In this essay, he sets forth the grounds on which his disbelief in Listerism rests. They are substantially those held by Lawson Tait and a few other operators; with of course, the difference that Dr. Bell counts among his strongest arguments against the usefulness of antiseptics, that he does not consider them compatible with the laws of homœopathy. One may agree with the author in many of his remarks, applaud his evident sincerity and enjoy the pleasant style of his essay, while considering the main point at issue still far from being settled.

**CONGESTION OF THE LUNGS AND ITS DANGERS:** Being the 6th of the Montreal Tracts on Homœopathy. By Thos. Nichol, M.D., LL.D., D.C.L.

This little pamphlet, written in Dr. Nichol's well-known purgent style, calls attention to a difficulty which, as he convincingly points out, has far too little attention in medical text-books. He divides his subject into four parts: active congestion, passive congestion and obstructive congestion of the lungs, and pulmonary catarrh. He dwells on the etiology, pathology

and symptomatology of each of these conditions, and on the prompt and marked power of homœopathy to control them. Little technical language is employed, and physicians and the laity alike may find profit and instruction in the terse and brightly written pages. We note with pleasure that Dr. Nichol proposes to celebrate the centenary of homœopathy by giving us "Hahnemann, the Discoverer of Homœopathy," as No. 7 of the Montreal Tracts.

THE POPULAR SCIENCE MONTHLY for November has, as articles of especial interest to physicians, Prof. Stoller's "Conditions Affecting the Reproductive Power in Animals," Mr. Kirk's "Is the Human Body a Storage Battery?" Sir Crichton-Browne's "Responsibility in Mental Disease," and Sir Morell Mackenzie's "Speech and Song"; an unusual and alluring variety. New York: D. Appleton & Co.

The chief feature of the November CENTURY is undoubtedly the opening chapter of the Jefferson autobiography. Nothing could be more delightful than the story it tells, unless it be the manner of its telling. Between the quaintly humorous lines, one catches the unctuous voice of Rip Van Winkle, and sees the flash of Bob Acres' blue eyes. The autobiography cannot but be a continual delight. Other noteworthy contributions are the beginning of Frank Stockton's new erratic romance, "The Merry Chanter"; a specimen chapter from Mark Twain's forthcoming book; and essays, short stories and poems abound in the usual variety. New York: The Century Co.

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### MISCELLANY.

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THERE are only two universities in Germany that have not established professorships of hygiene.

"FINE dog that of mine, Doc."

"Ye-es, but isn't he consumptive?"

"Consumptive?"

"Yes—he's Spitz blood, you know."—*Hotel Mail.*

CREMATION IN FRANCE.—The Municipal Council of Paris has appropriated 383,299 francs for the erection of a crematory in that city, and has levied a "cremation tax" to defray the expenses of the incineration of the bodies of those whose friends cannot afford to pay for it.—*Medical News.*

FOR IRRITABLE THROATS.—Sir Morell McKenzie says: "Many remedies have been recommended for allaying the excitability of the pharynx, but nothing in my experience will lower the irritability like the application of ice. The throat specialist will appreciate this remedy when he once tries it."—*Southern Clinic.*

At a yearly examination in Philadelphia, the professor of chemistry, having become disgusted with the ignorance displayed by one of his victims, finally turns to him and asks: "What is an elementary substance?" and the embryo doctor promptly answered: "A substance found in the elementary canal."—*Med. Times.*

"CAN you minister to a mind diseased?" asked Blueglum, wearily. "Can you give me a nepenthe that will drive away from my brain and heart bitter memories of a desolate past and sad forebodings of a dreary future?" And Pilmixer, pharmacist, said he hoped to die if he couldn't, and compounded him straightway a little dose of quinine, wormwood, rhubarb, castor oil, pain killer, ipecac, garlic and cayenne pepper, mixed it up in a quassia cup with a little pine-top whiskey and told him to drink it down and see if he could remember anything or think of anything for a straight week. Burdette in *Brooklyn Eagle*.

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### PERSONAL AND NEWS ITEMS.

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A HOMŒOPATHIC physician is desired at South Yarmouth, Mass.

DR. FRANZ H. KREBS has removed his office to Hotel Pelham, Room 20. Office hours, 9 to 11 A.M., 3 to 5 P.M. Sundays, 3 to 6 P.M.

FOR SALE. A good practice in a growing Massachusetts manufacturing town. Price, including teams, \$500.00. For particulars address, "Physician," care Otis Clapp & Son, 10 Park Square, Boston, Mass.

The GAZETTE, and we are sure its readers join it, extends congratulations to Dr. H. I. Ostrom, the well-known New York surgeon, on the merited honor of his recent election to a fellowship of the British Gynæcological Society.

The fair held on Dec 16, at 53 Blue Hill Avenue, Dorchester, under the auspices of Drs Mosher and Pike, proved a great success. The proceeds of at least \$150.00 will be added to the sum already raised for the new Boston Homœopathic Dispensary.

DR. J. D. STONEROD of Meadville, Pa., the originator and one of the proprietors of sozone, the new asthmatic remedy, gracefully retired on the fifteenth of September last, after a siege of forty years of active and continuous practice among pills and powders. He will spend his declining years in advancing the interest of "sozone" and relieving suffering humanity from that very intractable disease, asthma.

It was in 1844 that the well-known Aperient called "Tarrant's Seltzer," was prepared for the use of the coterie of physicians which composed the staff of the New York Hospital, and from that time to the present it has been a favorite saline with physicians of all schools.

It is not only a most palatable and safe Aperient, but is now extensively used as an antacid in gouty or rheumatic diathesis and as a vehicle to administer the salicylates, lithia salts and tincture of iron.

DALLAS, TEX., June 5, 1888.

*Messrs. Reed & Carnrick:*

*Gentlemen:* It gives me pleasure to say that I regard your Food Preparations far superior to all others. I can point to many little ones whose lives, I feel confident, were saved by them. I have been practising medicine in Texas for twenty-two years, have tried many other preparations, but after all I hold to yours as the old reliable; they have never disappointed me. My motive in making this statement is that others may be induced to give them a fair trial,

Yours truly,

J. L. CUNNINGHAM, M.D.

MR. G. W. WIGNER, who is president of the Society of Public Analysts, London, has made a critical examination of Mellin's Food, and finds that it not only contains the nitrogeous and phosphatic matters essential for the healthy growth of a child, but that these are in the proper proportions. The examination demonstrated that Mellin's Food is not only readily digestible itself, but that it actually assists to digest milk and other foods with which it is mixed. Mr. Wigner considers it of great value for infants, and as an addition to the diet of healthy children.

THE  
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Boston, Mass.

EDITORIAL.

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“LA GRIPPE.”

It is a favorite by-word of democratic nations, that everybody is wiser than anybody. The GAZETTE, a firm believer in democratic principles, if the term be understood broadly and not politically, has, in studying that malady which so lately was the very pressing question of the hour, taken a hint from the proverb above quoted. Rather than invite an exhaustive opinion from any single authority, however distinguished, the GAZETTE has secured, studied and tabulated the recorded experience, in the treatment of the Grippe of thirty New England physicians; said experience representing observation of upwards of three thousand cases; surely no despicable data on which to found conclusions.

The GAZETTE desires to express its deep and cordial gratitude to the physicians who so promptly, so courteously and so fully complied with its request for a reply to the following schedule of questions:

Jan. 10th, 1890.

DEAR DOCTOR:— Will you kindly give the following questions your earnest attention, and let me have a reply not later than the 15th inst?

I. Do you consider “La Grippe” a contagious disease?

II. Which of the following conditions have been most frequently observed by you?

Chill.

High Temperature.

Delirium.

Vomiting.

Prostration.

Rheumatic Pains.

Catarrhal Affections.

III. How have these conditions been most frequently combined?

IV. What has been the average duration of the disease?

V. Has high pulse and low temperature been a peculiarity of the trouble?

VI. Have you had any fatal cases distinctly attributable to the disease?

VII. Has it seriously complicated any other malady?

VIII. Have "catarrhal subjects" been particularly prone to it?

IX. Have you noticed any marked sequelæ?

X. What has been the nature of such sequelæ?

XI. Have you found any prophylactic treatment effective?

XII. What remedies have been of most marked usefulness?

EDITOR NEW ENGLAND MEDICAL GAZETTE.

The weight and value of the opinions thus obtained, needs no affirmation beyond our statement that the physicians expressing them, and to whom our acknowledgement is addressed, are: Drs. I. T. Talbot, Conrad Wesselhoeft, D. G. Woodime, L. A. Phillips, H. P. Bellows, E. P. Colby, J. L. Coffin, N. W. Emerson, J. M. Teele, F. D. Stackpole, and H. E. Spalding, of Boston; Dr. A. H. Tompkins, of Jamaica Plain; Dr. James Utley, of Newton; Dr. F. B. Percy, of Brookline; Dr. G. E. Percy, Salem; Dr. A. J. French, of Lawrence; Dr. J. J. Shaw, of Plymouth; Dr. B. T. Church, of Winchester; Dr. D. B. Whittier, of Fitchburg; Dr. N. Emmons Paine, of Westboro'; Dr. G. A. Slocomb, of Millbury; Drs. C. L. Nichols, E. D. Fitch and J. P. Rand, of Worcester; Dr. N. W. Rand, of Monson; Dr. S. H. Spalding, of Hingham; Dr. Joseph Chase, Jr., of East Weymouth; Dr. George A. Peck, of Providence, R. I.; Dr. E. B. Hooker, of Hartford, Conn., and Dr. J. H. Whidden, of Portland, Me.

The most earnest attention of our readers is called to the summary now immediately following. From study of it each can draw his own conclusions as to the pathology of this unique affection; formulate his own theories as to its etiology; and lay to heart a rich store of suggestion as to its treatment for use in the future epidemics, which doubtless will some day return to vex us. Few visitors to America from the effete shores of the Old World, fail to return to us, soon or late; and this visitor, received and lodged by well-nigh a million (however unwilling) hosts, will unhappily, we may guess, prove no exception to this rule.

QUESTION I. is answered as follows:—Twenty-eight say, "no;" one, "yes," and one gives no specific answer to any of

the questions. The following quotations give a fair idea of the prevalent opinion:— "I have seen no evidence of it." "Pandemic." "I consider it due to some specific germ—imported—but of such ethereal substance, quarantine voluntary or enforced would be perfectly useless." "I see no valid argument for contagion." "Certainly not contagious, but infectious." "I do not consider 'La Grippe' a contagious disease, though I think it often appears to be such." "I have not considered 'La Grippe' a contagious disease, although its manner of attacking consecutively the several members of a family, would lead one to think it contagious." "I do not consider that the disease, which has recently prevailed so extensively, and has been called 'La Grippe' is contagious, *i. e.* communicated by one person to another, but is rather an epidemic dependent on atmospheric conditions." "I do not consider 'La Grippe' a contagious disease, because it is not conveyed from one person to another by contact." "Yes, but decidedly epidemic. Exposure in some cases not having been possible." (Cases cited.)

QUESTION II. is answered as follows:—

CHILL. — Twenty-eight of the replies refer to the presence of chilliness more or less pronounced. One says, "chill occasionally," while another says, "in all cases." Others say "in majority," "in 75%," "chill and prostration most frequently" observed, "always some, usually slight, no rigor." Several replies state that the chill is "not severe," and describe it as "creeping." Fourteen of the replies do not describe the chill, and none of them refer to the chill as at all serious.

HIGH TEMPERATURE. — Elevation of temperature is met invariably. The average seems to be 102–104° F., and although one writer says, "rarely above 101°," another "seldom 103°," no less than seven recorded a temperature of 104° and above, the highest being "105 in a very few cases." In one series of 146 cases, the temperature reached a higher point in men than in women.

DELIRIUM. — Fifteen correspondents, only one-half the entire number, have met this condition. The answers read, "none, except in young children," "seldom present, and then only in children," "most marked in children," "rare," "very rarely," "infrequently," "in *one* case," "in four cases," "moderate," "little; severe cases inclined to stupor," "slight, but common." The conclusion is therefore inevitable that delirium is slight and uncommon.

VOMITING. — Of the twenty-seven answers to this question only one says, "none;" one says "rare," another "in some,"

two say, "occasionally," one "nausea or vomiting," another simply "nausea." Twenty-five of the twenty-seven noticed vomiting and although a few met it only occasionally, the majority met it in "many" cases, "often," "in about one-third of the cases," in "15%," and one says, "first symptom in one-third of the cases." It seems also to have been more common in women.

PROSTRATION like the elevated temperature seems to have been "a very marked and characteristic symptom." It is rated by two correspondents as the second most marked feature of the disease; by one as the third, by four as the fifth. Others claim that it was noticed in "every one," that it was "unexceptional;" while others claim that it was noticeable "only after complications," "particularly in protracted cases," "during convalescence in most."

RHEUMATIC PAINS were noted by every observer, or at least pain of an "aching," "lame," "sore" character. The term "rheumatic," was chosen simply because it seemed at the time sufficiently appropriate. Its appropriateness, however, was questioned by several; one claims that the pain was "periosteal," one "myalgic," while several refer to it especially as "neuralgic," selecting the trigeminal, lumbar, and sacral nerves. Three correspondents rate the *pain* as the first symptom in point of frequency, one as the second, and two as the third. One met it in 60% of his cases, another "in about one-half of the cases; quickly relieved." No fewer than eight referred in this connection to the "severe headache" as being a prominent symptom.

CATARRHAL AFFECTIONS. — This term may also have been an unfortunate selection from its apparent lack of precision. A wide and general application was intended. Only three of the answers ignore this subject; eight mention it but give no specifications; one says, "not marked in early stages;" another, "sometimes present;" two others, "not a marked feature;" "either absent or slight in the most typical cases," "in severe cases," "slight and seldom present except as a bronchial complication," "comparatively infrequent in nose and eyes; frequent in throat and bronchial tubes," are other answers given. One met "catharral affections" in "75%" of his cases, one ranks them as the second, two as the third, two as the fourth, and one as the sixth, in point of frequency among the seven conditions mentioned in the question. Several observers mention in connection with the preceding, vertigo, mental depression, cough, and diarrhoea as not infrequently occurring.

QUESTION III. — It was hoped that the answers to this ques-



tion would permit the classification of the distemper into types, but a careful tabulation of the answers shows that this is impossible. Types are suggested; *e. g.*, rheumatic (or myalgic), catarrhal, and neurotic, though the data are not sufficient to definitely establish such differentiation.

One correspondent says his cases were "all rheumatic," and no fewer than eighteen give a group of symptoms, in which chilliness, more or less fever, aching pains, headache and prostration predominate, the cough or bronchial irritation being either absent or inconspicuous. This group might be considered typical, and not inappropriately be called "rheumatic" or "myalgic."

Another group is marked by chilliness, moderate fever, irritation of the respiratory mucous membrane (nasal, pharyngeal and bronchial) with accompanying or subsequent prostration. This group is less clearly defined than the preceding and is varied by gastric irritation (vomiting and anorexia), ophthalmia, and occasionally diarrhoea, which is specially referred to by three correspondents. This group is suggestive of a "catarrhal" variety. Another group less individual perhaps than either of the preceding, presents besides the chilliness and moderate fever, slight delirium, drowsiness, mental despondency, trigeminal neuralgia, and prostration; although some cough or pain may be present. Although these symptoms suggest neurotic disturbance statistics hardly warrant the establishment of a "neurotic" type.

If the term "neuralgic fever" had never been associated with "dengue," we would suggest it as the most appropriate name yet offered for "La Grippe," although the latter will undoubtedly become its historical designation. In fact the disease closely resembles dengue, with the exception of the eruption, and the addition of cough. The sudden appearance of the disease, the absence of premonitory symptoms, the physical and mental prostration, the neuralgia, the tardy convalescence, the absence of organic changes, all point to functional or neurotic disturbance, and considering the presence of fever, justify the use of the term, "neuralgic fever." The prostration has frequently been described as "far more serious than the brief sickness would seem to warrant." The cough, as a rule, has been accompanied by but slight expectoration, and the bronchitis, broncho-pneumonia, and pleuro-pneumonia have occurred as sequelæ, appearing during convalescence as a relapse due to exposure ("carelessness" as some correspondents say). Whether or not the disease may justly be considered a neurosis remains for further investigation to decide.

. QUESTION IV. — The duration of the disease is stated by

twelve correspondents to be from two to four days ; one says, "rarely more than two days ;" one says, "four or five days ;" one says, "four to seven days," and one each, "five days," "eight days," "ten days ;" these last evidently reckoning to the full establishment of health. No fewer than seven state the duration of the "acute stage," "febrile action" to be twelve to forty-eight hours ; one says the "headache" lasts twelve to thirty-six hours ; several say the "rheumatic pains" last from one to three days, and the "debility" three to seven days. The "catarrhal affections" (cough especially) "continue indefinitely ;" so also the "prostration," according to several observers, four to fourteen days being the time stated by some "Severe cases" are said to last "seven to fourteen days," and two writers say that "with sequelæ" the duration is "seven to fourteen days ;" one that "when complicated with bronchitis," it last two or three weeks ; and another that "without treatment, and with carelessness the disease will last two or three or more weeks."

QUESTION V. was suggested by the fact that the writer had just noticed two cases in whom the pulse counted 120 to the minute, the temperature being less than 100° F. in each. This was at the close of, and after the acute stage, and with the prostration suggested the idea that the disease was a neurosis. The question however, is answered briefly in the negative by thirteen correspondents, while twelve others agree that there was no disproportion between pulse and temperature. Two others however, answer in the affirmative, and one says, "quite so." One says "when temperature would call for a pulse of 120, often found it ninety-five and weak."

QUESTION VI. is answered as follows :— "No" by twenty correspondents ; one other says, "not yet ;" one, "none attributable to the disease alone," and one, "I regard such a termination unnecessary." Fatal cases are reported as follows by the remaining six ; "one case of chronic mania ; no other cause than 'La Grippe' could be assigned for it ;" "one death from heart failure immediately following an attack, in a woman of seventy-eight. Had been suffering with 'La Grippe' two or three days ;" "not directly to the disease, but indirectly from pneumonia ;" "one, took typhoid form ;" "one in 300 cases, thus far, from pneumonia originating on the tenth day," and "one case fatal from sequelæ."

QUESTION VII.— The answers to this question are divided as follows :— Sixteen in the negative, thirteen in the affirmative. The latter agree that pulmonary diseases more especially are

aggravated by the disease. In addition we select the following quotations:—"Two puerperal cases (one on second, other on tenth day), but without serious results," [to which the writer can add one case of premature labor at eighth month, evidently induced by the disease]; "aggravated existing diseases;" "all acute maladies seemed to be stamped with 'influenza' characteristics," "seriously aggravated, one case of endocarditis, which terminated in hypostatic pneumonia and hæmoptysis. In a case of staphylophary, an accession of the disease on the second day seriously interfered with the healing proces," "it has seriously complicated other acute and chronic diseases with which individuals were affected before the epidemic was properly known."

It is worthy of notice that "one case of mild mania recovered during the fever."

QUESTION VIII. is answered definitely "no," by seventeen, "yes," by three, while seven are not positive, and one says, "somewhat more liable but not particularly so"; and one, "everybody, so to speak, has catarrh in R. I.; think an affirmative answer might be proper." Those who "have watched this point very carefully," however, say, "no."

QUESTION IX. has been answered only by a few, five saying "no," six replying "yes;" one of the former writing again, says, "since writing 'no' have had three cases acute pneumonia following exposure to yesterday's storm, who were suffering from 'La Grippe.'"

QUESTION X. has been replied to by the majority, the sequelæ being "bronchitis," nine; "cough" of "bronchial character," prolonged and obstinate, five; "pneumonia," six; "pleurisy, pneumonia, singly or combined, distinctly traceable to epidemic attacks" one; "prostration," five; "dull, rheumatic pains," two; "catarrh," three; "neuralgia" chiefly trigeminal, two; "poor appetite," one; "diarrhœa," one; one writer refers to "complications" rather than sequelæ; another gives twenty-one "relapses" in 146 cases; and another pithily says, "If folks don't take care of themselves a *cold* is likely to produce serious trouble according to the constitution of the individual."

QUESTION XI. is answered "no" by sixteen; "have made no attempt at such," five; "not in the least degree," one; "cannot say," one; "have not tried any, and do not believe in any," one; "never dreamed of trying any. A healthy, rested physique is all the prophylaxis I take much stock in," one; "best prophylactic is to *insist on patients going to bed on first approach*; this perceptibly lessens severity and abbreviates attack," one; "when

able to prescribe in the very earliest stages ars. and euph., I have aborted such cases," one; "quinine to a few, none of whom have as yet been attacked," one.

QUESTION XII. is one of the greatest practical value, and the answers form an interesting study from several points of view, although lack of space will not at present allow any special analysis or comment.

Bryonia takes the lead, having been used by twenty-three of the twenty-nine physicians who answer the question. Aconite ranks an easy second, having been used by twenty; then follows arsen. by sixteen, bell. by fourteen, gels. thirteen, rhus. thirteen, merc. (viv. and sol.), nine, nux vom. eight, and phos. six. This group of remedies is a marked one. According to one reply, "The *indicated* remedy *always!*" the following remedies seem to have been selected:—Euphrasia, sulphur, allium cepa, phenacetine, verat. vir., china, kali bich., and eupato. perf. by three each; eucalyptus, ferrum phos., ipec., chin. ars., spigelia and sanguinaria, two each; while arn., hyos., puls., antipyrine, ant. tart., kali iod., ledum, verat. alb., hep. sul., sticta pul., euphorbia pil., cannabis ind., macrotin, cimicif., ign., chamo., caust., "quinine and antipyrine, one in over 100 cases," one each.

Concerning one remedy which seems to have been neglected, we quote Dr. Hooker, "Eupator. perf. has done splendid service, where antipyrine would be given to relieve fever, headache and pains of muscles, bones, etc." Dr. C. H. Thomas, of Cambridge, in a note not included in the replies, speaks of "eup. perf. as giving me the best results," and the writer joins his testimony to the preceding. But even with this additional testimony, we have only five out of thirty-one physicians who used this drug.

By way of conclusion, a few statistics from Dr. N. Emmons Paine's reply, and a few quotations from the replies of others, may profitably be given.

"The number of persons attacked by 'La Grippe' in this hospital, up to the present date (Jan. 16th) is, females, ninety-five; males, fifty-one; total, 146.

QUESTION 2d, *Chills*.—Fifty men, forty-three women. *High temperature*; males all above ninety-nine; four above 102; highest, 104; females, all above ninety-nine; seven above 102; highest, 103.

*Delirium*.—Males, three; one age nine, one about seventeen, one about twenty-two. Female, one about twenty-five. No insane patients had delirium.

*Vomiting*.—Males, five, females twenty-seven. Total, thirty-two.

*Prostration.* — Every one.

*Rheumatic Pain.* — Every one.

*Catarrhal Affections.* — The question is one difficult to answer. If you mean the nasal symptoms of ordinary influenza, only two males, and three females; but there were twenty-four of the male persons who had no unusual discharge from the nose, but complained of difficulty of breathing and a stuffed feeling in their nose; and of the female persons, fifty.

This only refers to nasal symptoms, and does not include bronchial symptoms.

3d. Of the above seven conditions, the most prominent were rheumatic pains, then prostration, then chill, frequency being in that order; the rheumatic pains being in every case.

6th. One case of chronic mania had a moderate attack of the disease, and died in the second or third day. No other cause than 'La Grippe' could be assigned for it.

7th. One case of mild mania recovered during the fever, and is soon to be discharged as recovered. It has not seriously complicated any disease.

9th. None so far, except headache continuing some days after the person is well enough to go about, and occasionally relapses. There have been six relapses of male persons, only one of whom had pneumonia, and he is recovering. He was an employee. Of the female persons, fifteen relapses, one of whom was a case of pneumonia, and she was a patient.

Of the fifty-one male persons, twenty-six were patients. The rest were employees, except two children in the physicians' families.

Of the ninety-five female persons, sixty were patients and the remainder were employees."

"II. and III. The attacks have frequently been ushered in by slight chills or cool feeling and slight headache followed by sudden, severe bursting headache, with pain and soreness of the eyeballs, succeeded by sharp pain in the spine, extreme prostration, with mental depression, pain in the limbs and muscular soreness. In some cases the headache would seem to be so severe as to produce nausea with the paroxysms and even vomiting. The temperature has varied from 100° to 104°"

"The cases of Grippe which I have looked upon as best representing the disease in my practice, have been characterized by a night, or in some few cases, a night and a day, of alternate hot and cold paroxysms with *moderately* quick pulse, averaging say 108 per minute with temperature ranging from 102° to 104°; more or less severe pains in back and limbs, lower limbs especially; headache, frontal and on vertex, *greatly* aggra-

vated by cough, when cough has been present, as it has in the majority of cases; severe coryza and sneezing *more rarely* than cough.

Vertigo referred to vertex and often associated with nausea on attempting to raise head from pillow or to sit up. In some cases vomiting, apparently reflex in this wise.

The duration of this condition has rarely been more than two days, though often followed by a week or more of not feeling as well as usual, and of poor appetite and nasal and pharyngeal catarrh with thick, heavy discharge of mucus, sometimes bloody."

"I don't think in the present epidemic catarrhal symptoms have been a marked feature, the cases as a rule, taking on more of the nervous type. The dry, hard cough has been a constant and quite persistent feature of the disease."

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#### EDITORIAL NOTES AND COMMENTS.

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A VERY INTERESTING SYMPOSIUM ON CO-EDUCATION is a feature of a recent number of the *Medical News*. In it three eminent gynecologists, Drs. Goodell, Chadwick and Thomas, and three not less eminent neurologists, Drs. Weir Mitchell, Starr and Putnam, give their views on the subject of co-education, and incidentally, on the advisability, for women, of higher education in general. At the outset of it all, it is impossible to note, without amusement, that here is a discussion about the interests of women in which no woman has a voice. It is very significant of the lingering mediævalism which still surrounds the entire woman-question like an atmosphere, that no sense of humor on the part of editors or contributors should have caught the drollery of the assumption that women are still a class to be distinctly governed; decided for; thought for; legislated for; in short that it is for anyone in the world except women themselves to decide what and how much education women shall have. It can do no harm to listen to the opinions, on these themes, of those who after all touch the matter only on its limited pathological side; the joke, if we may call it so, lies in the quite unconsciously *ex cathedra* tone of the contributions, and especially those on the negative side. They sit in judgment as on a class unable to judge for itself; and they tacitly assume that, should the concensus of opinion among male gynecologists and neurologists prove in favor of abolishing co-education as inimical to the purpose for which they—apparently after holding secret session with the Creator—pronounce her to have

been created, then woman will meekly accept the fiat, and co-education cease to be. All this shows a curious inability, closely allied to the head-hidden ostrich and the Andover theologians, to read the signs of the times and accept the inevitable. The fact is that we, as physicians, may deprecate or may rejoice in the fact that women are deciding their own destiny and settling for themselves the laws by which they are to be governed; but it is certainly our part to recognize that fact, and to realize that while we may, as those laws are settling themselves, here warn, and there applaud, it is no longer ours to dictate and decide. Co-education has come to stay; the higher education of women has marched beyond hearing of our cry of "halt!" The part of intelligent men is now to note their effects; to search out the conditions under which they can most sanely be carried on; to see, if possible, where in them there lurks danger to the true, best interests of womanhood; not to amuse ourselves by playing Mrs. Partington in the scene with the Atlantic Ocean and the broom. This wise course, it is pleasant to note, is chosen in the symposium now our text, by Drs. Thomas and Chadwick for the gynecologists, and Drs. Starr and Putnam for the neurologists. The other two physicians indulge in little argument and much invective. When we examine their arguments, we find them to rest on very odd tacit premises. Their claim is that absence of strain on mind and body is necessary for the normal sexual development of females. Higher education involves such strain; higher education must go; Q. E. D. This would presuppose that when higher education goes, women will pass into entirely hygienic living, of which higher education is now the only disturbing force. The fact is, as it seems perfectly amazing for any fair-minded, practical physician to deny, that hygienic living among women is less interfered with, to-day, by higher education, than by any other single operative force. For every college student who comes under the care of gynecologist or neurologist, there come a score of housewives, and two score idle women of fashion. For every girl who injures herself by overstudy during her menstrual period, half a hundred injure themselves by over-dancing at improper hours, in irrational clothing, amid morbidly exciting influences. For every college graduate who honestly and gravely renounces maternity for a career—a danger eloquently dwelt upon,—there are a hundred fashionable wives who thwart nature by unspeakably vulgar means to prevent conception, or failing this, deliberately destroy the helpless embryonic life, sullenly maintaining, when taxed with their crime, the ignorant thesis that "it was gotten rid of before there was any life there!" Conservatism,—this is a mild name for the element indicated

—has an immense field to fight in, quite outside that in which higher education waits its onslaught. We as physicians, when we have overcome, among our women patients, barbarous habits of dress; hurtful dietetic practices, including slavery to tea and coffee; an ignorance of every law, physical and spiritual, governing marriage and maternity, as dense as any which prevails in the interior of Africa, and untold wretched practices founded on that ignorance, can justly and with the applause of thinking men and women, turn our attention to the evils of higher education. It is idle to deny that there exist such evils, as there exists a reverse side to every reform. There is serious danger that as there has been an age-long tyranny of woman's physical and emotional over her intellectual nature, the intellectual nature, late awakened, may play tyrant in turn, unwisely scorning physical limitations, and too greatly modifying that sensitiveness in which always must reside the secret of woman's deepest hold on power. These are very real dangers; but there are greater dangers in the presence of which they sink into insignificance. Ignorance is doing more mischief among the women of to-day than is overmuch learning; let us combat the larger evil first.

There is one phrase in Dr. Weir Mitchell's paper, which it is impossible to pass by without mention. In enumerating the evils of co-education, he tells us that where the standard of work is set by men, girls will "defy and deny" their "menstrual disabilities;" . . . "the effects of shame being intensified for fear of a masculine smile."

Anything more extraordinary in the way of argument, than the above, it would be difficult to imagine. Its assumption that college work is done by so many hours' unchangeable routine work daily, shows an incredible carelessness of observation. Methods of work differ as widely as the temperaments of workers; college men are many in every class to whom it is natural to work by alternate "spurts" and rests; now a day of incessant application, again a day of comparative idleness. Such a method can be practised by women students as naturally and successfully, and would abundantly cover the effects of those "menstrual disabilities" of which we hear far too much. And as to the "masculine smile," which a periodical rest on the part of a woman fellow-student is suggested as calling forth, we would suggest in turn, that the weak, coarse and prurient mind capable of such manifestations should present a more alarming pathological problem to the average physician, than the potential injuries of young women from mental overwork.

NOTE.— Since the above comment was written, there has appeared in the *Medical News*, apropos of this symposium, an editorial extraordinary throughout,



and containing two remarks so impossibly illogical, so incredibly coarse in suggestion, that we cannot refrain from calling attention to them, as an instance, glaring almost beyond precedent, of how far intelligence, courtesy, and simple common sense may be left behind, when the reins are given to bigotry and prejudice. The first remark in question, is this :

"The young girl who can sit in a class-room with young men, and be told of the sphincter vaginæ muscle and its function, in physiological lectures without flinching, should certainly not object to much less broader discussion at a dinner party."

Which means that time, place and motive have nothing whatever to do with determining propriety and impropriety. And means that the male student who can listen without discomfort to class-room allusion to the process of defecation, can experience no possible shock of disgust at the introduction of this process as a dinner-table topic. And means that the female patient who freely discusses her menstrual difficulties with her physician, has no right whatever to resent allusion to the same, on the part of a gentleman acquaintance, whom she meets later at afternoon tea. Means, in short, the exact opposite of the noble doctrine which we have always been taught to recognize at the outset of professional study; that to the pure, all truths of nature are pure, so that they are studied in cleanness of heart and to noble ends; and that to deny this, is to advertise one's own pruriency, without affecting eternal truths.

The second remark is this :—

"The status of the world should in justice be this, that if women want to do these things, let no one hinder them, but let them know that they are in danger of losing the chief thing that they need, a man's respect, when all their modesty is buried in science."

Whether a woman "needs a man's respect," would seem to depend upon the man. There are certain men, whose "respect" implies as completely the annihilation of a woman's intelligence, as the admiration of other men implies annihilation of her moral character. If the "burial of modesty in science" means anything whatever, it means that a woman is worthy of a man's respect just so long as she remains in ignorance of the laws governing sexual relationship, and no longer; which being true, it follows that a man's respect is confined solely to the spinsters of his acquaintance, and was forfeited irretrievably by his mother and his wife, by the fact of the inevitable knowledge acquired by them in becoming such.

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THE VALUE OF HEAT IN HYPERPYREXIA is the subject of a most striking and valuable paper by Dr. Deane, a surgeon in the British Army, and published in the December issue of the *Homœopathic Review*. In a long service in India, Dr. Deane has of course seen much of hyperpyrexia, and its fatal effects. He credits Dr. Markwick with suggesting to him the use of heat in such cases, as relieving the characteristic and alarming headache much more quickly than can cold, and showing more permanently beneficial effects on the fever. He claims that by following out this suggestion he has obtained most happy results, and illustrates his point with the following case, which we feel to be of sufficient interest to quote at length. It occurred at Aden. The patient was a young soldier, who had been ill three or four days, but not alarmingly; his case being one of simple fever, his temperature not exceeding, at any time, 103°, and headache being the only symptom complained of. Dr. Deane, not being satisfied with the condition of his pulse, on an evening visit, and having seen similar cases take a sudden turn

from the worse, (oddly enough, considering the increasing coolness,) between sunset and midnight, ordered his temperature to be taken every half hour.

In about an hour and a half his temperature was reported to me as 110° F., the man being perfectly conscious but rather listless. In less than three minutes the man was under treatment, and no bath being available and ice being limited, I packed him in sheets wrung out of water (as cool as it would be at Aden in June), placed ice in the axillæ and on his chest and abdomen, covering all with a blanket, the sheets requiring frequent changing owing to their soon getting quite hot. I gave him *m* ii. of tincture of aconite every quarter of an hour, and bathed his head with layers of thick flannel wrung out of boiling hot water. He had three or four doses of aconite, and in a few minutes after commencing the hot applications to his head the pain almost entirely ceased, and they gave him a most marked feeling of comfort and relief. His temperature fell gradually to about 105° F., never rising again to a dangerous height; he perspired freely, and he was afterwards treated with gelsemium and veratrum viride, and was ultimately in about a fortnight discharged to duty perfectly free of headache.

I may mention here that a few weeks afterwards the man reported sick, telling me his helmet made his head ache in the sun, and he could not manage his duties, and he was sent home early the next trooping season for change of air.

In reporting this case my object is to emphasize the application of heat to the head in cases of headaches in fevers, and, indeed, in other circumstances too. The headaches of heat-fever are perhaps as severe as any ordinarily met with, and I entirely discard ice or bandages, and so great has been the relief that soldiers have asked me to go on bathing their heads. The relief has been almost immediate, and I have found that the headaches have often not returned, at all events with the same severity, as is generally the case with ice, the relief from which is anything but immediate as a rule. Whatever the cause of hyperpyrexia, in this case I attribute the man's recovery, in a great measure, to the hot applications to his head, they perhaps having had more influence in stimulating the inhibited heat centre than the cold to the general surface.

I would like to see "heat to the head in fevers" placarded on every medical officer in Her Majesty's Service.

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### COMMUNICATIONS.

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#### *A REVIEW OF ABDOMINAL SURGERY WITH A REPORT OF ONE HUNDRED AND TWELVE CASES.*

BY HORACE PACKARD, M.D., BOSTON.

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

A glance over the history of abdominal surgery reveals a progress which is not equalled in any other branch of the surgeon's art. It is eighty years since the bold Ephriam McDowell, of Kentucky cut open the abdomen and removed an ovarian tumor. Many years passed by ere much was accomplished in abdominal surgery, for it was not until 1848, that Angus Kimball of Lowell, made his first ovariectomy, in 1858 that Sir Spencer Wells began his career as an ovariectomist, and as late as 1872 that Charles Homans, of Boston, performed his first operation of that kind.

It is twenty-two years since the first ovariectomy was made in

our Boston City Hospital, and fifteen years since the first operation of this kind is recorded in the Massachusetts Homœopathic Hospital.

Loud and bitter was the denunciation of the pioneers in abdominal surgery, by the medical profession at large, for what was then looked on as human butchery.

How different is the status of this branch of surgery today!

In 1880 there was but a single laparotomy in the Massachusetts Homœopathic Hospital. In the last year, 1888, there were twenty-two.

Fifteen years ago the laparotomists of the world scarcely numbered ten. To-day there is hardly a surgeon but who can show his record of abdominal operations.

During a period of three years beginning Jan. 1, 1886, there were thirteen hundred American laparotomies from the hands of eighty-two operators.<sup>1</sup>

Two years ago (1887), the first complete work on abdominal surgery appeared<sup>2</sup> necessitating six hundred printed pages to adequately cover the subject.

To-day there is scarcely an organ in the abdominal cavity but has been subjected to the surgeon's knife. The pylorus has been resected, long segments of the intestine cut out, adjacent loops fastened together for the purpose of accomplishing anastomosis; the gall bladder has been incised and excised; the spleen and pancreas have not escaped the surgeon's knife; the kidneys have been subjected to operation, both by incision as well as excision; and the uterus, ovaries, and fallopian tubes have furnished [material for the widest scope of the most ambitious laparotomist.

From the standpoint of the art of surgery, this is indeed a great conquest. The establishment of the facts that the once dreaded peritoneal cavity may be manipulated surgically without fear of inflammation, that a portion of the intestinal tract may be excluded without serious inconvenience to the patient, that the loss of a kidney is not necessarily fatal, that the gall bladder is not an essential part of the digestive apparatus, that the uterus and ovaries are not essential to the life of woman, are grand achievements.

On the other hand, what can be said of this from the standpoint of the patient? Has human life been saved or prolonged by the knowledge thus gained; has suffering been averted?

We can easily arrive at a conclusion by briefly surveying the diseases and accidents to which the abdominal viscera are subject.

The intestinal canal is subject to obstruction from cancerous

<sup>1</sup> *Pittsburg Medical Review*, Sept. 1889. <sup>2</sup> *Abdominal Surgery* by Grieg Smith.

and cicatricial stricture, intussusception, hernia, volvulus, and enteroliths; also to penetrating gunshot and sabre wounds. From the former, death is sure to result if the obstruction become complete; from the latter death as surely comes from escape of fecal matter into the peritoneal cavity.

What surgery is able to accomplish for the relief of these distressing conditions, one has only to read the literature of the last two years to learn. The experimental researches of Dr. Nicholas Senn,<sup>1</sup> of Milwaukee, have shown that in total intestinal obstruction from cancer, a loop above may be quickly and safely united to a loop below, by his method of intestinal anastomosis, and the continuity of the intestinal canal thus re-established. Resection and union by lateral approximation, in all cases where a portion of the intestinal tract has been destroyed by gangrene or wound, is a safe procedure.<sup>2</sup> Senn's method of insufflation of hydrogen gas for purposes of diagnosis in suspected intestinal perforation from gunshot or sabre wound in the abdomen, is a procedure which should always be adopted early, and if perforation exist, abdominal section and the sewing up of the intestinal wounds with the Lembert suture or some modification of it offers the greatest hope of relief.<sup>3</sup> Cases of artificial anus from strangulated hernia, or other wise, can be safely restored.<sup>3</sup>

Affections of the gall cyst and duct are among the most painful to which the human frame is subject. Modern surgery has shown that abdominal section and the removal of biliary calculi from both cyst and duct are not only possible, but should always be done if the gravity of the affection reach a point which endangers the patient's life. In cases of abscess and hydatel of the liver, laparotomy with incision to the liver substance, evacuation, drainage and suturing the edges of the liver wound to the parital wound offer the greatest hope of relief and cure.

Of the pancreas and spleen little can be said of operative measures, for the reason that they are rarely the seat of affections calling for surgical interference. Tumors of both organs have been removed. Experimentation has shown that the spleen is not essential to the life of the individual. Hence in case of splenic cyst of a size jeopardizing the patient's life, total removal would be a justifiable operation. We have no knowledge as yet, which would justify us in the total removal of the pancreas for disease. There have been a few cases of extensive cystic degeneration of this organ which have been mistaken for an ovarian cyst and operation attempted. If the cyst have

<sup>1</sup>Senn's Intestinal Surgery.

<sup>2</sup>*New York Medical Journal*, March 23, 1889, p. 314.

<sup>3</sup>*Medical Era*, Chicago, January, 1890.

developed at the splenic end of the organ and have a pedicle, its removal may be accomplished with safety; if it have a large attachment and many adhesions, incision and drainage without attempt at removal is the best method.

The kidneys are very tolerant of surgical manipulation. In renal calculi, abscess of the kidney, hydronephrosis, etc., much may be done to save life and relieve suffering. Total removal of the kidneys for any of these conditions is not an advisable procedure, for the reason that experience has shown that a diseased kidney is better than none, provided free exit is given for any products of disease which may arise there. In the past few years, efforts have been made to fasten dislocated kidneys in place with sutures but without very satisfactory results.

The greatest boon to humanity in the line of abdominal surgery, has been in operations on the ovaries for the removal of ovarian tumors. The lives saved annually in this way number thousands. With the present methods of operating, every case of uncomplicated ovarian tumor should recover.

Recent knowledge of diseases of the Fallopian tubes has enabled the surgeon to restore to health, by removal of the same, many cases which would otherwise be destined to lifelong invalidism. Tumors of the uterus and the uterus itself are removed today with as little disturbance to the patient as frequently follows parturition. Large multiple fibroid tumors are as easily and safely removed as ovarian cysts.

Have I presented an overdrawn picture to you of the present status of abdominal surgery? I think not. True, patients die now and then following abdominal operation, but an analysis of the works of our best operators will show in every case that death has resulted, not because of the operation, but because the condition necessitating the operation had proceeded too far before the art of the surgeon was invoked. It is estimated that in ovariectomy alone, with the present percentage of recoveries, a series of one thousand cases, confers upon humanity a saving of twenty thousand years of life.

In closing I will invite you to a brief review of my own work in abdominal surgery, including 112 consecutive cases.

These are arranged in two series, the first being fifty cases prior to September, 1888.\* The second, sixty-two cases occurring between the date above mentioned and September of this year.

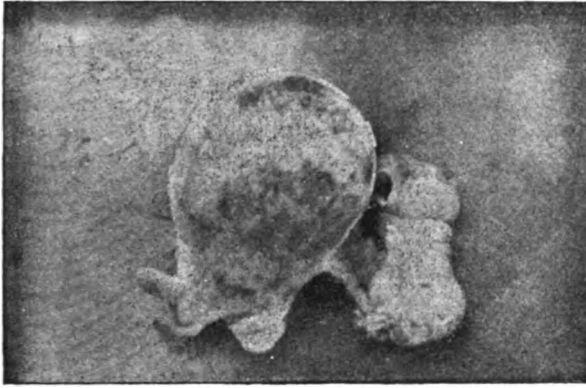
In the series here tabulated, it will be seen that of ovariectomies and tubo oöphorectomies there are twenty-four, with but one death. This death occurred on the eighteenth day, long after it was supposed that the patient was out of danger. Au-

\* See *New England Medical Gazette*, Sept., 1888.

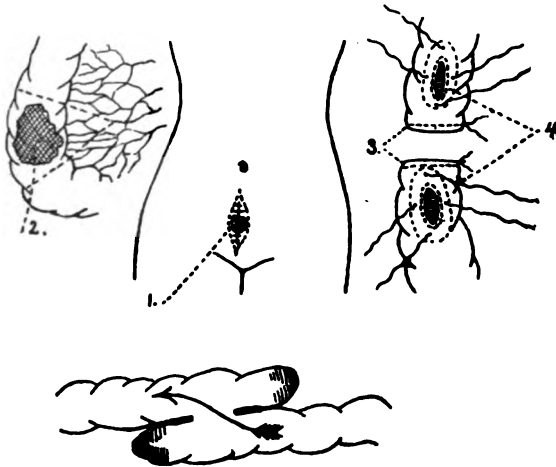
topsy showed a very severe suppurative nephritis of long standing. The left kidney evidently had been functionless a long time, for there was but little more than a sack remaining, filled with pus. I should not have subjected this patient to operation had I known the condition of the kidneys. This should have been discovered by examination of the urine, but the person to whom was delegated that important responsibility either forgot or neglected it, consequently it was unknown.

Eight cases of uterine fibroid tumors are recorded in the table with but one death. These were all large tumors which had, with one exception (Case XIII), encroached on the abdominal cavity, in their growth, and were multiple or intestinal, and necessitated supra cervical amputation of the uterus. It is a marvel how promptly patients recuperate after such a severe operation. The method which I follow is a long abdominal incision, sufficient to readily turn the tumor out, transfixion of the cervix with a common knitting needle, three or four turns of a 3-16 inch diameter elastic ligature about the cervix below the needle and the severance of the tumor. All this need take but a few minutes. The ovaries and tubes are usually found well up on the sides of the tumor and are removed with it. I have in a few cases ligated the broad ligaments separately, but do not favor the method if they can be gathered in the elastic ligature. The parietal peritoneum is sewn to the edges of the skin about the stump, and the rest of the wound closed as after an ovariectomy. Nothing is gained by sewing the parietal peritoneum to the stump, as has been practiced by some surgeons, for when brought closely in contact as in the method described above, adhesions quickly form. The stump is sopped over with a 1 to 1000 bichloride of mercury solution, dressed with a plentiful supply of iodoform gauze and mercurialized cotton and the whole fastened in place by broad adhesive straps. The dressing is not disturbed for one week if everything goes well. At the end of that time the elastic ligature is taken off, the stump cut away and the sutures removed. In some cases the stump simply mummifies, in others it undergoes moist gangrene and comes away like a slough. After removal of the stump the remainder of the cervix falls back into the pelvis and the opening quickly fills with granulations and closes. So simple is the operation and excellent the results, that I have come to look upon it in suitable cases, as safe as ovariectomy. The death found recorded in the table was from secondary hemorrhage and occurred on account of a varicocele of the left broad ligament. As the tumor was lifted out, the varicocele was seen and was so large, that on first thought it seemed like a loop of intestine attached to the tumor. On examination its true character was

discovered and it was carefully ligated. Probably on account of the frailty of the enlarged veins, the ligature cut through.



Three operations on the intestinal tract will be found recorded in the table, all of which recovered. One worthy of special mention was for the relief of an artificial anus located just above

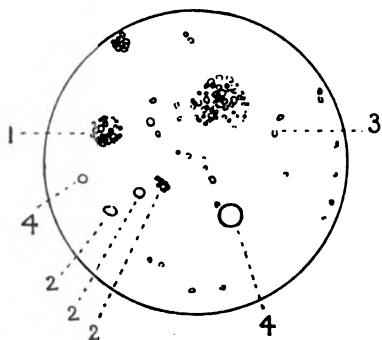


the pubis. All the fecal discharges from the bowels occurred through this opening, as well as the gaseous contents. The condition was one not dangerous to life, but accompanied with much misery. After making successful preliminary operations on dogs of a similar nature to that proposed for her relief, I opened her abdomen along side the artificial anus, and found a loop of the ascending colon firmly adherent to the abdominal

wall at that point. It was carefully torn away and drawn out. So much of the wall of the intestine was lacking that simple suturing of the edges of the rent did not seem justifiable, hence a segment was cut out and with it a wedge-shaped portion of the nussintery. The remaining steps of the operation were after the method of Senn's,\* and are well illustrated by the accompanying cut.

Recovery followed without interruption. Gas passed per rectum the third day, and on the eighteenth day the patient had a stool *via naturalis*.

#### *Abdominal Section for Removal of Retained Testicle.*



This case was unique in that it presented all the characteristics of an ovarian tumor. The abdomen was much distended and distinct fluctuation could be felt. A small portion of fluid was withdrawn and subjected to microscopical examination. It also presented the symptoms' considered pathognomonic of ovarian cyst.

Each step of the operation was precisely the same as in ovariectomy, even to the use of the cyst trocar for evacuating the fluid. The testicle with contents weighed two and a half pounds. Recovery promptly followed. A recent examination of the patient nine months from the date of the operation shows some new growth in the abdomen. This leads me to believe that the tumor was a form of sarcoma, and that there is now a return of the disease in some adjacent tissue.

#### *Carsarean Ovaro-Hysterectomy. Mother and Child Saved.*

This case is interesting on account of the rarity of the operation as well as the successful issue.

The patient, age thirty-two; German; had undergone craniotomy twice, once eight years ago in my own hands and once prior to that time in Germany. She had suffered induced miscarriage five times. Eighteen months prior to the Carsarean section I had curetted the uterus for the relief of excessive metrorrhagia and repaired a deep laceration of the cervix. The patient came to me early in her pregnancy for the induction of

\* Vide Lewis' *Intestinal Surgery*.



miscarriage, which I refused to do, for the reason that I felt convinced that Carsarean section after the Parro method presented no greater danger to the mother than supra cervical amputation of the uterus in fibro nyomata, and which my experience had shown me was the minimum. Carsarean section also gave the foetus a chance. The mother was physically apparently in perfect health. The only deformity seemed to be the narrow pelvis, conjugate diameter two and one-fourth inches. She had been subject during each previous pregnancy to epileptic from convulsions, which always ceased after delivery. During this pregnancy she had but one attack and this seemed to have been excited by over eating and two little exercise.

On the morning of Aug. 26th, I was summoned to her about nine o'clock, and found her in the beginning of labor, cervix soft and dilated. I immediately transferred her to the Hospital and prepared for operation. At 11.30 the patient was anæsthetized ready for operation, two minutes later the first cut was made and in six minutes more the child was delivered. The uterus promptly contracted and was turned out of the abdominal wound by my assistants. A rubber ligature about the cervix controlled all hemorrhage. The succeeding steps in the operation were precisely those described above in supra-cervical amputation of the uterus for fibroids. The child was quickly resuscitated and in half an hour from the commencement of the operation, mother and child were in bed with no more indications of having passed this the trying ordeal of Carsarean section than after an ordinary confinement when an anæsthetic has been used.

A review of the literature of Carsarean ovaro-hysterectomy shows that this operation has been performed but ten times in the United States (mine being the tenth case) with four women and eight children saved, (this being the fourth case where both mother and child survived.)

Evidently the important conditions for mother as well as child are early operation, *i. e.* before the mother has become exhausted by long and tedious labor, and expectation in the performance of the operation.

The merits of the Porro method seem to evident to need mention. The removal of the uterus is certainly a God send to a woman with a narrow pelvis, for it puts to an end all future chance of pregnancy and repetition of craniotomy on Caesarean section. It is a simple operation that any dexterous practitioner ought to be able to perform.

Of the sixty cases here related, thirty-seven were operated on in the Murdock Free Hospital for Women and twenty-three in the Massachusetts Homœopathic Hospital and in private.

## I. — OPERATIONS FOR THE REMOVAL OF OVARIAN AND PAROVARIAN TUMORS.

No.	PATIENT OF	Date of Operation.	Age.	Married or Single.	No of Children.	Tappr ks.	Time since first noticed.	SIZE AND NATURE OF TUMOR.	One or both Ovaries.	Adhesions.	Drainage.	Hospital or Private.	Result of Operation.	REMARKS.	Reported Elsewhere.
1	Dr. W. H. Lounge, Lawrence, Mass.	Sept. 19, '88.	44	M.	0	0	5 yrs.	Large cyst of ovary. 26 lbs.	2	No.	No.	H.	R.		
2	Dr. E. L. Mellus, Worcester, Mass.	Sept. 26, '88.	42	M.	0	1	4 yrs.	Ovarian cyst 1. 10 $\frac{3}{4}$ lbs.	1	No.	No.	H.	R.		
3	Dr. W. O. Jenkins, Greenland, N. H.	Oct. 2, '88.	48	M.	4	0	3 yrs.	Ovarian cyst. 23 lbs. Multilocular.	2	Yes.	Yes.	P.	R.		
4	Dr. L. A. Phillips, Boston, Mass.	Oct. 18, '88.	36	M.	2	0	1 yr.	Solid ovarian tumor.	1	Yes.	Yes.	P.	R.		
5	Dr. W. H. Stone, Providence, R. I.	Nov. 7, '88.	36	M.	4	0	4 mos.	Small cyst of left ovary.	1	Yes.	Yes.	H.	R.		
6	Hospital	Nov. 19, '88.	33	M.	0	0	1 yr.	Double parovarian cyst.	2	Yes.	Yes.	H.	R.		
7	Hospital.	Nov. 21, '88.	36	M.	1	0	3 yrs.	Double ovarian papilloma.	2	Yes.	Yes.	H.	R.		
8	Dr. G. E. E. Sparhawk, Burlington, Vt.	Nov. 28, '88.	23	M.	2	0	2 mos.	Parovarian cyst.	1	No.	No.	H.	R.		
9	Dr. M. H. Baynum, Boston, Mass.	Nov. 30, '88.	42	M.	0	0	10 yrs.	Large ovarian cyst. Extensive adhesions. Weight, 34 lbs.	1	Yes.	Yes.	H.	R.	(Engraving.)	
10	Hospital.	Dec. 12, '88.	65	M.	6	0	(?)	Small cyst. Many adhesions.	0	Yes.	Yes.	H.	R.	Cyst not removed. Permanent Drainage.	
11	Dr. F. M. Bennett, Chicopee, Mass.	Dec. 13, '88.	20	S.	0	0	3 mos.	Monocystic tumor of r. ovary.	1	No.	No.	P.	R.	Cyst developed soon after typhoid fever.	
12	Dr. M. E. Mann, Boston, Mass.	Dec. 14, '88.	40	M.	4	0	5 yrs.	Small tumor of each side.	2	No.	No.	P.	R.		
13	Dr. J. M. Barton, Worcester, Mass.	Dec. 14, '88.	36	M.	0	0	(?)	Small cyst of r. ovary.	0	No.	No.	H.	R.		
14	Dr. J. S. Harris, Roxbury, Mass.	Jan. 28, '89.	35	M.	1	3	8 yrs.	Cyst of r. ovary, firm and extensive adhes.	0	Yes.	Yes.	H.	D.	Death 18th day from pre-existing kidney disease which had been overlooked prior to op.	
15	Dr. I. E. Chase, Haverhill, Mass.	Feb. 6, '89.	55	M.	2	5	8 yrs.	Cyst. 16 lbs.	0	No.	No.	H.	R.	Time of op. from first incision to complete closure of wound, 16 min.	
16	Hospital.	Feb. 20, '89.	38	M.	3	0	2 yrs.	Cyst of l. ovary. 6 lbs.	1	No.	No.	P.	R.		
17	Dr. Walter Wesselhoef, Cambridge, Mass.	Apr. 3, '89.	44	S.	0	1	5 mos.	Cyst of r. ovary. Large.	1	Yes.	Yes.	P.	R.		

18	Dr. H. E. Spaulding, Boston, Mass.	May 5, '89.	24	M.	0	0	(?)	Cyst of r. ovary. lbs.	6	1	Yes.	Yes.	H.	R.	A very suspicious growth in an adjacent loop of the intestine was found simulating cancer.
19	Dr. J. A. B. Russell, Malden, Mass.	June 19, '89.	18	S.	0	0	4 mos.	Cyst of r. ovary ad- hesions (cancerous.)	1	1	Yes.	Yes.	P.	R.	There has since been a return of the disease, very diffuse and death.
20	Dr. H. H. Cobb Cambridge, Mass.	July 1, '89.	35	M.	2	0	5 yrs.	Cyst of r. ovary. lbs.	7	1	Yes.	Yes.	P.	R.	

II.—OPERATIONS FOR THE REMOVAL OF OVARIES NOT THE SEAT OF TUMOR.

No.	PATIENT OF	Date of Operation.	Age.	Married or Single.	No. of Children.	Duration of Disease.	Pathological Condition or Symptoms Necessitating Operation.	One or both Ovaries.	Adhesions.	Drainage.	Hospital or Private.	Result (Recovery or Death).	Effect of Operation on Requiring it.	REMARKS.	Reported Elsewhere.
1	Dr. W. H. Lougee, Lawrence, Mass.	Oct. 11, '88.	37	M.	2	9 yrs.	Small cyst of each ovary and both mat- ted to the tubes by strong adhesions.	2	Yes.	Yes.	H.	R.		Much relieved for several weeks following op. Injudicious ex- ertion induced severe uterine hemorrhages after.	
2	Dr. F. S. Davis, Quincy, Mass.	Dec. 26, '88.	35	M.	0	0	Extensive disease of both ovaries and tubes. ovaries and tubes involved in ex- tensive inflam. Con- cretal.	2	Yes.	Yes.	H.	R.	Cured.		
3	Hospital.	Mar. 20, '89.	23	S.	0	3 mos.		2	Yes.	Yes.	H.	R.	Cured.		

## III.—OPERATIONS FOR OTHER PURPOSES THAN THE REMOVAL OF OVARIES.

No.	PATIENT OF	Date of Operation.	Sex.	Age.	Duration of Disease.	Pathological Condition or Symptoms Necessitating Operation.	Nature of Operation.	Drainage.	Hospital or Private.	Result. (Recovery or Death.)	Effect of Operation on Condition Requiring it.	REMARKS.	Reported Elsewhere.
1	Dr. W. B. Whiting, Malden, Mass. Hospital.	Oct. 22, '88.	F.	31	13 yrs.	Hydro. salping.	Removed.	Yes.	P.	R.	Cure.		
2		Nov. 30, '88.	F.	23	10 mos.	Ventral fibroid tumor, just above r. groin.	Extirpation.	Yes.	H.	R.	Cure.		
3	Dr. F. D. Leslie, Milton, Mass.	Dec. 21, '88.	M.	41	5 yrs.	Cyst of undescended testicle. Weight 3 lbs. (Sarcomatous.)	Extirpation.	Yes.	P.	R.		Weight 2½ lbs. Abdominal incision. Each step of op. same as in ovariotomy. Death eleven months after. See cut.	
4	Dr. G. E. McCarthy, Ipswich, Mass.	Mar. 20, '89.	F.	30	3 mos.	Left tubal pregnancy.	Removed by abd. section.	Yes.	H.	R.	Cure.	Fetus dead at about and month. Not suspected prior to operation.	
5	Dr. Conrad Wasselhoff, Boston, Mass.	Apr. 24, '89.	F.	30	6 mos.	Renal abscess.	Lumbar incision.	Yes.	P.	R.	Cure.		
6	Dr. A. W. Swett, Bangor, Me.	June 22, '89.	F.	36	2 yrs.	Double pyosalpinx. Abscess cysts removed.	Removal of both abscess sacs.	Yes.	H.	R.	Cure.		
<b>FIBROID TUMORS OF UTERUS.</b>													
7	Dr. I. E. Chase, Haverhill, Mass.	Nov. 13, '88.	F.	55	1 yr.	Fibroid of l. broad ligament.	Removed by abd. section.	Yes.	P.	R.			
8	Dr. S. A. Sylvester, Newton Centre, Mass.	Dec. 26, '88.	F.	59	(?)	Small pediculated fibroid of uterus.	Abd. incision.	No.	H.	R.		Thought to be pyosalpinx prior to op. on account of persistent purulent discharge from uterus.	
9	Dr. S. P. Hammond, Boston, Mass.	Jan. 9, '89.	F.	28	3 yrs.	Large uterine fibroid tumor.	Supra vaginal hysterectomy.	No.	H.	R.	Cure.	Weight, 6 lbs.	
10	Dr. David Foss, Newburyport, Mass.	Jan. 16, '89.	F.	26	11 yrs.	Large uterine fibroid tumor.	Supra vaginal hysterectomy.	No.	H.	R.	Cure.	Weight, 8 lbs.	
11	Dr. J. E. Kinney, Grove Hall, Mass.	Feb. 20, '89.	F.	40	7 yrs.	Large uterine fibroid tumor.	Supra vaginal hysterectomy.	No.	H.	R.	Cure.	Multiple fibroid, 17 tumors.	
12	Dr. D. S. Coles, Wakefield, Mass.	Feb. 27, '89.	F.	48	10 yrs.	Large uterine fibroid tumor.	Supra vaginal hysterectomy.	No.	H.	D.		Death from hemorrhage caused by varicose of l. bd. lig. (See cut.)	

13	Dr. J. H. Sherman, So. Boston, Mass.	Mar. 27, '89.	F.	37 (?)	Large uterine fibroid tumor.	Spun. saw. by vagina. Supra vaginal hysterectomy.	Yes.	H.	R.	Cure.											
14	Dr. G. A. Tower, Watertown, Mass.	Apr. 17, '89.	F.	30	Large uterine fibroid tumor.		Yes.	H.	R.	Cure.											
<b>OPERATIONS ON INTESTINAL TRACT.</b>																					
15	Dr. W. L. Hunt, Bangor, Me.	Mar. 6, '89.	F.	53	Artificial anus just above pelvis.	Resection of colon and lateral approximation by bone plates.	No.	H.	R.	Cure.										Operation by Senn's Method. Perfect cure.	
16	Hospital.	Apr. 20, '89.	F.	44	Entero-ventral fistula of r. groin.	Suture of rent in colon.	Yes.	H.	R.	Cure.										Strangulated hernia original cause of fistula. Perfect cure.	
17	Dr. A. C. Alexander, Penacook, N. H.	May 10, '89.	M.	61	Epithelcoma of rectum.	Extirpation.	Yes.	P.	R.	Cure.										No evidence of return six months after operation. But little trouble from incontinence of fecus.	

## HERNIAS.

18	Dr. I. B. Cushing, Brookline, Mass.	Sept. 19, '88.	M.	49	Strangulated inguinal hernia.	Radical.	Yes.	H.	R.	Cure.											
19	Dr. F. C. Richardson, E. Boston, Mass.	Sept. 29, '88.	F.	68	Umbilical hernia.	Radical.	Yes.	H.	R.	Cure.											
20	Dr. L. M. Willis, Charlestown, Mass.	Oct. 5, '88.	M.	74	Strangulated r. inguinal hernia.	Radical.	Yes.	P.	R.	Cure.											
21	Dr. M. E. Mann, Boston, Mass.	Nov. 14, '88.	F.	17	Inguinal hernia r.	Radical.	Yes.	H.	R.	Cure.											
22	Dr. D. S. Coles, Wakefield, Mass.	Dec. 28, '88.	F.	48	20 yrs.	Radical.	Yes.	H.	R.	Cure.											
23	Dr. A. S. Morse, Gloucester, Mass.	Feb. 1, '89.	F.	62 (?)	Right inguinal strangulated hernia.	Radical.	Yes.	P.	R.	Cure.											There has since been a recurrence of the hernia necessitating a truss.
24	Dr. H. L. F. Wright, Boston, Mass.	Mar. 5, '89.	F.	37	Umbilical hernia.	Radical.	Yes.	H.	R.	Cure.											
25	Private.	Mar. 19, '89.	F.	55	18 yrs.	Radical.	Yes.	P.	R.	Cure.											Contents of sack, ovum-tum, from which had developed a peculiar tumor formation.
26	Dr. D. A. Babcock, Fall River, Mass.	June 3, '89.	M.		Left inguinal hernia.	Radical.	No.	P.	R.	Cure.											

III. — OPERATIONS FOR OTHER PURPOSES THAN THE REMOVAL OF OVARIES. — *Continued.*  
 VAGINAL HYSTEROTOMY.

No.	PATIENT OF	Date of Operation.	Sex.	Age.	Duration of Disease.	Pathological Condition or Symptoms Necessitating Operation.	Nature of Operation.	Drainage.	Hospital or Private.	Result, (Recovery or Death).	Effect of Operation on Condition Requiring it.	REMARKS.	Reported Elsewhere.
27	Dr. A. M. Hines, Millford, N. H.	Nov. 27, '88.	F.	51	3 mos.	Epithelioma of cervix.	Total extirpation of uterus per vaginam.	Yes.	P.	R.		Death 14 mos. after op.	
28	Dr. Isabelle Hayward, Lynn, Mass.	Mar. 5, '89.	F.	40	4 mos.	Epithelioma of cervix.	Total extirpation of uterus per vaginam.	Yes.	P.	R.		In good health 10 mos. after operation. No evidence of return of disease.	
29	Dr. A. H. Tompkins, Jamaica Plain.	Mar. 14, '89.	F.	72	1 yr.	Epithelioma of cervix.	Total extirpation of uterus per vaginam.	Yes.	P.	D.		In fair general health 9 mos. after operation. No evidence of return of disease.	
30	Dr. Walter Wesselhoof, Cambridge, Mass.	May 11, '89.	F.	32	5 yrs.	Carcinoma of fundus.	Total extirpation of uterus per vaginam.	Yes.	P.	R.		Indications good for recovery at time of operation. Death from pelvic peritonitis, due probably to accidental introduction of septic material during operation.	
31	Dr. Robert G. Reed, Woonsocket, R. I.	June 5, '89.	F.	41	10 yrs.	Epithelioma of cervix.	Total extirpation of uterus per vaginam.	Yes.	P.	D.		Indications good for recovery at time of operation. Death from pelvic peritonitis due probably to accidental introduction of septic material during operation.	
23	Dr. A. W. Brown, Providence, R. I.	June 22, '89.	F.	56 (?)		Epithelioma of cervix.		Yes.	P.	D.		Indications good for recovery at time of operation. Death from pelvic peritonitis due probably to accidental introduction of septic material during operation.	

EXPLORATORY INCISIONS.

	Nov. 7, '88.	F.	25	(?)	21 mos.	Exploratory.	Yes.	H.	o	o	Death 10 mos. after op.
33	Dr. J. B. Robinson, East Boston.	F.	23	21 mos.		Exploratory.	Yes.	H.	o	o	Has since died.
34	Dr. P. B. Carpenter, Providence, R. I.	F.	42	1 yr.		Exploratory.	Yes.	H.	D.	o	Death from exhaustion.
35	Dr. H. E. Spalding, Boston, Mass.	F.	53	6 mos.		Partial removal of tumor.	Yes.	P.	D.	D.	Death from exhaustion.
36	Dr. I. E. Chase, Haverhill, Mass.	F.	36	5 mos.		Left ovary removed and drainage.	Yes.	H.	R.		Death has since occurred from tubercular peritonitis.
37	Private.	F.	48	8 mos.		Multiple cyst of ovary.	Yes.	P.	D.		Death from exhaustion.
38	Dr. H. E. Spalding, Boston, Mass.	F.	32								

CÆSAREAN SECTION.

	Aug. 26, '89.	F.	32	Contracted pelvis.	Porro's	No.	H.	R.	Mother and child both saved.
39	Private.	F.	32	Contracted pelvis.	Porro's				

SUMMARY.

Ovariectomies and Tubo-oophorectomies, Abdominal Operations of all kinds	1st series.	2d series.	Total.	Deaths.	Mortality.
.....	24	26	50	2	4%
.....	50	62	112	17	15.18%

Mortality in 1st series, 20%. Mortality in 2d series, 11.70%.

## DIPHTHERIA.

BY JOHN J. SHAW, M.D., PLYMOUTH, MASS.

When I commenced treating diphtheria, I did so with the belief that it could be cured by internal medication, and the poorer my success, or rather perhaps the greater my want of it, the more I studied my cases, and the more carefully I individualized. But in spite of it all my results were so bad, that I began to wonder if nature would not do quite as well without my assistance.

Seeing nothing further in the direction in which I was working, I began to consider the advisability of local treatment. I made use of various applications, but never resorted to caustic. With these, my results began to improve, and when I began the use of sat. sol. tannic acid, and tinct. chlor. iron, equal parts, applied two or three times daily, I cured so many cases, which before I should have considered hopeless, that I began to think I had reached the ultimatum of possible success. Of course there are many cases which are as fatally poisoned, when first attacked, as though they had been bitten by a cobra or crotalus, and in such cases all our present methods are absolutely powerless.

If our art should ever reach that point where some similar poison can be potentized for good, by being attenuated to the point where it can be injected into the blood, perhaps under the skin, and thus enable the powers of life to defend themselves at the very citadel, we shall then have reached the ultima thule, which the homœopathic law bids us believe to be a possibility of the future, and which shall enable us to wrest every patient, whose vitality is not exhausted from other causes, from the dreaded grasp of acute disease. This however, is visionary and I will come back to facts. Some time ago I was led by accident to make my solution of tannin, of alcohol instead of water, and my results have certainly been better than before.

I was called to a case a short time ago, in which both sides of the throat were covered with false membrane. The fever was not high, and there was not much constitutional disturbance. I applied the above wash and next morning the throat was perfectly clear, and I left the case with some merc. c. and apis, and there was no further trouble. Another case in which the constitutional disturbance was severe, and where the laryngeal complication was so great that the patient did not speak aloud for over two weeks, was cured expeditiously and thoroughly. In this case there was partial consecutive paralysis of the muscles of the throat and legs after recovery, from which the external rectus muscle of the right eye became paralyzed and



remained so for about two weeks, when it resumed its natural power, without special treatment. I am thoroughly convinced that the local treatment of diphtheria, at least with our present knowledge, is the only method which promises any very satisfactory results. But I would certainly not be understood as advising the neglect of the administration of the appropriate remedies in conjunction therewith.

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*A CASE OF URÆMIA.*

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

BY H. A. GIBBS, M.D., LEE, MASS.

On December 24, 1888, I was called to see Mr. W——, aged sixty-four. He had always had excellent health till one and one half years ago, since which time there has been a gradual decline. His symptoms, however, have been very indistinct. There has been a dryness of the skin and mucous membrane of the mouth, with continued thirst for small quantities of cold water. There has been slight difficulty in starting the flow of urine, and it has varied greatly in quantity, being scant at times, profuse at others, but always of a clear and colorless character.

On my first visit, I found that he was passing from two to three quarts of pale urine daily. Examination showed a specific gravity of 1,008, no sediment, no trace either of albumen or sugar and a reaction decidedly acid. Urination occurred as often as every hour during the day, and every two hours at night. The mouth and tongue were very dry, and the skin so much so that it wrinkled and cracked almost like parchment. There was slight œdema about the ankles and under the eyes. I found him sitting with his head in his hands, close to the stove, dejected and indifferent, with a pitcher of cold water at hand from which he took frequent draughts. He was chilly and drowsy during the day, but extremely wakeful and restless at night. He complained of almost constant cerebral pressure, which had been temporarily relieved by nasal hemorrhages of late. At this visit I noticed an abdominal tumor about as large as my double fist which I will describe further on. Prescribed arsenicum 3x as a remedy.

In the twelve days following my first visit, during which I changed my remedy once, giving phosphorus 3x in place of the arsenicum, there seemed to be a slight improvement varied only by a return of the epistaxis on two occasions. The specific gravity of the urine was raised to 1,012. The skin was less dry and harsh, and an occasional perspiration had appeared on the face and forehead, a thing which had not occurred for months.

He drank less water, taking milk in its stead. The bowels remained very constipated, the stools consisting of hard, black balls, for which on Jan 5, I gave two pills of opium 4x at night.

On Jan. 7th, I was summoned to see him again. I found his bowels had commenced moving the day previous, and he had had diarrhoeic stools at intervals of two or three hours since, without pain or tenesmus however. The difficulty of urination had increased, but the usual quantity of urine was passed. At this visit I noticed that the abdominal tumor was increasing in size. Its outlines were quite distinct. It was of a kidney shape, concavity upward, and lay obliquely in the abdomen, extending from the right hypochondrium to the left inguinal region. It was perfectly flat and dull on percussion.

On my visit Jan. 8th, I found my patient suffering from another nasal hemorrhage which it took two hours to control. The flow was passive in character, coming in drops and starting afresh on the slightest movement. The blood was dark and readily coagulable.

On Jan. 9th, I found him in a partial stupor. The respiration was short and labored. The difficulty of urination had increased and no urine had been voided for eight hours. This last symptom prompted me to pass a catheter, and to my surprise, instead of the accumulation of eight hours only, I drew off no less than six quarts, to the great relief of my patient and the utter annihilation of the tumor. The urine was of the usual clear and colorless character, specific gravity 1,012, acid reaction and free from sediment or any sign of decomposition.

On Jan. 10th, I found he had passed no urine since my previous visit. Being in considerable distress, a neighbor had borrowed a catheter, and used it drawing off about three quarts of urine. When I saw the catheter, I trembled for the result, but when I saw the work it had accomplished, my worst fears were realized. The catheter was of the common hard rubber variety. It had been used and laid away till it was as hard as a steel wire, while its surface was roughened and cracked till it resembled a file. In the vessel was half a teacupful of clotted blood, and blood was also found oozing from the meatus and upon the clothing.

I attempted to pass a catheter, a feat which I had accomplished the day previous without the slightest difficulty, using only a soft rubber tube, but was obliged to give it up after working two hours.

During the next twenty-four hours no urine was voided. The tumor again appeared in the abdomen. My patient had passed into a comatose condition and died that night.

If I had merely wished to display my brilliancy either of diag-

nosis or treatment, I should hardly have reported this case; but believing that we can learn as much from our failures as our successes, I have brought it before this society for the sake of emphasizing a few points which it very strongly impressed upon me, and which it may be profitable for us all to bear in mind.

I think I never before realized so strongly the damage which may be done by a catheter in the hands of an unskilful operator; though in this case it was used with the kindest intention, and the act was justified by the suffering of the patient and the fact that the doctor was ten miles away. Not only were the immediate effects most distressing, but the extensive irritation and laceration of the urethra rendered impossible any further catheterization. Under such circumstances again I should not hesitate to relieve a distended bladder by means of the aspirator rather than run the risk of further injury to the urethra by attempting to pass a catheter.

We may learn from this case also that a distended bladder does not always conform to the text-book description, but may so far violate it as to render diagnosis extremely doubtful if we depend upon objective symptoms alone. Even the subjective symptoms may be entirely misleading, as in this case there had been a gradual accumulation of urine followed by enormous distension of the bladder and all the signs of uræmic poisoning without any great discomfort; and in spite of the fact that there had been an increased frequency of urination and the voiding of the usual, or even at times an unusual quantity of urine. In all cases of doubtful abdominal tumors the use of the catheter should not be overlooked, for it will settle at once the question as to whether there exists distension of the bladder or not.

Again, you will notice the action of opium, low, in this case. My attention was not called to it very strongly at first, but since then, having had other similar experiences with it, I am convinced it was something more than a coincidence. Being clearly indicated for the constipation, its use in a low potency drove the patient to the other extreme, producing profuse diarrhœa, and at the same time aggravating the bladder symptoms. I believe that opium is one of our sheet-anchor remedies for paralysis of the bladder whether of local or central origin, and after considerable experience with it, I have no hesitation in saying that the higher potencies are more efficient in this particular difficulty.

Finally I am convinced that these cases of uræmia are far more common than we sometimes imagine. They exist in all degrees of intensity. In the mildest forms they pass unnoticed, or are covered up under the name of "malaria," that conven-

ient cloak which often conceals so much ignorance on the part of the physician. In the more severe forms the typhoid symptoms may be prominent, while extreme cases, with coma, convulsions and sudden death may simulate apoplexy. I have noticed in several cases of chronic cystitis during the last year, more or less evidence of uræmic poisoning showing itself by blurred vision, considerable thirst, dryness of the skin and mucous membrane, occasional vomiting, alternations of diarrhœa and constipation, chilliness, a tendency to somnolence, and dyspnœa. In one case the symptoms have recurred several times, lasting from one to two weeks, and have closely resembled a case of aborted typhoid. In all these instances the use of the catheter immediately after urination, has revealed the fact that the bladder has never completely emptied itself, though urination has been frequent, and this constant accumulation of urine in an inflamed and sensitive bladder has, to my mind accounted for the uræmic symptoms.

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*"SOME REMARKS ON PROGRESS IN GYNÆCOLOGY."*

BY ALONZO BROOTHY, M.D., BOSTON.

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

Perhaps it would have been more appropriate if this article had been designated, "Remarks on Some of the Present Methods Adopted and Operations Made by Gynæcologists." You will pardon me, I hope, if I refer to the antiseptic method in a paper from the Committee on Gynæcology. I feel more freedom to present a matter that goes over into the domain of surgery because of the liberty that is taken in the papers on surgery.

There has been no radical change in the methods of treating wounds very recently, yet I believe there are changes going on worthy of note. It is my purpose to refer to some of these without going into a discussion of the principles underlying these changes; to give you my experience and conclusions from the somewhat conflicting statements that have been put forth.

My friend and colleague, Dr. J. B. Bell, has written a very able article on Listerism. If he had stuck to his first text, that a-septicism is replacing anti-septicism, I should have been with him for the greater part of the way. The experience of many careful observers goes to show beyond a reasonable doubt that operations on healthy tissues—that is upon parts free from septic matter, when the operation is done in a comparatively healthy atmosphere, can be done upon the a-septic plan. The

a-septic plan I understand to mean *clean* hands and instruments — clean as it is possible to make them — a *clean* field of operation and *clean* dressings. To obtain this ideal cleanliness, I find a free and prolonged use of soap and water, followed by a liberal use of boiled and filtered or strained water, about the most desirable for the hands and the field of operation, while heat from an alcohol lamp answers for the purpose of cleansing most of the instruments. After an operation is completed the surface and the cavities of the wound should be flushed with pure, hot water. The water should be as hot as the tissues will bear. This method is especially satisfactory in operations in the abdominal cavity, where there are no pus-forming surfaces. Where pus cavities exist and where it is impossible to be sure with the sharp spoon or scissors of getting down to perfectly clean healthy tissue, there seems to be no question in my mind but that some reasonably strong antiseptic is of benefit. My friend, Dr. Bell, tells me this is a dangerous proceeding, but he also says he never tried it.

I have made almost one hundred laparotomies. I have made nearly all the operations that are considered justifiable at the present day; in fact, as you all well know, I am operating almost every day and have constantly under my care gynecological cases and others that have been operated upon. In nearly all of my cases up to the present time I have used strong antiseptics, such as 2% to 5% carbolic acid, and 1 to 1,000 or 1 to 2,000 mercuric chloride solutions; and I have it to say that in only one, possibly two cases, have I had any suspicion that the antiseptic did the patient any harm. To say that I have used these poisonous agents with a great deal of care is only justice to myself. I have never put a dangerous quantity of either of these drugs into a cavity where I could not be sure of getting it all out again. By constant use there is danger of carelessness, and I would urge upon every one the danger that might arise from this source and the extreme care necessary to avoid it. I urge this in the same manner that I would urge the necessity of care in removing an ovarian cyst, not to tie in with the pedicle a knuckle of intestine. There is no danger in the proper use of antiseptics.

From the report of experiments made as to the origin of inflammation there seems to be a chance for doubt as to whether the bacteria, which are always found in connection with the commencement of the inflammatory process, are themselves the original cause of infection, or whether a ptomainic fluid accompanying them is the cause. If it is the latter, the knowledge of the fact comes through the theories of Listerism and is the further development of the germ theory. But it is

reasonable to suppose that carbolic acid and corrosive sub. would be powerful agents in neutralizing or destroying this poison, and practical experience confirms this supposition.

I have said that in clean wounds and especially wounds in the abdominal cavity there seems to be no necessity for the use of antiseptics. This is true when the wound in the abdominal wall can be completely closed. But where an opening must be left for a drainage tube or for the stump of a fibroid to be treated externally, so that there must be uncoaptated surfaces, or a mass of dead tissue to come away, then the conditions for the fermentative and putrefactive process are very favorable.

Here it is that the antiseptic comes to the rescue. I believe it is just at this point that it has gained its reputation and is likely to continue to hold it. As soon as the operative gynæcologist, as well as the surgeon, comes to recognize this fact, then I believe the whole matter will be stripped of much of the uncertainty and doubt that at present surrounds it. Then again, in the preparation of sutures and ligaments, especially catgut, which being animal tissue is almost certain to have the putrefactive germs upon or in it, it is not possible to render it innocuous without the use of strong antiseptics like juniper oil, alcohol, or corrosive sublimate. I prepare the catgut by immersing it in juniper oil for about two weeks and then keep in 1 to 500 alcoholic sol. of the mercury. It needs no argument to convince one who has had any experience, of the necessity of very careful treatment of this substance before it is free from poison, so that ulceration will not follow in the stitch holes. It was to call attention to this particular part of the subject that I have taken the liberty of occupying so much of your time, though the methods may seem to you to have already been fully ventilated. Nobody questions the fact that the *vital* force is the force that under favorable circumstances is able to resist the foes that may attack a wound. It is also true that the danger is diminished in proportion to the removal of the material upon which the inflammatory process can feed, so that drainage is an important factor. Skill in operating is also an important factor. But so long as it is reasonably certain that in a large proportion of cases inflammation, of a grade to be dangerous to the system, is caused by poisonous matter coming to the wound from without, there are strong grounds for holding to a judicious use of antiseptics.

Almost every day the gynæcologist is called upon to deal with that terrible scourge, cancer, and desperate measures have been proposed to meet it. One of the most common sites for this disease is the neck of the uterus. It may extend to the

fundus and often involves the vaginal mucous membrane and the connective tissue of the pelvis.

Shall the whole uterus be removed for the purpose of getting rid of the disease?

This operation has been on trial so far, and I am of the opinion that the greater proportion of careful operators, men who are working to prolong life and relieve suffering, are not adopting it to a great extent. The reasons seem to be these: It is a very dangerous operation. From 25 to 50% of the patients die directly or indirectly from the effects of the operation, while of the immediate survivors a very few escape a return of the disease in from two to four or five years. The cases that do escape a return are those where the disease had not spread beyond the neck of the uterus, and where a high amputation would give almost as many cures with none of the immediate mortality. It seems to be the general opinion that the operation is justifiable only in those cases where the disease originated in, or has extended to the fundus without having affected the tissues outside the uterus. These cases are of comparatively infrequent occurrence. The operation will consequently be rare.

The treatment of uterine fibroids is receiving considerable attention, but there is as yet little uniformity of opinion among gynæcologists. I fully concur with the writer of the preceding paper as to the use of electrolysis.

In severe cases where there is extreme suffering or danger to life, operation for their removal by abdominal incision is a justifiable means of relief. The method of treating the pedicle externally has proved the most satisfactory. This can be done in cases of subserous fibroids with small or moderate sized pedicles and where the supra-vaginal operation is made. I lay particular stress upon the complete closure of the peritoneal cavity so as to separate it from the decaying stump. If this had formerly been done when the pedicle of an ovarian tumor was brought out and clamped, the mortality would have been little if any greater than it is at the present time. In fact, in some cases, I believe it would be better. It is decidedly the method in cases where there are pus cavities.

Alexander's operation of shortening the round ligaments for the relief of displacements is not gaining in favor. Anatomical facts and mechanical principles are against this operation so that the careful man prefers that his patients should have the benefit of the experiments of others. Judging from the smallness of the number of reported cases, I infer that it is not meeting with favor. The same may be said of ventral fixation for displacement, but not altogether for the same reasons. To

many it seems a rather severe measure for a displacement that is accompanied with little danger and where the suffering can generally be greatly relieved by other means. If, however, two points could be settled favorably it would be quite generally adopted. These are, permanency of cure, and the possibility of gestation without danger or inconvenience.

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*A GROUP OF CLINICAL CASES.*

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

BY E. A. COLBY, MD., GARDNER, MASS.

CASE 1ST. — Purulent conjunctivitis in an infant. Sometimes when thoroughly conversant with the pathological history of patients about to become parents, we are able to prognosticate almost to a certainty this alarming disease in the newly born infant, unless preventive measures are successfully applied at the earliest opportunity. We are then fortunate if circumstances do not interfere in aborting inoculation.

Such being the state of things in the case under consideration, and having taken the child to the kitchen immediately, and directed the nurse to rinse the eyes with warm water thoroughly, I was in hope of success. Soon after, the temporary nurse gave way to a permanent one, and as a thick greenish yellow discharge had suddenly appeared in the right eye, frightful in quantity, and ready to spring out with force on separating the lids, I imparted my belief to her and to the parents, that the inflammation was of very serious import. This the nurse stubbornly refused to believe; said she "had seen lots of sore eyes," and that they always got well; however, she unwillingly agreed to treat them as I directed, and though I cautioned her not on any consideration, to let any of the pus come in contact with the other eye, and to wash them separately, still the left eye soon became inoculated. Regrets were useless, but the parents now tried earnestly to help me in every way, and something was gained.

It was now the third day of the discharge. Chemosis mostly of lid, attended at times with some heat and redness; character of the discharge had not changed. The child on the whole was not considered very sick or ill natured. The eyes were opened every hour, and the secretion allowed to come out. They were then lightly mopped out with absorbent cotton, and a solution of boracic acid five grains to an ounce of water, was dropped in immediately after. Merc. sol. was given third trit. Fourth day the eyes better; stools green. Being impatient, I made an



ointment of calomel, one grain to the ounce of vaseline, and rubbed it between the lids, hoping to get a local effect and also to prevent glueing, thereby allowing discharge to run out on forming. Chemosis of lids increased rapidly, and the discharge was removed with greater difficulty. On suspending the ointment the swelling considerably decreased. Concluded to use arg. nit., two grains to the ounce of water; it produced redness and swelling again, and so discontinued it. On the sixth day the secretion was lighter though still very profuse. I gave puls. in connection with merc. sol. Seventh day, pus white, and no heat in the lids; eyes could be opened more easily. Used arg. nit. one grain to the ounce of water dropped into the eyes three times a day. This time there was rapid improvement to all appearance. On the eighth day, suspecting a cloudiness of cornea and chemosis of the orbital conjunctiva, I used arg. nit., three grains to the ounce, and painted it with a camel's hair brush on the everted lids. Continued merc. sol., and prescribed in addition, ars. Marked improvement followed, but for several days, I was uncertain whether there would be a slight opacity of cornea or not. As there was still considerable discharge at irregular and uncertain intervals, and as I had found that vaseline now prevented it from being retained, I made an ointment of five drops of balsam of copaiva to the ounce of vaseline, and inserted it between the lids freely. Very striking improvement followed, and this treatment was continued for three weeks. Sulph., sixth trit. was now substituted for other remedies, though occasionally have given a powder of arsenicum. On examining the eyes six weeks after, I can detect no damage done to them, and conclude that the power of the infantile eye to recuperate is truly wonderful. According to the symptoms observed, I think merc. sol. and puls. were indicated. Boracic acid sol. was used as a mild disinfectant. The calomel ointment was an experiment and a failure. I think ar. nit. sol. from what I can learn of it, is safe, though should not use it while there was great heat in the lids, and think it is indicated better as soon as the discharge becomes light colored. Arsenicum is one of the sure remedies to act in preserving the cornea from opacity or cloudiness. Copaiva and sulph. are very useful in thick yellow discharges tending to become chronic. I do not think copaiva is often used in the way I prescribed it, but parental history suggested it to me as soon as the discharge became chronic.

I think the use of soap about the eyes is a cause of ophthalmia in infants, which is quite alarming in appearance, but not productive of serious consequences, if the soap is stopped in time. It often resembles the gonorrhœal variety at first, but may be neglected with impunity.

CASE 2nd. — Is one of conjunctivitis and has persistently afflicted this patient for five successive summers. It begins about the middle of May and lasts till September. It then entirely disappears leaving the eye perfectly well so far as can be determined by examination. The patient is a female, thirty-five years of age, and of nervous temperament. Her eyes and lids are remarkably healthy in appearance and the sight perfect during the cooler months. The trouble has spells of aggravation during each day. It begins with a feeling of tightness and lachrymation. The tightness is suddenly relieved, and a feeling of something in the eyes follows. On examination there is seen foamy water around the lids, then sooner or later appears a gristly string, either partly across the surface of the eye, or just inside the edges of the lids. This has to be picked out before the patient gets any relief from the irritation. This string is often over an inch long, and I think is a piece of elastic membrane, which does not become visible till it ruptures. The patient has no marked symptoms of hay-asthma, though I suspect this malady belongs to the same category. I have wondered if this case were one of croupy conjunctivitis, so-called. The patient is at present suffering most severely. Kali bich. has been given for the stringy condition, kali. iod. also. Several other remedies have been tried, but so far without much avail. The patient is now waiting impatiently for September, when hostilities will cease, and will not be resumed till next May. This patient has also been badly afflicted with external hæmorrhoids and irritable sphincter. These fleshy excrescences on the verge of anus have been removed and the sphincter thoroughly stretched during anæsthesia, resulting in a complete cure of this most distressing annoyance.

CASE 3d. — Infantile convulsions. The parents of this child state that it was to all appearances well, until it commenced to teethe at six months of age. Since that time, until fourteen months old, it had been afflicted more or less with spasms, always very severe on the ushering in of a new tooth, or from any unusual pain or excitement. When I was called it had been suffering from a constant recurrence of light spasms for ten days, and had also been unconscious for over twenty-four hours. The "old school" physician who preceded me, had made the child worse, according to the parent's statements. On close examination, I found the right arm cool and limp. It had a hard enlargement on back of forearm, which gave that member the appearance of being bent. The child's face was flushed at times, but generally pale. The pupils were somewhat contracted during the spasms. These spasms were also attended with arrest of breathing and froth at the month. There were

twitching and jerking of the muscles of the face and other parts of the body. I first incised the gums over two teeth, and then prescribed bell. and nux. in alternation, third dil. On visiting the child the next day, I found it somewhat relieved but still having convulsions on waking or being disturbed. It had regained consciousness but could not stir the right arm. I fancied that the convulsions, though few, were fully as severe as on my former visit. Having had some experience with chloric ether in former cases of convulsions, I dissolved ten drops in half a tumbler of water, and ordered a teaspoonful to be fed to the child until five or six were taken, beginning on the first intimation of a spasm. The parents had already learned to recognize the coming of a paroxysm. On my visit the next day the parents stated that they had been able to keep off nearly all the paroxysms, and the child had clumsily lifted its arm. Improvement continued for several days, though the arm is undoubtedly partly paralyzed. The patient has had one severe attack since, which was kept nicely under control by the same remedy. Indeed the mother dares not be without the medicine. I think the condition of the arm is gradually improving. I think that a thorough proving of chloroform internally, would stamp it as one of our most reliable homœopathic remedies in convulsions, it being a palliative of the most acute paroxysms, as well as a similitum in toto. It often produces violent excitement, muscular spasms and rigidity with loss of consciousness and sensibility. It also produces temporary paralysis which though due to anæsthesia resembles the former disease. One physician extracts his own teeth without pain. A child plays with its playthings through the operation of lithotomy. Its action on the pupil, dilatation then "contraction," or as danger approaches, dilatation again is also found in infantile convulsions. I would recommend great care in its use, rather use a higher than the first, than a lower dilution to begin with.

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*FLORIDA AS A HEALTH RESORT.*

BY B. A. SAWTELLE, M.D., ENFIELD, MASS.

[*Read Before the Homœopathic Medical Society of Western Massachusetts.*]

A question that often comes to the Northern physician is this, how can I bridge over the winter months, and keep my patient, suffering with lung disease, from growing worse? The sudden changes of the weather that we have here, in many cases have a depressing influence on the mental condition of the patient, as well as tend to aggravate the diseased condition of the lungs.

The purpose of this paper is to give from the writer's personal observation and experience, the result of the climate of Florida as a winter home for our Northern invalids, suffering more especially from lung diseases. Situated as Florida is at the southeastern extremity of the United States, and lying between 24 to 30 degrees north latitude and 80 to 87 degrees west longitude, it is a point of great interest to physicians on account of the prominence that is given to it at the present time as a winter home for invalids. There is no great elevation of the surface, the highest elevation being 300 feet above the sea; being higher in the northern part of the state, and extending as a ridge or backbone, midway between the Atlantic Ocean and Gulf of Mexico to the southern portion of the state, ending in the rocky keys that form its southern end.

The soil as a rule is sandy, and the greater portion is or has been covered with a pine forest. This is the poorer soil of the state, but better adapted to the invalid, than the lower lands of the state which are much richer in soil and products than the higher sandy lands.

The climate as a rule is even. The mean temperature for the whole year being about 70° F. for the whole state, by Dr. A. S. Baldwin's tables.

Some people complain of the sudden changes of the temperature during the winter, when the temperature may fall twenty-five or thirty degrees in twelve hours. When you find after the fall of temperature that the thermometer stands at 35 to 45° F., you will see that the changes are no greater than we see in Massachusetts during the month of June. So that it cannot be very cold, and in the case of invalids can be easily guarded against by warmer clothing and plenty of open fires. The name Florida (a land of flowers) has a musical sound to the invalid, and he turns toward it as the thirsty traveler turns to the spring of water.

The people who come to Florida are as a rule, consumptives; people who go there without any previous knowledge of its adaptability to their individual cases, many times go there without the least idea of the cost of so doing, and as a result, with the poor, there is a constant worry about the where-with-all to pay the bills. As a rule in the best hotels you will find everything that money calls for, and will expect to pay for it. Still I should not want to send patients of my own there. I should prefer a quiet home in the "piney" woods, where my patient could rest, and if able have a happy out of door existence without the stir of hotel life.

With a well person there is a feeling of restfulness in the sighing of the wind through the pines, and how much more to

the invalid who has nothing but death to look forward to, if he stays in the North during the winter. A question that comes to us all in the treatment of lung diseases in the North, is how can we maintain an even temperature and bridge over the cold, raw air of the winter and spring; and many times this can be done by sending the patient to Florida. Do not wait until you can see no possible chance for recovery anywhere, and then send them there to die away from home and friends, but when you see that their lungs are diseased, send them there at once to get well, and tell the patients to put themselves under the care of some good physician there, who can give them the care and advice that they may need from time to time. Again, advise the patient not to be in a hurry to come North in the spring, as it grows warmer there in March or April, and some kind friend here at home writes the invalid of the beautiful days we have here. The sick one longs for home, and if not advised to the contrary starts for home, and reaches it time enough to find a cold wave and a relapse awaiting him from which he may never recover.

Don't come North before the first of June, and then do it by easy stages. I would not recommend the climate of this state as a cure-all, for all diseases, but cases of phthisis, bronchitis and asthma are often benefited by a residence there. The direct cause of failure to benefit, in many cases, is the neglect to send them there until too late. I know personally, many people who went to Florida years ago feeling that they had but a few months to live, who have not only been benefited but cured by a residence there. One point more and I am done. If you find a patient benefited by one winter's residence in this state, send him back the next winter, and you will often find him cured, when if he should stay in the North the second winter, he would have a relapse of the old trouble. Many valuable lives can be prolonged by so doing, and it is our duty to do all we can for our patients.

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**CHILLING THE FEET AND ITS CONSEQUENCES.** — Dr. Mundé says that to the imprudent act of getting out of bed without protecting the feet — one so commonly committed by women without thought of the consequences — may be traced many an attack of cellulitis brought on by the sudden though momentary exposure of the feet to cold. It has caused more diseases to women previously healthy than could result from any other single act of imprudence. — *Med. Standard.*

**THE TREATMENT OF BLEEDING FROM THE NOSE.** — Wade recommends the expedient of Hutchinson. The hands and feet of the patient are placed in water as hot as can be borne. This will check the most obstinate epistaxis, without any ill consequences. — *Deutsche Medizin, Wochenschr.* — *Medical Register.*

**DR. JACOBI** says, when you give condensed milk for any length of time, a child is apt to become rickety. — *Medical Era.*

## SOCIETIES.

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*THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The annual meeting of the Boston Homœopathic Medical Society was held at The Thorndike, Thursday evening, Jan. 2, 1890.

Owing to the prevailing influenza, there were fewer members than usual present, but these had a very enjoyable time.

The officers chosen for the ensuing year are :

President. — Charles H. Farnsworth, M.D.

Vice-President. — Herbert C. Clapp, M.D.

Secretary. — Martha E. Mann, M.D.

Treasurer. — Alonzo L. Kennedy, M.D.

Censors. — Conrad Wesselhæft, M.D., A. M. Selee, M.D., H. E. Spalding, M.D.

After the election to membership of Annie M. Gannon, M.D. and Wesley B. Perkins, M.D., and the proposal of Dr. V. F. Bryant's name for membership, the society gave attention to purely social exercises.

Being duly refreshed by the good cheer provided at the supper table, the company adjourned to pleasant parlors and enjoyed the speeches, both grave and gay, of members and guests.

Dr. Hedenberg announced as the first sentiment,

“ Good fortune bids us pause

And smooth the frowns of war with peaceful looks.”

(Shak.)

To this, Dr. I. T. Talbot responded in an earnest and eloquent manner.

The introduction of the next speaker was made in the following manner :—

“ His humor is lofty, his discourse peremptory, his tongue filed.”

(Shak.)

“ Lest any fail to recognize him let me append a description by a less famous man.

On a recent visit to the Dispensary, I met an illiterate Irishman, evidently a keen observer of men and things, who in answer to my inquiry as to the whereabouts of our distinguished Professor of diseases of the heart and lungs, replied as follows : (Had I not seen that he was evidently at home, and a frequent caller for relief in this department I should have thought, judging by his verbosity, that he was in the wrong place, that he belonged in the surgical department and was being treated for hypertrophy of the chin and lip.)

The reply to my simple inquiry was,

“What! that bald-headed little man that has all them men and women stripped naked to *the waist*, and hammers on his little black stick with his little hammer, he calls the *skippystrope*, and then he takes the other thing, I disremember the name, the thing with the one end at the one end, and two ends at the other one end and sticks his ears into both ends and says lots of things I don't know, only one could I understand at all at all.

‘He-go-funny,’ says he. ‘What's that?’ says one of them elegant young ladies. ‘That's the bleating of the goat,’ says he, — and I'm sure the blessed animals, the janitor's goats, the two of 'em, was as quiet as kittens eating hoopskirts and tomato cans out in the backyard all the time. Oh! but them's fine things to hear with, and I wonder could I get one for Biddy, she's deaf as a haddock.’”

After this accurate description Dr. H. C. Clapp gave some of his experiences which caused much laughter.

A very neat speech was given by Dr. Martha E. Mann in response to

“Here's a *Mann* yet not a man to speak for the ladies.”

Some bright, original lines, by the master of ceremonies, deserve insertion here, and those for whom they were intended, may perhaps, be guessed.

Far out at sea, upon a ragged rock a bell is hung,  
To warn the storm-tossed mariner, with its clamorous tongue.  
In steeped churches and in old cathedral towers,  
Bells call to prayer and mark the passing hours.  
The christening, marriage, passing bell, how old yet ever new,  
How fraught with meaning to the interested few.  
The doctor's night bell, oh! it needs no sage to say,  
It sounds less pleasing as we grow more gray.  
The bells upon his prancing steeds and on his sleigh  
Ring out, “G'long! get out o' the way!  
I'm in a hurry as you see, no doubt,  
For Crœsus Jones has sent for me, he has the gout.”  
The poorer doctor's equipage has bells, you hear them from afar,  
As down the street he rushes in the electric car.  
He's on the way to see Miss Charity Sparkwell Jones,  
She's empty as to pockets, but she's full of aches and groans,  
And when returned to his unostentatious home he casts about,  
He finds *he's in* experience, and *he's just two nickels out*.  
The dinner bell's the bell most sure to please,  
When it invites to viands such as these.  
Some bells are silver-toned from heaps of precious ore,  
Our *Bell* is silver-tongued from heaps of precious lore.  
These bells subserve their purpose some are useful, very, *very*,

Now our most useful *Bell is*, "Bell on Dysentery."

(J. H.)

"His heart is sound as a bell and his tongue is the clapper."

(Shak.)

In years gone by, almost "time out of mind,"

"Brown Windsor" in each baby-basket you would surely find.

That fashion's changed, but let us kindly hope,

That our brown Windsor 'll get there 'ere they need the soap.

(J. H.)

"A babe in a house is a well spring of pleasure."

(Tupper.).

Dr. J. Heber Smith being called upon, replied with beautiful thoughts fitly set in glowing words.

Rev. H. C. DeLong, a guest of the society, spoke of the pleasant relations existing between the two professions there represented.

Dr. F. C. Richardson gave his opinion of the relation which should exist between physician and patient. Then changing the tone of his remarks he recited several stanzas of an odd poem he had lately read.

Several letters of regret from invited guests were read.

S. S. WINDSOR, M.D.,

*Secretary.*

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## REVIEWS AND NOTICES OF BOOKS.

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A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part XI, *Natrum Muriaticum* — *Phosphorus*.

The provings of *natrum muriaticum* are completed in this instalment of the Cyclopædia and a few, but interesting, poisonings are related. *Natrum nitricum* follows, with several minute analysis of the blood, and records of the amount of urine passed, to testify to its effects upon provers. *Natrum sulphuricum* also receives due attention. The narratives of provings and poisonings by *nux moschata* form a graphic illustration of the superiority of this method of relating drug pathogenesis over the older, schematic arrangement. The poisonings only of *nux vomica* are given, for provings the reader being referred to the English translation of Hahnemann's "Nat. Med. Pura." Full records of



strychninum are given. *Ceanothe* has only toxicological effects to record, but these are sufficiently marked to satisfy the most skeptical seeker for drug effects. *Oleander* is briefly disposed of, but opium and its alkaloids occupy nearly seventy-five pages. *Origanum*, *osmium*, *pæonia*, *palladium*, *paris quadrifolia*, *petroleum*, and *phellandrium*, demand but passing notice. The part concludes with the provings of and a few of the poisonings by phosphorus. The early appearance of this fascicle testifies anew to the conscientious energy of its editors, as the value and accuracy of its contents, testify to their painstaking and their ability.

THE NATIONAL MEDICAL DICTIONARY. By John S. Billings, A.M., M.D., LL.D. In 2 vols. 1890. Philadelphia: Lea Bros. & Co. 731-799 pp.

This is one of the great, thorough, solid works, at once classical and practical, for which the profession has had occasion, so many times, to thank the enterprise of Messrs. Lea Bros. The two nobby, handsome, quarto volumes will furnish answers, brief, lucid and finally authoratative to every question, as to the origin, exact meaning and correct pronunciation of every medical term in current use, and a few semi-archeological ones, in the English, French, Latin, German and Italian languages. This includes, needless to say, all the technical terms, almost a thing of the hour, which the study of bacteriology has lately brought into medical nomenclature, and by one or another of which even the best-read practitioner will occasionally find himself so puzzled as to make a quick and clear explanation, a very welcome assistance. In the compilation of the work, most able expert assistance has been rendered to Dr. Billings, by many and well-known collaborators: thus Dr. Baker, Professor of Anatomy in Georgetown University, has furnished the terms relating to anatomy. Dr. J. H. Kidder, of the Smithsonian Institution, terms relating to medical chemistry, etc. In a highly valuable introductory section, there is included much special information of a sort often called for, but difficult to obtain at short notice; such as the average dimensions of the fœtus at different ages; "the average dimensions of the parts and organs of the adult human body, and of the weights of organs of the human body;" also a series of tables, printed in color and prepared by Prof. W. O. Atwater, showing "the percentages of nutritive ingredients in a large number of different food-materials; the proportions that are actually digestible; the potential energy, (fuel-values) standards for dietaries for different classes and occupations, etc." Much original and experi-

mental study has gone to the making of these tables, and they are of instant and permanent value.

Now and then the homœopathist will good-naturedly quarrel with a word here and there in a definition, and the entire omission of terms which, the homœopathists claims, have long ago earned a place in the nomenclature of legitimate medicine; "similimum," for instance. He may protest that homœopathy would be most justly defined as a "system of medicine *discovered* by Hahnemann, rather than (as it here stands,) a system of medicine *devised* by him; and may protest, and not feebly against the dynamization theory being dragged by the heels into a definition of homœopathy, as if constituting an integral part of it. But, on the whole, the homœopathist, in common with every other fair-minded physician, will cordially recognize the immense ability and the immense painstaking which have gone to the making of a work so condensed, so exhaustive and so accurate; and will practically demonstrate his appreciation of the same by giving the not too bulky volumes, instant welcome to his library table.

EATING FOR STRENGTH. By M. L. Holbrook, M.D., New York: M. L. Holbrook & Co. 246 pp.

The merit of this book is, not that it states many novel truths, but that it states many truths, often reiterated but not yet popularly accepted, in such simple and striking fashion as will commend them to the lay reader. The chapters deal with the uses of food in general: the constituents of its different varieties, the adaptation of diet to age, physical condition and nature of occupation; pleas against intemperance in eating, and against stimulants, solid or liquid; an appendix containing a large number of varied and excellent receipts. There is a deal of sound, common sense between cover and cover; many quotations are made from high authorities on questions of dietetics; the chapter on the necessity of fat-eating is, in itself, worth the price of the book. There is a novel and highly suggestive chapter on the life and diet of men under "training," pugilists, oarsmen and the like; the account of the physical perfection attainable by such means, and what is meant, in sporting phrase, by a "pure" condition, is worth the study of every hygienist.

THE STORY OF THE BACTERIA AND THEIR RELATIONS TO HEALTH AND DISEASE. By T. Mitchell Prudden, M.D. New York and London: G. P. Putnam's Sons. pp. 143.

This very interesting little book is intended more especially for the "unscientific" or lay reader; the author's intention evidently being to counteract some of the "disquieting and un-

true" ideas concerning microbes which are so prevalent, and to present a few "facts from a small corner of the domain of science" for the benefit of the laity. In short chapters and comparatively untechnical phraseology, Dr Prudden tells his readers what is known about the definite forms of bacteria, which seem to be in some way the *cause* of such diseases as consumption, typhoid fever, cholera, diphtheria, certain surgical diseases, etc.; how it is known that they are connected with these diseases, and how to prevent them from exercising their malign influence. He does not fail to point out, and dwell upon the fact that these microorganisms are not all of them man's deadly foes, although ordinary literature might give that impression, but that among them are many which work ceaselessly for man's weal. The author's style formed from his experience as a teacher, and admirably adapted to the objects in view, is easy and colloquial, and we fancy that the majority of undergraduates, and not a few physicians would find the book interesting and instructive reading.

**ELECTRICITY IN FACIAL BLEMISHES.** By Phym S. Hayes, A.M., M.D. Chicago: W. T. Keener. 123 pp.

Dr. Hayes has earned, by ten years of work with electricity in the removal of facial blemishes, an experience which certainly entitles him to speak with authority. Unsightly hairs, *nævi*, warts, and like disfigurements, are things of very great moment to their unlucky possessors, and a physician may earn very genuine gratitude as well as more substantial rewards, by successful treatment of them. As a method of such treatment, electrolysis is steadily gaining in favor: it commends itself to physicians by the thoroughness of its action, and its comparative simplicity, and to patients by its freedom from alarming apparatus, its non-necessity of anæsthesia, etc. This little book gives very modestly, clearly and concisely, directions for performing all necessary operations of this character. It minutely describes apparatus and methods of procedure; gives illustrative cases, and offers warning against many of the errors into which the novice in the employment of electricity for these purposes is likely to fall. As a special study it is useful and interesting.

**VICK'S FLORAL GUIDE**, that literary cuckoo which prophesies betimes the return of spring, makes its welcome annual appearance. Beside classified lists of seeds, and plates which entrancingly suggest the glories into which these seeds will grow, the pretty pamphlet contains many floricultural hints on transplanting, etc. Rochester: James Vick.

The January CENTURY contains what are perhaps the most moving chapters hitherto published of the Lincoln biography; the story of the assassination, and the capture of Wilkes Booth. Stockton's and Mrs. Barr's serials are interestingly continued; Jefferson's autobiography is full of delightful drolleries; Henry James has a critical paper, fully illustrated, on Dannier, the French caricaturist; and there is the usual variety of miscellaneous reading. New York: The Century Co.

The January POPULAR SCIENCE MONTHLY has no contributions which directly appeal to medical men; but many of general scientific interest. Among the more noteworthy of these, is Reese's, "The Public Schools as Affecting Crime and Vice;" a symposium on the Land Question, by Spencer, Huxley, Laidler and others. The Chinese Theory of Evolution, by Adele Fielde, etc. New York: D. Appleton & Co.

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#### PERSONAL AND NEWS ITEMS.

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DR. BENJ. F. BAILEY, formerly of Manchester, N.H. and Dr. Charles F. Goodell, formerly of Ashland, Mass., are now associated in practice at Lincoln, Nebraska.

PROF. LOISETTE's Memory System is creating greater interest than ever in all parts of the country, and persons wishing to improve their memory should send for his prospectus free as advertised in another column

A WESTERN EDITOR ON GYNECOLOGISTS. — The editor of the *Pacific Medical Record* says: "It is safe to say that more than half the revenue of the physicians of the world is derived from the treatment of females; and if we say that nine-tenths of the number thus treated have no need of that treatment, and that it works actual harm, we shall utter the truth." — *New York Medical Record*.

HOFF'S MALT EXTRACT, TARRANT'S, has won an enviable reputation among the medical profession for its remarkable value as a nutritive tonic in convalescence and in all wasting diseases. It has now achieved the proud distinction of being the only Malt Extract that has ever received an award of honor at a public exhibition in the German Empire.

We regard it as a superior Malt preparation, and have found it valuable in all cases where a palatable nutritive tonic has been indicated.

To guard against substitution, always specify *Tarrant's* when ordering.

ST. LOUIS, MO.

*Messrs. Reed & Carnrick.*

*Gentlemen:* I have been much interested in the study of the milk question as it affects infants who are deprived of their mother's breast, and have discussed it editorially and otherwise. This summer I have had the question forced upon me practically, as the result of the illness of my wife, necessitating the weaning of our baby and supplying her with some artificial substitute. I have thus given a practical test of Carnrick's Soluble Food and have been perfectly satisfied with the result, as our little one has thriven on that food, I think as perfectly as if the mother had been able to nurse her. Though this has been her "second summer," she has not had any disturbance of digestion or tendency to diarrhoea at all.

DR. E. M. NELSON.

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NEW-ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

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*HOMŒOPATHY AND THE UNITED STATES ARMY.*

In the present issue of the GAZETTE, in a presidential address delivered by Dr. Hayes, before the Rhode Island Homœopathic Medical Society, there appears an attack, the tone of which is acrimonious and querulous to the last degree, on a brief editorial note headed "Homœopathy in the Public Service," which appeared in the GAZETTE of November last. What there could be in the note in question, to give offence to homœopaths in general, and to Dr. Hayes in particular, we regret to find ourselves unable to guess. But that offence has been given in the latter instance at least, the bitter tone of Dr. Hayes' comments leaves no room whatever for doubt. But the *casus belli* is as unguessable after the reading of Dr. Hayes' remarks, as before. Such wind-mills as he vehemently attacks, whirl with wind supplied from his own words, not from those of the GAZETTE. For instance, the gist of his plea seems to be that to memorialize Congress in a "bitter and aggressive" manner, to grant homœopathy its public rights, would be to jeopardize our cause beforehand. But when did the GAZETTE propose to memorialize Congress in any such fashion? Certainly not in the note under condemnation; nor elsewhere.

The GAZETTE's proposition simply was that a bill be speedily presented to Congress, "demanding that no invidious distinction be made against graduates of homœopathic colleges as candidates for positions in the army and navy." No suggestion

whatever was offered as to the fashion in which such bill should be framed ; it was taken for granted that the good sense and conspicuous tact which have thus far engineered homœopathy to many a desired haven, would be successfully operative here. Nor can we on a careful re-reading of the GAZETTE'S note, discover what could justly be called a "bitter" line in its brief and plain statement of facts. We said that the Old School had long, with a combination of arrogance and cowardice, refused us any opportunity of comparing old and new school therapeutics, under identical conditions, in the treatment of disease. Is this put over strongly ? Let the history of the struggle of homœopathy for existence, with its crowding instances of bitter injustice, answer ! Dr. Hayes admits the GAZETTE'S whole position, in admitting the fact that a diploma from a homœopathic college, of however high standing, would not for a moment be accepted as entitling a physician to appear as a candidate for an army appointment. Does this fact, or does it not, argue an abuse of power, an arrogant, conscious and deliberate bigotry which must be outspokenly recognized, that it may be manfully combatted ? As to whether "the laws governing such appointments" were enacted originally in the direct interests of allopathy as opposed to homœopathy, that is a question quite aside from the main point at issue. The laws are, under allopathic administration, made thus to operate at the present day ; and in the classic political phrase, we are "dealing not with a theory but with a condition." It is a condition which cannot be too strongly stated, too distinctly emphasized in appeal to the homœopathic branch of the medical profession. When homœopaths are by such appeal aroused to action, that action, as has been already said, will doubtless be tactful, temperate and effective.

Dr. Hayes remarks that our phrase, the "average army surgeon," is "no doubt intended to convey the meaning that army surgeons are of an inferior grade." If any invidious meaning has attached itself to the word "average," it is since the publication of our edition of Webster's Unabridged. We meant the phrase exactly in its current acceptance, and reiterate our statement that the treatment of disease by the average graduate of a high-class homœopathic college would be deeply appreciated in the family of many an officer stationed at the average army

post, in contradistinction to that of the average army surgeon now in residence there. His presence in the army would work a double good ; first, in the gentle efficacy of his treatment *per se* ; second, in the stimulation to greater care and greater intelligence of the work of the allopathic surgeon with whose statistics his own would come into inevitable comparison. It is no villification of allopathy in general, or army surgeons in particular, but a truism of human nature, that security of position and absence of competition breed carelessness and routine performance of duty. Dr. Hayes says, concerning our statement of the universality of the morphine-and-quinine style of prescribing by army surgeons, that "it is absolutely false." Now this is glorious, but it is not argument : it is an unsupported statement of Dr. Hayes' private opinion. Our assertion was based on observations of life in a garrison town, supplemented with much study of the subject through the experience of many army friends, in various branches of the service, scattered over a wide area of country. It is a statement which we would cheerfully submit to every army officer or wife of an army officer, (surgeons of course excepted), and confidently abide by the consensus of their replies. The use of the objectionable word "average," guarded and guards our statement from applying to every medical practitioner in the United States Army. That there are numbered among such, not only "learned and accomplished," but faithful, kindly, conscientious, indomitably plucky and cordially well-beloved workers, no one who is in touch with army life would dream of denying. But this has nothing whatever to do with our original, well-founded and firmly reiterated statement ; that the *ensemble* of army medical work would be distinctly improved by the introduction of homœopathic graduates into the ranks of army surgeons ; and that the impossibility of such introduction, under our present laws, is a rank and a crying injustice.

Dr. Hayes' statement that "ninety-five per cent. of the recent graduates of any school of medicine could not pass the examination required to obtain a commission," etc., is ill-considered and indefensible to a wild degree. That so large a per cent. of the applicants for a commission are annually rejected, argues not so much the difficulties of the examination, as the low intellectual

powers of the applicants ; a fact frankly admitted and openly deplored in a recent editorial in a prominent Old School journal ; which sets forth at length the advantages of an army career, and urges a more capable class of recent graduates to turn their attention that way.

To summarize. The army needs surgeons who practice homœopathically : there are not a few able homœopathic graduates, who would welcome such a career : bigotry and injustice, seated in high places, forbid these needs from being filled ; it is time for homœopathy to arise, and with courtesy and with firmness, ask the just-hearted American people how much longer this shall be.

Dr. Hayes predicts that the GAZETTE, having spoken of what it knew not, would, on attack, like a schoolboy, "say it didn't mean anything." Of the behavior of the GAZETTE, in general, when its positions are attacked, its readers can bear witness. As to its recantation, in the present instance, the above remarks speak for themselves.

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#### EDITORIAL NOTES AND COMMENTS.

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THE REPORT OF THE MELBOURNE HOMŒOPATHIC HOSPITAL, always interesting reading, is especially so in the present year. Such an unclouded sun of prosperity rarely shines upon any institution, as has gladdened this most worthy one, in the past twelvemonth ; and homœopathists everywhere should rejoice in this pleasant fact. It is evident that Australian homœopathists — and would the disposition were epidemic ! — are taught by their sympathies a direct route to their pockets ; for during the year just past, the Homœopathic Hospital has been enabled not only to pay off its entire indebtedness of £5229 15s. but to enter upon the construction of a new wing, to cost £10,000, every penny of which is guaranteed in advance, and by a single subscriber ! Is not this a noble record, and one which brilliantly reflects upon the power of our cause to make friends for itself ?

The clinical side of the hospital report is not less brilliant than its financial side. The number of patients treated has been 2,722, of which 1,898 have been outdoor, and 690 indoor



patients. The death rate has been 11.15 per cent. During the typhoid epidemic, which was of very unusual duration and virulence, 408 cases were treated, with a death-rate of 10.29 per cent., which every homœopathist will take pride in knowing was the lowest death-rate of any institution in the colony. And these fine statistics were gained in spite of the fact that the applications so far exceeded the possibilities of the hospital, that beds were made on the floors of the wards, for needy patients, and six of the cases were moribund when admitted.

All this is most encouraging and delightful to know, and we send across the sea our warmest wishes that another Happy New Year may bring to our *confrères* in Melbourne, as phenomenal good fortune as that, the chronicles of which we have just read with such sincere pleasure.

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A NEW FRENCH HOMŒOPATHIC MEDICAL SOCIETY has been formed, so a recent issue of the *Bulletin* informs us, by the coalition of the two societies which hitherto have pursued their work separately: *La Société Hahnemannienne* and *La Société Médicale Homœopathique de France*. Confident that by uniting their forces, more extended and effective work can be done, these societies yet come together with the distinct understanding that, representing as each does, slightly different shades of therapeutic opinion, no individual liberty of thought or speech is to be foregone, but all opinions are to have free hearing and courteous discussion. The name adopted by the united society is to be *La Société Française d'Homœopathie*. An animated discussion took place while the selection of the name was in question, some physicians considering it a matter of duty and honor that the debt of homœopathy to Hahnemann be acknowledged by the incorporation of his name into the society's title. To this Dr. Jousset promptly and sensibly rejoined that in these latter days the adjective "Hahnemannian" has lost its wide and general sense, and is understood as designating those who, within the homœopathic school, uphold certain restricted and exclusive doctrines. The larger name of the French Homœopathic Society seemed to him more appropriate, and this was decided upon. The new society will hold its meetings monthly in the

mayorality building of the 8th Arrondissement, Paris, a salon of which has been put at its service. The commission having in charge all arrangements pertaining to the organization of the society, consists of Drs. Leboucher, Love, Guérin-Méneville, Simon, Marc Jousset, Compagnon and Charroppin.

A very important new departure decided upon in connection with this society, is the foundation of a new homœopathic journal, which shall publish verbatim reports of the society proceedings, and the most important of the papers presented. Such a magazine, larger in scope than the familiar and always excellent *Bulletin*, will be of the greatest interest and value, as giving to the world at large the experiences and opinions of our distinguished French fellow-workers. Both society and journal have the heartiest greetings and good wishes of the GAZETTE, and, we are sure, of American homœopathy in general.

The discussions of the *Société Médical Homœopathique* have lately been of especial interest, turning, as they have, on the subject of *La Grippe* and its treatment. The experience with this malady has in France it would seem, been substantially more serious than with us, it being well established that many cases have terminated suddenly and fatally from this malady alone. It is noteworthy that in the opinion of the *Société*, *La Grippe* is a contagious disease. The list of medicines thought by our French *confrères* to be of certain service would seem to be briefer than with us; bryonia, ipecac, camphor, china and eupatorium perf. being the only ones prominently mentioned.

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FIFTY YEARS OF SERVICE is surely a record of which to be proud. The GAZETTE, whose life numbers but half that number of years, regards such a record with admiration, and a sort of hopeful envy; and it calls upon its readers to join it in extending to the PHARMACY OF OTIS CLAPP & SON, hearty congratulations, that in the month just ended, this well-known house, so indissolubly connected with every tradition of homœopathy in New England, completed its fiftieth year of service. What constant, what cordial, what efficient service this has been, every New England homœopathist will bear testimony. Quite aside from strictly business relations, the part played by this

house in the story of the growth of New England homœopathy, has always been a central and active one. Within its hospitable precincts, physicians from all parts of New England have taken opportunity to meet one another, to cement friendships, exchange experiences, and discuss, while yet such projects were nebulous and embryonic, plans for the good of homœopathy which have borne large and public fruit. In the heads of the house, writers young and old, on subjects related to our cause, have found generous and discriminating advisers and publishers. To the fostering care of this house, the GAZETTE owes no small share of its progress toward what it can, without boasting, claim to be its present solidly established, if modest position in journalism. And many another debt of gratitude, homœopathy can, without strain of memory, recall as owing to Otis Clapp & Son.

Changes without number have come in the course of these fifty years of service. Fit type of homœopathy itself, the house has, from small beginnings, grown to be a thing of great proportions and complex interests. The kind and venerable face of him whose wise headship guided it so far upon its way, has for years been hidden from our sight, though his memory is quick and warm among us, and inseparable from the fruits of his labors. But through all changes, the same spirit has animated the house; a spirit of intelligent progress, fidelity to principle, and kindly good will. And we may well believe this spirit and the responsive gratitude of those to whom it ministers, will lead our famous New England pharmacy to a centennial which New England homœopathy — grown, then, to what power and proportions who can guess! — shall delight to honor.

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A PINT of warm water taken on an empty stomach in the morning, is the safest and suress of all remedies for habitual constipation. It dissolves the fecal matter and stimulates peristaltic action, thereby giving a normal action without pain. If the tongue is coated, squeeze a lemon into the water and drink without sweetening. — *Medical Era*.

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"I DON'T see how you can keep such a cur about you?"

"Why, that dog has saved my life."

"How was that? Did he rescue you from drowning or from a band of robbers?"

"Neither. I was sick unto death once and that dog staid by my bed and wouldn't let the doctor get near me." — *Weekly Medical Review*.

## COMMUNICATIONS.

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*DRUG SYMPTOMS: IN MATERIA MEDICA REVISION.*

BY J. P. DAKE, M.D., NASHVILLE, TENN.

The purification of materia medica, the elimination of symptoms that cannot be regarded, according to proper rules of evidence, as drug effects, is a subject upon which I have bestowed much thought and research, and upon which I have had not a little to say during the past thirty-five years. I was driven to an earnest consideration of the matter, while professor of materia medica in the college at Philadelphia, where it was my endeavor to deal honestly with the students who had come to study the means wherewith to combat disease and save life. Critical investigation, as to the sources and character of the symptoms composing Jahr's Manual, Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, arranged and re-arranged in various repertories and epitomies, convinced me that they could not be reliable and safe in the hands of the student and practitioner.

In the American Provers' Union I called attention to the defective methods of proving drugs, as followed by nearly all experimenters up to that time, and urged a course more exact, more in accordance with the demands of science as well as practice.

Two years later, at the first meeting of the American Institute at Chicago, in 1857, I again brought the subject forward, more fully showing what should be done to secure greater certainty in pathogenesis.

Repeatedly since, in the meetings of that body, and in the medical journals of this country and England, I have presented the subject by argument and illustration.

I speak thus of my record, simply to show my right now to express an opinion upon the same subject, as lately brought before the profession in the *GAZETTE*, the *Hahnemannian Monthly* and the *North American Journal*, in connection with materia medica revision and arrangement.

It has been one of the greatest pleasures of my professional life to see such men as Conrad Wesselhoeft, T. F. Allen, J. P. Sutherland, Elias C. Price, M. W. VanDenburg, and such associations as the Hughes' Club and the Baltimore Club, and such journals as the *GAZETTE* the *Hahnemannian Monthly* and the *North American Journal*, devoting earnest attention to the work of purifying and re-arranging our pathogenesis, so as to make it more reliable and convenient.

In the bureau of materia medica in the American Institute (1883), while I had the honor to be its chairman, Dr. Wesselhoeft outlined the plan he is now pursuing; and, the following year, while on the same bureau, he joined with me and the other members of that bureau, in recommending that the matter of arranging materia medica upon his plan or upon any other then presented, should await the publication of our provings, our drug symptomatology, in a narrative form, as free as research and the rules of evidence could make them of spurious symptoms. The British Homœopathic Society had resolved to devote itself to such a publication, and Dr. Richard Hughes, had come as its delegate to the Institute meeting at Deer Park, to confer with our bureau on the subject.

After long conferences an agreement was effected between Dr. Hughes and the bureau, as to the title and extent of the work to be issued and as to the rules that should govern its formation. The title selected was "*The Cyclopædia of Drug Pathogenesis*," and the rules to govern the editors were those that have appeared inside the cover of each number issued.

The rules were not only fully weighed by Dr. Hughes and the members of the bureau and also by the members of the Institute, they were adopted by a vote of the entire body, with hardly a dissenting voice.

They excluded symptoms from drugs *administered to the sick*, from drugs that had not shown *pathogenetic power in two or more persons*, from drugs administered to persons *already under the influence of other drugs*, and from drugs said to be *attenuated above the twelfth decimal*.

These rules were adopted not only by the American Institute, at one of its largest meetings, but unanimously by the British Homœopathic Society. They were in accord with the views and wishes of more than nine-tenths of the whole homœopathic profession.

Modesty would forbid my speaking of the character of the *Cyclopædia*, which is now approaching its completion, were it not that the fact is well-known, that the critical work on it has been performed by the chief editor, Dr. Hughes, my own part being of a general and quite subordinate kind.

I must be allowed to say, then, that the rules laid down for our guidance have been faithfully observed; and that as a result, the profession has for the first time, in narrative form, the positive pathogenetic effects of its drugs, so far as rightly tested upon healthy persons, sifted from spurious symptoms. That our work is free from all mistakes, that it is perfect we do not claim. But I must be allowed to say, from long years of observation and study, and an extended and somewhat intimate

acquaintance with leading members of the profession, that there is no man so well constituted, qualified and situated for producing the *Cyclopædia* as Dr. Richard Hughes. With the aid of such men as compose our "Consultative Committee," both in England and America, he has received the best of counsel upon all vital questions during his critical and arduous work.

This much I have felt called on to say in vindication of those who have accepted the *Cyclopædia* as a source from which to gather drug symptoms, and upon which to rear a trust-worthy form of materia medica.

It may save some labor for those arranging a schema, to take the symptoms as already cut up and put under various heads; but the labor should not be counted when reliability is desired. When the positive drugs effects are wanted there is no way of getting them save from the *Cyclopædia*, or by the herculean search through all the literature of homœopathy and the critical sifting performed by Dr. Hughes and his helpers.

In conclusion I would express my regret that there should be any feeling between those honestly working for the one great cause, save that of an honorable emulation.

Being true to science and the cause of humanity, we should not be untrue or unkind to each other.

I rejoice to see the younger men in our ranks, in Boston, New York, Baltimore, Philadelphia and other centres of learning and influence, urgent for greater exactitude in materia medica and better methods for the improvement of our therapeutics.

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PRESIDENT'S ADDRESS.

BY CHARLES HAYES, M.D.

[*Read before the Rhode Island Homœopathic Medical Society.*]

In obedience to the constitution, and in accordance with time honored precedent, I present my second annual address.

The year that has just closed has been fraught with prosperity in behalf of this society. We have not been visited by death, nor has our number lessened from other causes, but on the contrary several have joined our ranks, and we and the community at large have been the gainers in consequence. Through the indefatigable efforts of our efficient secretary, our meetings have been better attended, and the interest of the members been revived, as evidenced by the greater number of instructive papers that have been read before us, and the interesting and animated discussions which they have induced. Indeed, our society of to-day is far in advance of its status a few years ago, and for this we are devotedly thankful. We bear in

mind with never ceasing gratitude, that we live in the State of Rhode Island, the land of free opinions, where homœopathy is permitted to exist, and where a liberal republican government distributes the patronage with impartial hand to new school as well as to old school.

But while we are congratulating ourselves upon the progress made in the past, let us stop to inquire if there may not be other means instituted for still further advancement. Those who have favored us with papers make but a very small minority of the whole number, and nearly all of these may be classed as among the younger members. Cannot some plan be instituted which will make it incumbent upon each to help? No one but the secretary knows how hard a task it is to coax a paper out of a member. He not only coaxes, he entreats, he gives his time and exhausts his patience to be disappointed at last by those from whom we wish most to hear.

There are members who have never been known to read a paper at one of our meetings. Do we not regret, indeed, have we not long regretted this fact? Those whose experience must have taught them much through years of active practice, can but have stored their minds with truths not recorded in the books, which would be of inestimable benefit to all, and specially to men just entering the field. Are we not banded together for mutual improvement? Let us then, at the beginning of this new year, place ourselves in better working order, and devise some method of utilizing this latent talent, and let each individual member put his hand to the pen and give us of his store.

Homœopathy was never in a more flourishing condition. Its progress throughout the world, and specially in the United States, is to us a cause for great rejoicing. Our ranks are constantly gaining recruits. Our schools are surpassed by none. Our graduates are the peers of those from the old schools, and our clientelage compares most flatteringly with theirs in proportion to numbers.

But while we review the growth of our institutions, and look with pride upon the work that has been accomplished in the face of such powerful opposition, we regret most sincerely the bitter feeling that has existed between the two most popular schools of medicine from the time of Hahnemann down to the present. It becomes us to examine ourselves closely with the view of determining whether our school has not been somewhat to blame in fostering and perpetuating this animosity. I am a firm believer in homœopathy, but at the same time I have great respect for adherents to the old faith, and I have reason to thank them for the journals and books they issue. I do not find any more bitter expressions in them as against homœopathy

than I find in homœopathic journals as against the old school, nor, indeed, in many instances, so bitter. For my life I cannot see that these tit for tat methods accomplish any good to us nor any injury to them; on the other hand I am sure they tend to weaken our cause, and belittle us in their minds and in the opinions of the better classes, and to proportionately widen the chasm between the two. It is not necessary in order to show the superiority of our methods over all others, to malign and cry out against the works and methods and practice of those men who are our peers, and many of whom are our leaders and teachers. Because they can not see truth in our theory, shall we assert that they are consequently wrong, and are sowing broadcast the poisons that take human life? And yet this is just exactly what some of our journals are doing. Common sense teaches that such writings work infinite damage to us.

Much has been said but little or nothing done under the head of medical legislation. The object of this move is to purge the ranks of the medical profession of all unqualified practitioners, so called quacks, and itinerant venders of nostrums, and thereby elevate the standard of medicine, and protect the public, by the enactment of suitable statutes, which shall make it unlawful for any one to practise medicine without a diploma, or who cannot pass a satisfactory examination before a legally constituted board of examiners. As members of the old school are the principal movers in this matter, and as they seem disposed in some instances to restrict the appointment of this board to graduates of their own schools, many homœopathists believe that it is a blow aimed directly at our institutions, and that, in the event of their gaining so much power, we shall be shut out in the cold under the head of disqualified or as quacks.

Now we will suppose that this order of things had already been established, would it stand? Would this act disqualify us and constitute us quacks? I think not; certainly not in the State of Rhode Island. The old motto which is ever and always brought to the front, when the rights of the people are trifled with, "*Vox populi, vox Dei*," would immediately become the watch word of a large portion of our most highly educated, intelligent, and influential citizens throughout this broad county, who would stand up for their rights, and see to it that we were sustained in ours. So I think we have little to fear on this ground.

I deem it eminently proper that every homœopathic medical society should have its committee on legislation, but I do not believe much can be accomplished through legislation in restricting the practice of medicine to those who may be deemed qualified. What right have we to stipulate as to the particular kind



of treatment by which our neighbor shall recover or die? As long as the people are willing to be gulled and humbugged, so long will charlatans exist, and multiply and make money. Until the masses are educated and confirmed in the belief that quacks and nostrums and intoxicants kill, medical legislation will remain a dead letter.

There is another question, closely related to the preceding, which is causing considerable annoyance to homœopathists, but the reason for this disquietude is not so apparent; namely: that graduates from homœopathic schools are not eligible to appointment in the medical department of the United States Army. I do not think the laws governing such appointments were enacted with the intent of preventing homœopathists entering the army, nor that they were founded under the direction of the old school colleges and societies. I presume that no particular school of medicine had anything to do with it. I am not aware that any homœopathist ever gave the army medical boards an opportunity to reject him, consequently I do not know how much cause we homœopathists have to complain in this direction. But I do know that a diploma from one of our schools would not be considered sufficient to admit the bearer to such examining board.

If the matter were taken hold of in the right way, by presenting a suitable memorial to Congress, in which should appear no word to display the bitter feeling that fills the minds of some of our advocates; nor any form of claim that our method is superior to the one now employed, but by reason of our inalienable rights as citizens of the United States, an effort would be made to pass it, and in due time it would become a law. I cannot do otherwise than heartily condemn an article I read in print in favor of the preferment of homœopathists in this branch of the army, and I trust it will receive the condemnation of every right-minded man, who believes in the advancement of homœopathy.

This article appeared in the "editorial notes" in a recent issue of quite a well-known homœopathic medical journal, and gives some very philanthropic reasons why homœopathic graduates should be admitted to the Army. After commenting in a most bitter and aggressive manner upon the bitterness and enmity that has kept homœopathy out of "its public rights," and the benefits that would accrue to the cause, and particularly to the recipients of these appointments, he goes on to say: "Nowhere does heroic, not to say brutal routine obtain to a greater degree than in such (army) posts. Quinine and morphia—morphia and quinine—such are the changes unceasingly rung until they often ring a death knell." I hardly need

say that this assertion is absolutely false. He next makes a sweeping statement to the effect that "recent homœopathic graduates" are superior to the "average army surgeon." Mark the words, "average army surgeon," which is no doubt intended to convey the meaning that army surgeons are surgeons of an inferior grade. I think I do not shoot wide of the mark, when I say that ninety-five per cent of the recent graduates from any school of medicine could not pass the examination required to obtain a commission as assistant surgeon in the army. The author is probably wholly unacquainted with army posts and army surgeons, and wrote this abusive article in accordance with what he had been taught to believe from his childhood up, and without any thought as to whether it might do good or harm. He would no doubt say, like the school-boy of whom he so much reminds us; that he didn't mean anything. And yet it is just such senseless tirades as this that increase the prejudice against our school, and keep alive the bitterness and enmity, and arrogance and invidious distinctions, which he sets forth in his "editorial notes."

A bill presented to Congress backed by such homœopathic utterances as these, would not meet with much "hearty support;" and the "mighty wave of public opinion," which it would excite would float the bill up Salt River rather than to success.

Editorial matter sometimes has much weight, and such an article, if it chanced to find its way outside of New England, and into the hands of some of these quinine and morphine fiends, might materially delay the "breaking of the new dawn," and indefinitely postpone the day when homœopathists will stand on an equal footing with the old school, in matters pertaining to the public service.

There is no one here to-night, who would rejoice more than I to hear that the doors of the medical department of the United States Army had been thrown open to graduates of our school, equally with those of the present incumbents; but I will not join those in opening these doors, who begin by throwing calumny like a ward politician upon the record of the learned and accomplished gentlemen, who compose the body of the army medical corps of to-day.

How, then, shall we gain recognition and secure for ourselves government patronage?

Shall it be accomplished by promulgating the idea that homœopathy is the only means by which disease can be cured and life prolonged, and that all other pathies are false doctrine and tend to depopulate the earth? No, for this would not be true. Reforms do not perfect themselves in a day nor in a generation. People will not be coerced into following any ism whatso-

ever, but under the influence of education, and in the school of experience, opinions are formed and developed and in the end the right prevails. Judging the future by the past, the time is surely approaching when homœopathy shall wield a mighty influence, which shall move bodies politic, and then the golden era of equal rights in medicine will begin.

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*APHASIA WITH HEMIPLEGIA.*

BY H. A. GIBBS, M.D., LEE, MASS.

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

This case has been under my care for two years. Eight years since, the patient had what her physician pronounced a slight apoplectic shock followed by paralysis of one arm, which persisted for some time. She has been subject to severe pains in the lower extremities for years. These are of a dull, aching character, and trouble her especially at night, often keeping her awake. One year ago she began to complain that her head felt badly, with occasional paroxysms of severe pain. These symptoms increased till I was consulted in March, 1889. At that time she had considerable vertigo, and the same pain in the left arm below the elbow, that I have described in connection with the lower extremities. The more severe head symptoms gradually disappeared, leaving however, a heaviness and clumsiness of the left arm and leg and a slight difficulty with the muscles of articulation.

In April I discovered that she was suffering from a scirrhous tumor of the left mamma, involving the whole gland: a fact which she had concealed very closely. As it was already of six months growth, and increasing rapidly in size, and was evidently a great drain upon her system, both physical and mental, its removal was advised, and in May an operation was performed which proved a complete success, and her general health was greatly improved in consequence.

Her paralytic symptoms however, have slowly but surely increased. The left leg has that swinging motion peculiar to hemiplegia, which the French writers so aptly describe as the "sickle gait," and the left arm is almost useless. The nerves and muscles of both extremities however, respond readily to the electrical stimulus, and sensation does not seem to be at all impaired. Within the last three weeks, after another period of cerebral pain, there has developed difficulty of deglutition, pain in the right arm followed by clumsiness, and other signs of impending paralysis. The amnesic form of aphasia has begun to

show itself, she forgetting words at times and often remarking, "I can't find the word I want." She walks only with the aid of an assistant.

To summarize : we have a case of gradual ataxic aphasia with *left-sided* hemiplegia, though there has been no coma or loss of consciousness, no disturbance of sensation or impairment of mental faculties. The paralysis has slowly increased, involving the right arm and organs of deglutition, while the amnesic variety of aphasia begins to manifest itself.

This case presents several interesting points in the light of recent developments in cerebral localization. The combination of aphasia with *left-sided* hemiplegia will be noticed at once. This is extremely rare. Seguin reports only seventeen such cases out of two hundred and sixty. Its presence, even in this small ratio seems to indicate that the speech centre of Broca is not confined exclusively to the left side as was at first supposed. The area of motor disturbance is very distinct. This area corresponds very closely to the portion of the brain supplied by the right middle cerebral artery, and her symptoms all point to occlusion of this artery as the source of her trouble, while the gradual progress of the paralysis, its extension to the opposite side, and the entire absence of coma or loss of consciousness seem to indicate thrombosis, rather than embolism or hemorrhage as the true nature of the occlusion.

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#### "LA GRIPPE."

BY EDW. L. MELLUS, M.D., WORCESTER, MASS.

[Read before Worcester County Homœopathic Medical Society, Feb. 12th, 1890.]

It seems scarcely desirable to present to you at this time an elaborate paper on "Epidemic Influenza," and I have no doubt you are all quite ready to pardon me for sparing you the infliction.

A few points and suggestions tending to prompt discussion, and draw out the experience and observations of each one present, will certainly be most satisfactory to all concerned. I have endeavored to tabulate 123 cases treated during the month of January just past. Of these, 67 were women, 35 men, and 21 children.

I have been unable to come to any satisfactory conclusions as to the sort of persons most liable to the disorder. In many instances the delicate and sensitive have escaped, while the more robust have fallen easy victims, and *vice versa*. Those who secluded themselves, as well as those whose business and pleasure brought them into contact daily with the great unwashed,

have been numbered among its victims. It will be noticed that the proportion of children treated is small, and as a rule my cases among the children have been light. Most of the *little* children were taken with headache; chill, if any, very slight; flushed face and hot head; such cases have yielded readily within twenty-four hours to bell., five or six drops in one-half glass of water, dram doses every hour or two.

One hundred and one of these cases, including 13 children, were taken with severe frontal headache, mostly preceded or accompanied by slight chill, the chill so slight in some cases as to be scarcely noticed; temperature ranging from 101 to 103, in a few instances reaching 104. In most cases the fever subsided within 24 hours, to be followed by catarrhal symptoms, aching in the back and limbs, and soreness of the flesh; catarrhal symptoms have been of varying intensity; from a slight disposition to sneeze for a few hours, in many instances, to the most violent catarrhal inflammation in others, accompanied by profuse discharges of mucus from the head, throat and chest, lasting in a few cases for weeks. The most constant and persistent symptom in the great majority of cases has been prostration; though the children mostly escaped this in any marked degree. Fifteen cases were followed by bronchitis;—the only serious case, (except my one fatal case to which I will allude later), being well under way when it came into my hands.

In eight cases only was there any threat of pneumonia, and in one case only was there any hepatization. This was the fatal case before alluded to, an old lady seventy-five years of age who had been for years almost helpless from chronic rheumatism. There was slight hepatization on the posterior surface of both lungs, due to stasis. Five cases had severe diarrhœa, but were not followed by unusual prostration.

In three cases the disease was ushered in by bilious vomiting.

One case was entirely free from pain, but the prostration was extreme. In none of these cases was delirium observed, though I have since seen it in a fatal case of double pneumonia, said to have followed influenza.

The average duration of these cases has been seven to nine days. Most cases of longer duration have been clearly due to carelessness. In most cases there was observed a peculiar susceptibility to changes in weather, and slight additional cold brought on more serious trouble.

The advantages of careful individualization are never more distinctly marked than in the treatment of such an epidemic as this. Whoever pins his faith to any one remedy, and treats the disease by name, will be sure to fall short of the best results. The totality of the symptoms in each case must be the guide in

the selection of the remedy, and new symptoms or conditions must be met as they come up.

The remedies most used were bryonia, eupatorium, iodide of arsenic, phytolacca, iodium, and rhus tox. I found bryonia oftener indicated than any other one remedy, and oftener found it sufficient for the whole trouble. Eupatorium was useful in relieving the aching in the bones, which in many cases has resembled break-bone fever, but I have not seen marked relief from material doses of the infusion.

Iodium 6x has served me well in cases of threatened pneumonia, not having once failed of prompt relief, generally producing copious perspiration and immediate reduction of temperature, in very few hours.

Iodide of arsenic has best suited the later catarrhal stages, especially in all cases of corrosive and acrid discharges, or when there was any tendency to spasmodic contraction of the smaller air passages.

The case with a temperature of 104° was relieved in less than 24 hours by Aconite 30, and made a very rapid recovery. This, I believe was the only case in which I gave aconite.

I have not once given quinine, and so far as I have seen, it has always damaged the case.

I gave antipyrin in a number of cases, hoping to relieve the headache, but it failed to give the slightest relief in any case.

I don't wish to be understood as making light of the epidemic, for it has doubtless been sufficiently serious, and the suffering in the beginning has been very great, and the resulting prostration often worse than the pain, but I have been fortunate enough to see but little of the serious forms and results reported elsewhere. It is my impression that the epidemic has been much lighter in Worcester than in some of our large cities.

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*PRESIDENT'S ADDRESS.*

BY L. A. PHILLIPS, M.D., BOSTON.

*Delivered before the Massachusetts Surgical and Gynecological Society.*

*Fellow-Members and Friends:*— We enter to-night upon the fourteenth year of the life and work of this society, which from the small beginning, when six or eight members met to discuss surgical and gynecological subjects has grown in numbers and in strength until its membership now exceeds 130: and through its work we have been, and may continue to be helped to keep pace with the rapid progress which has been made in gynecology and surgery.

But as you have in years past been treated to the history and

development of the society itself, and also to that of the science and art which it represents, and as no definite subject is assigned for the President's address, I shall present some thoughts upon medical societies in general (and our own in particular), their value to the profession, the causes of their success or failure, and the duties and obligations which they impose upon their members.

Before entering upon this theme, however, let me pay a passing tribute to our friend and co-worker, Dr. H. K. Bennett, who, since our last meeting has found rest in that long sleep which knows no earthly waking. One of the originators and founders of this Society, he was ever one of the most active, earnest and devoted workers for its success and advancement ; writing more papers and attending more of its meetings than any other member. To none perhaps, more than to Dr. Bennett does it owe its life and success.

Honest and earnest in his search after truth, he was always ready to give of his knowledge and experience, and just as ready to receive and try that of others. Were we all equally free to give and to receive, the experience of each might become a valuable source of knowledge to all. Missing him as we must, let us one and all emulate his earnestness and faithfulness in the discharge of our obligations to the Society and to each other.

#### MEDICAL SOCIETIES.

To anyone who gives it a moment's thought, it must be apparent without argument or demonstration, that no individual, whatever his opportunities or his efforts, can learn as much, or gain as broad an experience as a large number can do collectively. To observe a single case of any given disease can give but a very imperfect knowledge thereof, compared with that obtained from many such experiences, and for a similar reason, the observations of one person, being always from his peculiar standpoint, cannot be as comprehensive or complete, as the united observations of a large number, from as many different standpoints, for what escapes one is seen by another, and what makes little impression or is scarcely noted by one, appears to another of especial importance or significance. We know that in all directions we learn in no way so much as by comparison, even health and disease, comfort and distress being known only by this means, and the comparison of the observations and experiences of one with those of others, furnishes one of the surest and most fruitful means of acquiring a broad and accurate knowledge of any subject.

These facts which we cannot fail to recognize, furnish the prime and principal reasons for the organization and maintenance

of medical societies ; or, to reverse the statement ;— medical societies are organized and maintained for the promotion and advancement of the science and art, which they represent, and for the mutual improvement in knowledge and skill of their members. They may be made to serve other purposes, but these are their primary and legitimate objects.

Let us now inquire how these objects are to be attained. Does the simple act of becoming a member of a society aid in securing these results ? Are there no obligations imposed, no effort required ? Remembering that it is by comparing one's own observations and experiences with those of others, that reliable knowledge is to be obtained, every individual member should feel it his duty and his just obligation to give his own, and receive with due consideration those of all others.

To make a society profitable there must be a free interchange of individual experience ; a clear presentation of ascertained facts and suggestions leading to the discovery of new light and broader knowledge. None are justified in doing nothing or giving nothing, or in assuming that because they may have no wonderful, uncommon or startling experience to relate, they have therefore nothing worth giving. It should be remembered that it is the more common and reliable observations, the typical manifestations, which are most valuable, and furthermore it may often be suspected at least, that the wonderful and peculiar experiences, which like works of fiction, may be particularly entertaining, are to a considerable degree imaginative and exaggerated and of comparatively little value as a means of gaining practical or useful knowledge. Then again, the contribution of one's observations and conclusions is not only a duty which every member of a society owes to all other members, but in the preparation and presentation of our experiences, we find the best possible means of giving definite form and outline to our own knowledge, and of making it available to ourselves as well as to others ; thus securing to ourselves the double benefit of knowing definitely what our own experience has taught and being thereby prepared to utilize and compare the reports of others, not to mention the satisfaction one feels in knowing he has done his part, that he is a worker, not a drone in the hive.

Now just a word regarding our attitude toward others. We are too apt to listen and give credence only to that which agrees with our own personal experience or preconceived ideas. While this is quite natural it is not quite just. We should remember that a different side or view of any subject may be just as true and just as honest as the one we have ourselves seen and reported, and to profit by our societies as we ought, we must be willing to both give and receive, and listen as well to those who



differ as to those who agree with us ; then by uniting and comparing all that the various sides of a question have developed, we cannot fail to arrive at a broader, truer and more complete knowledge than our own individual observations alone can possibly afford even under the most favorable conditions.

I cannot but feel that this simple exchange of knowledge, thought and experience, in the spirit of honesty, sincerity and charity is the real secret of success in medical societies, and the departure from this purpose is the cause of dissatisfaction and failure.

If on the one hand, the legitimate objects of a society are superseded by a pretentious parade of personal performances or a more or less disguised advertisement of personal or other schemes, in other words, if the society is made a tool for the advancement of ambitious, self-seeking individuals who seldom or never attend its meetings, except when they are themselves on parade—decrease in general interest and attendance at meetings is almost sure to follow and a more or less complete failure of the society must result. Such members are the weeds which choke out and destroy all the good fruit which might be brought forth.

On the other hand, those who do little or nothing for the societies are sometimes given to unkind criticism of those who do more than their own share of the work, in an honest endeavor to promote the success of the society, and make up for what others fail to do. Certainly those who do nothing have no right to complain of others for doing too much. If they themselves give nothing, they should at least receive with charity, from those who offer such as they have to give.

Only those who have carried the burdens of a society themselves, can fully realize how much must be done by the few, (and generally the *one*) upon whom such burdens are imposed, and this is so chiefly because so few either voluntarily or even through urgent importunity, do the little, which if done by all, would so greatly enhance the value of the society's work, and so vastly ease the burdens of those who direct its affairs.

While there remains still large room for improvement in some directions, especially in the matter of general and frequent participation of all members in the work done for and in our meetings, we have reason to congratulate ourselves upon the general success of the Massachusetts Surgical and Gynecological Society, as manifested by the general interest shown in our meetings, the constantly increasing membership, and the very satisfactory condition of our treasury, without claiming anything for our transactions, which are solicited by more than one medical publisher, and offered as a special inducement to subscribers by

the journal in which they mostly appear. This success I believe to be largely due to the fact that throughout its history, discussions of subjects of general and mutual interest have occupied its attention, and the purpose to increase the knowledge and contribute to the success in practice of all its members, has rarely, if ever been overshadowed by ambitious attempts at self-glorification, or the perversion of the legitimate purposes and objects of the society, to the advancement of private or politic schemes and measures. It has never been, as some others have seemed to be, an advertising agency.

There may be among us some,—there undoubtedly are some,—who feel that certain sides or branches of gynecological and surgical practice and study, in which they are especially interested, have been rather neglected; or that other subjects have received undue attention. If this is really the case, still they should not blame those who have contributed that in which they were especially interested,—but blame only themselves for not having supplied what they feel is lacking. No contribution has, I think, been refused a hearing, and any paper relating to any branch of the subjects represented by the society, has been always welcomed.

Let us, then, one and all bear in mind that we should freely give of our experience, be it large or small, and kindly receive from others what may prove of much value, if duly considered and compared with the views we ourselves have gained of the same matters, from our different standpoints.

Let us hold this society in the future, as we have striven to in the past, strictly to the legitimate work for which it was organized,—improving its members in the knowledge and practice of surgery and gynecology, and doing this, we shall insure its success, and ever increasing usefulness and influence.

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#### A REPORT OF TWO AUTOPSIES.

BY E. A. CLARK, M.D., WESTBORO, MASS.

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

I wish to report to this society the clinical history of two cases and the results of the autopsies on the same. Such phases of disease as appeared in these patients may be familiar to many of you, but there were elements in each case which were unlooked for by me, and it is possible that some of those present may receive some benefit from learning of my errors. I believe the custom among physicians of reporting success and keeping quiet when the reverse is the result, is too universal. In presenting this paper I am encouraged to speak of my

mistakes by the fact that they were shared by others more experienced than myself.

CASE I. In August last, I was summoned to Mrs. H—, aged forty; being the sixth physician who had been consulted in regard to the case. I found her in bed, but able to be put into a reclining chair; a part of the time, very weak and pressed for breath; pale, bloodless, and emaciated. On examination I found a hard modular mass in the left breast, with some swelling and induration of axillary glands. At this time there was no pain or tenderness in the growth or about it, and the patient declared that it was "smaller and was going away," and if I could cure her stomach and relieve her breathing, she would surely recover. She was at that time suffering with the most intense burning and heat at the stomach, which prompted her to drink of cold water almost continuously. All food disagreed causing distress, eructations of great quantities of gas and some vomiting. There was considerable canker in the mouth and throat. The bowels had moved at intervals of two or three days. There was no discoverable soreness or swelling in the epigastric region.

The patient had been ill since the previous January and for some time prior to that time had not had her accustomed health. Early in January she consulted a certain Boston medical man, in whom she had great confidence. Her symptoms were then mostly of the tumor before mentioned and not in any respect so severe as they were threatening. His diagnosis was scrofula, and prognosis, complete recovery. Sufficient medicine to last a month was prepared for her. The very first doses produced the irritation of the stomach which was so prominent and distressing in her last days, and each additional dose augmented the trouble. If a dose was omitted improvement was at once apparent. Nevertheless this treatment was continued, so great was her confidence, with considerable regularity till February first, when the time arrived for her to again visit her medical adviser. (She was "doctoring by the month.") Her medicine was then changed and with the change in medicine came change of symptom to the great relief of the stomach and digestion. March first brought another change in medicine, and with it the symptoms so troublesome in January returned with redoubled severity, and continued even after discontinuing the treatment, with more or less severity till death occurred. Finding her condition aggravated rather than improved, her confidence in the Boston man was considerably shaken, and she began employing the local talent, giving each but a short trial, and with but very little effect.

After examining her and learning her story, I formed the

opinion that the cancerous trouble which was so apparent in the breast, was also seated in the stomach, and I then learned that her previous attendants had expressed the same opinion. At that time I regarded the effect of the medicine taken during the winter as a *coincidence*. That she happened to be worse at the time that the medicine was taken and that it was not the effect thereof. Various remedies were administered without any permanent improvement, and death occurred on the seventh day, from exhaustion, or perhaps starvation is nearer correct, as sufficient food was not retained to sustain life.

A postmortem examination of the abdomen revealed a highly inflamed condition of the stomach, the lining membrane being of a bright red hue. No other evidence of disease was discovered. In this case there had appeared most of the symptoms of cancer of the stomach, certainly enough of them to make the supposition of that disease warranted, considering that the breast was already the seat of an undoubted cancerous growth and the cancerous cachexia was pronounced. I believe the death to have been produced from gastritis, produced by medicine containing arsenic in large doses, administered by her Boston quack.

CASE II. Last September I was called to Mr. M—, age, about seventy. The following symptoms were discovered on my first visit. The patient complained of having "run down" in health for over a year. His ailments were mostly of a general character—weakness, loss of appetite, dyspnoea on exercising, restlessness at night, etc. Besides these, the principal complaints were of a gastric nature; eructation, vomiting semi-occasionally, burning and distress in the stomach. In addition to these, he spoke of a growth in the abdomen, which on examination revealed a tumor in the lower part of the bowels, extending to the navel, lobulated somewhat, of a firm feeling, not painful at any time, and free from any soreness on pressure. Those who had been consulted before me had not agreed as to diagnosis or treatment; some called it a fatty tumor and advised excision, others, a fibrous tumor and advised that it be let alone. Later he incidentally spoke of being compelled to rise frequently in the night to void the urine, and that some difficulty was experienced in that respect. The urine was clear and free from any sediment or turbidity. The patient refused to allow me to use a catheter, fearing that he would become so habituated to it as to be dependent on it. Further conversation developed the fact that there was a strong tendency to cancer in the family, and he had in early life been afflicted with what had been called a cancerous growth on the lip and another on the pectoral muscles. There was no fever,

and the pulse was rather weak, slow and occasionally intermittent. Various remedies were administered and though at times some of his symptoms were less troublesome, his condition was not improved to any great degree. He grew weaker each day, and died at the end of two weeks.

On the day following death, with the assistance of three neighboring physicians, I made an autopsy on the body, examining the abdominal organs only. The tumor proved to be a distended bladder, from which the catheter drew two quarts of urine, slightly albuminous, S. G. 1012, reaction acid, and free from odor, sediment or turbidity. The left kidney was degenerated to a mere cyst, containing about six ounces of urine. In the right kidney degeneration had not progressed so far. The ureter was distended to the size of the little finger. The prostate gland was considerably enlarged.

The result of the examination was a complete surprise. The fact that the urine had been clear, that there was no odor from it and no pain in the tumor, no sense of relief from passing water or unnatural pressure to pass it which was lasting or troublesome, all contributed to throw us off the right track in making our diagnosis. Moreover the growth of the tumor had been gradual and steady, and the urinary symptoms were not considered worthy of mentioning by the patient. Had I been allowed to draw the urine when I proposed it, the true nature of the case would have been sooner revealed, but at that time even, it is improbable that death could have been averted. The family history of cancer also made the growth in the abdomen a suspicious symptom.

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#### *ELECTROLYSIS IN THE TREATMENT OF PELVIC TUMORS.*

BY W. P. DEFRIEZ, M.D., BROOKLINE, MASS.

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

If we have regard to the amount of attention that is being paid not only by the profession, but also by the public, to the so-called electrolytic treatment of fibroid tumors of the uterus, we can not help recognizing the fact that it is an important subject and well worthy the time we may devote to it. We should avoid as much as possible, the exhibition of any partisan spirit, but consider it only in its purely scientific aspect.

Electricity at the present day is certainly a tremendous force, and little comprehended; and its surgical application equally uncertain. Since 1825 to the present date, electro-puncture has had its rise and fall, and under Apostoli is now receiving a

greater amount of attention in all countries. At first Dr. Apostoli advocated the use of electricity without puncturing the tumor, depending wholly on the transmitted action by the tissues; but this, he, as well as the majority of physicians who have used this method, has abandoned, and now advocates the necessity of one pole coming in direct contact with the tumor.

The present use of electrolysis is almost wholly empirical. We know that when a constant current is applied in a certain way, we have a good reason to suppose that some result will follow, but just what may take place we are by no means sure.

From a series of experiments conducted by Dr. Parsons of London, we quote the following conclusions:—

- 1st. That electrolysis takes place at both poles.
- 2nd. That a chemical action, secondary to the electrolysis also takes place at both poles, and appears to be most destructive at the positive pole.
- 3d. That electrolysis does not appear to take place in the intervening space between the poles traversed by the current.
- 4th. That in all probability the transport of elements has some effect on the lining tissues through which it takes place.
- 5th. That no change takes place in the vessels during the passage of the current, except a local hyperæmia, due to the chemical action at both poles.
- 6th. That no muscular contraction takes place in the uterus or tumor, except at the make and break of the current. It has been supposed that a special affinity existed between the neoplasm and the current, a peculiar susceptibility of the neoplasm to the action of the current, which is proved by Dr. Parsons' experiments not to exist, and it is equally positive that the action is confined to the immediate neighborhood of the poles. There is no evidence whatever, that the function, to say nothing of the tissues themselves, as for instance of the bladder, has been disturbed by the passing of the galvanic current through that viscus.

It appears that the action of the needle on the tumor produces a decomposition. That the negative and positive poles produce this result; and it is further held that while ordinary tissues of the body have the power of recuperating from any effect produced on them by the transport of elements, the cells of the tumors being of lower vitality, might be checked in their growth, perhaps in time destroyed by this method.

Alas this is but an hypothesis. It must be admitted this has taken place, but who can control the process and keep it within the bounds of safety, who can direct it into the beneficent channel of simple absorption, or away from the dangerous channel of cystiform degeneration? Dr. Bantoch, of London, during a

discussion on this subject said, "admitting the possibility of getting rid of tumors in this way, I deny the safety of the method;" he further says, "we are told that under treatment the tumors get smaller, but do not disappear entirely." Is it the tumor that gets smaller, or is it not more likely the hypertrophied walls of the uterus. Dr. Bantoch cited a case of a woman from whom he removed the appendages, who was the subject of an intramural fibroid, accompanied with severe menorrhagia. For more than a week very little metrostaxis; within three weeks there was marked change in the size of the mass; it had diminished nearly one half, but ere long it regained its former proportions, and the result was that after a lapse of three years, he was compelled to perform supra vaginal hysterectomy. The result was not brilliant in either case, but possibly suggests that the great hypertrophy of the uterine walls, admitted marked reduction of the mass under the influence of powerful muscular contractions, with a temporarily diminished supply of blood. Cases are reported of a tumor disappearing after the removal of only one ovary. Dr. Bantoch therefore does not favor electrolysis from the present knowledge of the subject.

In ectopic gestation electricity has found some strong advocates. Dr. Thomas after an experience of twenty-seven cases, says, "The growing triumphs of abdominal surgery are apt to lead to the conviction that laparotomy should as a rule, be the procedure of election in these cases. From this view, he unqualifiedly dissents. In the electrical current we appear to have an infanticide agent of reliable character, and as in the woman, as Leopold has found to be the case in the rabbit, the retained foetus seems to be readily dealt with by the absorbent process of nature. This should in the early months of pregnancy be preferred to the more dangerous procedure of laparotomy." Dr. Garrigues, after recounting the various plans proposed or carried out for treating early extra-uterine gestation says, among all these dangerous and doubtful methods stands electricity with a record unblemished by a single failure. He believes this axiom should be set down, that in the early part of extra-uterine pregnancy electricity is the remedy.

Dr. Lawson Tait objects to the treatment, on the ground that after the destruction of the child the placenta continues to grow.

Dr. Mundé reports a case of rupture of the sac during treatment by electricity.

Dr. Keith reports 2,567 applications of the galvanic treatment for fibroid and other diseases of the uterus up to August, 1888. This gives between eighty and ninety cases, for an

average of thirty applications for each case, though he does not report a single case of disappearance of a tumor. In his report he expresses himself as follows: "I say deliberately that hysterectomy is an operation that has done more harm than good, and its mortality is out of all proportion to the benefits received from the few. So strongly do I feel on the subject, that I would consider myself guilty of a criminal act were I to advise my patient to run the risk of her life before giving a fair trial to this treatment, even if I were sure the mortality would not be greater than that which hysterectomy has given me in my private cases, under four per cent."

To American surgeons a great deal of credit is given for the present perfection of electrolytic treatment, and after Apostoli, Drs. Cutler and Engelmann, deserve special mention.

But for some of us who have not had practical experience in this method of treatment, and are yet willing and eager to adopt the best means for the relief of suffering humanity, what deductions can we make from the present condition of conflicting opinions? As yet even Apostoli, in answer to the question, "Have you ever seen a fibroid tumor disappear under your method of treatment?" replied, "I never have, but they have grown smaller and the patients have regained strength."

The opponents of the method report a great mortality by the electrolytic treatment, and of patients who survived the treatment but suffered for months from septicæmia, due to the retention of secretions, shreds of tissue broken down in consequence of the galvano-caustic action of the electrode. Such experiences temper our enthusiasm, and make it difficult to state positively for or against the use of electricity. We must admit, that in suitable cases, or those too hazardous for operation, or where the removal of the tubes might be very undesirable that possibly electrolysis would find a place. Many here remark the bitter opposition to the earlier advocates of abdominal surgery, and yet so brilliant have been the results that the most sceptical have been converted.

High-colored and extravagant reports do much harm. By Apostoli's earlier methods many were led by the premature and untrustworthy evidences to experiment in electrolysis, but after due trial Apostoli and his apostles abandoned the old ways, and now by their adoption of a new one, admit the former was of little avail.

Dr. Guenhalgh's method of thrusting a red hot iron or actual cautery into the substance of a fibroid tumor through the vagina, was not much removed from the method of today, and yet so uniformly disastrous were the results it was abandoned.

There is one other consideration we should have in mind



while contemplating the use of electrolysis. We should be experts in diagnosis, for as has been shown I think, it is a force too powerful to tamper with and this suggests a possible advantage for exploratory incision. While the same care is desirable in diagnosis, comparatively little risk is taken if we open the abdomen, and finding we are in error, or for any cause can not complete the operation, close the external wound, and with proper care I say, small risk is taken, but such is not the case I think, when electro-puncture is made, and we find our diagnosis is incorrect.

Before coming to a positive opinion as to the value of electrolysis, we must wait a sufficient time for enthusiasm to settle down ; its proper sphere of usefulness may be found in time.

How often do we hear persons condemning a subject without knowing anything about it. Surely if a man has not studied the subject at all, his opinion should be neutral, and before condemning it, he should test it. Still we should be conservative in these matters, and not allow our enthusiasm to over balance our common sense.

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#### GLEANINGS AND TRANSLATIONS.

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THE ANTISEPTIC PROPERTIES OF LIME. — According to the Paris correspondent of the *New York Medical Record* (Jan. 4, 1890), Drs. Richard and Chantemesse have made a series of experiments, published in the *Revue d'Hygiène*, relative to the antiseptic properties attributed to lime against the typhoid bacillus and the cholera bacillus. According to these experiments, a solution of lime of the consistence of milk possesses properties superior to those of the chloride of lime and of corrosive sublimate, in the proportion in which they are habitually employed. The authors have disinfected fæcal matters with this solution of lime, but only fæcal matters in a liquid form can be so treated. When it is necessary to disinfect a cesspool in which the dejections of typhoid, choleraic, or dysenteric patients have been emptied, it is sufficient to pour a solution of lime into the cesspool. If the matters in it are in a state of putrefaction, it would be necessary to wait until, in the first instance, the ammonia which the lime displaces from its saline combinations be disengaged, and in the next, until a portion of the lime be thus lost by disinfection. The liquid should be stirred with a wooden stick, in order to facilitate the escape of the ammonia, and to render the mixture homogeneous. — *Ther. Gazette.*

CHOLERA ADVANCING TOWARD EUROPE. — According to the *Lancet*, there is good reason for believing that the epidemic of cholera which has for many months hung about the Tigris and Euphrates valleys, and the interior of Mesopotamia, has made considerable inroads into Persia. News of its having crossed the western boundary of that empire has been received from time to time, but it is now announced at the Faculty of Medicine of Paris, that there has been an alarming increase of the disease in Central Persia and the Turco-Persian frontier, and that the people are fleeing northward. Those who can afford the journey are endeavoring to reach Russian ports on the Caspian, and remembering that this is the route into Europe which cholera has so often taken before, the announcement must be regarded as one of no little gravity. — *Weekly Medical Review*.

NEW METHOD OF DELIVERING BREECH PRESENTATIONS. — Mars, of Krakau, describes a new method, by which he has succeeded in three cases in extracting the presenting breech, when he had failed by the ordinary manual methods. In his first case the breech presented, S. L. A., os fully dilated, breech arrested at superior strait, beginning acute œdema of the lungs in the mother. Failing to extract by means of the fingers hooked into the groins, and by other manual methods, he adopted the following procedure: Supporting the fundus with the left hand, he introduced his right hand flatwise within the uterus, between the uterine wall and the child's sacrum, until the hand was high enough to enable him to grasp the fœtus with the thumb and little finger just above the iliac crests, while the other fingers were extended along the fœtal spine. He then drew upon the fœtal trunk during the pains, which pressed his hand firmly against the child's body, until the breech was brought to the pelvic floor, when the fœtus was easily extracted. — *Boston Medical and Surgical Journal*.

TOTAL EXTIRPATION OF THE LARYNX FOR EPITHELIOMA. — The operation was for epithelioma in a man aged forty-one years. The interesting part was that in a few months after the operation the man could speak in a low, distinct, though gruff voice. "This was managed by passing through the upper wall of the canula a curved tube which ran up to the base of the epiglottis, and admitted the air when he closed the canula with the finger. The vibrating structure appeared to be the mucous membrane of the pharynx running back from the epiglottis. The authors thought this was the first recorded case where the patient could speak after total extirpation of the larynx." — Greville Macdonald, M.D. (London), and Mr. Charteris Symonds (London), in *Annals of Surgery, from Lancet*.

GROWTH OF MEDICAL PHOTOGRAPHY. — The uses of photography in medicine are increasing. There are amateur photographers on the staff of a large number of the London hospitals whose prints are in great demands in the surgical wards. The improvements that are now being made in the Royal College of Surgeons include rooms for photography. The president of the college, Mr. Hutchinson, referred to this department in his remarks at the late annual meeting as becoming more and more important in surgical case-reporting. — *Medical News*.

THE INFLUENCE OF OLIVE OIL UPON THE SECRETION OF BILE. — Dr. Siegfried Rosenberg, in *Fortschritte der Medizin*, states that the results in the treatment of gallstones by olive oil in large doses induced him to study the action of olive oil upon the bile in dogs, by means of permanent biliary fistulæ. He found that there was a very considerable increase in the quantity of bile secreted, with a decrease in its consistency. Olive oil therefore brings about those conditions which are requisite to the removal of gallstones. — *Weekly Medical Review*.

A SIMPLE AND EFFECTIVE TREATMENT OF SCABIES. — Dr. Samuel Sherwell, of Brooklyn (*N.Y. Med. Jour.*), says that the sites of efflorescence are, in the male, on the skin of the penis, usually on the dorsum, from handling during micturition; in the female on the areola and nipple, from the oft-repeated manipulation in the act of dressing, etc. He advocates rubbing of the parts with flowers of sulphur and the dusting of the bed-clothes and underwear with the same powder. He also recommends dusting this preparation in the beds, bunks of logging camps, steerages of ships, etc., as a prophylactic measure. — *Weekly Medical Review*.

INFLUENZA CONSIDERED AS A PNEUMOGASTRIC NEUROSIS. — M. Vovart, of Bordeaux (*La grippe et sa pathogénie*, Paris, 1881), looks upon influenza as a neurosis of the pneumogastric nerve. Huchard (*Revue générale de clinique et de thérapeutique*, Jan. 16, 1890) states that the action of the poison falls upon the central nervous system and upon the peripheral nerves, attacking the pneumogastric in its several branches most violently, producing, through its cardiac branch, syncope, arrhythmia, intermittence, bradycardia, tachycardia, anginiform difficulty, and sudden death; through its pulmonary branch, pneumonia, hæmoptoic pulmonary congestion, pulmonary œdema, bronchial paralysis, and a pertussis-like cough thought to be due to compression of the nerve by enlarged tracheo-bronchial glands; and, through its gastric branch, vomiting and various gastro-intestinal troubles. — *N.Y. Med. Jour.*

ANTISEPTIC AFTER-TREATMENT OF VACCINATION. — Mr. John Bark, of Liverpool, after a long experience as public vaccinator, finds that there is not inconsiderable danger of erysipelas after vaccination, particularly among the poorer and dirty classes. This danger, he believes can be avoided by dressing the arm with a large pad of borated or eucalyptol cotton after opening the vesicle on the eighth day. On removing this pad, six or seven days after its application, it is found that the inflammatory infiltration has entirely disappeared, and in most cases a firm, hard crust has replaced the vesicles, so that the arm can be left unprotected. — *Medical News*.

ANTISEPTICS IN THE BARBER-SHOP. — The fears of microbes, which is rapidly becoming a dominant factor in modern life, has lately received a curious illustration at Nordhausen, a small town in Prussian Saxony. A municipal edict has been issued that all barbers, hairdressers, and "tonsorial artists" generally, shall, under legal penalties, well and truly disinfect their instruments every time after they have been used. — *Medical Record*.

INDECENT ADVERTISEMENTS. — A law against indecent advertisements has just been passed by the British Parliament. It prescribes fine or imprisonment on any person who affixes to, or inscribes on, any house, building, etc., visible from any public highway or footpath, or delivers or attempts to deliver, or exhibits to any person being in or passing along any street, public highway, or footpath, or throws down the area of any house, or exhibits to public view in the window of any house or shop, any picture, or printed or written matter, which is of an indecent or obscene nature.

It is also expressly declared that any advertisement relating to syphilis, gonorrhœa, nervous debility, or other complaint or infirmity arising from or relating to sexual intercourse, shall be deemed to be printed or written matter, of an indecent or obscene nature within the meaning of the act.

A law something of the above character would materially cripple the income of some of our daily papers; but it would be a most salutary thing. — *Medical Record*.

APPLES. — In Holbrook's new book, *Eating for Strength*, we find the following quoted from Joel Benton: "Curiously enough, the apple has a very pertinent relation to the brain, stimulating its life and its activity which it does by its immense endowment of phosphorus, in which element it is said to be richer than anything else in the vegetable kingdom. But phosphorus is not only brain supporting; it is *light-bringing*, and thus contributes to knowledge. The apple follows the belt of civilization, the zone of intellect, or else is followed by it." — *The Cal. Hom.*

**NAPHTHALIN AND CATARACT.\***—Dr. Kolinski, writing in Von Graefe's *Archiv*, Band XXXV. 2, points out that naphthalin, which is coming a good deal into use from the powerful effect it seems to have on the micro-organisms existing in the intestines in some cases of diarrhoea, possesses also the property of producing changes in the nutritive power of the blood, thus being liable to set up degeneration of the blood-vessels. As the eye is one of the most highly vascular organs, it is one of the first to show any of the changes induced by interference with the nutritive property of the blood. Naphthalin is said, first, to cause small extravasations in the choroid and in the ciliary body, then ecchymoses and white patches in the retina, and finally cloudiness in the lens, and crystals in the vitreous. — *Lancet*. — *Ther. Gaz.* — [\* A hint for homœopaths.—*Ed. Gazette.*]

**THE MECHANICAL TREATMENT OF WHOOPING-COUGH.** — Dr. O. Naegeli, of Ermatingen, describes a new purely mechanical method of treatment of whooping-cough. Given a paroxysm, the author, standing in front of the patient, firmly catches the ascending rami of the lower jaw with his forefingers, and middle fingers placed just in front of the lobes of the ear, places his thumbs on the chin, and by strong and steady traction and pressure, pushes the jaw forward and downward. The procedure may be very conveniently modified, by making traction with the right thumb and forefinger placed on the alveolar process behind and below the middle lower incisors, and the remaining fingers under the chin while the left hand is fixed on the child's forehead for purposes of counter-traction. If the patient stands with his back to the operator, the latter places his thumbs just above the angle of the lower jaw in front of the ears, the forefingers on the zygomatic arches, the remaining fingers on the chin, and then pushes the jaw forwards and downwards. Traction may be made still more rapidly by putting the forefingers into the patient's mouth, on the alveolar process behind and below the back molars. No force should, of course, be applied to the child's teeth. As soon as the jaw has been moved in the way indicated, the patient is told to inspire deeply. The procedure is said to cut short the spasm almost instantly, which effect is explained partly by its diminishing the muscular tone in a reflex way, partly by its mechanically lifting up the epiglottis (through raising the larynx with the hyoid bone) and opening the rima-glottidis. A systematic inhibition of the paroxysms by means of the manipulations has a markedly favorable influence on the course and issue of the disease. The disease becomes milder, vomiting ceases, expectoration greatly lessens, hæmorrhages, as well as complications caused by increase

in the arterial tension during the spasmodic attacks, are prevented all through, and the total duration of the affection is shortened, while all bad after effects are avoided. The same manipulations also give admirable results in spasmodic cough of any origin. The method is very simple, and may be easily learned by nurses, mothers, etc. It is entirely painless hence little patients subject themselves to it very willingly, and, ever after having experienced the striking relief obtained therefrom, try to perform the manipulations on their jaws by their own hands.—*British Medical Journal.* — *Hak. Monthly.*

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### SOCIETIES.

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#### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular meeting of the Boston Homœopathic Medical Society was held at No. 5 Park St., Thursday, Feb. 6th. 1890, President Farnsworth in the chair.

The minutes of the last meeting were read and approved.

There being no new business, the society gave its attention to a short address by the president, in which he urged upon the members the necessity of a better attendance.

The scientific session followed, Dr. Conrad Wesselhœft giving a very interesting talk upon "Epidemic Influenza," which was afterwards discussed by Drs. Chase, Sherman, Phillips, Spalding, French, and others.

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

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#### *WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The regular quarterly meeting of this society was held at No. 11 Trumbull street, Worcester, Wednesday, February 12th, 1890. The meeting was called to order at 10.30 A.M., by the president, Dr. J. P. Rand of Worcester.

The name of Dr. E. R. Miller of Leominster, was proposed for membership and referred to the Board of Censors.

The Censors reporting favorably, Drs. F. W. Patch of South Framingham, Geo. P. Sword of Worcester, and J. F. Worcester of Clinton, were admitted to membership.

Upon motion of Dr. Whittier, a committee consisting of Drs. Nichols, Barton and Allen, was appointed to draft resolutions upon the death of Dr. Adeline Williams, and report later in the session.

The meeting was then placed in charge of the Bureau of *Materia Medica* and General Therapeutics, Dr. G. A. Slocomb of Millbury, chairman.

The first paper was read by Dr. Lamson Allen of Southbridge; subject: "Baptisia; its place in Typhoid." The doctor dwelt upon the necessity of banishing from our minds the idea of prescribing upon general principles, or for the name of a disease. Our success in curing our cases, depends upon our power to individualize. *Baptisia* is only useful in typhoid, when it is pathogenetically indicated. Under these conditions only does it become a specific for the disease. The doctor gave the prominent and characteristic symptoms pointing to the use of the drug in typhoid, and spoke of the disappointment of those who had looked upon it as a specific in all cases of this disease.

In the discussion of this paper, Dr. Whittier said that he considered it a mistake to try to associate any remedy with a pathological condition, and carry it through from year to year. Because *baptisia* may have done well in typhoid ten years ago, is no reason that it will do so each succeeding year. He considered it a mistake to say that a remedy will cure typhoid. It may aid in its progress, but will not be indicated all through the course of the disease.

Dr. Mellus said that he was coming more and more to the opinion that typhoid cannot be aborted. He is also beginning to entertain very serious doubts as to utility of constant medication in this disease. Thinks that cases do better with an occasional dose of the indicated remedy at intervals of two or three days.

The second paper was presented by Dr. Edw. L. Mellus; subject, "La Grippe." The doctor had tabulated 123 cases, occurring in his practice during the month of January. Found the disease no respecter of persons; the delicate and the robust, those who secluded themselves and those whose business brought them into daily contact with the masses, alike falling victims. The proportion of children treated was small. Remedies most frequently used had been bry., eupatorium, iodide of arsenic, *phytolacca*, iodium, and *rhus tox.* Had given antipyrin in a number of cases, hoping to relieve the headache, but failed to get the slightest relief in any case. Had not used quinine, but so far as he had seen, it had always damaged the case.

Dr. Whittier considered a good sweat to be the first thing in the treatment of this disease. When sweating failed to relieve the rheumatic pains, bry. generally succeeded in doing so. *Tart. emet.* generally succeeded in relieving the persistent cough where bry. failed. Had found prostration quite common even

in mildest cases. Had used arseniate of quinine in those cases where patients couldn't wait for nature to relieve the prostration. Indiscretions on the part of the patient were the cause of cases being prolonged. Cases generally recovered in from four to seven days.

Dr. Goodwin didn't call the disease influenza. Had found extreme prostration characteristic of later stage rather than onset of the disease. In nearly all cases there was a tendency to a deposit in the lower lobes of the lungs. Average duration of the disease, seven days.

Dr. Wilkins reported three cases in which there was marked delirium, controlled in twelve to eighteen hours by belladonna. Highest temperature  $104\frac{1}{2}$  ° F. Found antifebrin served as well as anything in relieving the intense frontal headache; often relieved in half an hour. In reply to question of Dr. Mellus he stated that the delirium appeared in the first stage of the malady.

Dr. Adams of Westboro Hospital for the Insane, said that the disease first appeared among the employees, then spreading to the patients. Remedies used were eupatorium, gels., china, ars., bell., ferrum phos. In reply to questions he stated that the insane are not so susceptible to disease as healthy persons, which accounted for the proportionately larger number of nurses who had the disease. He stated that there was no aggravation of the mental condition of the insane afflicted with "La Grippe." In most cases it made them more rational, as is usually the result when the insane are attacked with acute disease accompanied with fever. He reported one case in which the disease acted curatively. The patient's mental condition had remained stationary since entering the hospital, until attacked by the influenza, when she became rational, and has remained so ever since. Has been discharged as cured.

Adjourned for dinner.

Afternoon session called to order at two o'clock.

Dr. Slocomb of Millbury read a paper, giving clinical history of a case, and treatment adopted, and asked for diagnosis. It was decided to have been probably "pelvic abscess."

The fourth paper was read by Dr. E. D. Fitch; subject: "Local Treatment of Diphtheria." In the discussion which followed, the consensus of opinion seemed to be that local applications to the diphtheritic membrane, are of little value compared to constitutional treatment. Most of the doctors preferred alcohol and water, either as a gargle or spray, where any local application was used.

The last paper was by Dr. W. T. Hincks of Hyde Park, being the clinical history of a case from practice. This was followed



by a somewhat general discussion, participated in by most of the members present.

The committee on resolutions reported the following:

*Whereas*, Divine Providence has seen fit to again remove from our midst one of our number, Adeline Williams, M.D.

*Resolved*, That we recognize in her a consistent Homœopathic physician and conscientious worker; one who, though retiring in disposition, was ever ready with encouragement and hope in professional work.

*Resolved*, That her counsels will be missed in our society meetings, as well as by those to whom she endeared herself in practice.

*Resolved*, That these resolutions be inscribed upon our records, that a copy be given to the public press, and that a copy be transmitted to her bereaved family.

Signed,	C. L. NICHOLS, M.D.	}	<i>Committee.</i>
	J. M. BARTON, M.D.		
	LAMSON ALLEN, M.D.		

At 4.30 P.M. the meeting adjourned.

EDW. D. FITCH, M.D., *Secretary.*

#### RHODE ISLAND HOMŒOPATHIC SOCIETY.

The fortieth annual meeting of this Society was held in the parlors of the Narragansett Hotel, Providence, Friday, Jan. 10th, 1890, at 5 o'clock, P.M. Meeting opened in due form with seventeen members present, President Hayes in the chair. Treasurer's report read and accepted. The Society then adopted the following resolution:

*Resolved*, That in recognition of the singularly eminent services rendered alike to the art of medicine by the following named gentlemen, each in his peculiar specialty, whereby the world is made their debtor, they are constituted honorary members of the Rhode Island Homœopathic Society:

Louis Alexander Falligant, M.D., of Savannah, Ga., a successful defender from the violence of yellow fever.

Timothy Field Allen, M.D., LL.D., of New York city, the preserver of a *Materia Medica Pura*.

Richard Hughes, L.R.C.P., of Brighton, England, the expounder of *Physiological Homœopathy*."

The Society then proceeded to the election of officers for ensuing year, which resulted as follows:—

President, Chas. A. Barnard, M.D., of Centerdale, R.I.

Vice-President, H. A. Whitmarsh, M.D., of Providence.

Secretary, W. H. Stone, M.D., of Providence.  
 Treasurer, Geo. B. Peck, M.D., of Providence.  
 Censors, C. L. Green, M.D., Rob. Hall, M.D., and Chas. Hayes, M.D., all of Providence.

The following delegates to other societies were then appointed :

American Institute of Homœopathy.—Geo. B. Peck, M.D., Rob. Hall, M.D., J. C. Budlong, M. D., (all of Providence.)

Massachusetts Surgical and Gynecological Society. —Chas. L. Green, M.D., and H. A. Whitmarsh, M.D., of Providence.

Worcester County Homœopathic Medical Society. —Chas. Hayes, M.D., and T. H. Shipman, M.D., of Providence.

Homœopathic Medical Society of Western Massachusetts. —Geo. B. Peck, M.D., and A. W. Brown, M.D., of Providence.

New Jersey Homœopathic State Society. —C. H. Hadley, M.D., of Providence, and C. J. Hasbrouck, M.D., of Bristol, R.I.

New York State Society. —Geo. B. Peck, M.D., and J. C. Budlong, M.D., of Providence.

Connecticut State Homœopathic Society. — L. A. Babcock, M.D., of Westerly, R.I., and L. H. A. Brown, M.D., of Providence.

Boston Homœopathic Medical Society. — M. D. M. Mathews, M.D., and E. M. Thurber, M.D., of Providence.

Massachusetts State Homœopathic Medical Society. — E. M. Thurber, M.D., and W. H. Stone, M.D., of Providence.

Vermont Homœopathic State Society. — R. H. Eddy, M.D., of N. Attleboro, Mass., and R. F. Eaton, M.D., of Foxboro, Mass.

New Hampshire Homœopathic State Society. — E. A. Phillips, M.D., of Pawtucket, R. I., and E. N. Kingsbury, M.D., of Woonsocket, R. I.

Maine State Homœopathic Society. — R. G. Reed, M.D., of Woonsocket, R. I., and Darius Hicks, M.D., of Providence.

The society then listened with much interest to the very able address by the retiring president, Dr. Chas. Hayes.

Dr. H. M. Bishop of Norwich, Conn., delegate from the Homœopathic State Society of Connecticut, read a very interesting paper on "Puerperal Convulsions."

Dr. A. B. Norton, delegate from the New York Society, being detained at the last moment, sent a paper,—subject "Keratitis,"—which was read to the society by Dr. C. W. Finch.

An interesting paper entitled, "Rupture of the Uterus," by Dr. Geo. B. Peck, was then listened to.

At the close of our scientific session, the society, with invited guests, adjourned to the supper room, where we enjoyed ourselves and the "annual supper" in a thorough manner, despite

the absence of many members, and the prevalence of "La Grippe."

A few interesting post-prandial remarks were made by Dr. Chas. V. Chapin, (our Superintendent of Health), Dr. Geo. B. Peck and the Rev. D. A. Jordan.

Attest, W. H. STONE, *Secretary*.

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*NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.*

The thirty-ninth annual meeting of the New York Homœopathic Medical Society was held in Albany, Tuesday and Wednesday, Feb. 11th and 12th, President Dr. H. M. Dayfoot of Rochester, presiding. Numerous and valuable papers were read, but the attention of those present was directed towards the subject of State legislation, not only by the president's address, but by the report of the committee having the subject, in charge, of which committee Dr. H. M. Paine, of Albany is chairman.

In the course of the meeting, the following resolutions were presented and adopted :

*Whereas*, The allopathic school in this and many other states in this country is intensely engaged in prosecuting a movement for securing the enactment of laws providing State examining and licensing boards, which laws are adroitly arranged so as to acquire for their own school complete control of the licensing of the students of the eclectic and homœopathic schools of medicine ; and,

*Whereas*, Such power centralized and possessed by the allopathic school would, most assuredly, be used disadvantageously toward the homœopathic and eclectic schools, notwithstanding the pretended support afforded by minority representation therein ; therefore

*Resolved*, That we are unalterably opposed to the passage of senate bill No. 115, presented by the allopathic school, the construction of which provides for the appointment of a single examining and licensing board.

*Resolved*, That as the single board system necessarily involves allopathic control, whether the relative number of members is specifically stated in their proposed bill or left discretionary with the regents, the danger to homœopathic interests is as great in one case as in the other.

*Resolved*, That we protest against any legislation providing a single examining board, as an infringement of our civil right to supervise and maintain our own educational affairs, and as an unwarrantable attempt to transfer our responsibility for the quality of our educational work from the people, where it properly belongs, to the allopathic school, without any adequate reason and without any apparent necessity.

*Resolved*, That we heartily indorse senate bill No. 50, and assembly bill No. 234, provision being made therein for the appointment of separate examining and licensing boards for each of the incorporated schools of medicine, and hereby pledge ourselves to put forth every suitable effort for securing its adoption.

Other resolutions, relating to the care of the insane, were introduced, as follows :

*Whereas*, The recent report of the State Commission in Lunacy makes a powerful and convincing presentation of the evils and dangers inseparable from the so-called "county care system" of treatment for the indigent insane ; and

*Whereas*, The bill to provide for the abolition of that system and for the transfer to State asylums, of all the present insane inmates of county poor-houses, has been or will soon be, again brought before the legislature for its action; therefore, be it

*Resolved*, That this society, representing the homœopathic medical profession, and expressing its deliberate convictions, both as practitioners and as citizens solicitous for the honor and true welfare of the State, does earnestly advise and recommend to the honorable, the legislature, that the bill above referred to be passed by it at its present session.

We particularly recommend that the bill in question be made to provide for all the insane of the State, of whatever consideration in life, and we also recommend that the proposed law provide for those who prefer homœopathic treatment, the privilege of being sent to the Middletown asylum, even though they reside outside the district allotted to that asylum.

We believe it to be a measure of the highest importance to the needs and conditions of the indigent insane, and its early enactment seems to be required as well by the demands of humanity and decency on their behalf as by regard for the material interest, the moral progress, and the dignity and character of the State itself.

Adopted.

Another resolution, offered by Dr. Paine, was adopted, as follows :

*Resolved*, That the committee on medical legislation be instructed to secure an exemption of the homœopathic asylum at Middletown, from any rigid district allotment, so that in case the friends of any patient in any part of the State shall express a desire for homœopathic treatment, the same provision which now holds for the commitment of the insane to this asylum, may be continued.

The officers elected for the ensuing year are: president, Dr. George M. Dillow of New York; first vice-president Dr. N. B. Covert of Geneva; second vice-president, Dr. J. M. Lee of Rochester; third vice-president, Dr. W. B. Gifford of Utica; secretary, Dr. John L. Moffatt of Brooklyn; treasurer, Dr. Arthur B. Norton of New York.

Dr. Conrad Wesselhœft of Boston, was present Tuesday evening, and delivered an address on "The Relations of Homœopaths to their own School, to the old School, and to the State."

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#### REVIEWS AND NOTICES OF BOOKS.

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THE RELATION OF HOMŒOPATHY TO NATURAL SCIENCE. By Edward B. Atkins, M.D. New York: A. L. Chatterton & Co. 195 pp.

The earnest spirit in which Dr. Atkins approaches his chosen task, claims for that task, now complete, a consideration as earnest. One may not, as we must frankly state we cannot, accept his conclusions, but one may follow with interest the processes through which he arrives at them. The most important and original of these conclusions, we find thus stated on page 96: "as the vital force has no power for causing disease, so it has no substance peculiar to itself for curing it; and

thus we find the *vis medicatrix naturæ* to be the controlling force or law in the realm of our natural conditions of growth and maintenance, and that another law of nature must prevail where disease has development; and that law I will venture to formulate as the *vis morbifera naturæ*, or the natural law of diseased conditions, having control of the morbidic germ and its process of action, as has the other of constructive elements and growth; and with which we have to do in the treatment of disease \* \* \* As the vital principle controls all processes of growth and nutrition, so the morbidic force controls all processes of disease and decay, and points \* \* \* to the realm from which the disease originates, and in which the remedies must be found for its control."

After freely quoting from old-school literature in illustration and support of his views, Dr. Atkins concludes that, this law of morbid action duly recognized, "the phenomena of cure then become a conflict between disease and drug action, thus leaving the vital force free to induce its normal conditions when the two conflicting forces have ceased to act." (p. 186.)

For the rest, the book, in addition to briefly sketching the evolution of medicine, and dwelling on the necessity of proving drugs upon the healthy, devotes space (p. 188) to advocacy of Hahnemann's theory of "substitution," as concisely stated in § 29 of the "Organon." Here we find ourselves at odds with Dr. Atkins, since we feel that the corner-stone on which any theory of drug action must rest, is an exact experimental knowledge that drugs *do* act to the cure of diseases, which the natural forces, unaided, are powerless to overcome; and this corner-stone, as far as scientific certainty is concerned, we feel as yet to be too insecurely laid.

As we have said, the little volume is of genuine interest, and is valuable both as showing thought, and having power to arouse it.

LE BORD DE LA MER, LE TRAITEMENT MARITIME, ET SES  
RAPPORT AVEC L'HOMŒOPATHIE. Par Le Dr. Martiny.  
Bruxelles, 1889.

The well-known and highly esteemed editor of *La Revue Homœopathique Belge* has evidently not made his annual visit to the sea shore in the capacity of a mere pleasure seeker. Habits of close and thoughtful observation have not been left behind him in his study, but have attended him during his holidays; and as a result we have the brochure of 132 pages before us. The subjects discussed in it are, the sea air, sea water, sea bathing, the sea cure, the health of inhabitants of the sea shore, scurvy, the irregularities (variableness) of the sea cure, the sea

cure and hydropathy, the sea cure and physiology, indications and contra-indications of the sea cure, healthy people at the sea shore, the sea and healthy children, and aged persons at the sea shore.

One of the most instructive chapters is that on scurvy, in which is presented a short resumé of the history, effects and causes of scurvy; the relation of the law of similars, the action of small doses and scurvy; the health of sailors, etc. A most interesting chapter too is the one on maritime treatment, or the "sea cure." The complex characteristics of the sea bath are described as follows: "It is a medicinal bath, it is hydrotherapy combined with massage, for the movement of the water produces a true massage; it is also a séance of electrization and inhalation, and finally it is gymnastic exercise with mechanical excitation of the skin." The immediate and remote effects of sea bathing, together with its applicability to various conditions, are discussed, and the conclusion is reached that on account of its wide field of usefulness the "sea cure" is the most efficacious and the most varied of all kinds of balneotherapy.

Dr. Martiny seems to make his point good that marked results may be obtained by using small quantities (infinitesimal doses) of medicinal substances. The brochure as a whole is worthy of high praise, and is most suggestive in its logically-argued discovery of the action of the law of similars in a field hitherto little claimed as under its dominion; Dr. Martiny proving that sea influences cure such conditions (symptoms) as they are definitely capable of causing.

THE HOMŒOPATHIC VETERINARY DOCTOR. By George H. Hammerton, V. S. Chicago: Gross and Delbridge, 1890. pp. 435.

This book gives the history, means of prevention, and symptoms of all diseases of the horse, ox, sheep, hog, dog, cat, poultry and birds, and the treatment of the same according to the principles of homœopathy. More than half the volume is devoted to the horse, who has been more carefully studied than have the other domestic animals and pets. A very interesting introduction of forty pages contains much valuable information concerning thoroughbreds and famous trotters, that will be particularly attractive to those who are fond of exciting sport and fast time. The book will be especially useful to the non-professional reader, on account of the explicit directions concerning the treatment of diseased animals; the size of the dose for each variety; the diet and general care, etc.; and the use of language as free from technical phraseology as possible. The illustrations are, many of them, familiar, but they will prove of

service in impressing the text upon the reader's mind. Man's appreciation of the usefulness of his dumb companions is such that the book will doubtless become a popular one.

**A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES, INCLUDING DIAGNOSIS, PROGNOSIS AND TREATMENT.** By Robert W. Taylor, A.M., M.D. Parts V., VI., VII. and VIII. Philadelphia : Lea Brothers & Co.

The completion of this exceptionally fine work is a fact of which both the author and publishers may well be proud. Its elegance alone is a triumph of art. Its colored plates are unexcelled in finish and of uniform faithfulness to nature. They form the characteristic feature of the work, and constitute a perpetual clinic, whence specimens exhibiting typical external lesions of any form of venereal or skin disease may be called forth at will. The general practitioner possessing such a reference clinic will find himself helped out of many a perplexity, as he cannot be by any merely verbal description. But diagnosis is not the only purpose served by the work. The concise, descriptive text embraces the important subjects, etiology, prognosis, and treatment. Pathology, as far as it is settled, is also included, so that the text reflects the opinions and practice of the acknowledged authorities of the period.

The four parts mentioned above are devoted to such subjects as, pediculosis, erythema, herpes, tinea, pityriasis, impetigo, urticaria, pemphigus, ecthyma, lupus, scabies, iodic and bomic eruptions, syccosis, ichthyosis, leprosy, lichen, acne, elephantiasis, scleroderma, keloid, etc. The work as a whole contains fifty-eight beautifully colored plates presenting 192 figures, and, in addition, eighty-five wood-cuts. A full and comprehensive index enables quick reference to be made to any subject. So it may without undue praise be said that the author's aim "to present to the eye as well as to the mind our most recent knowledge of the diagnosis and treatment of venereal and skin diseases," has been accomplished in an unusually satisfactory manner ; and the publishers' share has been done with a skill and a generosity which leave nothing to be desired.

**A TREATISE ON DISEASES OF THE NOSE AND THROAT,** in two volumes. By Francke H. Bosworth, A.M., M.D. New York : William Woods & Co.

Volume I. of this work is a full-sized octavo of 670 pages divided into three sections. Section I. gives the anatomy and physiology of the nose, and describes the methods of making examinations, and, for the rest, is devoted to the consideration of the thirty or more diseased or abnormal conditions to be

found in this portion of the respiratory tract, including a chapter on asthma, which according to the author's views, is a disease finding its predisposing cause largely — if not always — in intra-nasal disease. Section II. deals with diseases of the naso-pharynx, and it is a capital idea to thus emphasize the fact that the naso-pharynx is not a part of the nose, but a distinct portion of the respiratory tract. Section III. contains less than forty pages, but in this space no fewer than thirty-three operations for exposing different parts of the nasal cavities, accessory sinuses, and naso-pharynx are briefly described. These various surgical procedures are abundantly illustrated by numerous cuts and four colored plates, and the section forms probably the most complete collection of these special operations to be found in any treatise on special operative surgery. Numerous cases from the author's practice and collated from current literature are given throughout the book in illustration of points in pathology, treatment, etc. The value of such a work can easily be appreciated by the general as well as the special practitioner.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY, AND OF THE LONDON HOMŒOPATHIC HOSPITAL. London: Trübner & Co., New York: Boericke & Tafel.

The volume before us replete with good things, presents the papers that were read at the various meetings of the British Homœopathic Society during the season 1888–1889, and the discussions to which they gave rise; a list of officers and members; and a tabulated report of the patients treated in the London Homœopathic Hospital during the year ending March 31, 1889, of whom there were 711, representing a great variety of medical and surgical diseases, with a mortality of less than six per cent. The subjects discussed at the society meetings were such eminently practical ones as "The Action of *Lobelia Inflata* and *L. Cerula* with Remarks upon *Psora*." "Headaches; Their Causes and Cure," "On Diphtheria," "What is Pyrogen, or the Sepsin of Beef?" "On Acute Rheumatism," "On Carlsbad and Adjacent Spas," Cases from practice, etc. The discussions are reported at considerable length, and testify to the earnestness and devotion to the principles of homœopathy, which underly the vitality and power of the society.

TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY AT ITS TWENTY-THIRD ANNUAL MEETING, JUNE 4, 1889.

The Maine Society is to be congratulated on the very satisfactory appearance made by the third volume of its "Transactions." Though not quite so large as its predecessor it is quite equal to



it in value. Fourteen papers and their accompanying discussions are preserved as souvenirs of the meeting. Several interesting cases are reported in more or less detail, in one of which, a case of typhoid fever, an almost life-long diarrhœa was, upon the establishment of convalescence, also found to be cured. Some useful papers in the field of materia medica are given; the paper that excited the most general and fullest discussion was on "Modern Surgery," although one on "The Care of Infants," attracted nearly as much attention. The question of taking measures to secure to homœopathy the management of the proposed new hospital for the insane was brought up and referred to an efficient committee for consideration. The volume as a whole shows that our Maine colleagues are wide awake and in earnest.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1889. Vol. XXIV. 416 pp.

A noteworthy feature of this altogether admirable volume is the presidential address, by Dr. William Tod Helmuth. His theme is Sectarianism in Medicine; and a better point has rarely been made on the subject than is made in his remark, that, "I am a sectarian in religion; by creed a Protestant, and yet I hope a Christian. I am a sectarian in politics; by creed a Republican, and yet I hope an American citizen. I am a sectarian in medicine; by creed a homœopathist and yet, I hope a physician."

Another most interesting chapter is that containing the report of the Bureau of Materia Medica, which includes two exceedingly valuable analyses made on the chart system; one of apocynum cannabinum, by Dr. H. D. Schenck, and one of argentum nitricum, by Dr. J. L. Moffat.

The volume is a full one in every sense, and shows a deal of originality as well as of energy. Its compilers and contributors are alike to be congratulated upon it.

TRANSACTIONS OF THE TWENTY-FIFTH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Philadelphia. Printed by Sherman & Co. 1890. 320 pp.

Sad suggestion waits the reader of these ever-welcome annual records; since at the very opening of the volume, we find a memorial page recording the death of Dr. William B. Trites, the president of the Pennsylvania Society for the session of 1889, and also that of Dr. John Malin, its second vice-president; surely a chronicle of heavy and irreparable loss to the earnest

workers of our sister state. Dr. Trites' clear-sighted energy, and devotion to homœopathy are abundantly evidenced by his presidential address, with its ringing call to his comrades to oppose the legislation of bigotry wherever attempted.

In the body of the volume, we find every department of medicine and surgery represented by several well-considered papers, among the most important of which, is a most valuable study of the Medical Profession *vs.* Criminal Abortion, by Dr. G. M. Christine.

ELEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF RHODE ISLAND. Charles H. Fisher, M.D., Secretary of the Board, and Registrar of Vital Statistics. Providence: E. L. Freeman & Son, printers. 1889.

This volume consists of two parts. Part I. gives reports, tables, and statistics relating to the health of the state as a whole and of its towns, during the year 1888, together with appendices relating to typhoid fever and its prevention; scarlet fever and its prevention; and tuberculosis and its prevalence among the neat-cattle of Rhode Island; the whole covering 177 pages. Part II. of 196 pages, presents the thirty-fifth report upon the "Births, Marriages and Deaths in the State of Rhode Island," for the year ending Dec. 31, 1887. Here we find most carefully compiled tables of statistics which must have required a vast amount of labor to prepare. It is difficult to estimate the value of such reports, but they are only possible through systematic coöperation under wise supervision, of which any state may be proud.

MARTIN'S DRUGGISTS' DIRECTORY OF THE UNITED STATES AND CANADA, 1889-1890.

This is the sixth volume of the only wholesale and retail druggists' directory published in the United States. It contains over 32,000 names, the addresses being arranged alphabetically under the names of the states. It contains a vast amount of special information that to the trade must be invaluable, the whole being carefully indexed and easily referred to. So great a favorite has it become that hereafter it will be an annual publication.

The February CENTURY has, by way of novelty, a most interesting batch of "An Artist's Letters from Japan," by John LaFarge; the conclusion of the long and fascinating Life of Lincoln is reached, in chapters telling of the capture of Jefferson Davis, and the end of the rebellion; and noteworthy among the poems and short tales are, for the former, "Laramie Jack,"

by Hayes, and for the latter, "The Old Band," by Whitcomb Riley, very quaintly illustrated. New York: The Century Co.

In the POPULAR SCIENCE MONTHLY for February, the contributions of greatest interest to medical men are on "Exercise for Chest Development," by Dr. Lagrange, and on "Long Fastings and Starvation," by Chas. Ricket. The latter gives some remarkable cases of long abstinence from food, by hysterical patients, with apparently no bad results. Among papers of more general interest, the Letters on the Land Question hold prominent place. New York: D. Appleton & Co.

### MISCELLANY.

—:O:—

Teacher—"Late again, Johnny! Remember, Johnny, it is the early bird that catches the worm." Johnny, solemnly,— "I've already got 'em."— *Exchange.*

I extracted the wrong tooth, but there's no harm done;  
I like to tell the truth, when there's no harm done.  
The patient never knew if I pulled one tooth or two;  
And he still has got a few, so there's no harm done.

I once made a patient lame, but there's no harm done;  
And he'll never be the same, but there's no harm done;  
He thinks it was his fate, that he took advice too late,  
For a train he's often late, but there's no harm done.

I put out a patient's eye, but there's no harm done;  
He think's it was the fly, so there's no harm done.  
In place of Atropin I dropped in Winter Green,  
But, of course it wasn't seen, so there's no harm done.

Once I gave too big a dose, but there's no harm done;  
I request you'll keep it close, but there's no harm done,  
Up the medicine he throw, or shouldn't I look blue,  
What I tell you is quite true, and there's no harm done.

—*Medical Record.*

Here is a description of a nursing chest which an English nurse has patented:

It comprises a portable stove, which may be used for the purpose of supplying hot water, for use as a bronchitis kettle, for giving vapor bath, for keeping poultices and hot food warm, and fomentations under steam. The lid of the chest is fitted with a clinical thermometer, bath ditto, room ditto, surgical scissors, director, probe, hypodermic syringe, glycerine ditto, ear ditto, throat spatula, ointment ditto, poultice ditto, lunar caustic case, testing tubes. There is a receptacle at the back for clinical chart and prescriptions. The first drawer contains bandages, lint, tissue, strapping, plaster ointments, powders, medicine glass, minim ditto, ten bottles. The second drawer contains portable vapor bath, leg cradle, cloths, wool, tow, flannel bandages. The third drawer contains compartments for poultice tins, linseed meal, feeding cup, teapot, cup and saucer, nutritive and enema syringes and catheters. — *Trained Nurse.*

The *Tocsin* gives the following particulars relating to the physicking of a patient in the olden times, the good old times, when people took physic, and plenty of it, firmly believing that it did them good. The individual in question, Mr. Samuel Jessup, died May 17, 1817, at Heckington. He was defendant in a trial for the

amount of an apothecary's bill at the Lincoln Assizes. The evidence at the trial gives the following details: In twenty-one years (from 1794 to 1816) he took 226,934 pills, supplied by a respectable apothecary in Bottlesford, which gives an average of 10,806 pills a year, or twenty-nine each day. In the last five years preceding 1816 he took the pills at the rate of seventy-eight a day, and in 1814 swallowed not less than 51,590. "Notwithstanding this," says the *Toxin*, "and the addition of 40,000 bottles of mixture, besides juleps and electuaries, set out in fifty-five closely written columns of the apothecary's bill, he lived to the age of sixty-five years."—*The Hospital Gazette*.

Mrs. Partington says her son Ike shall not have a guitar. She says he had it once when he was a baby, and it nearly killed him.—*New Idea*.

### PERSONAL AND NEWS ITEMS.

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DRS. W. E. FELLOWS and W. M. Pulsifer, of Skowhegan, Maine, have dissolved partnership. Dr. Fellows has removed to Bangor, and Dr. Pulsifer will continue to practice at Skowhegan.

THE board of pension examiners for Hampshire county has been organized as follows:—Dr. L. B. Parkhurst, president; Dr. J. M. Fay, secretary; Dr. O. W. Roberts, of Ware, treasurer.

#### PUBLISHERS' DEPARTMENT.

OUR readers will find on another page of this number a change in the advertisement of Tarrant & Co., as this month they call attention to their Effervescent Seltzer Aperient. This is one of the most efficient salines in the old school practice known to the profession, and is much employed at this season of the year for its alterative effect; it is not only a palatable and safe aperient, but is used by them in lithemic, gouty and other conditions where alkaline remedies are indicated.

A WOMAN DRUMMER.—Walter Baker & Co., the famous chocolate and cocoa manufacturers, employ a woman drummer. You are surprised? You never heard of that before? Why, yes you have, you know her perfectly well. She is a tidy little lady in white close-fitting cap, and long, white apron, and she carries a tray of cocoa in her white hands. Ah, now you remember her. Well, she is the most successful "drummer" on the road, and has brought more trade to the firm that employs her than any man who ever traveled for them. A good wine needs no bush, but at the same time there is something reassuring in a familiar trade-mark. Whenever we see that dainty little lady in cap and apron bearing her tray of cocoa before her, we know that the wrapper she is stamped upon contains the purest, the most nourishing and the best goods made.

IMPORTANT TO BIOLOGICAL STUDENTS.—From a desire to verify his own researches as to the causes of failing nutrition in aging organisms, the undersigned hereby offers three cash prizes of \$175, \$125 and \$100 for the best three comparative demonstrations, by means of microscopical slides, of the blood capillaries in young and in aged tissues, canine, or human.

Twelve slides from young and twelve from aged tissues must be submitted by each competitor, together with a full description of the subjects, methods pursued and every detail and circumstance which is likely to throw light upon, or account for any peculiarity. The slides are for comparison as to the condition of capillary circulation, the young with the old, and should be in numbered pairs, or groups from the same kind of tissue. The term tissue is used in a general sense, e.g., pulmonary tissue, hepatic tissue, renal tissue, osseous tissue, muscular tissue, nerve tissue, alimentary tissue, etc.

This offer will remain open until the twentieth day of August, 1890.

The prizes will be adjudged on the first day of October, 1890.

For particulars address C. A. STEPHENS, M.D., Norway Lake, Maine.

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EDITORIAL.

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“CONSTITUTIONAL LIBERTY.”

In a recent number of *The Arena*, Mr. Chevallier, writing on “Constitutional Liberty,” makes a point or two which physicians in general can ponder with profit, at this time when medical legislation is so widely and animatedly under discussion. It is needless to say that with the writer’s point of view as a so-called Christian Scientist, we differ *in toto*, even to the extent of questioning that he finds foundation for his statements in the New Testament, as broadly and rationally interpreted; but with his claim that every citizen of the United States has as good a right to choose his system of therapeutics as to choose his system of theology, we confess ourselves largely in sympathy. Roughly speaking, the American notion of liberty is to do as one pleases up to the point of one’s pleasure interfering with the rights of others; and no better principle than this very sensible and simple one can be laid down as the foundation stone of medical legislation. There are many cases in this connection, in which the law has distinctly the right to interfere, even though in so doing it seem to trench on the “constitutional liberty” of thought and conviction of a given individual. Such a case is that of the man who fails to report a case of small-pox in his family, because he believes small-pox to be, in common with all other so-called diseases, a mere figment of an unbelieving mind. Here his belief and his action upon it

directly threaten his neighbors' welfare, and the law is entirely justified, having a basis of firmly established fact on which to proceed, in compelling him to isolate the patient and disinfect the house. Needless to say this principle applies to all contagious diseases. Again, in a case of labor threatening death from clearly ascertainable causes, and where it is well known that the resources of modern obstetrics have hundreds of times saved life in like perils, a husband may well be regarded as criminally liable, who remains to pray by the imperilled wife's bedside instead of going for a doctor. And again, there is a class of quacks, abortionists blackly prominent among them, whom the law is bound to sweep out of the community, in spite of the "constitutional liberty" which their victims may claim, to avail themselves of their services: and among these quacks, we make bold to place every manufacturer or vender of a patent nostrum which can be shown to contain opium or any like soul-and-body-destroying drug.

But when a case like the *Larson cause célèbre*, so much dwelt upon by the writer in the *Arena*, is in question, common justice cries out against judgment being given, as it was given by that most unrighteous judge who sentenced Larson for not administering to his little daughter, ill with diphtheria, the medicine left by the family physician. On what grounds, in the name of common honesty, could such a judgment rest? Is there any physician to-day, of reputation and conscience, who is prepared to take his solemn oath that there is known to exist a therapeutic treatment for diphtheria, resort to which means safety, and neglect of which means death? Is not the treatment of this horrible disease — speaking therapeutically, and apart from a few almost certainly helpful hygienic measures, — an entirely open question, varying almost with the individual physician and certainly with every changing year? And under these circumstances, what a gross violation of personal liberty is implied in the compulsory adoption of any one of these widely varying methods! The rank injustice of forcing upon a patient, under penalty of law, any medical treatment which is endorsed by a majority of physicians, can be well realized by fancying our rage on learning that the patient of a century ago, ill with pneumonia, was compelled by law to submit to the bleeding and purging,

which was then the universal regular practice, and which it is everywhere admitted to-day, killed more men and women, many times over, than pneumonia left to itself ever had power to do! Happily no such wildly homicidal practices obtain to-day; yet could regular bigotry have its legislative way, not a few victims, made such by law, of morphine, quinine and many another drug would owe their wrecked lives to legal medicine.

In surgery and in obstetrics there are, perhaps, to-day, facts enough on which to justly found a certain amount of compulsory legislation. In therapeutics this is conspicuously not the case. Any attempt to regulate the individual's choice of therapeutic treatment would result in exposed absurdity. To illustrate our point: There is a certain justice in prosecuting a man for allowing a member of his family to become permanently maimed, through failing to call in surgical aid, which in ninety-nine cases out of every hundred, can be proved to do away with this condition. Or again, in prosecuting a man for permitting his wife to die in labor, when it can be proved that there exist means of interference which in ninety-nine out of every hundred similar cases can save life. But it is simply rank and mad injustice to prosecute a man for refusing to call in medical treatment in a case—say typhoid fever—where no single method of treatment can be guaranteed to save life, and where the most approved treatment of all—the “expectant”—is simply an elegant synonym for letting the patient alone!

Laws of hygiene, laws of sanitation, founded on facts instantly demonstrable and practically unvarying, are wise laws for any community, and no plea of “constitutional liberty,” should free any man from compliance with them. But laws making compulsory any one therapeutic system, or the treatment of any one class of practitioners, are unwise laws, and tyrannical beyond endurance. The whole question of medical legislation has never had a more profoundly practical hint than that contained in Dr. I. T. Talbot's suggestion: viz.: that no practitioner be allowed to assume the honorable title of “Doctor,” who cannot make good his legal claim to it: but that the charlatan of whatever sort, frankly known as such, and so made almost as harmless as the goose stripped of peacock's feathers, be left unmolested until such time as either the educated physicians can

present a solid front, and show themselves capable of dealing successfully with every case of disease, or enlightened public opinion has no more use for charlatany, and it dies a natural death.

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#### EDITORIAL NOTES AND COMMENTS.

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LENT, FROM THE STANDPOINT OF HYGIENIC REFORM, may be, to the average physician, a somewhat new view of an old subject ; yet it is a not unsuggestive view, and one which repays consideration. Whether from the promptings of religion or of fashion, we need not inquire, the observance of Lent, to a more or less strict degree, is becoming more general, year by year. As physicians, the most difficult side of whose task is training our patients to such hygienic living as may do away with our services as healers, it is germane to ask, Why may not we utilize the Lenten season to the benefit of our patients' bodies, as the priests so gladly utilize it for that of their souls? Lent, according to the latest and sanest philosophy, is a sort of experiment in holiness. For a specified time, whose limits are well understood by priest and penitent, the latter withdraws himself from many secular indulgences, not necessarily sinful in themselves, but tending, by their manifold demands upon his attention, to distract his mind from higher and more essential duties. To these duties he is thus at leisure to devote himself ; and the hope of Lent is, that he may, in doing them, so learn their value and the happiness which waits upon their performance, that his desertion of them in the coming months may not be as complete as in the months that have passed. In such a keeping of Lent, the wise physician sees his opportunity. It is easy to suggest,—half humorously, if need be,—that among the indulgences to be temporarily abandoned, there be included a few of those against which he has so long preached in vain ; and among the higher duties to be assumed, there be included a few which are to redound to the body's welfare. Thus he may urge the neurasthenic who "can't live without" tea, to at least make the effort, in these forty days she has pledged to self-sacrifice ; in the hope that, in nerves calmed, after their first



rebellion, by the absence of this most mischievous stimulant, she may find a hint as to the cause of past suffering which may serve her well. So, again, the devotee of the ugly idol of fashion may be persuaded to abandon the homicidal—or femicidal—corset, for the short season during which she is to experiment in better living; with the result that forty days of free breathing and strengthening muscles may make return to prison as distasteful as it has always been hurtful. And it could be suggested that among Lenten exercises be included a brisk walk, of a mile at least, daily, which may lay a foundation of wholesome out-door habit; and so on, indeed, beyond the necessity of particularization; individual applications of the general idea will suggest themselves to every physician having an intractable patient who is also an observer of Lent. Hygienic reform cannot work through too many channels; possibly here is one which, with diplomatic handling, may yield appreciable results. Let us think it over, a bit, between now and the coming of another Lent.

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A PRETTY BIT OF ARGUMENT is that which, in a recent issue of the *Boston Medical and Surgical Journal*, and under veil of a quotation from the *Advertiser*, protested against the petition for State aid for the Massachusetts Homœopathic Hospital, on the ground that “The Commonwealth can no more discriminate in favor of one system of medicine and against another, than it can exercise a similar function in matters of religion.” Anything more in the nature of a boomerang, than such a sentiment as this, advanced by an allopathic journal, it would be difficult to imagine. It is against the constant, and undisguised, and most miserably unjust “discrimination in favor of one system of medicine and against another,” on the part of the State, that our petition for such aid as the State plentifully extends to medical institutions under allopathic control, was a fragmentary and temperate protest. Did the State show no such “discrimination,”—was, for instance, every thoroughly educated physician, regardless of his therapeutic practice, eligible as a candidate for a position in medical institutions under State control,—the long grievance of homœopathy would be at an end, and the

necessity for the support of private institutions at which the homœopathic treatment could be obtained, would be permanently obviated. The parallel suggested in the *Journal's* argument is a just and strong one; only its application happened to lie in favor of homœopathy! Exactly what an established church would be to-day in Massachusetts, arrogating to itself a State revenue, and persecuting to the utmost of its power all those differing from it in points of doctrine, — exactly this, in Massachusetts to-day, is the allopathic school of medicine; and the injustice involved is as patent and monstrous in one case as the other. When the *Journal* is prepared, in all honor, to condemn State "discrimination," in favor of a single system of medicine, then will the medical millenium be at hand. To assume such an attitude, while urging that discrimination to the utmost, is a puerility unworthy an adult thinker.

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THE EXTENSION OF THE MELBOURNE HOMŒOPATHIC HOSPITAL, to which we referred in our recent comment on the report of that flourishing institution, is now practically an accomplished fact: its corner stone having lately been laid, with appropriate ceremonies. The occasion was especially noteworthy from the remarks made by the Governor-General. This distinguished gentleman, by whom the corner stone was laid, is not a homœopathist; and this fact makes the more significant, the broad tolerance, the genial good sense, and the graceful courtesy of his words. If among those, who like him confess themselves of other schools of medical thought, such a spirit as his obtained, the end of disrupting and discreditable strife in a profession which should be given over to nobler things, would be near at hand. We take great pleasure in quoting the following paragraph from the speech in question:—

"His Excellency the Governor, who had been presented with a trowel of silver and ivory, having declared the foundation stone well and truly laid, said that, although he was not a homœopathist, he was not one of those who, through ignorance or prejudice, scoffed at the science of homœopathy. He had seen much of the benefits of it in his home life. Many of his relations were strict homœopathists, and he had seen some

wonderful cures effected by it. He had personally much to be grateful for both to homœopathy and men who interested themselves in that science. They had heard only that day, that hospital accommodation in the city of Melbourne was unfortunately likely to prove insufficient, and for that reason it gave him the greater pleasure to be there that day, to see an increase made in the size of one of these great institutions established for the relief of a suffering community."

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COMMUNICATIONS.

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*PARACENTESIS VERSUS SPONTANEOUS PERFORATION OF THE  
MEMBRANA TYMPANI.*

BY HENRY C. HOUGHTON, M.D., NEW YORK.

The recent epidemic of "La Grippe" has served to emphasize the value of paracentesis of the drum head in acute inflammation of the tympanum; hence I have thought well to report two typical cases and make some comments on the contrasts presented by the two opposite methods of dealing with these cases.

C— S. M—, a physician, age, about thirty-five; had the influenza with the usual coryza, rapid pulse, high temperature, etc., but kept about his professional rounds till pain in the ears compelled him to succumb. His associate in practice cared for him two days, using douche of hot water in the ears, which relieved at first, but later Magendie's solution locally was used to secure sleep. Aconite, belladonna, pulsatilla, with plantago locally gave little relief, the temperature rising to 102° each night. On the third day I saw him in the afternoon. The tissues of the inner third of the meatus and the drum head were sodden; the canal on the left side was diminished in caliber, by large ecchymoses. I felt certain that the drum heads were intact as air passed to the middle ear by Valsalva's experiment but none appeared in the fluid in the meatus. Muriate of quinine, 2x trituration was given, and ferrum phos. every half hour when the rise of temperature occurred. The douche was omitted and a glycerole of plantago used to relieve the pain.

The fourth day the condition was slightly better, the pain was severe at one time in the night and Medicus substituted the Magendie's solution locally to secure sleep. On examination the tissues were less swollen but extremely sensitive. Continued the same treatment.

Fifth day, same general state; better during the day, worse at night; tissues less swollen, but infiltrated and sensitive. In the afternoon I instilled cocaine 8% solution and removed as much of the macerated derma as possible; the drum heads were bulged and moved under forcible inflation, (Valsalva.) Used a second instillation of the cocaine solution to anæsthetize the drum heads, and incised the most convex portion, while the patient used Valsalva's experiment to bulge the membrane as well as to divert his attention. A decided perforation whistle followed, with an escape of serous fluid, slightly purulent; the amount was about the same on both sides. The drum heads were dried with absorbent cotton and inflation repeated till no more fluid escaped. Mullein oil was dropped in the ear, warmed, and muriate of quinine continued. The pain ceased immediately as the tension was relieved by the incision.

Sixth day, incisions kept open by Valsalva's method; had a good night; pulse reduced; temperature nearly normal, slightly elevated at night. Drum heads not bulging; ecchymoses ruptured and very sensitive. Hepar sulph. calc. substituted for the quinine; dried the tissues and absorbed the mucus till inflation forced only air through the incisions.

Suffice it to say that inflation and absorption of the lymphoid secretion with cotton tufts was kept up till the perforations closed. No relapse followed, and in two weeks from the time of attack, the gentleman was able to come to my office with fair prospect of complete restoration of hearing. Mercurius followed hepar on account of general as well as local symptoms.

Miss I—A—, age thirty. A hearty, healthy young woman, with the exception of naso-pharyngeal catarrh. On Dec. 25, 1889, an attack of influenza terminated in acute otitis, right ear. She was treated by her family physician, was relieved, relapsed, relieved by internal remedies and hot dry applications.

Jan. 14. Alarmed at her condition; pain intense last night; severe headache, pains extended to face and neck. Pulse and temperature normal, but is feverish at night; canal swollen inner third so that junction with the drum head is undefined; memb. tymp. thick, red and bulging superiorly, Val+. Pain throbbing, counts pulse in the ear. Ferrum phos., and plantago glycerole to be instilled in external meatus.

Jan. 15. Better night, same appearance. Advised paracentesis; begged to be allowed to continue the medicine as it had relieved. Inflation.

Jan. 17. No change in objective symptoms, but says she is better at night. Instilled cocaine and attempted to incise the drum head. A sudden movement prevented as deep a cut as desired but the blood flowed freely. No perforation whistle by inflation.

Jan. 18. Was relieved in a measure by the flow of blood. Same objective symptoms. Instilled cocaine and having the head secured by an attendant, made a complete incision while the patient used Valsalva's experiment; fluid poured out freely, watery. Some blood, no pus; dried the drum head, using inflation till only air escaped. Complete relief of pulsation.

Jan. 19. Had a good night, but thinks the opening has closed. Inflation negative; used suction with syringe in external meatus while the patient practised Valsalva's experiment, and drew mucus and lymph through the opening till only air escaped. Ferrum.

Jan. 21. "All right;" memb. tymp. becoming translucent, nearly normal thickness; canal walls reduced; inflation; Eustachian tube opens, but incision closed. Thinks she will need no more attention.

Jan. 23. Hears watch, "nearly as well as ever." Hardly so, still there has been great improvement since last visit. Mt. clear, Val.+ Throat sore mornings. Posterior wall of pharynx dry, with yellow crusts. Bell., kali sulph.

The majority of similar cases are allowed to go on to spontaneous rupture of the drum head. Indeed the average general practitioner has had no better advice to offer. I infer so from the reports made to me by parents and patients; for instance, "Dr. A. B. C.—. our family physician, was called. He said he could do nothing; just poultice the ear till it broke, then the ear would run and be relieved." This is a typical history. Such advice is worthy of a quarter of a century past. The general practitioner who allows a case of ulcerative keratitis to go on to perforation without an attempt to prevent a prolapse of the iris is guilty of malpractice. Is there not a decided similarity in perforation of the drum head? Let us see. In ulcerative keratitis the object is to preserve the cornea from deposits and scars which interfere with the symmetrical passage of luminous waves; corneal opacity being not only a blemish but a positive obstacle to vision; so also irregularity of cornea caused by ulceration, which leaves no apparent change to an unskilled observer, may cause faulty vision in the form of astigmatism. It is true that no external blemish offends the observer as the results of otitis, but ulceration which causes cicatrices in the drum head modifies the nicer perceptions of shades of musical tones, and perforations of the drum head when repaired, with or without adhesions modifies the perception of all sounds, regular and irregular, music or noise. "Out of sight, out of mind." If one could see the effects of an otitis as readily as we see the effects of conjunctivitis, the relation between the statistics of the blind and the deaf would be reversed, and there would be more blind

people than deaf people. Hence every physician should examine the drum head in otitis and see that with which he has to deal.

Any ulceration which can be changed into a fresh wound with clean cut edges heals more readily, and leaves the drum head with little or no cicatricial tissue. The ulcerative process in otitis is from within outward, in the vast majority of cases; hence, when the drum head bulges and tends to perforate, it is good practice to substitute for the natural perforation, which is irregular, tending to extensive sloughing, and difficult to heal, an artificial opening; a clean cut incision with smoothly approximated edges tending to union and easily healed. In fact these incisions heal too rapidly, and compel one to perform repeated operations in some cases, to relieve the accumulated secretion in the tympanum till the active disease is checked by medication.

Incision of the drum head is not a difficult or serious operation or followed by bad results, in either acute or chronic disease of the middle ear. Of course the operator must have acquired some degree of skill in manipulation of the necessary instruments in dealing with chronic cases, and an educated eye that he may determine changes in the topography of the parts involved, the question often being, how much is really abnormal, how little normal? When the outlines of the canal are lost one has to infer from previous study of the normal relations. The English aurist, Hinton, advised and practised incision extensively and showed that serious results are not likely to follow its intelligent use. Under the influence of specific medication it is even more safe. I have never had chronic suppuration follow any resort to paracentesis or free incision, but rather, most satisfactory results.

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*AN INTERESTING CASE OF PERITYPHILITIS.*

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

In the evening of Jan. 7th of the present year, I was called to see Mr. B—, aged twenty-nine years and unmarried, who simply complained of pain in the right groin. The bowels had freely moved; his tongue was clean; pulse and temperature normal, and the gentleman had been in Boston attending to business all day. In fact, this pain which had been more or less severe for the past three weeks, had not compelled him to remain at his home.

The following day, Jan. 8th, Mr. B— went to Boston and his work as usual, calling for advice at my office on his return. The next morning I was called and finding him in bed, was

enabled to examine the abdomen, when I discovered in the right inguinal region, a firmly fixed, hard swelling, very sensitive to pressure, which I diagnosed as an intra-peritoneal abscess, but the gentleman gave no history of having swallowed grape, orange or other seeds.

The pain was paroxysmal in character, at times very severe, so that small doses of opium were given for relief. There had been no chill, nor was there the least rigor all through his sickness. There was no constipation except that naturally following the use of opium. This slight constipation was relieved nearly every day, and sometimes two or three times a day by enemata; and at each visit the remedy that seemed to be indicated was given.

The nights were restless ones, the patient only sleeping between the paroxysms of pain. Refreshing drinks of milk, water and lemonade, as well as liquid food were given, *ad libitum*.

After a few days, the abdomen became slightly tympanitic, but there was no tenderness except in the right inguinal region. On two days, the temperature reached  $102^{\circ}$ , but at other times was between the normal and  $100^{\circ}$ . This condition continued until the afternoon of Jan. 17th, when there was slight nausea and vomiting. Being called, I reached his bedside about one o'clock in the morning, when I found him in collapse, from which he did not rally, but died about half past two, from rupture of the abscess.

Having in the afternoon a woman in the first stage of labor I did not dare attempt the autopsy, but requested Dr. W. G. Hanson, who was present with Drs. F. E. Clockedt and George H. Talbot, to perform the same, which was skilfully done with the following result. Autopsy performed about fourteen hours after death.

The abdomen was slightly distended, but the parietal peritoneum was smooth, of a natural color, and free from all inflammation, except in a small circle, about three inches in diameter in the right inguinal region, where it showed a slight suppurating surface. The abdomen contained about one quart of pus, which was not distributed, but surrounded the ascending colon. In the right inguinal and lumbar regions, the visceral layer of the peritoneum exhibited inflammations and adhesions of long duration, there being a large abscess cavity in the right iliac fossa, below the *cæcum*, in the bottom of which was found an uncracked filbert about half an inch in diameter.

This nut had evidently been a long time in ulcerating its way through the intestine, as the surface of the nut was roughened, and the meat decayed, leaving a black residue. The track left by the passing of the nut through the intestine, although plainly

visible, was completely occluded, also showing that it had been a long time since the nut had been swallowed.

The autopsy confirmed the diagnosis, and led us to wonder how the bowels could have acted with the adhesions that existed, and also how such an inflammation could occur with but a slight rise in temperature, or such an amount of pus could form, be confined and escape, without a chill, and what was satisfactory to myself, it also established the fact that everything was done for the patient that could have been. For had I cut down upon the abscess, the patient would undoubtedly have died under the operation.

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*SURGICAL TREATMENT OF ANAL AND RECTAL FISTULÆ.*

BY H. E. SPALDING, M.D., BOSTON.

*Delivered before the Massachusetts Surgical and Gynecological Society.*

The question whether or not fistulæ of the anus and rectum can be successfully treated by internal medication, we do not propose at this time to discuss; but to present in as concise a form as possible, those methods of treatment that are applied directly to the seat of the disease and are more or less surgical in nature. Neither is it in our province to more than briefly touch the question, whether or not an operation might ever be prejudicial to the welfare of the patient. Suffice it to say, that here the same general principles apply as in other branches of surgery. A radical operation in a patient suffering from serious and advanced cardiac disease, cirrhosis of the liver, diabetes, Bright's disease, or cancer, a wise surgeon would not attempt. As regards pulmonary tuberculosis opinions greatly differ. There is, however, a growing sentiment in favor of some active treatment for the purpose of bringing about a cure of the fistulæ. The old theory, that after the supposed manner of a seaton or issue, the constant drainage from the system was beneficial and held the disease in check, is now quite cast aside. Now the question is not so much, is the healing of the fistula safe, as, is it possible? If the fistula be healed a debilitating waste is stopped, a source of discomfort removed, and the patient is the better able to take needed exercise, perhaps on horseback, which is so often beneficial. If, however, the disease is far advanced, there being extensive softening and breaking down of lung tissue, much hectic and severe cough, the probabilities are that the strain from coughing and the weakening vitality will prevent the wound of a knife from healing. Whether or not one of the less radical methods of treatment, to be discussed later, might be attempted is a question to be decided by the



surgeon for each individual case, taking into account the character of the fistula itself, as well as the general condition of the patient. Certain it is that many a case of supposed pulmonary consumption has got well after some rectal fistula, ulcer or hemorrhoid has been cured.

The fact that fistulæ do sometimes heal without any treatment whatever, or as the result of practically no treatment, like the passing of a probe in making an examination, can argue nothing against active measures for the cure. When one is thus relieved by the forces of nature, doubtless ninety-nine do not get well and a large part of the neglected cases pass from a very simple to a complex and serious form.

Since the peculiarities of each case must largely direct to the method of treatment most likely to succeed, we must briefly notice the various forms in which fistulæ are found.

*Anal fistula*, the only form that is properly called anal, is a subcutaneous sinus, whose anal orifice is external to the sphincter muscle, or at most it undermines only a few of its fibres. It is usually found at the base of an external hemorrhoid or a fold of integument, the probable remains of a hemorrhoid. Passing through this, the external opening is at a greater or less distance from the anus, but usually within an inch.

*Rectal fistula* is a sinus internally, in immediate continuity with the walls of the rectum, through which it may or may not perforate. This internal opening, if it has one, is usually within an inch of the anus and between the first and second sphincter. Sometimes, however, it is found farther up, within the rectum.

A *complete rectal fistula* is a sinus with an internal opening through the walls of the rectum, and an external opening through the integument. This last is most frequently within one or two inches of the anus, but it may be at a point quite remote, as on the inner surface of the thigh; on the vulva or even on the groin. A simple *incomplete internal fistula* has an internal or rectal opening but no external. In a simple *incomplete external*, the converse is true. There is an external but no internal opening. *Fistulæ* may be more or less *complex* in character. Instead of a single internal or external opening there may be two or more. There may be but one internal opening but the sinus may extend above or below it, or in both directions along the intestinal wall, undermining the mucous membrane. Instead of the internal opening being a simple orifice through the normal mucous lining of the bowel, it may be at the base of an ulcer, in character specific or non-specific. If there are two openings one may be in a direct line above the other or more or less at one side, even as far as directly opposite. This last form, where the sinus half encircles the rectum,

whether there be one or two openings, is called a *horse-shoe fistula*. The sinus may be exceedingly tortuous; there may be branches from it which, having no outlet, end abruptly or in a cavity, in which secretions are retained, that prevent healing and encourage still further burrowing into the tissues. The main sinus, instead of being pretty nearly uniform in calibre throughout its course, may expand into a suppurating cavity of quite large dimensions.

The first step preparatory to radical treatment for the cure of a fistula should be to carefully examine the general condition of the patient to discover if there is anything unfavorable to prompt healing. If so, this should first be remedied if possible. Very often success or failure depends not so much on the local trouble and its treatment, as upon the general well-being of the patient, and a few weeks of medicinal and hygienic treatment may convert a doubtful experiment into an almost certain achievement. The fistula itself should be carefully examined that the method of treatment best suited to the case may be chosen. To do this the patient may bend forward over the edge of a table or the arm of a lounge; or he may lie on his side, most conveniently upon the side on which the external opening is supposed to be, with his knees well drawn up; or better still, if anesthetized, on his back, the knees strongly flexed upon the abdomen, this lithotomy position being maintained by the aid of a Clover's crutch. The external opening may be at once detected by a slight depression and hole in the integument; by a more or less prominent mass of granular tissue, or it may have no distinguishing mark to indicate it and from its diminutive size be discovered only by seeing pus exude from it, when the finger is pressed upon the tissues between it and the anus. Moreover the external orifice may be temporarily closed by a thin film of membrane, which however, the probe will easily penetrate. The external orifice having been discovered a probe should be introduced and carefully, with almost no force, allowed to traverse the sinus into the anus or rectum. Except under ether, this should be done before the finger is introduced into the rectum, which will most likely excite the sphincter into spasmodic contractions, rendering the probing difficult and painful. It may be necessary to vary the curve of the probe; to use a small bougie, or the flexible spiral probe in order to traverse the tortuosities of the canal. The finger introduced into the rectum will usually come in contact with the probe within an inch of the anus. If the probe has not passed through the internal opening it will be felt behind the interposing rectal tissues. Should it have passed further up alongside the rectum, search will be made there for the orifice.

Should careful probing fail to discover any internal opening, it may be accomplished by injecting into the sinus, milk or other like substance, which, with the aid of a speculum may be seen finding its way into the rectum. A careful examination of the rectum should be made with the finger, and if necessary the speculum, to discover if there be deep or extensive ulceration at the mouth of the fistula or above it; if there be malignant disease, a tumor or a stricture of the rectum.

The *treatment of anal fistula* is simple in the extreme. Involving slightly or not at all the sphincter, no preparatory treatment is required. Passing a director through the sinus, the tissues should be divided with a bistoury, thus giving a simple raw surface to heal by granulation. Cocaine may be used if desired, but anæsthetics will seldom be needed. If the knife is repulsive to the patient the rubber ligature works well here.

Rectal fistula is treated by various methods and apparently with varying successes. Whatever method of treatment is adopted, excepting perhaps, that by ligature, the sphincter should always first be dilated. Says T. P. Teale, F.R.S., in a recent address before the British Medical Association, "as a preliminary step in every operation on the rectum and anus, there should be dilatation of the sphincter ani by the fingers." Dr. Allingham, at St. Mark's Hospital, always dilates before division. Dilatation relieves all sensitiveness of the sphincter and prevents its spasmodic action, thus giving a degree of rest to the parts under treatment that is highly essential to success. The methods of treatment may best be divided into two general classes. 1st, those for bringing about a healthy reparative action of the fistulous track, and thus secure its obliteration.

2nd, those for, in some way, dividing the tissues between the sinus and rectum.

The dreaded possible incontinence of fæces after division of the sphincter, has made various methods of treatment according to the first principle popular as an experiment at least. If the result is a failure, little harm has been done and the more radical and sure treatment by division of the sphincter can then be undertaken. Moreover, the fact that these methods do sometimes succeed makes them deserving of notice, that they may be tried in such cases as are best suited to them. For success by these methods free drainage is absolutely necessary. The exterior orifice must first be enlarged, either by division or by dilatation with small tents of sea-tangle, or other like substance, or with graduated probes. The tents are best, for their very presence sets up an irritation that is highly favorable to prompt healing. This dilating should be done before dilating the sphincter. Rest is also important. While doubtless it has

been possible to heal some fistulæ while the patient has been moving about, rest in the horizontal position by relieving congestion, and the use of a firm pad, retained by a T bandage, to control the action of the levator ani, greatly add to the comfort of the patient, and increase the probability of success.

Injections into the fistulous track of irritating and stimulating fluids have been and still are much experimented with, but with our most skilled rectal surgeons they are in little favor, having been tried and found wanting. This, however, is the usual treatment of the several "methods" that have been advertised and sold as secret or proprietary affairs. The treatment of one of the best advertised, if not the best for use, is as follows: Inject the fistula with olive oil and carbolic acid, in equal parts. The next day pass the syringe containing a small quantity of turpentine to the bottom of the track and inject as it is slowly withdrawn. Another injection method is: thoroughly wash out the sinus with a 5% solution of hydrogen peroxide. Inject as the syringe is being withdrawn, ten to fifteen drops of 95% sol. carbolic acid and 10% sol. muriate of cocaine, in equal parts. Two hours afterwards inject freely glycerine and oil of eucalyptus, also in equal parts. Perfect rest for two days and the work is said to be completed. Other injecting fluids have been used, but to be of any value they must possess these two qualities — antiseptis and stimulation.

Allingham uses a method of treatment by carbolic acid and drainage tubes, which I cannot better describe than in his own words. "I first dilate the outer opening of the fistula with a small portion of sea-tangle or sponge-tent. When the opening is large enough I clean out the sinus well, and then rapidly run down to the end of it, a small piece of wool saturated with strong carbolic acid. I mount this on a stiff piece of wire set in a handle, and just roughened on its free end; I then withdraw the wire and put in a drainage tube just large enough to fill the sinus, and keep it in. If successful it will be found almost day by day, that a shorter drainage tube will be required until the whole sinus is filled up. It may be necessary to apply the oil more than once, or to use some other stimulant, such as friar's balsam, solutions of sulphate of copper or nitrate of silver."

Dr. E. H. Pratt, after having dilated the external openings with steel sounds, currettes freely the sinus and all of its ramifications if they can be found. If there are several openings a piece of rubber tubing of medium size is passed from one to the other, until each opening has an end of tubing coming from it. The two ends of each tube are now brought together with some tension and fastened. The main sinus to the rectum is filled

with a small rope of jute which is not to be removed for two days. It is then removed and the cavity syringed with carbolyzed water. Only the outer extremity of the canal is again packed with jute. This dressing is repeated daily until the sinus is closed. Another method, and I believe the best, under this general principle of avoiding injury to the sphincter, is, as far as I know, original with Mr. T. Pridgin Teale. He says: "The sphincter having been freely dilated, the external orifice was enlarged laterally in such a way, that the opening in the skin was the base of a triangle with its apex at the other end of the fistula, where it communicated with the bowel. The track of the fistula was freely scraped, and a drainage tube was inserted, so as to reach within half an inch of the opening into the bowel." He adds: "Undoubtedly the key to a successful result in such a case is the 'detail' of dilatation of the sphincter." That this applies with equal force to the other methods suggested must be patent to all. Dilatation gives relief from much suffering; gives rest to the parts allowing the opposing surfaces of the sinus to lie in undisturbed juxtaposition, and by allowing a free escape of fæcal matters lessens the likelihood of their entrance to the sinus.

Treatment involving the second principle, — division of the sphincter and other tissues composing the septum between the rectum and the fistulous track, — includes the use of the rubber ligature, the thermo-cautery, the wire or galvanic *écraseur* and the knife. The use of the ligature is as old as surgery itself, Hippocrates having described it in his work titled, "*De Fistula*." This is recommended as being bloodless, generally free from pain, and allows the patient, in simple cases, to go about attending to his ordinary duties. That it is not always free from pain one case of my own proved. In a few hours after its application the local pain became very intense, rather spasmodic in character. Severe pain in the legs and the entire length of the spine, in paroxysms. Then opisthotonus, with difficulty of speech and deglutition. In short many symptoms suggestive of tetanus. I removed the ligature and operated with the knife. In this case, which was a very severe one, had the ligature cut its way out, the result would have been a failure, for I found leading from the main sinus, branches which the ligature could not affect, and they having no other outlet, new abscesses must have resulted. As it was, her recovery was most satisfactory. The presence of these blind sinuses is the chief cause of failure with the ligature, and unfortunately they can not always be discovered before the sinus is laid open. The cases most applicable for its use, are those where the system is enfeebled by other diseases; where, as in a business man, the

ability for being about is very important; where there is a hemorrhagic diathesis, slight wound causing dangerous hemorrhage, and where the sinus, extending through the levator ani muscles, perforates the rectum in the pelvi-rectal space. In this last case the danger of severe hemorrhage difficult to control, from the use of the knife in cutting through the intervening mass of highly vascular tissue, makes the ligature, the cautery or the *écraseur* the proper instrument to use. Of these the ligature is to be preferred. Should the success not be perfect, the deeper portion of the sinus will pretty surely have been obliterated, and the remaining trouble will be comparatively superficial, which can then be treated in a radical manner by the knife. The ligature best adapted to this work is a solid rubber cord about one-tenth of an inch in diameter. Allingham has devised an instrument that greatly facilitates its application. Fitted to a handle is a probe near the end of which is a deep notch. A canula slides on this probe. On the tip of the finger a loop of the ligature is carried into the rectum and slipped over the end of the probe, which has already been introduced through the fistulous canal. The ligature being caught in the notch, the canula is slipped up against it holding it firmly, while it is being drawn through the sinus. Both ends are now passed through a ring of lead, the ligature is drawn sufficiently tight and the ring compressed with strong forceps. The excess of cord is cut off and the operation completed. In the absence of Allingham's instrument, along a grooved director that has been passed through the sinus, may be passed a needle-eyed probe which has been threaded with the ligature or with a strong thread to which the ligature is attached. This ligature or thread may be caught upon the finger or by the forceps introduced into the rectum and drawn down through the anus, the probe being withdrawn as it had entered through the sinus. Very little after-treatment is required. It usually takes about six days for an elastic ligature to cut through an ordinary fistula. The process of repair and healing has kept pace with the advance of the ligature through the tissues, and there will remain a small superficial raw surface to heal by granulation. The *thermo-cautery* may be used as already indicated in deep fistulæ or where there are many ramifications, the laying open of which is liable to cause troublesome hemorrhage. It is most useful, however, as an auxiliary to the knife, and should always be at hand in severe operations to check hemorrhage. Division of the septum, including the sphincter, by the knife, as first suggested by Pott in 1765, and allowing the wound to heal by granulation is today generally accepted as the most sure method of treatment. By incision we insure free drainage; flatus and fæces are no longer

forced into the sinus by the closely contracted sphincter below, but above all by the constant relaxing and contracting of the sphincter, the granulating surfaces are no longer repeatedly pulled apart and thus prevented from uniting as solid tissue.

All knife-cutting operations require some preparatory treatment, and the most strict antiseptic precautions should be observed. The bowels should be cleared by a mild cathartic the day before, and a free enema given two hours before the operation. The parts should be thoroughly washed with soap and water, and shaved clean of all hairs. The sphincter having been dilated, the rectum should be rinsed out with an antiseptic solution, and the operation done under an irrigating stream of the same. A probe-pointed director is now passed through the sinus into the rectum, and the point hooked down with the finger and brought out at the anus. The parts are then divided with a bistoury passed along the groove of the director, care being taken that the cut through the sphincter be at right angles with the anal margin. The bottom of the wound should now be carefully examined for blind sinuses. Any being discovered, their extent and direction should be carefully made out with the probe. They should be thoroughly curetted, and if they extend in such a direction as to allow free drainage as the patient would naturally lie in bed, they should be firmly packed with iodoform gauze for forty-eight hours and then allowed to close up by granulation. If, however, they are so situated as to make a natural pocket for secretions, they should, if not deep or extensive, be laid open to their full extent; otherwise free drainage should be provided by opening through the integument and intervening tissues from the bottom, and a drainage tube inserted. It is advisable to trim off with the scissors the indurated skin that surrounds the external orifice. The hard, indurated tissue that formed the walls of the main sinus may be removed with the curette, or a healthy action may be set up by several longitudinal incisions, after the manner of treating fissure by "Mr. Salmon's famous back cut." Some surgeons do not even this. There is no doubt, however, that it does expedite the healing process. The wound is then packed with lint or iodoform gauze, special care being taken with the bottom of the wound; a good-sized pad is held firmly against the wound by a T bandage. This dressing is not to be removed until the end of two days. An enema may then be given, if thought best, the wound thoroughly cleansed, and the dressing re-applied, this time not as firmly to the bottom of the wound, for it is important that the surfaces should at that point close together by granulation as rapidly as possible. Sometimes the process of healing comes to a standstill, and then some stimulating

wash like calendula, or a weak solution of nitrate of silver, cuprum sulph., or nitric acid, or a sprinkling of iodoform or even cane sugar, may arouse healthy granulations. Some seem to fear a too rapid healing. I have never found healing too rapid, if I daily examined the wound and prevented the formation of bands of adhesions that would leave a cavity behind them.

Of late it has become popular to try to bring about prompt closure of the fistulous track and the cut surface, by first intention healing. The object is not only to save time, but by prompt healing of the ends, to save the sphincters with unimpaired function. Without thorough dilatation of the sphincter, and the most perfect antiseptic precautions, these methods are quite likely to be unsuccessful. The rectum and surrounding parts having been made aseptic, a carbolized sponge, sufficiently large to prevent any escape of fæces during the operation is inserted into the rectum. Then the sinus having been laid open as before described, Dr. Stephen Smith advises that with toothed forceps, scalpel and scissors, every particle of the hard, membranous lining shall be removed. This will be more easily done if the tissues be made tense by means of a strong thread passed through each flap of the wound, on which assistants can make traction. By means of the index finger of the left hand, or of an assistant, introduced into the rectum, the wound is brought down so as to be quite external. The deeper surfaces are then brought together by means of a cobbler's stitch of silk suture, which, starting at the rectal end of the wound, should pass the entire length. The stitches should be about half-an-inch apart, and half to three-fourths of an inch from the edges of the wound. A drainage tube lays back of these stitches, protruding at what was the external end of the fistula. A continuous suture of catgut brings together the approximating edges of the wound. With a strong, curved needle three or four wire sutures are passed completely around and under the cavity. A firm roll of iodoform gauze or other like substance is then placed along the line of the wound, and over it these deep sutures are fastened, with a degree of tension that shall not disturb the circulation, but shall so compress the yielding tissues as to insure the perfect closure of the cavity. The sponge is then removed from the rectum, and an opium suppository inserted to quiet the bowels. Iodoform dressings are applied and changed only for the removal of the drainage tube. The diet should be principally milk, and the recumbent position must be maintained for one week, when the sutures are removed, and an enema is given. Support should be given the wound for a few days by rubber adhesive plaster.



The *buried suture* is another means used for bringing about immediate union. The same preliminaries are required as in the last named method. With a fine curved needle, threaded with catgut, commencing at the rectal end of the wound, a small amount of tissue is picked up, first from one flap of the wound and then from the opposite, at as near the angle or base of the wound as possible. The end of the suture is secured and then as a continued suture it is carried along to the other end of the wound, each stitch being carefully drawn, so as to co-apt the sides before the next is taken. On reaching the other end of the wound, the stitching is carried back, without cutting the suture, about one-fourth of an inch nearer the margin of the wound than was the first. This is to be continued back and forth until the sides are quite quilted together. Sutures of larger catgut are then inserted, to perfectly co-apt the edges of the mucous membrane and skin.

In simple fistulæ these methods usually succeed admirably. If they are to fail, indications of pus will be discovered at the end of three or four days, when the stitches should be removed, and the wound allowed to go through the slower process of healing by granulation.

I have thus far spoken only of simple complete fistulæ. In treating *complex fistulæ* the surgeon must allow each case to be "a law unto itself." Where there are several external openings, all should generally be treated at the same time, by laying open all of the sinuses, or by laying open the principle one leading to the rectum, and treating the others with the rubber ligature or drainage tube. Should the patient be very much debilitated, it may be best to treat the principle sinus alone, simply insuring free drainage for the others, and subsequently operating upon them, if necessary. The repair of an extensive wound may prove a burden that an enfeebled constitution cannot bear. If there is more than one internal opening, but one should be laid open through the sphincter at a time. The sphincter being divided in two places, incontinence will quite likely follow. Not infrequently one division of the sphincter gives such rest to the parts that the other opening can be healed by the application of irritants and drainage. If such a result is not obtained, the same risk of impairing the function of the sphincter will not attend its division, after the first has healed. When the sinus extends for some distance above the internal opening, dissecting the mucous membrane from the muscular walls of the rectum, authorities differ as to the best method of treatment. If the fistulæ be of recent developement, by dividing the sphincter free drainage will be provided, and foreign substances will no longer be forced up into the sinus, so

we may expect healing to take place without surgical interference. If, however, the fistula be of long standing, it will be best to open the sinus to its end.

*Incomplete external fistulæ* must be treated according to the extent and direction of the sinus. If the probe passes through the muscular wall of the rectum, and is felt by the finger just under the mucous membrane, an internal opening may be made, and the treatment continued the same as in complete fistula. The better way is to freely enlarge the external opening, and dress from the bottom of the sinus, according to the method of Mr. Teale already described. This, or a modification of it, should always be adopted when the sinus, on reaching the pelvic diaphragm, consisting of the levator muscles, leads away from, rather than towards, the rectum. Here division of the sphincter, being incorrect in principle, would be worse than useless.

*Incomplete internal fistulæ* should always be converted into complete by making an external opening. To do this a probe should be passed through the internal opening, and along the sinus, until it can be readily made out under the skin. It should then be cut down upon, and the treatment concluded as in complete simple fistulæ.

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#### NERVOUS EXHAUSTION IN THE YOUNG: A TYPICAL CASE.

BY GEORGE F. FORBES, M.D., WEST BROOKFIELD, MASS.

[Read before the Worcester County Homœopathic Medical Society.]

As the years advance with more and more rapidity, we find the ratio of cases ever increasing, where there are found insomnia, cerebral exhaustion, neuralgia, hysteria, chorea, nervous exhaustion, paresis, etc. New insane asylums are rapidly filling up, and the student of today is taught the nomenclature and treatment of various neuroses, which were hardly given any prominence thirty years ago. Take this typical case for instance, not a rare one, as you will see, from daily practice.

The history of the following case will present a picture which will be familiar and readily recognized by every physician present.

Mrs. C— possessed very little education herself, and was very desirous that her children should be as thoroughly pushed and educated as possible. Edith, aged five, was duly admitted to infant school, and with scarcely a week's intermission was forced to study in school hours and out. At eight years her parents were proud to say, "she had no absent or tardy marks," she could recite more verses or chapters at Sunday and day

schools than any of her mates, and was the admiration of parents and teachers; in fact she was a prodigy. At twelve she could lead them all in books, and knew something of French and the piano. The brain and nervous system were preternaturally developed, tea and coffee were added to her diet, but there was little muscular development or growth. At fifteen anxious mother and various old women were solicitous that the menses should appear. They were earnestly entreated by the writer to keep her out of school for a year at least, to let her play out of doors, be in the sun, romp and run, the more the better, but all to no purpose — she *must* continue in school or she would get behind in her classes, and her music. Symptoms of chorea were successfully combatted from time to time, as were also nervous headaches. Various nostrums were tried to induce menstruation. At sixteen to seventeen, she became troubled with irregular attacks of exhausting menorrhagia, occasionally dysmenorrhœa—but she was in the high school, almost through, and of course it would be disastrous to take her out of school then. She was valedictorian of the graduating class, at last! a great honor, all her friends thought. But at what a cost! By dint of continual excitement she kept on through her education. I speak advisedly, she was, instead of just beginning a practical education, literally through with it. At nineteen years she was married to a fine young man, returned from the wedding tour with brain and nervous system a wreck. The young man then first began to realize what a physical and mental ruin had been persistently wrought in the case of his young wife these many years, even from her childhood. For years I have been industriously endeavoring to undo the evil, or repair the damage to a shattered constitution, and eradicate what was implanted, grown with her growth, until the ailments, bodily and mental, are legion, and sometimes her mental condition is such as to intimate that her only cure would be the casting out of seven devils, as once they were cast out of Mary Magdalene.

The strangest part of this history is, not only that it is true, and that history often repeats itself, but that another younger daughter is being pushed headlong through the schools at the same rate, by the same proud mother, with probably the same future result. A forcible reminder of the old saying that the good die young — this woman lived! If this were an isolated case, the world would be the better, but the whole trend of this fast age points unmistakably to a wholesale continuation of this pernicious practice.

Who shall be instrumental in most effectually blocking the wheels, in obstructing this gigantic slaughter of the innocents? For in fomenting this eager hothouse strife, we so endanger

life, health, and happiness as that in after years we secure inevitably for the victims a life of uselessness and misery instead of a steady growth of body and mind resulting in prodigious wealth of intellect, of culture, of power, of honor.

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*A CASE FROM PRACTICE.*

BY W. S. HINCKS, M.D., HYDE PARK.

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

Mr. R—— consulted me about three weeks ago, giving the following history: age about forty; occupation locomotive engineer; weight 265 pounds; about a year ago began to complain of pain centering in sternum and some swelling appeared there. This pain was felt only upon moving, as when reaching for throttle or air-brakes, or to reverse lever, etc. After bearing, for a few weeks, this state of things, the swelling meantime increasing, the patient consulted an M.D. of the allopathic persuasion, who did not think swelling or pain amounted to much, which of course did not please Mr. R——, who then consulted another physician in Boston, and by him was sent to yet another. The combined opinion of these two was that the bunch was an abscess, for which they prescribed kali iod. and an ointment which I suppose to be iodol, to be applied locally. After a couple of months of this treatment with no apparent benefit, Mr. R—— consulted a few more M.D.'s, who after slandering their predecessors in the case, each in turn pronounced the swelling something different, and all could remove it very easily, if the patient would only give them a fair trial. Finally Mr. R—— settled upon a physician who in the course of treatment gave him several mixtures, the last of which was a 50% solution of kali iod., twenty drops to be taken before or after each meal, I forget which. At the end of about two months with this doctor, the patient began to complain of a pain in his back, over kidneys, coming on at intervals of about twelve hours—very acute and very severe while it lasted, which was sometimes for only fifteen minutes, and varying from this to an hour and a quarter, leaving also a dull ache in region of kidneys, the patient, as he expressed it, "feeling like a dish rag." Bearing this new difficulty about two weeks with his old physician, he resolves to bid goodby to old school and their medicines. As I had had the good fortune to have safely brought his little girl into a state of health after she had been sick with summer complaint for about three months, in old school hands, he came to me, saying he wished to try the new school treatment in his case and would give me a fair trial.

He complained of both kidneys paining him, worse after being out during the day, and greatly aggravated by lying down; could stand pain better and have relief quicker, when sitting up in chair with hot applications to back. No appetite, frequent vomiting after meals, tongue coated some days with thin white covering, at other days clean; taste in mouth fetid, and breath seems to him capable of "driving a dog out of a tanyard;" tickling in throat causing a cough; elongated uvula, frequent hoarseness, headache off and on of dull, pressive pain, lasting a short time only; pulse weak, but regular; bowels constipated, but a movement every day; feet cold and general feeling of cold predominates.

Urine has been examined three times, each time with same result; acid reaction, sp. grav. 1020; color, dark amber; no albumen nor sugar, but copious sediments of pinkish hue, examination of which revealed uric acid crystals, and chloride of sodium.

The boundary of the bunch upon breast I cannot fully define, as I did not see it at first, and at present the patient says it is softer than at any previous time, occupying a triangular space between the fourth rib at its attachment to the sternum, and the right nipple. There is no history of either syphilis or gonorrhœa.

The first two days gave patient nux and followed with hepar sulph., with the result that the pain instead of extending over both kidneys was confined to the right one. He was kept upon these remedies a week, then veratum alb., and cal. carb. were given the following week lessening the severity and duration of the pains. Thus far the present week, have prescribed lycopodium. The patient has had but one severe attack within the past week.

Diagnosis: Nephritis from abuse of kali iod. The bunch I consider to be a fatty tumor.

It is said that the American ambulances, which were introduced into Paris a year or two ago, are now one of the recognized institutions of the French capital. People stand and cheer as they go along the street, and ambulance drills are given to all distinguished foreigners. The French Government has given full credit to America for the ideas which at present prevail on the subject, and the vehicles are, in fact, marked with the sign, "American Ambulance."—*Bost. Med. and Surg. Jour.*

THE following quaint epitaph on husband and wife—the husband having died first—is to be seen in one of the Parisian cemeteries: "I am anxiously awaiting you.—A.D., 1827." "Here I am.—A.D. 1867." The good lady had taken her time about it.—*Med Classics.*

ABOUT 12,000 died within a period of seven weeks from causes due directly or indirectly to the influenza, a greater fatality than has ever occurred in this country from any epidemic in the same length of time.—*Med. Era.*

*FOOD AND ENERGY IN ITS RELATION TO MEDICINE.*

BY HENRY C. CHAPMAN, M.D.\*

Until quite recently it was almost universally held by physicians, and indeed by physiologists as well, that the energy expended by man or beast in performing works, such as is incidental in the raising of weights, as in walking on the ground, or in making mountain ascents, or as in the case of the heart, of the force put forth in circulating the blood through the vessels, or in that of the respiratory muscles, of the force employed in expanding the chest, was in all cases derived from the disintegration of the body. That this waste of the tissues, this disintegration of the body, indispensable to the performance of mechanical work, whether external or internal, to any exhibition indeed of vital energy, entailed the taking of food by which not only was this waste repaired, but the high temperature of the body in man 98.6F. (36° 7C.) so characteristic of man and the higher vertebrates, was maintained. Further that as the energy put forth in the performance of work was derived from the disintegration of the muscular azotized tissues especially, and as the amount of waste in such cases could be measured by the amount of urea excreted, that the latter nitrogenized substance could be taken as a measure of muscular power or force exerted. In a word, current theory assumed as proved that the food eaten became tissue, and the wasting of the tissue gave rise to force, the latter being measured by the urea excreted.

Apart, however, from the inherent improbability of the energy exhibited by the animal machine being due to its own destruction, rather than to that of the materials put into it to supply its energy, as in the case of all other machines, the theory of the day implied the further absurdity of supposing that a man or animal not only changes in seven years, as is often vulgarly said, but is made all over again every few weeks or months.

Let us suppose, to make use of a somewhat exaggerated case, that a large, heavy dog, weighing fifty pounds not only eats, but digests three pounds of meat a day, then according to the metabolic Hosswechsel theory first alluded to, the three pounds of butcher's meat would become three pounds of dog meat, and in about three weeks the dog would be practically made all over again — the energy exhibited by the dog in the meantime being due, not to the disintegration of its food with the consequent setting free of its locked up temporary latent energy, but to the disintegration of the dog's own tissues; the measure of the latter

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and of the force so devoured being the urea excreted. Now while it is true, that the wear and tear incidental to the working of any machine entails waste, it would be evidently absurd to suppose that the energy put forth by the machine is due to that waste, and that the latter is a measure of the power. One might as well attribute to the wear and tear of an engine the energy that runs its train, rather than to oxidized carbon and the expansive force of steam, as to suppose that the energy exhibited by man or animal is due to the small waste of its tissues proper rather than to the food eaten by it. For, as a matter of fact, so far from a man changing every seven years, there is but little evidence to show that he changes in his essential structures to any great extent at all. What changes have been observed are restricted principally to the daily destruction of the cells of the epidermis and its appendages, hair, nails, etc., of the epithelial cells of the mucous membrane of the nose, trachea, alimentary canal, blood corpuscles.

Apart, however, from such theoretical considerations, as a matter of fact, so far from the urea excreted being a measure of the energy put forth and of tissue disintegrated as is usually supposed, the amount of urea excreted is not affected by the energy exerted or tissues destroyed, but depends upon the amount of nitrogenized food eaten. Thus for example, a man eats one pound of meat and excretes within the twenty-four hours five hundred and twelve grains of urea. Two pounds of meat one thousand and twenty-four grains; the maximum amount being secreted about eight hours after the meat is eaten. Surely no one will be bold enough to say that the one or two pounds of butcher's meat eaten becomes one or two pounds of man meat, is disintegrated and eliminated as urea within eight hours after its being eaten. It takes longer time than eight hours to build up one or two pounds of human muscle. If, however, the energy put forth by a man in performing various external bodily actions, such as walking, climbing, lifting, or internal ones, as forcing the blood through the body, expanding the chest, or in breathing, be not derived from the disintegration of his own body with its consequent renewal by the taking of food, then from what source is it derived? The answer is obvious enough. Animal energy is derived from the setting free of the heat, of the energy, potentially locked up in the food and set free through its disintegration, through fermentation and oxidation. The heat set free in the production of carbon dioxide, water and urea, is the result of food oxidates being transmitted into animal energy. The animal is a machine for transmitting into energy the heat being derived from the oxidation of its food; the only difference between the animal

and the engine in this respect being that the animal utilizes one-fifth of its heat, the engine only about one-twentieth; the animal being thus, in regard to the cost of its coal, a far more economical machine than the engine. But the doctrine of the persistence of energy, that no energy is created or destroyed, demands that the heat set free in the oxidation — the burning of the food — be accounted for. Strange as it may seem, to the Sun, the earth's vivifying God, as so worshipped in Egypt in the days of the Pharaohs, we must look for the source of animal heat. For the plant, through its chlorophyl, together with the beneficent heat and light rays of the sun, decomposes the carbon dioxide of the air, letting the oxygen go free, but storing up the carbon and heat as hydrocarbonaceous, carbohydrate and nitrogenized substances, and which as food when burned in the animal, disappear as carbon dioxide, water and urea, with the setting free again of the sun's heat temporarily locked up. The plant is the machine for storing up energy, the animal for setting energy free. The plant winds up the weight that is to do the work, the animal sets the machine going, letting the weight fall.

It may be objected that life can be maintained for days and even weeks without food of any kind being taken, water excepted. Such a condition, that of a starving man or animal, offers, however, no exception to what has been said as to food being the source of all animal energy; since the only difference in the condition of the starving as compared with the feeding man is that the former lives upon himself, losing weight, life being prolonged until the loss in weight exceeds forty per cent, and though it may be urged that in the starving condition the tissues waste to supply the material for oxidation and the production of energy, nevertheless it will be observed that the body generally loses only about forty per cent. in weight, and that while structures like the liver and muscles may diminish one-half in weight, microscopic examination shows that such loss is due not to a diminution in the number of liver cells or muscular fibres, but to a diminution in the variable contents of the same; precisely as an amœba, paramœcium or any other unicellular being may be distended or empty, according as it is supplied with or deprived of food. Indeed the condition of the starving man is essentially that of an animal like the marmoset while hibernating, in which, during its winter sleep no food being taken, the circulation and respiration become so enfeebled as to be barely perceptible; its life apparently hanging upon a thread. All such animals lay up a store of food, put in their winter coal, so to speak; hence the life of a well-fed animal o



man like the hibernating sleeping animal can be longer prolonged, no food being taken, than that of the ill-fed emaciated, active and wasteful one under the same circumstances. As a matter of fact then, the whole body does not waste during starvation. That which actually wastes is food stored up, so to speak, and which would not have been drawn upon had the body been supplied with food as under ordinary circumstances.

During starvation, one part of the body supports the other, and when the available forty per cent. of stored up nutriment is exhausted, death results. As we may be sure that during starvation nature will make the best possible use of the materials of the body available for nutriment, the results of post mortem examination in death from starvation become of great value to the physician, since the loss in body-weight incidental to death from this cause may be taken as a guide of the quantity, and more particularly of the quality, of the food that would have been naturally taken during a corresponding length of time, had food been supplied. Now, one of the most striking facts in a death from starvation is the loss of fat; more than ninety per cent. of the fat disappearing. Indeed, the only fat remaining upon post mortem examination is found in the orbit and around the kidneys. This fact of the loss of fat incidental to starvation, taken together with another most significant one — the sudden fall of the temperature of the body, death from starvation at last being death from cold — indicates clearly that during starvation the fat is oxidized, burned into carbon dioxides and water to maintain the animal temperature, to supply the heat lost as energy or radiation, conduction, etc. Such being the case, the natural inference is that the food of man should consist of fatty substances or of some equally or more readily oxidizable material, like starch or sugar. As a matter of fact, it may be mentioned as confirming the above view, that the ordinary food of man consists of more than one-half starch, and which may be regarded as so much glucose, since all the starch eaten is sooner or later transformed in the alimentary canal into glucose. Let us suppose that the food of a man consists of both sugar and fat, and that the sugar be burned to produce heat, and that the amount of sugar present suffices for this end. Then, in this case, the fat of the body, instead of disappearing as in starvation, will be increased, the fat of the food being transformed into human fat, and adding itself to the human fat already present, and which would have disappeared had no food been supplied. Now while the fat of a human being or of an animal is no doubt, to a certain extent derived from the fat of its food, the fat of the food, though differing from the fat of the animal taking it, being readily transformable into the latter, all

the fat laid on in the fattening of an animal or of a human being getting fat, cannot be accounted for in that way. It has been experimentally shown in a great number of instances that not only will the fat of the food not account for the fat deposited in the body, but that man and animals, especially the carnivora, will get fat without eating any fat whatever, the food being restricted to albuminous substances, lean meat, etc. That such is the case will not excite surprise if it be remembered that albumen may be regarded as consisting chemically of fat and urea, and if it be supposed that the albumen splits in the system into these two substances, the urea being excreted and the fat retained. On such a diet of course the animal or man would have to eat large quantities of meat, to supply a sufficient quantity of oxidizable material, and with the result of overloading his system with nitrogenized substances, and of so entailing attacks of gravel, gout, etc. If, however, sugar be supplied in proper quantity, with less meat than before, then the sugar will be oxidized to supply heat, etc., and the albumen will be split as before into fat and urea, the fat adding itself to the fat already present, the urea being excreted. Exactly such a state of things exists in the southern parts of our country during the cutting of the cane. As is well known, at that period the negroes and cattle get fat, not because the sugar they eat is transformed in their own bodies into fat, as is often said, but because the sugar being burned to supply the necessary heat, the fat of the body is not drawn upon for that purpose, and the albuminous substances eaten split into fat and urea, the fat so produced adding itself to that already present.

If the above view as to the origin of urea and fat, and of nutrition generally so far as considered, be accepted, then all kinds of food must be regarded as sources directly of heat and indirectly of energy, the albuminous substances, however, being always imperfectly oxidized, part passing out of the system as urea. Such being the case, the weakness and emaciation so characteristic of diabetic patients will be readily understood, when it is remembered that in extreme cases of diabetes as much as forty ounces of sugar are excreted in the urine in twenty-four hours, representing an amount of locked up potential energy sufficient to raise twenty millions of pounds one foot high, or enable a man to walk sixty-six miles, while the emaciation present in such cases can be accounted for on the supposition that, as the animal heat must be maintained, the fatty and albuminous tissues are drawn upon to supply the fuel. Hence the importance of cutting off all saccharine food, recommending the taking of alkalies, iron, exercise in the fresh air, promoting in every way combustion of the sugar. According to the

view here advanced, the theory of training for athletic contests based upon the erroneous view of muscular force being derived from the disintegration of muscular tissue, has been of late years much modified, it being now recognized by practiced trainers that athletes can be trained too fine, and that fat and sugar should constitute a portion of the diet; the reason being obvious enough, though not apparently to the trainers, that the energy to be put forth on the day of the contest will be supplied by the oleaginous and saccharine food, and not the albuminous. Nitrogenous food in training should be supplied for the building up of muscle, the machine; fatty and saccharine food for furnishing the fuel, which, when burnt, will supply the heat, transformed into energy, the muscle. The great weakness observed in typhoid and typhus fevers, is due to the defective assimilation of even the little food taken, hence the importance of "feeding fever." The cold stage of cholera is an illustration of the amount of heat that disappears, not as such, but locked up in the alvine discharges. Many such illustrations might be given of the doctrine of energy in its relation to clinical medicine. Enough, however, has been said to show that this theory is as applicable in the realm of physic as in that of physics.

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### SOCIETIES.

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

The annual meeting of the Homœopathic Medical Society of Western Massachusetts was held at Cooley's Hotel, Springfield, Wednesday, March 19, 1890. Meeting was called to order by Vice-President Dr. H. A. Gibbs of Lee, Mass. In the absence of the Secretary, Dr. P. R. Watts of Stafford Springs, Conn., was elected secretary, *pro tem*. The minutes of the previous meeting were read and, after a slight correction by Dr. O. W. Roberts, approved. The annual report of treasurer showed a handsome cash balance on hand. The election of officers for the ensuing year resulted as follows: President, H. A. Gibbs, of Lee, Mass.; First Vice-President, Dr. J. P. Rand of Worcester; Second Vice-President, Dr. J. K. Warren, of Worcester; Secretary and Treasurer, Dr. P. R. Watts, of Stafford Springs, Conn.; Censors, Drs. N. W. Rand, of Monson, W. F. Harding, and A. J. Bond, of Adams.

Dr. J. K. Warren made a few remarks eulogistic of the late Dr. F. R. Sibley, of Warren. He stated that Dr. Sibley had been one of the pioneers of homœopathy in Central Massachu-

setts, and an exceedingly skilful prescriber. A committee appointed by the chair to draft appropriate resolutions consisting of Drs. J. P. Rand, O. W. Roberts, and W. F. Harding, reported as follows :—

*Whereas*, We have recently heard of the death of our former friend and colaborer, Dr. F. R. Sibley, and whereas in the early days of homœopathy he was an earnest and efficient worker, therefore be it

*Resolved*, That this society place upon record its appreciation of his labors as a man and a physician, and extend its sympathies to his afflicted family and friends.

J. P. RAND, M.D.

O. W. ROBERTS, M.D.

W. F. HARDING, M.D.

The meeting was then placed in the hands of Dr. Warren, Chairman of the Bureau of Obstetrics and Gynecology.

The first paper was presented by Dr. P. R. Watts upon "Puerperal Pelve Cellulitis." After a brief history of the disease, with the opinions of recent authorities, he reported a puerperal case that came into his hands eight weeks after delivery.

Dr. Parkhurst believed that in such cases the hot douche gave the best results, and in acute cases he gave 10 qts. every three hours. The medicines giving the best results were apis, mercurio proto., and bell. Dr. Cushing reported forceps delivery, using amyl. nitrite instead of chloroform, but had seen severe hemorrhages follow its use. Adjourned for dinner.

The afternoon session was opened by Dr. L. B. Parkhurst, Northampton, upon "Pathology and Symptomatology." He emphasized the necessity of a knowledge of all the branches of medicine, particularly pathology, giving numerous instances where a knowledge of the symptoms were not sufficient for an intelligent prescription. Hahnemann was not a pathologist only because there was no pathology in his day.

Dr. J. K. Warren made a few remarks upon clinical experience in his surgical practice, and gave a partial report of his work during 1889, which included a large number of capital operations.

The last paper, presented by Dr. N. W. Rand, was upon "Consumption."

At his own request, Dr. George M. Stearns was allowed to withdraw.

Dr. O. W. Roberts, believing the clinical cases reported in the meetings to be of more benefit than the ordinary "paper,

moved that in the future, special attention be given to reporting cases of interest. After considerable discussion, some thinking it would tend to discourage purely scientific papers, it was finally adopted. In connection with motion, Dr. Harding believed that subjects should be confined to the bureau in question.

The society then adjourned for three months.

P. R. WATTS, M.D.,

*Sec. pro. tem.*

*RECENT ACTION OF THE HOMŒOPATHIC MEDICAL SOCIETY  
OF THE COUNTY OF NEW YORK.*

At a special meeting of the Homœopathic Medical Society of the County of New York, held Feb. 24, 1890, Drs. Egbert Guernsey and E. G. Rankin were formally censured, and the following resolution was overwhelmingly adopted :

*Whereas*, Dr. Egbert Guernsey has used abusive terms for some six years past as to his colleagues who are members of this Society, and as to all other homœopathic practitioners, and in recent interviews has admitted and renewed his vilification of his associates ;

*Resolved*, That Dr. Guernsey should, in the opinion of his associates, resign his membership in this Society, and discontinue his affiliation with homœopaths and homœopathic institutions."

Apropos of the subject, the *North American Journal of Homœopathy* says :

"A few misstatements of Dr. Guernsey, made in the press and in his personal organ, should here be corrected. It is not true that a reporter was ever invited to hear the committee's proceedings. A reporter was introduced to testify only, and at once withdrew. It is not true that the report of the committee, presented at the regular meeting of the Society was ever sealed. Furthermore, it is not true that there was anything in the trial which could be called a "parody on decency and justice," for there was the strictest scruple in according every right and courtesy to the accused. Dr. Guernsey's claiming that he did not feel able to read his own defense, the Society first voted that it might be read by the Secretary, then by any member that he might select, and then it granted to him the extraordinary privilege of reading by counsel. At the close of the counsel's argument for his client, the counsel for the complainants, by vote of the Society, was heard upon the legal points that had been raised by the lawyer for the defence."

## GLEANINGS AND TRANSLATIONS.

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BASE-BALL AND LUNATICS. — The following statements throw some light on this subject, and are exceedingly interesting: representative of the Boston *Herald* communicated with I. N. E. Paine, superintendent of the Westboro' Insane Hospital in relation to the matter, and obtained the following interesting and qualifying statement:

"The acute cases who come to the hospital generally need rest. It may not be necessary for them to go to bed, but they need rest from their ordinary labors, and change. Some of the patients, however, do not need rest, but need diversion and employment. This is included under the heads of work, recreation and amusement. The amusement I should divide into dances and other entertainments, out of the wards, and card checkers, etc., in the wards. In recreation, I should include walking, riding out, ball playing, etc.

"I believe base-ball is not different from tennis and other outdoor sports, except that it is a popular game. All our male patients know something about the game. Many of them have played it. During the summer, there is a game every afternoon on week days. Five days in the week there are usually about thirty or forty persons on the ball grounds. On Saturdays the men do not work in the afternoon in the field, and they are gathered from all the wards. There are then seventy-five or one hundred male patients and attendants attending the game. A regular match game is then played. Last summer a male patient was made umpire whose rulings were frequently challenged, and so ridiculous, although many made with the best intentions, that the ball-ground was a remarkably lively place of amusement. Everybody was laughing, and cheering his decisions. Occasionally, a player would become disgusted and retire from the game. On some occasions a different umpire was selected. Twice at the end of the season match games were played with the Westboro' club. The first game the Westboro' club was victorious, the second game the hospital beat them.

"Sometimes men who are very demented are able to play, carefully coached. For instance, I have seen a man who could not read or write, and whose language is incoherent, and who is unable to work, even so much as hoeing or grading, who is still able to play fairly well. He is a first-rate batter and a successful catcher, but after he has batted a ball, it is necessary for someone to run with him and tell him when to start and when to stop running, or he would never recognize the proper time for running and stopping of his own accord.

"I have never seen any bad results follow the game, but I have often seen good results. These benefits were due, of course, to men taking exercise which they would not have taken if the game had appeared like work. Any other game would have answered the same purpose, but it would have been impossible to teach the men a new game. Those who knew base-ball as boys could play at it now, but it would be impossible to teach them tennis, although they might be able to play a good game of ball. It, therefore, has the advantage over other sports.

"I have never seen any one cured by the game. It has helped, as I have said, men to improve and to get well, but that it was due to the game, and not to anything else, I cannot believe. I have never known any of our patients to have become insane as a result of base-ball playing." — *Herald*.

THE SABBATH A NECESSITY. — Some interesting experiments, conducted at Munich, show that a hard day's work diminishes the amount of oxygen in the system about one ounce. It has been found that the laborer does not recover during the night the oxygen he has thus overdrawn. But an occasional day of rest, coming at just the right time, will serve completely to restore the equilibrium, and make him as good as new. It has been found that the amount of exhaustion of the oxygen of the system — in other words of the life power — by six days of labor, is the amount that can be supplied by a day of complete rest. — *New York Medical Times*.

EMOTIONAL NEUROSIS CURED BY HYPNOTISM. — A healthy boy, aged twelve years, was punished on account of failure to recite his lessons at school. While receiving the castigation he fell down without losing consciousness, and could not speak or use his lower extremities. His physician tried both medicinal and electrical treatment without accomplishing anything. The boy understood fully what was spoken, but could not utter a word in reply. He could open his mouth and move his tongue, but, although there was no tremor, he could not speak. Sensation was somewhat diminished in his lower extremities, and the patellar tendon reflexes were weaker than normal. He denied having any pain by shaking his head negatively. Hirt now hypnotized the boy. Earnestly and repeatedly he suggested to him that he could speak, that he had only forgotten words during the past few days, and commanded him to repeat the words slowly, "And—now—I—can—speak—to—you," assuring him that henceforth he could speak as well as ever before. When the boy was brought out of his trance he spoke readily. Liebault, of Nancy, teaches that two troubles should never be removed simultaneously during the same hypnotic state. So, in a few

days, the boy was hypnotized once more, when it was suggested to him that for the past few days he had only been tired and weak, and that now he could walk and run as well as ever before. Arousing him from his trance, Hirt made him get out of his bed, and led him around the room, moving faster and faster, the boy during this procedure not showing the least evidence of ataxia. This case was evidently one of emotional neurosis; there could not have been any anatomical lesion in the cerebrospinal nervous system. How suggestion cured is a mystery.—*Wien. Med. Presse.*—*Hah. Monthly.*

**PEA SOUP AS A SUBSTITUTE FOR BEEF TEA.**—Dr. Ris, of Switzerland, emphatically recommends pea soup as an excellent substitute for beef tea for invalids, convalescents, and especially for patients suffering from cancer of the stomach, or diabetes mellitus. Take peas, water, and a sufficient amount of some vegetable suitable for soup; add one per cent. of carbonate of soda, and boil the whole until the peas are completely disintegrated; then let the soup stand until sedimentation is complete, and decant the fairly clear, thin fluid above the deposit. The product is said to resemble a good meat soup in its taste, to be at least equally digestible, and at the same time to surpass the very best meat soup in nutritive value. The latter statement will appear less surprising if we consider that peas contain a considerable portion of legumen, that is, a vegetable albumen, which is easily soluble in a faintly alkaline water, is not coagulated by heat, is easily absorbed, and equal to the albumen of eggs in its nutritiousness.—*New York Medical Times.*

**THE SENSE OF SMELL IN DIAGNOSIS.**—Peculiar odors do not proceed exclusively from mucous membranes; the skin sometimes emits an unnatural smell in disease. A pungent mice-like odor is said to be characteristic of typhus and is also present in tinea favosa. A sour smell is sometimes perceived to proceed from persons ill with acute articular rheumatism. We do not recall any reference in medical literature to a singular odor of the perspiration sometimes encountered in phthisical patients. But we recollect distinctly several instances in which we were struck by this peculiarity.

More than once the peculiar odor of the lochial discharge has helped us to a diagnosis, while every careful physician watches for any suspicion of fetor in that discharge, as it would indicate to him a departure from the normal. In these instances, the odor could not have been due to the medicines taken, as these were devoid of special scent. Whether there be anything in this or not, peculiar odors associated with some diseases are so well established as to render the nose of the diagnostician anything but superfluous.—*Epitome.*—*Man. Med. Jour.*



**RESEMBLANCES IN MARRIED COUPLES.** — It has long been accepted as a fact that married couples, who are not only exposed to the same conditions of life, but the influence of whose minds must necessarily react upon each other, assume a more or less facial resemblance to each other. The Photographic Society of Geneva, Switzerland, with a view to determine this question, have made photographs of seventy-eight young couples. The result is that in twenty-four cases the resemblance in the personal appearance of the husband and wife was greater than that of brother and sister; in thirty cases it was equally great, and in only twenty-four was there a total absence of resemblance. — *Her. of Health.*

**THE ACCOUCHMENT SHEET.** — For many years past, I have directed that the mattress of every woman that I attend, in confinement, shall be covered with tarred paper. This paper can be purchased at any carpet house; it is not expensive, and is preferable to the rubber-cloth so long in use. I believe it acts antiseptically, and where ever it is used in the lying-in room the chances are that septic poisons will not be absorbed. This should be explained to the woman who is to be confined, and arranged for beforehand, and the bed made accordingly. It is impervious to water and protects the mattress from all injury or soiling, and after the delivery it may be thrown away, leaving a clean and dry mattress for the patient to rest upon.

Quite recently I have used, instead of the tarred paper an "accouchment sheet," made of a new preparation called "wood wool." This "wood wool" is something new, but it has been used extensively for two years past, in England and upon the Continent, in lying-in institutions. It has recently been imported into our country, and is now kept in stock at our best pharmacies. It comes in the form of a sheet large enough to cover the confinement bed; it is as soft as wool and about the thickness of two comforts, so that it will completely absorb all the discharges. It comes antiseptically prepared (by corrosive sublimate), and is withal inexpensive, costing only \$1.20. — *Clinical Review.*

**PHYSICAL TROUBLES OF THE GREAT FOLKS** — "Uneasy lies the head that wears a crown" appears in these days to be true not only from the cares of royalty, but also from their inherited or acquired bodily ailments. The Czar of Russia is said to be hypochondriacal and terribly shaky in the nerves. The Czarina is even worse, and is subject to attacks of intense nervous prostration. The Emperor of Austria is physically healthy enough, but in consequence of the suicide and the sad circumstances attending the death of his son is a melancholy, heart-broken

man, while his wife is said to be a martyr to sciatica, rheumatic fever, and melancholia. She belongs to the same family which numbers among its members the crazy kings of Bavaria. The North Germans declare that the King of Wurtemberg is more than half demented. King Milan of Servia is haunted by a dread of assassination, and the Sultan of Turkey is in constant fear of the fate of his predecessor. The physical defects of William II. of Germany give him almost constant pain and are well-known. The King of Holland is paying the penalty of a dissipated life. The King of Italy suffers from chronic gastric derangement, said to be the result of excessive smoking of green cigars. The infant King of Spain inherits from his father weaknesses which will probably make his life miserable. The King of Belgium is lame. The Queen of Roumania is troubled by hallucinations. Queen Victoria may be physically well enough, but she is an irascible old lady, and notoriously difficult to manage. The list might be continued still further.—*Med. Record.*

**NITRO-GLYCERINE IN EMERGENCIES.**—Here is an instance of the wholesale adoption of a homœopathic remedy, the uses of which have been well recognized by us for more than thirty years. Its use is a vast improvement upon routine doses of alcohol. Dr. Joseph Burroughs in the *Lancet*, advises the practitioner to have a one-per-cent. solution in his pocket always (dose one to three drops) for angina pectoris, nausea and faintness in minor surgical operations, spasmodic asthma, acute prostration, hysterical aphonia, acute alcoholism, uræmic coma, nephritis, chloroform poisoning, and moribund states. Perhaps when our brethren learn its decided and dangerous power to cause local congestions, they will fling it upon the immense heap of discarded medicines, only to revive its use in another generation or two. But its present popular usage will only add testimony to its final specific applicability to certain conditions, much of which is now known to homœopaths.—*Med. Current.*

**PATHOLOGICAL INFERIORITY OF THE LEFT SIDE OF THE HUMAN BODY.**—When a unilateral lesion attacks any of the double organs of the human body, the left organ is more frequently affected than the right. Thus, obliterating arteritis attacks the left Sylvian artery, tuberculous infiltration occurs in the left apex, pneumonia in the left lung; calculous nephritis, or cyst of the kidney, attacks the left kidney; ovaritis and ovarian hyperæsthesia are observed in the left ovary; orchitis affects the left testicle, etc. M. Henry Duchenne tries to explain this fact by the greater activity of the right side of the body and the relative passive condition of the left side, which

contains the heart. The mechanical activity of the right side determines nutritive activity. The mechanical passivity of the left side produces a kind of physiological mealiness, a pathological predisposition. Dr. Duchenne considers that the law of atavism may also explain the physiological inferiority of the left side of the body, for in ancient times, when hand-to-hand fights were always occurring, the activity of the right side of the body was constantly called into play. — *Med. Recorder*.

**RECOVERY AFTER WOUNDS AND OPERATIONS.** — Professor Nussbaum has found that a very good prognosis of the healing of surgical wounds can be obtained by examining the secretion from the surface during the first two or three days. If this be sanguinolent, prognosis is more or less bad. Care must be taken not to confound any slight after-bleeding with true sanguinolent secretion. The prognosis is only bad where the secretion from the whole surface of the wound is tinged with blood. In phthisical persons and hard drinkers there is nearly always a great tendency to a prolonged secretion of sanguinolent matter after wounds, and sometimes the tinge remains throughout the healing process, which is in these cases very tedious. When the secretion on the first day is free from blood, it shows that the capillaries are closed, and therefore that the intracapillary pressure is normal. Again, it is evident that when the intracapillary pressure is low the endosmose and the exosmose between the vessels and the tissues cannot be taking place properly, and thus that the due healing of the wound cannot be expected to proceed as it ought. — *Lancet*. — *Int. Jour. of Surgery*.

**MECHANICAL TREATMENT OF ERYSIPELAS.** — A new treatment devised by Woelfler, and especially adapted to erysipelas of the extremities. The treatment simply consists in the application of longitudinal strips of adhesive plaster all around the erysipelatous process. Woelfler claims that the progress of the erysipelas is checked in every case where the adhesive plaster has been firmly and skillfully applied. I can recommend this method, having treated recently a case of erysipelas faciei with the best of success. — *Hom. News*.

**PINE NEEDLE VAPORS IN PHTHISIS.** — Sacubash has, during the last five years, treated all cases of pulmonary consumption coming under his care by the inhalation of fresh pine needle vapors, and claims that this form of medication has proved more successful in his hands than any other therapeutic measure known to him. The irritating cough, the greatest of all the troubles with many patients of this class, disappears after a few

inhalations; ulcerative processes of throat and larynx heal up; the amount of the sputa is diminished, and its character and the offensive odor rapidly become changed, even in those desperate cases which have resisted all other forms of treatment. The patients should inhale twice, and in aggravated cases three times a day, each inhalation lasting from fifteen to twenty minutes at a time. To produce pine needle vapors, the essence of pine needles may be employed, a drachm of which should be put into the receptacle of an ordinary steam atomizer; but wherever the fresh needles may be obtained, these should be preferred. This method certainly deserves imitation, especially with that class of patients who are unable to go to the pineries of the South. The effect of these inhalations must be essentially the same as that derived from the balsamic air of the pine forests. — *Transl. — Hom. Med. News.*

THE PERIOD FOR SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION. B. W. Richardson, (*British Medical Journal*.)—The conclusions of the author are summarized as follows: 1. That in all cases the use of milder measures, such as purgatives, enemata, and massage, may be safely carried out until the supervention of fæcal vomiting. 2. That as soon as this is established an exploratory incision into the abdomen should be made without delay. 3. That obscurity of diagnosis in presence of this symptom ought not to stand in the way of an operation. 4. That clinical experience has taught that there is very little chance of recovery when once stercoraceous vomiting has begun, unless an operation be performed. 5. That symptoms of collapse are not a contraindication to operative interference. — *Ar. of Ped.*

A NOTE ON LYCOPUS VIRGINICUS. — As a heart remedy, I have had some satisfactory experience with lycopus virginicus. In one of the worst cases I have ever seen of pericarditis, complicated with bronchitis, where the respirations reached as high as 84 per minute, lycopus  $\phi$ , in one drop doses, was the only medicine that gave relief, the usual remedies having been previously tried. The respirations, the fever, and the cough were all markedly diminished in the course of twelve hours after commencing the lycopus, and the patient made a perfect recovery.

Another case was that of a young woman who, since an attack of acute rheumatism two years previously, suffered much from palpitation and darting pains in the cardiac region. There was a systolic bruit at the apex. Spigelia, which usually helps these symptoms, failed in this instance, but lycopus  $\phi$  soon produced an amelioration, and, after taking it for a month, there

was a complete cessation of both pain and palpitation. There is a proving of *lycopus* in Cowperthwaite's "Text-Book of Materia Medica," a reference to which shows the homœopathicity of the drug to the conditions I have related. The general action of the bugle weed upon the heart is thus described: "Primarily, it weakens the power and vitality of the heart, decreasing the blood-pressure in the arteries, and consequently the tension everywhere, thus producing a condition of cardiac irritability with depressed force. Secondly, it gives rise to cardiac erethism, and, if pushed far enough, would result in hypertrophy with dilatation."—Dr. Wilde, in *Hom. World*.

POSITION AFTER DELIVERY AS A CAUSE OF UTERINE DISPLACEMENTS.—E. T. Campbell, M.D., in *Thera. Gazette*.—Is not the custom of requiring a woman, after delivery, to lie on her back the conventional nine or ten days, a frequent cause of uterine displacements?

Most uterine displacements date from a fall or jar communicated to the pelvis; some from unusual physical exertion at the time of the menstrual flow. Why should the latter prove a cause only at this time? Simply this. The uterus at this time, to fulfil its function, requires and receives an increased blood supply, and becomes enlarged and congested; the force of gravity is greater, and this, combined with the action of the abdominal muscles, overcomes the resistance of the ligaments, and they give way. More especially is this true in women of relaxed and flabby tissues.

After labor, the uterus is enlarged, and, in addition, the round and broad ligaments have been upon the stretch for several months in accommodating themselves to the pregnant uterus, and hence, after the rapid expulsion of the child, and consequent reduction in size of the now empty uterus, have not had time to again accommodate themselves to this second change, and are thus incompetent to serve their function.

The supports of the uterus now are slack, and as the woman lies upon her back, the uterus, being temporarily deprived of its support, from force of gravity falls back upon the sacrum; and as she remains so for ten days, the round ligaments accommodate themselves to this position, and, when the woman gets up, the force of gravity on the contents of the abdomen crowds the fundus still lower into the pelvis, and from now on she is a sufferer from the many ills caused by a retroversion.

True, as in other instances of the disobedience of nature's laws, the more robust escape the punishment which nature has decreed, but the more frail must suffer the punishment.

Now, would it not be better, in the after-treatment of puer-

peral women, to require them to change their position from time to time, and even take the knee-elbow and knee-chest position, say, after the third day, night and morning, in order that the ligaments may have an equal advantage to retract and take in the slack, as it were, as the uterus undergoes subinvolution?

This would prevent the uterus from assuming and retaining any malposition until the ligaments are in a condition to perform their function.

I am convinced that the requiring of a woman to lie upon her back until the round ligaments will no longer do their duty, is a gross error. — *Ar. of Gyn.*

**MESSAGE APPLIED TO THE EYE.**—Hirschberg states that he has met with some very remarkable cases of the value of friction in effecting improvement where vision has been considerably impaired from embolism of the retinal artery. He reports a case where a highly nervous patient, upwards of fifty years of age, was suddenly affected with pain in the head and failure of vision of the right eye. On returning home he suffered from photopsia for some minutes. No satisfactory ophthalmoscopic examination could be made, as the patient was unable to keep the eye at rest. Homatropin was instilled, and it was ascertained that whilst the vision of the left eye was normal, that of the right was so far deteriorated that the patient was unable to see more than  $\frac{1}{16}$ , and with a + 6 D could read Snellen XXX at six inches. The whole inner and upper quadrant of the field of vision was defective. On ophthalmoscopic examination, the inferior temporal retinal artery was found to be normal for four diameters of the optic papilla. Then for a short distance extending for one-third of the diameter of the papilla, the artery was blocked by a brownish coagulum, the walls of the vessel appearing as a white line on either side of it. This segment of the artery was followed at a short interval by dark brown lines representing the branches of the artery, which in parts were invisible, so that the vessel seemed to be interrupted. Slight œdema of the retina was now apparent. Hirschberg immediately directed the patient to look towards the nose, and began to exercise rather strong friction on the posterior temporal portion of the eye, until some pain, lacrimation, and photopsia were complained of. After a few minutes' rest, the patient stated that improvement in his vision had taken place, and soon after vision became normal. On the following day careful testing showed that the visual power and the field of vision were natural, and ophthalmoscopic examination revealed that the abnormal appearances had entirely disappeared.—*Centrblt. f. pract. Augenheilkunde, Pract. — Med. Abstract.*

IRITIS AND CHOROIDITIS IN CONSEQUENCE OF UTERINE AFFECTIONS. — By Dr. Parenteau. Translated by S. Lilienthal, M.D. At the Congrès International d'Homeopathique, held in Paris, Dr. Parenteau read an essay on iritis and irido-choroiditis, in connection with uterine affections. Puberty, pregnancy, climaxis, and various uterine lesions may become the cause of ocular affections. Puberty produces dynamic troubles; pregnancy and uterine diseases lead to exudative iritis and irido-choroiditis with multiple lesions. One of these lesions is *vitre-itis*, characterized by an affection of the vitreous body, which remains unperceived on account of more pronounced symptoms, as iritis, synechiæ, etc. In young girls and women it may appear alone, accompanied by such trifling lesions that it takes the principal part. It attacks mostly one eye, showing itself sometimes at the moment when the menses become established, a little before or after the stoppage of the flow for several months. This may also happen during pregnancy. The patient observes a diminution of the clearness of vision, setting in suddenly, and is due to many points of opacity in the vitreous body; there are no inflammatory phenomena in the neighborhood (sclerotica, iris), no pains, and the ophthalmoscope reveals uniform gray points at the fundus of the eye. The prognosis is rather serious, as the dark points may never disappear, and the treatment must be to reproduce and regulate menstruation. The principal remedy is Mercurius corrosivus, from the first to the 6th. When iritis is present, atropine must be dropped into the eye. Sulfur and Arsenicum may sometimes be indicated, but they are inferior to the corrosivus.—*L'Art Médical. — Jour. of Opth.*

THE CAUSES OF LOCAL RELAPSE OF CANCER AFTER REMOVAL OF THE BREAST. — Heidenhain, of Berlin, has recently put on record the results of some investigations on the causes of the frequent return of cancer after removal of a breast affected with that disease. Examination of eighteen cancerous breasts removed by operation has led to the conclusion that such relapse is due to the retention in the wound of small portions of both the growth and of the diseased mammary gland. This incomplete removal is due, for the most part to anatomical conditions. The fascia pectoralis, it is stated, has very close relations with the muscle on the one hand, and with the breast on the other, being continuous by means of processes of connective tissue with the perimysium of the pectoralis major and with the septa of the gland. Some of the smallest lobules of the gland penetrate the fascia, and rest in contact with the muscle, and so are likely to be left behind in excision of the breast. In corpulent subjects the fascia is enclosed in a thick layer of fat, interposed

between the pectoralis major and the mammary gland. This layer of fat, which encloses a number of gland lobules, cannot be completely separated from the pectoralis without removal, at the same time, of the anterior surface of this muscle. In two-thirds of his specimens of mammary cancer, Heidenhain found small metastatic deposits in the lymphatics passing from the gland to the pectoralis muscle, through the retro-mammary connective tissue and fat. In cases in which the breast can be removed freely over the fascia, these cancerous metastases may be followed as far as the surface of the muscle, but do not extend into its anterior. In such cases therefore, it will suffice to remove just the surface of the muscle; but when the cancerous gland has contracted close adhesions to the pectoralis, the fibres of which are consequently abundantly mixed with cancer elements, the whole of this muscle, together with its periosteal attachments, ought, according to Heidenhain, to be removed. Such procedure, it is stated, does not result in any serious functional disturbance. In cases in which the whole muscle has been removed by Köster, the subsequent impairment of motion of the upper extremity was so slight as to be scarcely appreciable by the patients. — *London Medical Recorder.* — *Hah. Monthly.*

THE PROFESSION IN FRANCE. — The number of practising physicians in France has been of late years, steadily on the decrease. In that country there are, in accordance with the law of March 10, 1803 (19 Ventose, year XI.), two kinds of physicians: the doctor and the health officer — officier de santé — the latter corresponding to the English Apothecary. The doctor, who, after a long course of study, has passed a rigid examination, has the right to practice in all the branches of his profession and in all parts of the country, whereas, the officer de santé cannot practice outside of the department in which he has received his license, and is decidedly restricted in the exercise of his profession, being debarred, for example, from performing a major operation, unless in the presence and under the control of a doctor. It has been proposed by one of the Deputies, M. Chevandier, a physician, to abolish the officer de santé, on the facetious ground that, as no one is half-sick — demi-malade — there is no occasion for a half-doctor — demi-médecin. The proposition has called out a decided opposition from one of the French newspapers, which calls attention to the decrease in the number of practising physicians above mentioned, this decrease effecting both branches of the profession. For example, there are in France, at the present time, 29,795 communes destitute of physicians! The diminution is most marked in the case of the inferior branch of the profession,



which numbered 7,500 in 1847, and 3000 in 1889. In the article referred to, no attempt is made to account for a state of affairs which seems most anomalous to those whose country enjoys, or suffers from an *embarras de richesse* so far as medical men are concerned. — *Med. News.*

APPLES. — In Holbrook's new book, *Eating for Strength*, we find the following quoted from Joel Benton: "Curiously enough, the apple has very pertinent relation to the brain, stimulating its life and its activity, which it does by its immense endowment of phosphorus, in which element it is said to be richer than any thing else in the vegetable kingdom. But phosphorus is not only brain-supporting; it is *light-bringing*, and thus contributes to knowledge. The apple follows the belt of civilization, the zone intellect, or else is followed by it."

A COURAGEOUS AMBULANCE SURGEON. — Ambulance Surgeon Mead, of St. Mary's Hospital, Brooklyn, was called to an elevated road accident, and found that the mangled, yet conscious, patient, had fallen and been caught under a locomotive. The surgeon administered a hypodermic to the injured man before the latter had been disentangled from the track, and while the two, surgeon and patient, were lying beneath the fire-box of the engine. — *Med. News.*

TO CLEAR WASTE PIPES. — A retired plumber thus gives a point for the gratuitous relief of householders: "Just before retiring at night, pour into the clogged pipe enough liquid soda lye to fill the 'trap' or bent part of the pipe. Be sure that no water runs in until the next morning. During the night the lye will convert all the offal into soft soap, and the first current of water in the morning will wash it away, and clear the pipe clean as new." — *Medical Classics.*

THE BACILLUS OF WARTS. — Dr. Kuhneman has found in sections of warts (*verruca vulgaris*,) a bacillus which is always present in the prickle layer. It has distinctive qualities as regards its capacity for color, and is found both between and in the cells. Its form is that of exceedingly delicate, slender rods, the thickness bearing the proportion to the length of one to six. It is seldom found in the skin surrounding the warts, and is found most plentifully when the wart is recent. — *Medical Record.*

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THE *Lyon Medical* states that there are 2,000,000 households in France in which there has been no child; 5,500,000 in which there was but one; 2,300,000, two children; 1,500,000, three; about 1,000,000, four; 250,000, five; 330,000, six; and 200,000, seven and upwards. — *Bost. Med. and Surg. Jour.*

## REVIEWS AND NOTICES OF BOOKS.

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THE TWELVE TISSUE REMEDIES OF SCHUSSLER. Arranged and compiled by W. Boericke, M.D., and W. A. Dewey, M.D. Second edition. Philadelphia: Hahnemann Pub. House, 1890.

To our comments on the first edition of this work, the second calls for but few additions. New "facts" on their usefulness *i. e.* reports of clinical cases in which they have seemed to be effective—are included in such numbers as to add materially to the bulk of the volume; though certain of like cases, reported in the former edition, have been omitted to make room for them. We are entirely in accord with the editorial opinion expressed in the preface, that a thorough proving of these remedies—and we would add, on our own responsibility, a proving according to latest and most scientific methods—must be put on record before homœopathy as such, can justify any claim for them.

DISEASES OF WOMEN AND ABDOMINAL SURGERY. By Lawson Tait, F.R.C.S., L.L.D. Vol. I. Philadelphia: Lea Brothers & Co. 547 pages.

So familiar has the name of Lawson Tait become within the last decade, so much has been heard of the "Birmingham School of Gynæcology," as great has been the progress in abdominal surgery, that the mere announcement of the appearance of this work is enough to secure for it hundreds of readers. For the benefit of those who may not yet know of it, it might be stated that this volume contains eight chapters, which deal with the diseases and abnormal conditions of, I. the Mons Veneris, II. the Vulva and Labia Majora, III. the Vagina, IV. the Uterus, V. the Broad Ligaments, VI. the Anatomy and Physiology of the Ovary, VII. the Fallopian Tubes and Menstruation, and VIII., the last chapter, treats of Ectopic Pregnancy and Pilocystic Hæmatocele. Chapters IV., VII. and VIII. cover 113, 114 and 103 pages respectively. It is to be noted that the usual "Table of Contents" is omitted. This may be considered but a trifling matter, but the convenience of such a table for reference is great, and its absence is not compensated for by the brief index at the end of the volume.

Certain characteristics of the author, such as independence and originality, are, as a matter of course, displayed throughout the volume, and occasionally this originality verges upon arrogance. For instances, on page 76 is to be found the following: "I entirely and unhesitatingly condemn all kinds of bi-valve and tri-valve speculum contrivances with hinges, joints, and levers, as being expensive, dangerous, and absolutely unnece-

sary. If a man cannot do his work with a Fergusson's speculum, occasionally replaced by the duck-bill, he ought to give it up. A workman who needs complicated tools is an inefficient one or a quack." On page 105, "laceration of the cervix," is spoken of as "this innocent fissure," "not of the slightest consequence in itself;" and its repair is thus commented upon, "nothing more useless than 'Emmett's operation' has ever been introduced into surgical practice." Even were this strictly true, the idea that the operation might be a step in the evolution of something better is lost sight of. But all strong works, like all strong minds, must have the "defect of their characteristics;" and the quotations cited mean nothing more than this. The work, whose second volume will be eagerly looked for, will pass into a speedy and enduring popularity, and doubtless add new leaves to its author's laurels.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX.** 1890. E. B. Treat & Co., London and New York: 600 pp.

Few changes are to be noted in the issue for the present year of this always valuable hand-book. There has been added a new department on baths and bathing; and electricity and sanitation are subjects receiving somewhat more extended attention than formerly. The list of contributors is, as in the past, a commandingly authoritative one, and every branch of medical learning is to be read up to date, in their admirable articles. To the progressive physician the "Annual" grows year by year a better friend, pleasurable expected, often appealed to.

**FOOD IN HEALTH AND DISEASE.** By I. Burney Yeo, M.D., F.R.C.P. Philadelphia: Lea Brothers and Co. 583 pp.

This is one of the most interesting, complete, and altogether valuable treatises on the immensely important subject of dietetics that has ever been given to the profession. The subject is treated fully and systematically, and to much original reasoning and observation are added ample quotations from the opinions of all the most authoritative writers on the subject. The initial chapters are on the nature and objects of foods; their comparative nutritive value—a chapter this, by the way, in which the best-read physician may chance on facts, which will be a surprise to him—and among the chapters that follow are those on the scientific basis of dietaries and rations, containing most instructive and interesting facts and suggestions as to certain special dietaries; soldiers', prisoners', sailors', school boys', infants', and the like. The sections on Food in Disease cover this wide field very ably, though tersely; even giving space for mention of many so-called dietetic "cures," as the "dry" cure,

the grape cure, the Koumiss cure, and so on. Here and there one is reminded that one is reading a work written from an English standpoint; as in the discussions of the amount and quality of beer to be included in a schoolboy's diet list; but on the whole the work is of entirely universal pertinence and value, and cannot be too highly commended to all physicians, who realize of what colossal importance is diet in the building up of health and the cure of disease.

The March CENTURY continues Jefferson's autobiography with some delightful chapters on the great comedian's work with Laura Keane, including the production of "Our American Cousin," and the genesis of Sothorn's "Dundreary." There are short stories by Lane, Johnston and Viola Roseboro'; the last-mentioned a very clever and touching bit of writing; essays abound, and the poetry is uncommonly good, Meredith's ringing ballad on Farragut in Mobile Bay taking first place. New York: The Century Co.

The POPULAR SCIENCE MONTHLY for March continues the pulverization of Grant Allen, by a paper on The Mission of Educated Women, by Mrs. Armstrong; there is a paper by Piderit, of great interest to Delsartians on "The Physiognomy of the Mouth:" Daniel Wing writes on the Origin of Land Ownership, and Herbert Spencer on Political Ethics: the editorials are as usual well considered and weighty. New York: D. Appleton Co.

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### PERSONAL AND NEWS ITEMS.

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DR. EMMA B. STEYNER, Class '89, B. U. S. of M. has located at No. 212 West Chester Park, Boston.

DR. A. TEMPLE LOVERING, Class '89, B. U. S. of M. has located at No. 212 West Chester Park, Boston.

PRACTICE FOR SALE, in a pleasant town in New Hampshire. No other homœopathic physician. Amount collectable annually upwards of \$1,500. Will introduce successor a month. For terms address, J. B. A., care of NEW ENGLAND MEDICAL GAZETTE, 10 Park Square, Boston.

We are gratified to learn that Mr. Leopold Hoff, who introduced the original Hoff's Malt Extract in the United States in 1866, was awarded a Silver Medal at the Melbourne, Australia, Exhibition in 1889, and a Bronze Medal at the Industrial Exhibition at Hamburg, Germany, in 1889, for the superior excellence of his Malt Extract. At the latter exhibit he also received a special award of honor.

This original preparation can only be obtained in the U. S. under the style of "Hoff's Malt Extract, Tarrant's," and is always to be relied upon when practitioners are in need of a safe, palatable, nutrient tonic.

At the meeting of the board of trustees of the Westboro Insane Hospital, Thursday, a gentleman, whose name is withheld for the present, in appreciation of the excellence of the hospital, and in the interest of over sensitive patients, whose condition might be ameliorated by greater freedom and exclusion than can be provided by the present hospital structures, offered to defray the expenses of the erection and furnishing of one cottage to the amount of \$2500 to \$3000. The generous offer was accepted, and the chairman of the board instructed to transmit its thanks to the noble benefactor. — *Westboro Chronotype.*

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Boston, Mass.

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EDITORIAL.

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*POLITICS VS. MEDICINE.*

Yankee shrewdness, which would turn an honest penny whenever one is to be found, sometimes creeps into medical and other scientific associations, and sees in the honors of its official positions valuable prizes, which he must grasp who can. Such positions are indeed honorable, but only so when they are worthily bestowed. In every case the honors — if honors there be connected with it — go from the man to the office. But shallow, vain, over-ambitious and selfish persons do not look at the matter in this light. They see only the halo of honor, which to their sight envelopes the office, and think if they can only obtain the position they are certain of its honors. Hence the offices become a prize to secure at any and all hazards. Washington and Lincoln, say they, became great men by being presidents, hence to be a president must make one a great man.

At any of our medical meetings, especially the annual sessions when officers are to be chosen, there is often to be found a class of men, whose first question is, "Whom are you going for, for President?" To them the value of the meeting largely depends upon whether they or their friends can capture the offices. Such men haunt local societies, and they become an absolute nuisance in our National Institute. Members are approached as soon as they reach the place of meeting, and are button-holed, in season and out of season, to secure their vote

for a certain man for a particular office, as though this were the important business of the session. From this moment to the time of the election all the arts of the wily politician are put in play to secure the leading offices, not for the best men but for those who hanker and are willing to work for them. The candidate is thus placed in the field; the less known of him the more necessary to "whoop him up," to tell what a distinguished man he is, and how important that he should be elected president. Shall we intimate anything of trades made — if you will vote for me this year, I will go for you next — or worse yet, "headquarters" openly or privately established to which the wavering ones are invited to be "doctored?" If the politicians have their way the excitement increases till the time of election arrives, then the candidates are nominated in a fulsome speech, filled with flowers of rhetoric *ad nauseam*, and the persons who second the nominations strive to outdo the movers in the same strain. The election over, the politicians have lost all further interest in the session and leave, either satisfied or the reverse, according to the success or failure of their candidates.

In the American Institute the time of election has been variously placed. At first it was at the very beginning of the session, which required a caucus to be held the night before for the benefit of the politicians. The contest became short, sharp and decisive, and the wire-pullers could leave before science entered the session. Later, it was put at the very end of the meeting, and officers were elected for the ensuing year. This was an improvement for it saved a wrangle at the outset, which often acted as a wet blanket upon subsequent proceedings. But, on the other hand politicians did not like it, since they had to be on the ground at the beginning, in order to get a fair start and then stay to the end, to finish their work. Accordingly it was compromised to the last day but one, and last year was moved back still another day — the last day but two.

The bringing of such political methods or tricks into a scientific body is necessarily harmful, and aside from lessening the interest in the legitimate work of the society it serves often to disgust and drive away self-respecting, earnest, valuable members and thus detract from the real usefulness of the whole society.

The Massachusetts Homœopathic Medical Society has sought to do away with the political methods above described by making it the duty of its Executive Committee to nominate and send to each member of the society, a list of two persons for each office. The ballot box is then kept open the larger part of the session, so that each member in attendance can prepare and quietly deposit his ballot when convenient. This plan has worked admirably for the past thirty years, and the meetings, thus free in great measure from politics, have prospered and become more and more valuable and better filled with matter of professional interest. But some of the members were not satisfied with this state of affairs, and, therefore, at the last meeting of this society, the following plan, based upon the methods of the Australian ballot was presented and adopted for the ensuing year. If satisfactory it can be incorporated into the by-laws. Could not a similar plan be adopted by the American Institute of Homœopathy?

Voted, that the following adaptation of the Australian ballot system be adopted to govern the nomination and election of officers for the ensuing year, with a view to its incorporation into the by-laws of the society if it should prove satisfactory, viz. :

SECTION 1. The secretary shall prepare and send to all members, with the notice of the annual meeting, an official ballot with the names of candidates, as follows :—

- a. The names of the existing officers marked with a \*.
- b. The name of a candidate for each office, selected by the executive committee, marked with a †.
- c. The name of a candidate for each office, provided such may have been selected at a caucus of members, and certified to by at least ten members, who were present at said caucus, and who approved of said candidates, marked with a ‡.
- d. The names of candidates for each office shall be arranged in alphabetical order.
- e. When the same person is nominated for an office by more than one authority, the name need not be repeated, but the \*, †, or ‡ may be placed before the name to indicate the source of nomination. If any candidate decline the nomination,

previously to the printing of the ballot, it shall be so indicated on the ballot.

SEC. 2. The caucus must be held and the names of the candidates thus selected must be placed in the hands of the secretary, at least one month before the time of the annual meeting.

SEC. 3. Members shall prepare their ballots by making a sign X against the name of the person for whom they desire a vote. If more names are thus marked upon any ballot than there are officers to be elected, the ballot shall not be counted as regards the office for which such excess is marked. This shall not, however, invalidate the ballot for the other offices.

SEC. 4. Ballots must be deposited in the ballot box by members in person, and a check-list shall be kept of all members who vote. Those votes only will be received and counted which are prepared in the official manner herein provided for.

SEC. 5. The notice of the annual meeting shall specify the time during which the ballot box shall be kept open, which shall be at least three hours on the day of the annual meeting.

SEC. 6. The persons receiving the highest number of votes shall be declared elected to the respective offices.

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#### A GRAVE INJUSTICE.

A grave injustice is done our deeply esteemed *confrère* and contributor, Dr. Conrad Wesselhoeft, in a paper by the Baltimore Medical Investigation Club, published in the April *Hahnemannian*. The paper as a whole is open to very critical discussion; but to enter into such discussion were only to prolong indefinitely a controversy which can well be spared by a profession rich in such misfortunes. We propose, therefore, to touch the paper at but a single point; and that, as we have stated, an injustice done Dr. Wesselhoeft. The injustice is the implication that he has, in his late suggestions on the analysis of drug provings, abandoned and contradicted his well-known logical and firmly-held position on the ineffectualness of the so-called high potencies. The Club expresses itself as "surprised" "in view of his previous expression," at the "position which he is now identified." Such surprise is matter for surprise. There is no contradiction of however slight or indire-



sort of Dr. Wesselhoeft's judgment as to the worthlessness of the extreme potencies, in his willingness to give these potencies every honest chance to prove themselves effectual. His attitude is simply that of a large-minded scientist, who recognizes that no personal judgment, however solidly founded it may seem to be to the person forming it, has any place whatever in exact scientific experiment. He may and does believe, and many another with him, that the so-called high attenuations of drugs possess absolutely no pathogenetic or therapeutic power; but what then? Is this a reason for refusing them a hearing in what he strives to make an honest, absolutely unbiassed investigation as to the power of drugs to affect the human system? Should he do so, his system of analysis would commend itself only to those who either share his convictions or allow their own to be overruled by their faith in his personal judgment. A wide and sound appeal, truly, is one which is so founded! On the contrary, Dr. Wesselhoeft's plan is open to homœopaths of every shade of opinion. It says to the believer in the pathogenetic power of the billionth attenuation what it says to the believer in tinctures: "Come and abide a fair test. Does your billionth potency produce well-defined symptoms, congruent in a number of provers, and substantially in accord with what is known of the power shown by the drug in other attenuations?" An honest question, surely, and a scientific, and one the willingness to ask which does not in the remotest degree contradict the asker's conviction that the high potencies never can or will emerge from the test with any claim to our respect. Indeed he may especially welcome this test by critical analysis, as certain to result in one more confirmation of the judgment founded on the earlier tests made by the microscope and by chemical analogies. Like every true scientist, he would have what he holds to be truth confirmed in the mouths of many witnesses.

It will, indeed, be a slow and laborious process to sift our materia medica on a system which gives to every claimant a hearing. It is far simpler to, by the exercise of the private judgement of an individual or a group of individuals, Podsnapianly waive aside as "chaff" a multitude of such claims, and so save time at the expense of justice. So might a judge do, when the rival claims to a given estate are presented to him, dismiss

certain of them without investigation, because in his personal opinion they are "chaff," and give hearing only to others. But it is to be feared that such an one would not long retain his judgeship, nor the respect of truth-seeking folk. Yet his personal opinion as to the charlatanism of the claimants he admits to an impartial hearing, is neither weakened nor contradicted by the fact of his thus admitting them.

The elimination of the factor of private judgment is one of the strongest features of Dr. Wesselhoeft's scheme of drug-analysis. It seems not a little deplorable that the fair-mindedness which has created this feature of his plan, should be pilloried by an inconsistency.

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#### EDITORIAL NOTES AND COMMENTS.

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A GLEAM OF COMMON SENSE on a subject which has long been treated invariably from either the ultra-sensual or the ultra-sentimental standpoint, is found in a little book by the Hon. Maude Stanley, called *Clubs for Working Girls*, and ably reviewed in a recent issue of the *Nation*. The subject in question is the unwisdom of early marriages. It is treated of from both the economic and the ethical standpoint, with especial reference, of course, to the poorer classes. Miss Stanley's experience is identical with that of Judge Chalmers, who says,

"I find that the almost universal cause of the indebtedness and destitution of the poor is early and improvident marriage. About ninety per cent. of the judgment summonses are against persons in the receipt of weekly wages. If the artisan would like the majority of the more educated classes, refrain from 'going into housekeeping' till he was thirty, his lot would be an exceedingly comfortable one. For ten years he would have been in receipt of his full wages, and he could have put by a good round sum to provide against a rainy day. . . . I find that more than ninety-eight per cent. of the judgment debtors are married."

And in this connection she adds the following phenomenon in sensible remarks :

"It may seem a colossal work to change ideas with regard

marriage, but it is not impossible. Have we not seen a great change take place in the views of girls of the professional and educated classes? When they had no other employment but fancy work, tea parties, and walks on the parade or in the park, what could they think of but flirtations and possible marriage?

. . . All these occupations and many more that are now opened to women, have created a very different feeling with regard to marriage. Happier marriages are made when the contract is not entered into by the girl merely to secure a home or a large establishment, and she makes a far better wife than if she had had no training or experience of work."

"We have now to consider how we can create this feeling among the working-girls and lads of our great towns. We can do so by giving them clubs, and letting them see that life has something in it besides mere larking folly. . . . Some of our girls have been with us for seven, eight, and nine years [it should be remembered that among the poor of London there are almost no women who do not marry], and we can say with confidence, that clubs will keep girls from reckless and improvident marriages. If a girl remains single till twenty-four, she will be more likely to make a good choice, and not to take up with the first lad who strikes her fancy, because he has asked her to walk out with him. Our girls have themselves told me that they consider this postponement of marriage as one of the best results of their club."

Directly in this connection, the physician longs to add an overwhelming amount of testimony as to the effect of early and ill-considered marriage on the physical condition of those who enter into it; of the working-women, broken-down with early and rapid child-bearing; of the babies, entering upon life with a minimum of vital capital; of the men, driven to drink by their inability to support a family which ten preliminary years of industrious and sober single life would have assured their right to charge themselves with. These every-day, crying evils the physician has long struggled with almost unaided; and to find them so soundly and sensibly viewed, and so far on the way to reform, by and in the hands of lay workers, is a refreshment to the soul. Especially, as we suggested in our opening sentence,

is it inspiring to find that in this discussion we are confronted neither with the old familiar sensualism, which takes for granted that the sexual passions are something altogether out of man's control, and his only choice lies between early marriage and debauchery; and the sentimentalism which protests that marriage, being a Divine institution, the blessing of the Almighty necessarily rests upon it whenever and wherever contracted, and the Lord is personally bound to provide for as many children as may result. The abandonment of these positions in favor as such an one as that outlined by Miss Stanley, is as a gleam of dawn in the East.

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DRUGS ALREADY ANALYZED according to recent critical methods, are asked for, as to name and whereabouts of record, by an esteemed correspondent. We gladly give below the list as far as a hasty survey of the field enables us to make it a complete one.

Cactus and Hyoscyamus, in *NEW ENGLAND MEDICAL GAZETTE*, December, 1888.

Iodium, ditto, January, 1889.

Apocynum cannab., do. November, 1889.

Podophyllum, do. December, 1889.

Arum triphyllum, do. December, 1889.

Phytolacca, do. January, 1890.

Provings of chininum arsenicosum, adonis vernalis, lilium tigrinum, zincum metallicum, z. iodatum, z. phosphoricum and z. valerianicum presented to the American Institute of Homœopathy have been analyzed for that body by Dr. C. Wesselhoefst and may be found in the Transactions for 1889, or in the *GAZETTE* for September, 1889.

Gelsemium in the *North American Journal of Homœopathy*, June, 1889.

Cimicifuga, ditto, August, 1889.

Argentum nitricum, do. November, 1889.

Analyses of bryonia, gelsemium and argentum nitricum are to be found in *The Hahnemannian Monthly* for June, September and December, 1889, these last by the Medical Investigation Club of Baltimore.

We gladly welcome any corrections of or additions to the list as it stands above. We have most earnest hope that the close of the year will see its record at least doubled, and that every succeeding year will bring rich additions, until we are possessed at last, of a well-founded and trustworthy materia medica.

To this end every homœopathist can contribute, if he will; and he can find no worthier work. The rules under which analyses are made have been often repeated, are accessible, simple and clear, and their carrying out requires only patience and exactitude.

Very much that is interesting can be gleaned from a comparative study of the analyses enumerated above; and among other things, a refutation of the charge so often brought by the opponents of materia medica reform, that all the symptoms which under our tests will be retained, will be those "vague and general" ones which are "common to every drug."

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### COMMUNICATIONS.

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#### *OUR NEW YORK LETTER.*

NEW YORK, April 11, 1890.

MY DEAR GAZETTE:—Henry Ward Beecher is reported to have said, "To be born in Boston, and do business in Chicago would be the acme of human existence." One might be inclined to modify the latter clause by substitution and say, "practise medicine in New York." Certainly one could hardly be blamed for feeling the force of such a temptation while a guest at Delmonico's last night, on the occasion of the annual dinner of the Alumni Association of the New York Homœopathic Medical College and Hospital. Our old-school friends have been practising the Boston mind cure on us for many years, asserting that homœopathy is dying or dead, in the vain hope that the fact would be realized, but one seldom looks upon a more intelligent, dignified but jovial body of men than the nearly two hundred physicians and invited guests, trustees, etc., who enjoyed the material and mental feast.

After a menu of choice dishes, interlarded with classic quotations, had been discussed, President J. Lester Keep, M.D., Brooklyn, called the company from labor of mastication to

refreshments arranged by Toastmaster Clarence W. Butler, M.D., Montclair, N.J. The first toast, "Hahnemann," in silence and standing. Rev. A. T. Behrends, D.D., Brooklyn, responded to "The Clergy." After a playful allusion to the coincident transformation of both his Calvinism and his allopathy, he passed on to a sound philosophical basis for his theology and his medical practice. The following admirable points were made: A chair of medical counsel should be established in every theological seminary, not merely to teach the students how to care for themselves, but to advise them how to avoid errors in their early professional relations with those who, depressed in body and soul, need the cheering presence of some one who, shall lift up, shall bring back the life forces by hope and joy, rather than help them onward and downward to death by depressing influences. Hearty applause seconded the assertion, that the speaker would at once and forever end the custom of public exposure of the face of the beloved dead; when the friends have taken their farewell, the casket should be forever closed to the gaze of morbid curiosity. Reference was made to the intimate relations of pastor and physician, and the pathetic word of the Apostle Paul, when he said that of all his brethren only Luke remained. This address, worthy of the speaker's profession, closed with a demand for manhood in all walks of life.

Hon. Chauncey M. Depew, LL. D., was to respond to "The Law," but illness prevented and a letter was read in which he expressed the hope of being present on some future occasion. Judge Cowing, President of the Board of Trustees, responded in a humorous strain, because he was compelled to fill the gap, and told a good story of Celtic wit.

Joseph Howard, Esq., in representing "The Press," met the anticipations of his audience, not only in being "bright" but good, inciting all to "help the under dog in the fight," and paid a tribute to our profession, because of our service to the poor. I wish I could quote his beautiful poetic enforcement from a favorite author. His rendering hushed that large company.

Prof. T. F. Allen, M.D., Dean of the Faculty, was detained by temporary illness, so Prof. J. W. Dowling, M.D., spoke for "Our Alma Mater," in his usual vein.

"The Doctor Talks" is a familiar quotation to the readers of the *Medical Era*, and it is needless to say that Prof. Charles Gatchell, M.D., of Chicago, had rather be in the company than about him, than in any "new school" of medicine, based on abandonment of principle, and sycophantic truckling. His plea for Germany was an admirable conception and splendid execution. Our practice has attained its present happy results

because of the liberty which is America's boast; the countries of the old world look to us to foster the gifts received from them, hence we must be loyal to the faith, and live in the hope that they may receive fruits in return, grown in a free soil.

At this point the company were diverted by Mr. Marshall P. Wilder, son of our Louis de V. Wilder, M.D., whose witticisms and quaint stories called an encore, which would not be denied.

"Our Visiting Friends," brought up F. Parke Lewis, M.D., Buffalo, N.Y., who called a halt in our gratulations, long enough to consider some dangers due to success. Deference paid to success must not be mistaken for endorsement of our principles, or purpose to follow a better system of therapeutics.

George S. Norton, M.D., spoke for and as one of "The Old Alumni," in a vein that recalled personal characteristics or well-known experiences of his colleagues, and made things funny for his hearers, if not funny for his victims.

Charles B. Flint, M.D., represented "The Class of '90," to their satisfaction, undoubtedly, and President Keep, called the President-Elect, Everett Hasbrouck, M.D., Brooklyn, to the rostrum, to place in his hands the gavel, by the stroke of which, we hope he may call to order a similar company on a similar occasion.

Our wing of the profession has a common interest; a mutual work; the modification of therapeutic art and science; hence I am sure your readers will be glad to know that this college graduates thirty-eight men, who have passed the discipline of a three year's graded course, and are honored as the first class going out from the new home of the college, now occupied at 63d and 64th Streets, Eastern Boulevard. The surgical hospital built by Hon. R. P. Flower, is full, and demands are already made upon our staff beyond its capacity.

Notwithstanding the dissensions and disaffections of those who owe all they are to homœopathy, the position of our school in this city was never so strong as it is to-day.

ROCKS BERRY.

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THE *Neurologische Centralblatt* explains the rapid increase in the sale of eau de cologne in the large cities of Europe and America by the fact that it is extensively used by women of better classes as a narcotic. They begin by taking a few drops for a faint spell, and end by becoming veritable toppers. Morphine fiends, also, drink the cologne, it enabling them to attain a greater degree of narcosis with less morphine. — *Chironian*.

A LARGE BRAIN. — The brain of the insane homicide and suicide, Daley, was found to weigh fifty-nine and one-quarter ounces, and to show no gross pathological lesions. This is just the weight of the murderer Ruloff's brain; an ounce heavier than Jim Fisk's, and six ounces heavier than Daniel Webster's. — *Medical Record*.

## DIABETES MELLITUS.

BY JOSEPH CHASE, JR., M.D.

[Read before the Boston Homœopathic Medical Society.]

MR. PRESIDENT, LADIES AND GENTLEMEN. — When asked a paper by our secretary, I chose that which is announced in the circular, not for the reason of being able to present anything new in regard to it, but rather from its being one which at that time was disturbing my peace of mind to an unusual extent in my anxious desire to, if possible, place to my credit the cure of one case, at least, of that dread disease. Some months previous there had come under my care a young woman of about thirty years, unmarried, and apparently in good health. She had always, at times, from early childhood been subject to frequent attacks of hydruria, though never had they interfered with her usual health so as to require medical aid; otherwise she had always been in excellent health, was plump of figure and of an active and pleasant disposition. She was one of a family of ten children, four of whom had died of diabetes, all dying before the age of seventeen years. Of the other five, one died of whooping cough, in infancy; one of hydrocephalus, and two others of some disease of infancy; and one is still living at the age of twenty-one years, who, though of a delicate constitution, has never had any symptoms of diabetes. The parents are now in the neighborhood of seventy years old. The father, a pauper by trade, of a rugged constitution and never sick; family history good. The mother in good health though not so robust as father, and family history records an occasional death from consumption or dropsy, from what cause cannot be stated.

The patient had been attending a sick relation during a convalescence of six weeks, when she noticed an unusual increase of urination together with feelings of general weakness, pains and cramps in the legs, sleeplessness, (which was an unusual symptom for her, being a very good sleeper), dimness of vision, pain low down the back; had a fall some years ago, and her back troubled her a year or two after. Complained of faint feeling at present at the stomach. Sp. gr. of urine, 1020, passing about four quarts in twenty-four hours; it contained sugar, and her bowels were constipated, though this was always the case with her. The amount of sugar passed in twenty-four hours was about six ounces. The patient was put on the usual diabetic diet and *phos. ac.* Under this treatment the symptoms gradually disappeared, the urination decreased in quantity to two quarts and under; the sp. gr. of urine to 1015 and 1010; the amount of sugar gradually decreased and finally disappeared entirely after the administration of *gijum jambolanum*. The patient now felt as well as ever.



continued so for some little time, when unknown to me, she indulged in amylacious food freely, continuing so for a week or more, though not at first with any marked result on the urine as to amount or presence of sugar ; but the old symptoms soon returned ; emaciation became more rapid ; a strict diet was maintained, and the former remedies were resorted to, besides others, which seemed indicated (among them phloridyin 3x was given, of which more will be said later on), with no effect save the remission of a few of the symptoms. After about four or five weeks the patient took an unusually long walk, and became over-excited. The next day the urine increased from two to four quarts ; the next, five quarts ; the patient was weak and exhausted, confined to her bed ; the heart's action became suddenly increased ; the stomach irritable, liquid and even the medicine causing pain and vomiting ; there was pyrosis, thirst, with great dryness of mouth, a distressing dyspnœa appeared with the increased heart's action, and finally cyanosis, coma and death, which occurred in about three days, the comatose condition lasting about six hours. There seemed to be an increasing paralysis of the pneumogastric. Thus terminated a case which aside from the hereditary influence might have fairly been deemed a hopeful one.

This case represents the symptoms of course, of an ordinary case of diabetes, though perhaps not containing an account of all symptoms or the usual termination of the disease with which we are all familiar, yet it may not be out of the way to review them in a cursory manner. To the symptoms of the above case may be added ; the various disturbances of the eye, accommodation, formation of cataract, etc.

Hirschberg calls attention to a form of amblyopia in which the periphery of the field of vision is normal, while the centre contains a dark spot, which when it exists renders the prognosis unfavorable. In suddenly occurring binocular diplopia, when the cause is not plain, the urine should be examined. Many other conditions Hirschberg calls attention to, for which I would refer you to *Annual of Univ. Med. Sciences*, 1888, Vol. V., pp. 450-451.

Many patients complain of lancinating pains of the extremities, together with an absence of the patella reflex and other symptoms suggestive of locomotor ataxia. With the emaciation the perspiration ceases, the skin becomes dry, wrinkled, and inclined to crack ; abrasions easily suppurate and become gangrenous. The appetite is voracious, but in spite of this the marasmus continues. There is pruritus and eczema, especially of the vulva or prepuce ; the hair becomes dry and falls out. Muscular atrophy occurs, and hence great fatigue ; the glands

of the mouth and throat also atrophy. The teeth become loosened and carious. Ulceration of mucous membrane of mouth and air passage may occur, leading to pneumonia, pulmonary consumption, or gangrene of the lung—and death. Though before this state of affairs may have been reached the patient complains of pain and distress in epigastrium, and vomiting. Temperature falls below normal, while pulse is increased with labored breathing. These symptoms giving place to an apathetic condition, drowsiness and finally coma.

Jaccoud refers to a second form of diabetic coma, when there are no abdominal symptoms or dyspnoea, but "headache and dizziness, which, after lasting some hours are followed by somnolence, coma and death;" and still a third, form, though more rare, beginning with extreme fatigue, pulse feeble, cold extremities, cyanotic color of face and extremities, followed by somnolence and coma.

Bernheim and Simon make the following summary of the symptoms of diabetic intoxication, viz.: (1) "The digestive functions are often first affected." Vomiting, eructations, pyrosis, epigastric pain and hypochondria. (2.) Respiratory troubles consisting of dyspnoea without appreciable pulmonary lesions, evidently nervous. This dyspnoea sometimes anticipating and sometimes simultaneous with the cerebral excitement, appears to be a constant phenomenon in diabetic coma. (3.) Cardiac symptoms very marked in two cases, along with cyanosis, lowered temperature, feebleness of pulse and collapse. (4.) Among cerebral symptoms there are delirium, excitement, convulsions and finally coma. Coma is often early, succeeding very rapidly epigastric pain. Sometimes, however, it does not appear till near the close.

The exact cause of the diabetic coma is still a mooted question, but it is generally considered as due to the acid condition of the blood, though whether due to the acetone and diacetic acid or oxybutyric acid is a question. Diacetic acid is a further oxidation of oxybutyric acid and is very unstable, changing readily into acetone. The odor of acetone is frequently noticed in the breath and excretions of a patient dying of diabetic coma. And as the symptoms present in diabetic coma are analogous to those noticed in acid poisonings, it is fair to suppose that the diabetic coma is due to one of these above-named substances. Although it is an acknowledged fact that instances occur where diabetics die of coma, without the apparent presence of this acid condition.

Again, diabetes terminates in ulceration and sloughing, furunculi, anthrax, and gangrene of the skin and extremities. Owing to the low state of the patient, cuts and wounds easily suppurate

and become gangrenous. Cases are on record where gangrene has ensued after the simple cutting of a corn, and it has been suggested that in many cases of gangrene, were examination of the urine made, sugar would be found to account for the phenomena, though it previously was unknown that the patient was suffering from diabetes. In spite of the unfavorable record of the results of surgical interference in gangrene, many cases have been reported as having recovered from amputation and apparently from the disease.

Among the causes of diabetes might be mentioned exposure to cold when in a heated and perspiring state, a frequent cause being the ingestion of a quantity of cold water while in this state. It has followed the partaking of an unusually large meal. I have at the present time a case under treatment of a lady, aged fifty-three years, of strong constitution, inheriting no marked disease tendency, where the disease followed the eating of a stew containing an excess of pepper, when she was tired out from a carriage journey and sight-seeing. Other causes are poisoning from CO<sub>2</sub>, curare, corrosive sublimate, inhalation of ether and chloroform, burns, varnishing of skin, etc.

Emotional influence, fear, anxiety, grief, shame, and shock are often held responsible as causes, and are considered by M. S. Falls, of Washington as the most frequent of causes. Dr. Falls in his theorizing reasons that the large number of centres in the medulla oblongata may by being kept in a constant state of hyperæmia, after a time cause an extension of the same to the diabetic centre with diabetes as a result; therefore anything which might interfere in any way with the normal condition of the medulla, such as a blow, a growth into its substance, such as a syphilitic gumma, produce the same result, diabetes. Then he favors the nervous origin of the disease. In this he agrees with J. Seegen, of Vienna, who says that 90% of both the mild and severe forms were due to some disturbance of the nervous system.

Syphilis often seems to be the cause of the disease.

E. Heinrich Kisch refers to lipomatosis as a common cause, especially when developed early in life or progressing rapidly. The same defects of diet which lead to the one causes the other, such as starchy and sweet foods, accompanied with lack of exercise.

Parry speaks of pressure on the liver in obese persons as causing a more rapid conversion of glycogen into glucose, thereby presenting two factors as a cause of the disease in these subjects.

W. Ebstein, of Strasbourg, makes the following interesting statement in regard to the disease, viz., "that it is due to a

defective state of the protoplasm in consequence of which too little carbonic acid is produced in the tissues. As a result of this, diastatic ferments contained in the organism act too strongly upon the glycogen contained in the different organs, converting it into sugar, and in such cases the albuminous matters are converted by the ferments into a liquid state." He claims "that carbonic acid has the power to restrain the action of the diastatic ferments upon glycogen, so that, should the protoplasm cease to regulate the carbonic acid production, the glycogen contained in the organism is defenceless against the action of the saccharifying ferments, and then arises glycosuria." The balance may be lost between sugar production and consumption, the unused portions being excreted in severe cases. When the amount of carbonic acid decreases to that extent as to form no protection to the glycogen, the albuminous matter of the body must be drawn upon to make up the deficit. The less the amount of carbonic acid formed the less oxygen is used, consequently a lowering of temperature follows, an extremely unfavorable symptom."

According to this, fat is to be recommended as a food, as it is transferable directly into CO<sub>2</sub> and water, hence it will supply the needed want of CO<sub>2</sub> to the system. Ebstein allows from sixty to one hundred grammes of bread daily, the substitutes being discarded on account of indigestibility.

Lancereux adheres to the opinion that "certain forms of diabetes are due to lesion of the pancreas — such as stoppage of duct, sclerosis of organ," etc., and makes three classes, "the 1st, coming on suddenly, and being followed by the usual symptoms, progressing rapidly, and prognosis unfavorable. 2nd, or fatty diabetes is more slow in its origin and development. There is increase of flesh, and involvement of the articulations. Death is less liable to be due to diabetes directly, than to the complications. There is apt to be lithiasis, arterial sclerosis. The 3rd class seems to run a course between the two, and is due to trouble with the nerve centre, either emotional or traumatic, — symptoms mild, prognosis favorable."

J. Seegen, of Vienna, classifies the disease into two forms: "1st, there is sugar in the urine while taking saccharine food, disappearing on diabetic diet; 2nd, where the sugar continues even during maintenance of diet." He refers to a third variety "caused by sexual excesses, especially onanism. The polyuria is absent, micturition frequent."

*Treatment.* — The fundamental principle of treatment of diabetes, as laid down by James Tyson, of Philadelphia, "consists as far as possible, of a diet free from carbohydrates; life in the open air; avoidance of over-exertion and excitement;

bodily exertion in accordance with the strength; care of skin, bathing, and observance of the best hygienic rules."

I will not weary you with a discussion of the various diabetic flours, etc., but simply refer you to the analyses made by Dr. Chas. Harrington, of Harvard University, resulting in his finding in them from twenty-three per cent. to forty per cent., and even more, of sugar-producing material. Now, as bread made from these flours is generally given in unlimited quantities, the amount of sugar-producing elements taken into the system is fully equivalent to that obtained from a restricted quantity of ordinary wheaten bread; consequently, rather than harass the patients by feeding them on such miserable apologies for bread, I would recommend the giving, to diabetic patients, an allowance of good, wheaten bread, say from two to four ounces daily, according to the severity of the case, the diet being restricted in other respects. The inside of the slice is preferable, as the crust contains a larger proportion of the saccharine producing elements. Fatty foods are desirable, as far as they can be used without injury to digestion. It is useless to restrict the amount of water consumed by the patient, as the great daily loss by urinating must be made up. Encourage the use of water charged with  $\text{CO}_2$ , which will in some degree help towards supplying the need of the same.

Exercise in the open air is essential to assist, as far as possible, in using up the excess of sugar in the blood, care being taken not to tire the patient. Avoid, also, too long exposure to a low temperature, lest the patient take cold, to which diabetics are extremely liable.

I have nothing to add as to remedial treatment. Phosphoric acid 1x dil. in cases of nervous origin, and the uranium nitrate in those of digestive or hepatic origin. Bromide of arsenicum is highly recommended by many, yet I have failed to receive any benefit from it. Cases have been cured by helonin 1x trit., of hepatic origin. *Lycopus Vir.* is still another recommended remedy. Homœopathic literature on the subject speaks more confidently than the old school, though in some recent reports, several cases have been cured by increasing doses of strychnia, and, too, without the restricted diet; the same has been said of ergotin, hypodermically injected.

Of phloridzin, which was previously spoken of, I would say that I have tried it, being induced to from the fact that Von Mering, of Strasbourg, found that on giving twenty grains of that drug, it caused sugar in the urine of fasting dogs, and many of the other symptoms peculiar to the disease. I gave to my cases the 3x trit.; I noticed an improvement for a time in the general symptoms, but no decrease in the amount of sugar, nor quantity of urine, though they both stated that while taking the remedy, they had less desire for sweets.

## CONSUMPTION IN NEW ENGLAND.

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

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

Consumption is the scourge of New England. Its victims outnumber those of any other two diseases. Some one has said that, taking Boston as a central point, sweep a radial line 100 miles in length, from coast to coast, around its western borders, and you will cover the area of the greatest percentage of mortality from phthisis in our country. This area will be seen upon the map to include practically the population of New England. It includes all the counties of Massachusetts, except Berkshire; nearly two-thirds of Connecticut; all of Rhode Island; the most populous part of New Hampshire, and the south extremities of Maine and Vermont.

While I would not claim absolute accuracy for this statement, I think very few can doubt its general truthfulness; and the question naturally arises, to what cause can we attribute the prevalence of this disease? It can hardly be the climate, for that has been ever the same; and yet there is no evidence that the native Indians of this same New England had consumption before the whites came. And the celebrated Dr. Rush is authority for the statement that prior to the coming of the pale-faces, the red men were not thus afflicted. Whence then came consumption? There can be but one answer: It came with the European immigration. It came to New England in the Mayflower. The historian Redpath, speaking of the Plymouth colonists during their first winter, says, "The ravages of disease grew daily worse; strong arms fell powerless; lung fever and consumption wasted every family."

Owing to lack of records, I have been unable to find out anything definite concerning this disease until a very recent period; and even now, in the State of Maine, they make no registration whatever of vital statistics. Neither am I able to obtain any information from the official board of Vermont. The reports from the other states show a steady diminution in the death-rate.

In New Hampshire they have no reliable statistics prior to 1883, but from that date to 1888, the percentage of mortality from consumption dropped from 15 $\frac{1}{2}$ % to 10 $\frac{1}{2}$ %, almost one-third.

In Connecticut from 14% in 1878, it dropped to 11 $\frac{1}{2}$ % in 1888, steadily decreasing from year to year throughout the decade, with the exception of 1881, which shows a slight advance over the preceding year.

Dr. C. H. Fisher, secretary of the state board of health in Rhode Island, in a recent report makes the following statement: "There has been a gradually lessening proportion of deaths from consumption in Rhode Island during the last quarter of a century. The fluctuations of percentage, one year with another, throughout this period of diminishing proportions, have been small in degree. During the ten years from 1862 to 1871 inclusive, the average annual proportion was 18 $\frac{1}{10}$ %; from 1872 to 1881, 15 $\frac{1}{10}$ %." In the city of Providence, in 1856 there was, among the American born, one death from consumption to every 268 $\frac{1}{10}$  inhabitants. In 1880 there was only one in 435 $\frac{1}{10}$ , a decrease of nearly one-half in twenty-five years.

In Massachusetts, in 1870, there were 34 $\frac{1}{10}$  deaths from phthisis to every 10,000 of population, while in 1888 there were only twenty-eight, a decrease of 18 $\frac{1}{10}$ % in eighteen years, or a little over one per cent. a year. From these figures the conclusion is unavoidable that the mortality from consumption throughout New England is steadily diminishing. Certain it is that the disease has thus diminished for as many years back, as we have any reliable record. One of two things is evident — either consumption works with less virulence, or the doctors have acquired more skill in its management.

For the purpose of ascertaining as nearly as possible its present condition in New England, as well as the latest opinions and most approved treatment thereof, I sent a circular with questions covering the principal points of interest to three hundred of our physicians. In response to this I have received sixty-eight replies, to a brief summary of which I invite your attention.

Question 1, "What proportion of your practice has consisted of tuberculous patients?"

To this I did not expect very definite replies, but thought that perhaps some idea of the prevalence of phthisis might in this way be obtained. Considering the high death-rate and prolonged duration of the disease, the estimates given are more moderate than I had anticipated. One physician, who is a specialist in chest diseases, reports a large percentage; seven estimate 10%, seven, 5%, thirty-three, a small per cent. The latter include those mentioning 3% and under. The others feel unable to give any estimate.

Question 2. "What proportion of the victims have been exposed to a possible contagion, by living in the same family with a consumptive?" In the replies to this, I fear I see the effects of prejudice; At any rate, this fact is noticeable. Those who express a belief in the contagiousness of phthisis, have seen a large number of such instances, while those who

doubt its transmissibility, very few. To which some may say, that this difference in their observation furnishes the ground for the difference in their views. This is of course logical; still I can hardly understand how nine of these physicians can have never met a solitary instance of the kind. Notice, the question does not call for cases where contagion was *probable*, but where it was *possible*. Two have seen one such case, ten, "a few," eight, "a great many," ten think 33 $\frac{1}{3}$  per cent of their cases have been such; seven, 50%; one, 70%; and the remainder are in doubt.

Question 3. "Do you accept the theory that consumption is in any degree a contagious disease?" Forty-six answer this squarely in the affirmative, seven in the negative, four are undecided, and five object to the term "contagious" and substitute for it the word "infectious." This drives me to the dictionaries, to ascertain if possible, what their reasons are for insisting upon this distinction. Thomas, in his latest medical dictionary, defines contagion, as "the communication of a disease by contact or by inhaling the affluvia from one already affected, often used synonymously with infection, which see." Accordingly I turned to "infection" and read, "the communication of a disease by personal contact with the sick, or by means of affluvia arising from the body of the sick — contagion."

You notice he makes them entirely synonymous. Let us look at Webster. In comparing the two words, "contagious" and "infectious," he says: "These words have been used in very diverse senses, but in general, a contagious disease has been considered as caught from another by contact, by the breath, by bodily affluvia, etc., while an infectious disease supposes some entirely different cause, acting by a hidden influence, like the miasma of prison ships, of marshes, etc.,"—*i. e.* not in any way transmissible from one person to another. I fail to see how either of these authors furnish any reason for the ground taken by the five gentlemen referred to; certainly none can be found unless the gentlemen consider that the cause of consumption lies in *locality*, which I think no one of them would maintain.

Prof. Clapp discusses this point very cleverly in the first chapter of his little book entitled, "Is Consumption Contagious?" He there gives definitions of the two words by five very high authorities and draws his conclusions therefrom, in the following language: "From the various and often contradictory definitions just quoted, it will readily be seen that 'confusion worse confounded' almost necessarily arises from any *ex parte* attempt at scientific refinement, through the multiplication of terms and the corresponding limitation of their meaning, concerning



subjects on which our knowledge is at present no more thorough. The question is, whether consumption can in any way be communicated from one *person* to *another*, and no amount of hair-splitting as to exact use of technical terms should be allowed to obscure this really vital point. We shall use the word 'contagious' in its broadest sense, as synonymous with communicable, transmissible, catching."

The answers to question four, "If contagious, to what extent?" are in substantial agreement. Of course most of those who answered the last question negatively, pass this by. The general idea conveyed by most of the answerers is, that under ordinary exposure it is not very contagious, but that it is extremely hazardous for those most intimately associated with the sick ones. Twenty-four are of this opinion; four estimate the risk more lightly; two think 50% of their cases arise in this way; one thinks 25%; eight consider the danger very slight, and the others are undecided.

One writes, "I would about as soon be sentenced to death by hanging as to nurse a consumptive. I simply would not do it," and adds, "I don't fancy catching the breath of a tuberculous patient when making examinations, much more than I do that of a diphtheritic." Another says, "The time is coming when a consumptive person upon our streets will be looked upon as a walking pestilence."

Question 5. "How is such contagion usually transmitted?" Eight say by inhaling particles of dried sputa suspended in the air; two speak of inhalation in more or less general terms; six say from sputa, but do not speak of them as any more dangerous when dried; five say by living with a consumptive; eight mention especially the danger of sleeping with one; four think it comes largely through food, and one by marriage.

Question 6. "What preventive measures have you employed?" Twenty-eight disinfect, burn, or in some other way destroy the sputa; twenty enjoin isolation in sleeping; twenty-four depend upon general hygienic principles, such as thorough ventilation, cleanliness, out-of-door exercise, cheerful associations; one mentions gymnastics, particularly; one, regularly-performed deep respiration in the open air, "sweeping out the lungs" as he terms it; and one the burning of cresoline in the sick-room.

Question 7. "Have you ever known it to result directly or indirectly from vaccination?" Fifty-eight answer this in the negative; two, in the affirmative, and five think it possible, but have never known of a case.

The more I consider this question, the more it seems to me to be deserving of attention. Here are two men who think

they have seen consumption result from vaccination, here are five others who readily concede the possibility of such an occurrence. It seems hardly fair to settle this upon the principle which was obtained in a certain case of prosecution for theft, of which you may have heard. The man was acquitted, because forsooth, only three men could be found who had seen him steal the goods, while there were thirteen who hadn't. I have never seen or heard of a case where I thought phthisis had been thus transmitted. But I do certainly think that, occasionally we get something beside vaccination when we vaccinate. I have never used any virus except that which came from the New England Vaccine Virus Company, and yet I can recall many cases which have been very obstinate in healing. I worked a whole year before I was able to heal the sore which I had made on one little girl's arm; and recently report has come to me of a child vaccinated three years ago, whose arm has not yet healed. I must confess that it is not without misgivings, that I introduce into the system of a healthy child the virus of a filthy stable disease. If we can trust the reports of the different boards of health, about 25% of cattle are tuberculous, and the animals from which we obtain this virus are kept, not in the fresh air of the hillsides, but in close confinement, the best possible condition for the development of tubercle.

Question 8. "Do you consider nasal catarrh a common predisposing cause?" Thirty-five briefly answer "no;" twenty, "yes;" four think it may be occasionally so, and six recognize the possibility of it, but still remain in doubt. One is not content with a simple negative, but adds, "on the contrary, it prevents consumption."

Question 9. "To what extent do you consider it hereditary?" Fourteen say nearly all the cases are such; one estimates 90%; four, 75%; eight, 50%; four consider it so only in a slight degree; twenty-nine say that the predisposition or diathesis *only* is inherited, and eight are in doubt.

It is a notable fact that so large a plurality of these physicians do not consider the disease *itself* transmissible by heredity, but simply a feeble constitution, which furnishes slight resistance to the invasions of the bacilli. I am glad to see that this view is held by so many. First, because it is apparently the most reasonable, and second, because it certainly accords with the opinions of most authorities. It must be especially gratifying to those who are compelled to look back to a consumptive ancestry, to feel that, however well prepared the soil of their constitutions may have been, it is not probable that the seeds of death were also planted.

Question 10. "Have you ever sent patients away from home

for better climatic influences?" Fifty-four reply in the affirmative, and nine in the negative.

Question 11. "If so, name in order of frequency the places selected." Twenty have sent patients to Southern California; eighteen, to different parts of Colorado; one, to Portland, Or.; four, to the Bermudas; nine, to North Carolina; three, to South Carolina; three, to New Jersey; eighteen, to Florida: one, to the White Mountains; one, to Washington Territory; two, to New Mexico; five, to Georgia; one, to Tennessee; two, to Lower California; four, to Minnesota; one, to Champlain Valley, Vt.; one, to Washington, D. C.; one, to Kansas; four, to the Adirondacks; one, to the Catskill mountains; one, to San Diego; one, to the sea coast, whenever the tubercle bacilli are found. One says, "catarrhal phthisis to Ashville or Texas, and fibroid phthisis to Colorado." A good many clearly state, and all should be understood to mean, that the condition and circumstances of the patient always decide whether he shall go away at all, and if so, where. Many mention, in a general way, "dry lands," and "high altitudes," "pine forests," "light gravelly soils," etc. The foregoing answers testify to the great variety of selections made; from which we see that Southern California, Colorado and Florida have, in the greatest number of instances, been chosen.

Question 12. "Which is of greater importance in treatment; climate or medicine?" Four consider the two of nearly equal importance; ten say a change of climate whenever possible, in the incipient stage, but in the later stages, medicine and the comforts of home; fourteen, in a general way, consider that medicine should rank first; thirty-one, rely more upon climate, and nine are doubtful.

Question 13. "Name in order of relative value, the ten medicines or combinations of medicines most frequently employed by you." In response to this, forty-three mention phos.; thirty-five, calc. carb.; twenty-six, iodine; twenty-four, the hypophosphites in various forms; twenty-four, cod liver oil; twenty-three, arsenicum; twenty-two, calc. phos.; nineteen, hepar sulph.; eighteen, sulph.; eighteen, bry.; thirteen, iodide of ars.; twelve, kali bich.; eleven, tartar emetic; ten, kali carb.; ten, silica; nine, china; and nine, sanguinaria.

I am glad to notice among the replies the prominent place which phosphorus alone, and in its various combinations, takes in the therapeutics of phthisis. Nearly three-fourths of these physicians employ it uncombined; over one-third employ it in the form of hypophosphites; almost one-third use phosphate of lime, while phosphoric acid and ferric phosphate are each mentioned by some. Iodine and lime are nearly equal rivals for the

second place, and owing to the diversity of their compounds, it is difficult to say which take the precedence. It matters little. This much is certain — in the treatment of consumption *phosphorus*, *lime* and *iodine* are the three principal medicines in which New England homœopaths place their faith.

Question 14. "Mention any other treatment which you have found beneficial." Most of the responses, which this elicits, may be summed up in few words. Good air, good water, good bathing, good food, good exercise, good clothing and good company. In other words, general hygienic treatment, with which, all are more or less familiar. A few mention other measures, which are certainly suggestive and may be of advantage. One says, "for men, work in livery stable;" "for women, the avocation of florist." Another, "change of house, scenes, labor, food and habits, without change of climate." Another, "daily friction of the skin, either with or without bathing." Another, "hot air treatment." Another, "horseback riding." Another, "massage." Another, "inhalations of iodine and creosote, sea bathing, gymnastic breathings." Another, "inhalation of oxygen, baths of oil." Another, "inhalation of heated vapor or dry air." Another, "inhalation of Norway pine by steam atomizer; Tromer's extract of malt; rub chest with cocoonut oil." Another, "for night sweats, sponge-bath of clear alcohol, night and morning." Another, "inhalation of peroxide of hydrogen, carbolic acid or iodine." Another, "oleate of quinine sometimes works like magic." Another, "sunshine and dry air; never say die."

Question 15. "How many cases under your care have fully recovered?" Twenty-two say "none;" one says, "twenty;" one, "seven;" one, "five;" two, "several;" one, "quite a number;" four, "very few;" one, "one-fiftieth of my cases;" one, "all seen in the first stages," and eleven are in doubt. One says, "if a patient whom I have treated for consumption should recover, I should consider I had erred in diagnosis." Another, "I cannot say as any of tuberculosis, but several so diagnosed have recovered. I distinctly recall one case with three abscesses in the lung." Another, "five or six treated thirty years ago are still living." Another, "I have in many cases injured my reputation by having patients get well in whom I had diagnosed consumption." Another, "Possibly 20% in the first stages of the disease." Another, "only suspension of symptoms for varying periods, the diathesis culminates at last inevitably." Another, "Don't know, supposed and reported cures are misleading; more probably the tuberculous process is quiescent." Another, "many apparently incipient cases; none after cavities were formed." Another, "I recall

one case, the sole survivor of a large family, all the rest of whom had died of pulmonary troubles; I treated her over ten years ago and she had no return of the disease." Another, "I have several cases still living, who applied for treatment from four to fifteen years ago, but none of them have *fully* recovered." Another, "Most cases at home die; one-half who go away recover." Another, "I feel that I can claim six clear cases." Another, "doubtful, only those, I fear, who have gone to a more favorable climate." Another, "only three well-marked cases; in one of them a contracted right side of thorax gives evidence of the old trouble."

These replies seem to indicate that there may be difference of opinion as to what constitutes full recovery, also difference of opinion as to what constitutes consumption. Those who report no recoveries, may have had many, from that stage of incipiency, wherein an accurate diagnosis is practically impossible. On the other hand, some of the supposed recoveries may be deceptive. Human wisdom is not infallible; and doctors are only human. It is, however, certainly gratifying to see how near unto their leaders the rank and file of our profession are keeping. The mental acumen to discover anything of importance, concerning this direst of human ills, has been given to but few. From time beyond knowledge, until a comparatively recent date, men have struggled and fallen with it, in the dark. Thanks to such as Auenbrugger, Laennec and Koch, we now are familiar with its strongholds, its methods, its tactics! Yes, we have seen the enemy itself! We now know how to prevent. One more discovery and the day is ours. It is coming! Hundreds are on the track! Nor will they rest, until somewhere, in earth, or air, or ocean, they shall have found some substance, which, with impunity to man, shall exterminate the germs of this his most insidious and unrelenting foe!

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*THE PROPHYLAXIS OF TUBERCULOSIS, IN ITS RELATION TO  
PUBLIC HEALTH.*

BY H. A. GIBBS, M.D., LEE, MASS.

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

This subject is one which may well challenge our careful attention. The disease itself is so wide-spread, and so direful in its effects, that its prevention ought to be given a prominent place in the mind of the medical profession. It is responsible for from one-fourth to one-seventh of all our deaths annually. In Massachusetts alone, its victims have averaged more than

five thousand each year for the last decade, and doubtless number would be largely increased if we were to take into account the deaths that are indirectly attributable to it.

The prevention of tuberculosis, however, derives double importance from the weakness of our therapeutic resources against the disease when once established. This was never more clearly shown than at the congress held at Paris in 1889. Never did the famous reply of Dr. Holcombe to the criticism of Wendell Holmes' lighthouse poem, where he describes the school physician as one who tells "how and why we die which we cannot cure," never did this criticism find stronger justification than at this self-same congress. Though the genealogy of the tubercular bacilli was traced back to its original Adam; though its appearance was described with a minuteness truly microscopic; and its effects portrayed by master hands, yet the whole proceedings were barren of any therapeutic hints which by the disease itself might be overcome. Not a new remedy was named, not a new line of treatment suggested. Though the homœopaths we have far more faith in our materia-medica than even we are often obliged to confess that our therapeutics, compared with the disease we have to combat, are far from satisfactory. Doubly valuable, then, must be the ounce of prevention, while the pound of cure is almost entirely lacking.

What can we do to prevent consumption? This question has long agitated the mind of the medical profession, but the nature of the disease was a matter of conjecture, and the answers given were as contradictory as they were numerous.

The discovery of the bacillus tuberculosis, and with it the true character of the disease, has had a wonderfully clarifying effect on this problem. It is unnecessary for me to go into details to describe the discovery. It is sufficient for our purpose to know that tuberculosis is a specific contagious disease; that it may be transmitted from person to person, or from animal to person; that it depends for its propagation, first, upon a suitable receptacle or predisposition of the system, and second upon the presence and growth of a minute organism, the tubercle bacillus. Since the whole problem of prophylaxis has been greatly simplified and is now practically reduced to the questions, first, how to render the human soil unfit for the propagation of the bacillus; second, how to prevent the bacilli from coming in contact with the human soil.

It will be noticed that I place the character of the soil, or the predisposition to take the disease, first. I believe this to be the proper position. I believe we should be more alert to recognize, and more careful to remove, those conditions of the system under which the tubercular infection can be propagated.

established beyond much doubt, that only in certain diseased conditions of the mucous membranes, notably the catarrhal, and in certain lowered conditions of the general vitality, notably scrofula and diabetes, can the tubercular bacilli find a foot-hold; such conditions, then, should always be looked upon as sources of danger, and removed as quickly as possible.

It has been said that many people have the idea that a physician can do anything, if he is only called in time; but "in time" with most people, must be two or three generations before the person is born, and, unfortunately, the physician is not usually summoned thus early. In no disease is this early recognition and removal of predisposing causes more necessary than in tuberculosis.

Among the older pathologists the idea of heredity played an important part, and the direct transmission of the disease, from one generation to another, was generally accepted as a fact. The later discoveries seem to show that heredity is but a minor factor, after all, and while vicious habits of life and weakened conditions of the system, which furnish a suitable nidus for the propagation of the tubercular bacilli, are undoubtedly handed down from generation to generation, there is probably no such thing as a direct transmission of the disease in this way.

The consideration of this first part of our problem, how to remove predisposing causes, and fortify the system against the infection, opens before us a field for thought and research as broad as it is interesting, and though here our homœopathic therapeutics are of inestimable value, yet, after all, it must be largely a matter of hygiene, rather than medicine. It must refer, in a great degree, to those precautions in the line of diet, clothing, exercise, respiration, etc., which each person must take for himself. As these measures are, therefore, of a personal rather than a public nature, they do not legitimately come within the scope of my subject, "Prophylaxis in Its Relation to Public Health." When we come, however, to consider the second part of our problem, how to destroy the bacilli, and weaken the sources of infection, all are interested, since all are endangered, and as with any other contagious disease, public protection becomes a public duty. The same general rules which are in force to prevent the spread of any other infectious disease, should be applied to tuberculosis. Having discovered the vehicles of contagion, they should be rendered harmless by thorough disinfection, and then disposed of so as to be beyond the possibility of doing any injury, thus making assurance doubly sure. The material by which the tubercular bacilli are conveyed is pretty clearly defined. It may be carried from person to person, by means of the sputa, less frequently by the milk and excreta, or even by direct wound transmission.

It has been estimated that the bacilli may be thrown off in the sputa of a phthisical person at the rate of seven billion, two hundred million, in twenty-four hours. There is but little danger, however, as long as the sputum remains moist, since it cannot float in the air. The microbes, however, retain their vitality under ordinary conditions, for several weeks, or even months, and when the sputa become dry, the particles float readily, and have been found in the dust of the room, in the bedding, wall-paper, carpets, clothing, etc.

Such being the case, it will be seen that the sputum is the great source of danger. It should always be received in a closed vessel, containing a strong disinfectant, preferably carbolic acid, and the contents destroyed by burning, at least once in twenty-four hours. (Paper spittoons.) This disinfection of the sputa, especially in public buildings, cannot be insisted upon too strenuously. The sick-room should be occupied as little as possible by any other person. The bedding, clothing, etc., should be soaked in the disinfecting solution, and washed separately from the other clothing. The floors, paint, and walls of the sick-room should be subject to frequent disinfection and cleansing.

We believe, also, that the time must ultimately come when our state and local boards of health shall demand compulsory reporting of every case, insist upon the precautionary measures I have outlined in the preceding paragraph, as well as thorough cleansing and disinfecting after every death, dealing with tuberculosis exactly as they do with any contagious disease. Such measures would probably meet with persistent opposition, and we are not disposed to deny that there are some seeming obstacles in the way of their enforcement. The wide prevalence and lingering character of the disease would be urged against them, but we should not forget at the same time, that these constitute its greatest danger. The difficulties of accurate diagnosis, especially in its early stages, have hitherto seemed insurmountable, but here the microscope now comes to our aid, and the early diagnosis of the disease is rendered as easy and certain as that of any other. We believe that the advantages to be derived from such measures far outweigh all objections. While the great mass of our people may be intelligent enough to appreciate the danger when once informed of it, yet there is a certain class, ruled by ignorance and prejudice, who can be made to feel no interest in the public safety. It is among this class that the disease has many victims, and something stronger than education and moral suasion is necessary to meet the danger, and protect the public.

A common source of danger to nursing children is the milk of



the mother. Doubtless many of our cases of so-called hereditary tuberculosis could be traced to this cause. On no account should a tuberculous mother nurse her infant. The various excreta, also, should not be over-looked, especially when the alimentary tract is involved. They should be carefully disinfected, and buried in the ground, beyond the possibility of contaminating drinking water, or the food of animals. The danger of traumatism, though comparatively insignificant, is yet worthy of our attention. Well-authenticated cases are on record where the disease has been transmitted through abrasions of the skin, mucous membrane of the mouth, uterus, etc. Under this head we may properly consider vaccination. It had been for a long time supposed that the arm-to-arm method was responsible for those occasional cases which followed vaccination, but at the recent tubercular congress it was allowed that tuberculosis may come from the cow virus, and this is so well established, that some foreign vaccine companies make a practice of killing all calves after the virus has been taken, making a careful examination for any trace of tuberculosis, and rejecting all matter from animals found to be diseased. This method would seem to offer a perfect safe-guard against this manner of transmission, though we are apprehensive that it is too expensive to suit our Yankee ideas of close competition.

It seems to us, however, that by far the greater danger lies in an indirect transmission of the disease. While vaccination very rarely produces tuberculosis directly, it does often establish a strumous diathesis, which is the very best culture-soil for the propagation of the bacilli, or if we consider scrofula as a variety of tuberculosis, it excites the latent form into activity. A case in point was recently reported by Dr. L. Emmett Holt, in one of our old-school journals. A child that had always enjoyed perfect health, was vaccinated by the board of health at the age of sixteen months. In two weeks a general pustular eruption appeared over the face, chest and upper extremities, together with induration and suppuration of the axillary glands. The child rapidly lost flesh and strength, and became thin and anæmic. Cough, dyspnoea, and other signs of broncho-pneumonia, supervened. The child became greatly emaciated, and died of exhaustion in two and one-half months from time of vaccination. A careful inquiry into the child's antecedents revealed no evidence of hereditary taint, except caries of the spine in a cousin, and a probable case of phthisis in an uncle, both on the father's side. Dr. Holt, in summing up the case, says: "Here was a child apparently in perfect health, and a proper vaccination, and the result of these two factors is a very marked scrofulosis."

We believe that such cases are not altogether exceptional, though it is not always so easy to trace the connection between cause and effect. There are few physicians but what have seen the developement of a scrofulous diathesis following vaccination in previously healthy subjects, and though this fact cannot warrant us in any wholesale denunciation of vaccination, it should at least show us the necessity of being extremely cautious about advising the operation in children that are known to have inherited either a scrofulous or tuberculous taint, and it does render it at least doubtful, whether a State is justified in forcing vaccination on such a tainted person.

Thus far we have considered the transmission of the disease from one person to another, and though this is a common occurrence, the presence of the disease among domestic animals is a still greater source of danger. The so-called pearly disease of cattle is now recognized as a form of tuberculosis. Poultry and swine may also be infected, goats very rarely, and horses never. The bacilli from any of these animals are capable of exciting true tuberculosis in a human being, and thus the meat, milk and blood of such animals are another great source of danger. At the recent Tubercular Congress, in which some of the best veterinarians of the Old World participated, considerable diversity of opinion existed as to the proportion of cattle infected. A very moderate estimate was six in every thousand, though undoubtedly filth and poor ventilation of stables increases the proportion. Thus at Nancy 30% were found infected, while in a paper recently read before our own State Board of Agriculture, it was claimed that in some herds as high as 50% were diseased. A case which illustrates the virulence and extreme contagiousness of tuberculosis among cattle, recently came under my notice on the farm of one of my patients, in the town of Lenox. This farm had been in the possession of the family for three generations, and no case of tuberculosis had ever been known there. In November, 1887, a cow was sent here from another town, suffering with a disease which soon proved to be tuberculosis. In about four months several other cows began coughing, and soon not an animal in the stable was exempt. In May the whole herd, consisting of thirty-two high grade and thoroughbred Jerseys, was so badly infected that they were all condemned and killed. Autopsies were held and the diagnosis confirmed in eight cases. It is worthy of remark in passing, that the milk from the herd was sold and used for some time after the disease manifested itself, though the udders in several of the cows were found affected.

The stables were most carefully cleaned and disinfected, and then left open to the purifying effect of Berkshire's winter

winds, and yet such is the persistence of the contagium vivum, that no animal can be kept in the barn without infection to this day. It has been tried as an experiment several times, but within two months after an animal is put in the barn, it will invariably show the first signs of the disease.

According to the last report of our State Board of Agriculture, forty-nine herds containing 1,110 animals have been examined. Of this number, 475 were found infected and the diagnosis confirmed by autopsies in 240 cases, showing a proportion of more than 40%. Of course no such ratio as this prevails over the entire state, but there are undoubtedly many isolated cases and these after all constitute the greatest danger. It should not be forgotten that the milk of one tuberculous cow can infect that of a whole herd when mingled with it.

The danger from meat and milk can be met in a private way by thorough cooking, to some extent at least. It requires a prolonged boiling at a temperature of more than 180° to destroy the bacilli, however, and as our meats are ordinarily cooked at a temperature not much above 150°, we must bid good-bye to our rare meats and juicy steaks, if we are to carry this precaution into effect. The rule laid down by Dr. J. Lewis Smith in regard to milk is so excellent that I cannot refrain from giving it entire. He says, "I habitually direct that the morning supply of milk designed for children shall be immediately placed in a steamer and subjected, two hours, to a temperature of 190° to 200°."

While this thorough cooking of meat and milk may afford a great degree of protection, we believe the time has come when the public safety demands that public precautions should be taken. Our state and local boards of health should be empowered to insist upon frequent and regular inspections of all herds, especially such as furnish milk for public consumption, quarantining all suspicious cases, and destroying all animals in which the diagnosis is beyond question. The government of France has already taken some steps in this direction, placing tuberculosis on the list of contagious diseases for which animals are to be seized and destroyed. In our own State, though the law makes it a misdemeanor to sell milk from a diseased animal, such a thing as frequent and thorough inspection of all dairies is unheard of at present. We believe it must ultimately come, however, and be carried out carefully and persistently, before the safety of the public can be assured. Our laws in regard to meat inspection are equally inefficient. They provide that meat inspectors may be appointed by the selectmen of the towns, and must be appointed by the aldermen of all cities. Such a thing as thorough inspection of every animal slaughtered was not

contemplated by these laws, nor is it attempted in practice. Inspection is usually performed only in such flagrant violations as to arouse public inquiry, and as a consequence, not one animal in ten thousand is condemned. The provision which makes the appointment of inspectors in towns simply permissive and not mandatory, practically results in the greater part of the state being without any inspection whatever, since the selectmen with very rare exceptions do not appoint such inspectors, basing their neglect on the supposition that country butchers are good judges of cattle and will reject all diseased animals. This is presuming altogether too much on their knowledge and honesty. The great majority of them, while good judges of cattle in general, are not able to diagnose tuberculosis, especially in its earlier stages, and when there is added to this lack of knowledge a strong love for the almighty dollar, the result is not altogether pleasant for consumers of meat to contemplate. In Worcester county, recently, a tuberculous cow was sold twice after the first owner had been warned of the nature of her disease, all the time supplying milk to the owners' families, and also to their neighbors. When she finally reached the last stages and was no longer fit for anything else, she was sold to a Worcester butcher to be manufactured into Bologna sausages. We believe that this danger from infected meat can only be met by providing inspectors in every city and town, in sufficient numbers to inspect every animal slaughtered, and of sufficient knowledge to detect the mildest forms of the disease, and then making it a misdemeanor to offer for sale any meat that has not been thus inspected.

While such a law would effectually cover our own State, we must not forget that much of the meat consumed here is slaughtered in other states. A bill which covered this point was recently introduced into Congress, providing for the inspection of all meat slaughtered in one State for exportation into another or to a foreign country. We believe that this must eventually be done. We are well aware that such a system of milk and meat inspection as we have thus briefly and crudely outlined, strikes us as complicated and burdensome, and yet we submit in all candor and honesty, that the public danger from such a disease as tuberculosis fully warrants it.

Finally let me say that, though such measures as I have presented would be of great value in actually restricting the disease, a still greater benefit would be the educative influence which they would exert. And along this line of educating public sentiment in regard to the contagious nature of the disease, and the precautions to be taken against its spread must our work as a profession lie largely at present.

Vain as that famous quest for the fountain of immortal youth will be our search for any short cut, radical and easy method by which its ravages can be overcome. Education must form the stepping-stone to eradication. Some steps have already been taken in this direction. The State Board of Health of Maine has recently issued a circular to the public containing the essential facts in regard to tuberculosis and its prevention. Our first duty as a profession is to realize for ourselves the importance of these measures. As long as we are doubtful in our opinions and half-hearted in our actions, but little good can be accomplished, but with earnest, enlightened and persistent effort on our part, this problem of the prevention of tuberculosis can be successfully solved and humanity rid of this, one of its greatest scourges, and in this advance-movement as conservators of public health, we believe it is the privilege and duty of the homœopathic school to lead rather than to be led. Let us measure up to the opportunity.

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*COINCIDENCE OR CONTAGION?*

BY GEORGE F. FORBES, M.D., WEST BROOKFIELD, MASS.

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

The following cases fully explain themselves :

Three years ago Mr. McC—, aged fifty-one, a healthy broad-shouldered Scotchman, suffered from an attack of pneumonia with some hepatization of both lungs, in consequence of a severe chill. I am not exact as regards his case, as he was not my patient. Tubercular consumption followed, and in the course of a year he coughed badly, and raised an excessive quantity of thick mucus, offensive and sometimes mixed with blood. He gradually failed, his cough became violent, raising mucus with pus; night sweats and diarrhœa followed. He took to his bed and finally died at the end of three years. He left a widow and six children, the youngest child being three years old.

The widow is a large, muscular woman, also Scotch, aged forty-two. The woman during her husband's entire sickness cared for him day and night. Within three months of his death the widow began to cough suspiciously, had pain in her sides, grew pale, suffered loss of appetite; and bronchitis following, she sought help last season. At this writing she seems to be overcoming the tendency to consumption by sheer force of will-power, great vitality and persistent medication. At times the wife was assisted in the care of her husband by one or another of the three daughters. One daughter, Helen, aged twenty, always a strong, healthy girl previous to this, had been very

anxious and watchful of her father, and often relieved her mother in caring for him. Soon after his death she began to cough, had bronchial catarrh, hemorrhage, followed by night sweats, and she too, in four months joined the majority, dying almost precisely as her father had done.

Another daughter, aged eighteen, previously healthy, had occasionally watched with her father, has been under my care for the past four months for bronchial irritation, dry cough, pain in sides, catarrh, etc. There has been some encouraging progress towards recovery, and she may by force of abundant will-power, persistent care of herself, and homœopathic medication be able to overcome the taint.

The other daughter, aged thirteen, who cared for the rooms, spittoons, washed the cloths, etc., has been under treatment for catarrh and throat trouble since her father died, but is now just recovering from an attack of catarrhal bronchitis, and will overcome the disease which seemed at one time to have fastened upon her. A son, aged twenty-five, who lifted his father often and rubbed him with oil, inhaling his breath more or less, has not seen a well day since he helped prepare him for the casket, and although he was a robust, vigorous young man before, he is now, I fear, doomed to the same sickness and death as the others. The two younger sons are not so strong and healthy as formerly, but it is hoped, as they were away at school a part of the time, that they may escape the dread disease, but are still under treatment.

Now the question I would ask is this: *What* has wrought all this ruin, disease, and death? Was it by inhalation from the breath and sputa and discharges filled as they undoubtedly were with bacilli tuberculosis, or was it brought about by mere coincidence? Was there a regular law governing this, as other diseases are governed, is consumption contagious, or did it merely "happen" that so many were travelling the same road?

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A CORRECTION.

TO THE EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE:

*Dear Sir:*— In the April number of the GAZETTE I find reported the transactions of the March meeting of the Homœopathic Medical Society of Western Massachusetts, and read the following: "Dr. Cushing reported forceps delivery, using amyl nitrite instead of chloroform, but had seen severe hemorrhages follow its use." I reported one case where there was severe hemorrhage, but to my surprise there was no prostration or weakening of the pulse, nor delay in recovery, while in *all other*

cases where I have used it, there has been *entire* and *unusual absence* of hemorrhage. I make this correction, not in any way criticising the misunderstanding of the busy secretary, but to remove any wrong impressions that may have been received, in regard to a remedy that I believe will in the future, quite generally supersede the use of chloroform or ether in obstetrical practice

Yours sincerely,

A. M. CUSHING.

Springfield, Mass.

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### SOCIETIES.

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#### THE INSTITUTE SESSION OF 1890.

EDITOR NEW ENGLAND MEDICAL GAZETTE:—

As already announced by circular to the members of the American Institute of Homœopathy, the next annual session of this body will be held at "Fountain Spring House," Waukesha, Wisconsin, commencing at 7.30 P.M., Monday, June 16th, and closing Friday, June 20th, 1890.

Waukesha, "The Saratoga of the West," famous for its "Bethesda," "Silurian," "Fountain," "Clysmic" and other mineral springs, is a town of 6,000 inhabitants, situated about one hundred miles north of Chicago, and twenty miles west of Milwaukee, and directly on important lines of railroad. The hotel in which the session is to be held is an immense stone and brick structure, capable of accommodating 800 guests, and furnished with all the modern conveniences. It is situated in a beautiful park of 155 acres laid out with drives, shaded walks, flower gardens, etc., while the town itself presents numerous attractions to visitors in search of either health or pleasure.

The Local Committee of Arrangements is making provision for the comfort and enjoyment of those who may attend the session, such as to render the occasion one of the most memorable in the Institute's history.

Under the new rule, the Bureaus will present a far greater variety of subjects for discussion than heretofore, and the papers will embrace more of the observation and experience of their writers. Important subjects of professional interest will be introduced and acted upon, and interesting reports will be presented by several committees.

Any paper, after being presented at the session, may be published in the journals at the discretion of its writer. With a view to such outside publication, writers are especially requested to have their papers prepared *in duplicate*.

Officers of homœopathic societies and institutions are urged to make prompt reports (on blanks which will shortly be sent to them), to the Bureau of Organization, Registration and Statistics. All hospitals and dispensaries, so reporting, will receive a pamphlet copy of the entire Statistical Report of the Institute.

It is desirable that the Institute should receive this year another large accession to its membership, particularly from the West and Northwest, in order to secure a more equal apportionment of membership as between the East and West, and to augment the influence of our school in shaping legislation and defending the equal rights of homœopaths in public institutions, appointments, etc. It has been suggested that each state and local society should provide for a complete canvas of its membership, in order to secure for itself a larger representation in the National Society. The initiation fee is \$2.00. Annual dues, \$5.00, entitling the member to the annual volume of Transactions. Blank applications for membership can be obtained of the undersigned.

The Annual Circular, giving full details of the session, — the programme, railroad fares, hotel rates, etc., will be issued in May. Any physician failing to receive a copy by May 25th, can obtain it on application to

PEMBERTON DUDLEY,  
*General Secretary*

S. W. Corner 15th and Master Streets, Philadelphia.

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*MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

The annual meeting of the Massachusetts Homœopathic Medical Society, was held at Steinert Hall, Boston, Wednesday, April 9, 1890.

The meeting was called to order at 10:30 A.M., by the President, H. A. Houghton, M.D.

After the reading and approval of the records of the semi-annual meeting, the Treasurer's report, showing a satisfactory balance on hand, was read and approved.

Auditor's report was then read and accepted.

The Necrologist's report contained brief sketches of the following deceased members:—

Gustavus Felix Matthes, M.D., of New Bedford,  
H. K. Bennett, M.D., Fitchburg,  
L. B. Ballou, M.D., Concord,  
Henry A. Brown, M.D., Reading,  
W. B. Chamberlain, M.D., Worcester,  
H. P. Hemenway, M.D., Somerville,

and was accepted.



The following candidates were then elected to membership :—

- Hermann A. Fick, M.D., Boston.
- Mortimer H. Clarke, M.D., Auburndale.
- Lucy Appleton, M.D., Boston.
- Annie I. Lyon, M.D., Haverhill.

The President then announced the polls open for the election of officers.

Report of the Committee on Clinical Medicine, N. W. Rand, M.D., Chairman.

Subject, Tuberculosis.

- 1 History. J. K. Culver, M.D.
- 2 Prevention of. H. A. Gibbs, M.D.
- 3 Climatology. E. L. Mellus, M.D.
- 4 Treatment. Stella M. Perkins, M.D.
- 5 Consumption in New England. N. W. Rand, M.D.
- 6 Psora or Tuberculosis? A. F. Moore, M.D.
- 7 Coincidence or Contagion? George F. Forbes, M.D.
- 8 Clinical Case. O. W. Roberts, M.D.

Discussion. Dr. H. C. Clapp said that he regarded this report as one of the most valuable and interesting the Society had received for some time. Is especially glad that the idea of the contagious character of tuberculosis is gaining ground. The decrease in mortality as shown by the report, is also very gratifying. Thinks the views of some of Dr. Rand's correspondents in regard to the curability of consumption, are rather pessimistic. Believes it possible not only to ameliorate, but to occasionally positively cure the disease. As to prevention, Dr. Clapp would agree with the ideas expressed by Dr. Gibbs, but would have borne still harder upon the importance of maintaining a high standard of health in those predisposed to consumption rather than the effort at destruction of bacilli. Believes that agents not destructive to human life are incapable of destroying bacilli if they have once gained entrance into the system.

As to killing them outside that is practically impossible; he therefore urges the necessity of using every possible means to improve the constitution.

The Committee on Change of By-Laws presented a majority report in favor of the proposed amendment and a minority report adverse to it. After considerable discussion it was voted to accept the report and discharge the committee.

A motion was then made to adopt the majority report, but it was lost.

Dr. I. T. Talbot then proposed a modification of the "Austrian Ballot System" \* to govern the nomination and election of officers for the ensuing year, which was duly adopted.

[\* Vide editorial in this issue.]

Lunch was served at Hotel Thorndike, of which over one hundred members partook.

At half-past two the meeting was again called to order, and the Society listened to a most interesting address by the President, H. A. Houghton, M.D.

Report of Committee on Obstetrics. George R. Southwick, M.D., Chairman.

- 1 A Clinical Case. Sarah E. Sherman, M.D.
- 2 Antisepsis in the Lying-in Chamber.  
N. R. Perkins, M.D.
- 3 Discussion. Opened by H. E. Spalding, M.D.
- 4 A Clinical Case. George H. Earle, M.D.
- 5 Presentation of Device to aid delivery by Obstetric Forceps.  
J. H. Osgood, M.D.
- 6 Care of Prematurely Born, or Weak Infants, with presentation of Incubator for maintaining the temperature of the body.  
G. R. Southwick, M.D.

Dr. H. E. Spalding opened the discussion on Antisepsis in the Lying-in Chamber. He spoke of the vast number of lives which have undoubtedly been lost, both in hospitals and in private practice by septicæmia. The improved results of habitual practice are undoubtedly due to antiseptic precautions taken. In the German Hospitals a two-and-one-half per cent. solution of carbolic acid was used for cleansing the hands. Before confinement the patient is cleansed carefully, and during labor a pad saturated with some antiseptic solution is placed over the vulva. As a result of these precautions they are able to report less than one per cent. of deaths.

The sources of contagion are various. The contagiousness of puerperal fever is to-day unquestioned; whether it can be developed from other infectious diseases as scarlatina, diphtheria or erysipelas is still an open question; is of the opinion that it can not. The same is true of the disease being transmitted by the physician; believes that precautions can be taken so that the physician need not carry the disease. In regard to the value of douches, does not use them so frequently as formerly, and now principally for cleanliness. Unless I have had to introduce my hand within the uterus, or there has been retained fragments of fœtus, placenta, or membranes, I do not use the intra-uterine douche at all.

Dr. Southwick. — In St. Petersburg a solution of chloride of lime is used two or three hours after delivery and repeated several times in the first forty-eight hours. In Halle, a solution of sulphite of soda, permanent irrigation up to the fundus for a week. Fritch to-day is very much opposed to the vaginal douche before delivery and, indeed, many prominent obstetricians

abroad oppose all forms of internal antiseptis. In the New York maternity the mortality is now only 1.06%. A vaginal douche is given before delivery, and intra-uterine after delivery if the uterus has been invaded. Curetting the uterus is in vogue if any symptoms of septicæmia. A large blunt curette is used. Prof. Lusk calls intra-uterine douches harmful, and this is the sentiment of the American Gynæcological Society. Another point insisted upon by Lusk is that the use of antiseptics does not warrant a man in attending labor cases if attending infectious diseases.

Dr. Hastings has never used antiseptic precautions and has met with success equal to that of most practitioners. Has been intimately acquainted for sixteen years with a private lying-in hospital, and in all that time, with a record of five hundred or six hundred cases, there has never been a case of septicæmia. Perfect cleanliness has been observed. Honestly believes the whole secret of the results from antiseptic precautions lies in the one word, cleanliness.

Dr. Tower, of Watertown, while treating a case of malignant erysipelas attended five cases of confinement, and with the precaution of washing the hands had not a case of septicæmia.

Dr. Barnard endorses Dr. Hasting's opinion and goes still further. Has attended cases where the surroundings were positively filthy and yet had no trouble. Has attended over five hundred cases and lost but one, and that from traumatism. Believes in cleanliness and antiseptic measures, but does not regard the latter as necessary for safety.

Dr. West does not believe in riding a hobby. In a large hospital much needs to be done, which can be safely left undone in private practice. The person born at his first confinement case will be fifty-four years old next September. Has had the average number of cases since that time amongst all classes of people and cases, and has never had a death from puerperal fever, and has never used an antiseptic during the whole time.

The election of the following list of officers was announced :  
President, James Hedenberg, M.D., Medford.

Vice-Presidents, A. J. French, M.D., Lawrence ; J. K. Warren, M.D., Worcester.

Corresponding Secretary, J. Wilkinson Clapp, M.D., Brookline.

Recording Secretary, F. C. Richardson, M.D., Boston.

Treasurer, H. C. Clapp, M.D., Boston.

Librarian, Horace Packard, M.D., Boston.

Censors, Walter Wesselhoeft, M.D., Cambridge ; E. P. Colby, M.D., Wakefield ; D. B. Whittier, M.D., Fitchburg ; J. P. Sutherland, M.D., Boston ; H. A. Houghton, M.D., Charlestown.

## Report of Committee on Nervous and Mental Diseases.

P. Colby, M.D., Chairman.

- 1 Clinical Significance of Oxaluria. Wm. L. Jackson, M.D.
- 2 Myxoedema. George S. Adams, M.D.
- 3 A Pathological Contribution. George O. Welch, M.D.
- 4 Paper. N. Emmons Paine, M.D.
- 5 Report of Case. E. P. Colby, M.D.

Owing to the lateness of the hour, these papers were not discussed, and the following paper was read by title.

Scientific Basis of Homœopathy. John J. Shaw, M.D.

The meeting adjourned at 5.30 P.M.

F. C. RICHARDSON, M.D.,  
Secretary

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular meeting of the Society was held at No. 5 Park Street, on Thursday evening, April 3d, 1890, President Charles Farnsworth in the chair.

BUSINESS SESSION.

Reading of the business records of the previous meeting, the Secretary.

In the absence of the censors, no report was submitted, and the name of proposed candidate for membership was not acted upon.

The Secretary then read an extract from the by-laws, setting forth the duties of such an officer, and followed it by an appeal to the members of the Society to aid her in making the meetings of the organization of greater interest and profit.

Dr. I. T. Talbot followed with brief remarks, emphasizing the duties of the Society, both to its individual members and to the community at large.

Dr. Horace Packard thought the services of a stenographer would be desirable, in order that the doings of the Society might be preserved in full, if desired, and published. He suggested that increased interest would be awakened by impromptu discussions for a portion of each evening.

Drs. L. A. Phillips and Alonzo Boothby followed with brief remarks.

The Society voted to publish a report, such as was published nine years ago.

The following were chosen a committee on publication: Dr. Horace Packard, J. W. Clapp, and M. E. Mann, Secretary of the Society.

On motion of Dr. I. T. Talbot, it was voted "that this committee make arrangements for full reporting of the meetings."

## SCIENTIFIC SESSION.

Opened by the reading of a paper on "Diabetes Mellitus," by Dr. Joseph Chase, Jr., of Weymouth, Mass., giving the results of his own observation and experience, with opinions of others on this subject. A very general discussion followed.

Dr. J. W. Clapp stated that phloridzin, alluded to in the treatment of diabetes, was a crystallizable substance extracted from the bark of the root of the apple tree. It is prepared by Merck, of New York. In experiments upon dogs, which have been previously deprived of food, it has been found to produce glycosuria.

Dr. Chase asked, "Has anyone cured diabetes?"

Dr. L. D. Packard spoke of the great loss of substances which should be kept within the system. His rule has been, whenever a great loss to the system has occurred, as far as possible to make up for the same. He does not deprive the patient of food containing saccharine-making material. His experience in the treatment of such cases had not been very satisfactory.

To Dr. J. H. Sherman, this disease was of peculiar interest. While at college, a classmate of his was attacked by it, and lived but a few weeks. At that time he carefully studied the subject, and found that the results of treatment were unsatisfactory. He thought present results were but little better. Of four cases under his care, all resulted fatally. In one case, that of a boy eleven years of age, who was kept upon a diet of gluten bread, a marked improvement in strength, etc., followed. When the boy was able to go about, he ate what other boys did, had a relapse, and died.

Dr. Chase alluded to a case of Dr. Spalding's, treated with arsenicum and phosphorus. At the present time the patient is apparently well. Dr. Hathaway, of Weymouth Landing, is said to have cured a few cases. The infusion of jambo seeds previously mentioned is used empirically. He finds that diabetic flours contain from 25 to 70% of sugar-producing material. Even "Educators" contain 23% of the same, but good bread in moderate amounts is desirable. Two forms of diabetes are mentioned by Dr. Harley, of England, one of which is benefited by the use of sugar.

Dr. Alonzo Boothby reported the case of a gentleman, sixty years of age, who has had diabetes for three years, passing from three to five quarts of urine in twenty-four hours, and always lives well. Under the use of phos. acid and nux vomica, the urine has decreased in amount, and the general condition has improved. Meantime, he has suffered from an attack of typhilitis.

Dr. I. T. Talbot has observed considerable difference in patients. In one case, a young man over twenty years of age, post-scarlatinal nephritis was followed by glycosuria, from over-work. At first the patient used care, but, becoming very careless, the amount of urine increased to about six quarts in twenty-four hours. The tongue became dry, lips parched, with great thirst. The amount of sugar in the urine was considerable. Delirium ensued, and later, death. Meat diet produced no harmful effects. Sugar was tried, with similar results. Gelsemium relieved the thirst and delirium to some extent. Phos. acid, nit. of uranium, and ars. were employed, also. The sister of this patient died, in after years, from albuminuria. Another case was that of a sea captain, forty-eight years old. His strength was failing, and a large amount of sugar was found in the urine. European physicians were consulted, among them Dr. J. J. Drysdale, who prescribed nitrate of uranium, which was continued for some time. Later he was given ars., and the amount of sugar diminished. Under phos. acid it wholly disappeared. This occurred twelve years since, and the gentleman is living at the present time.

Dr. L. A. Phillips has cured two cases; three others died. Case I. was a woman, who passed two vessels full of urine, nightly. Sp. gr. 1040 to 1050. She drank two to three quarts of water every night. Helonin ix. in five-grain doses cured her. This was a typical case of glycosuria. Sugar was the only article of diet forbidden. In the other case, special diet was prescribed, with jambo as a remedy.

Dr. A. H. Powers mentioned two cases that had come to his notice. The first was a gentleman, a friend of his, eighty years old, who paid careful attention to diet, and, although voiding from three to five quarts of urine daily, his appetite remained good, and by taking exercise in the open air, and remaining free from care, he remained in a very comfortable condition. The second case was a friend of the other, and resorted to medical treatment. The case terminated fatally. He expressed the view that many cases of glycosuria are never recognized by patient or physician, as they are only of temporary duration.

It was ruled by the President, that a candidate whose name had been presented for two successive months at the meeting of the Society, could be admitted. Virginia F. Bryant, M.D., was accordingly elected to membership, and the Secretary cast a ballot to that effect.

The meeting then adjourned.

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

*THE HOMŒOPATHISCHE CENTRALVEREIN DEUTSCHLANDS.*

EDITOR NEW ENGLAND MEDICAL GAZETTE :

*Dear Confrère*—The Homœopathische Centralverein Deutschlands, the oldest European Homœopathic Society, will meet this year in Dresden, on the ninth and tenth of August. The ninth we shall visit together, Meissen and the house where Hahnemann was born, and the tenth, after the scientific session, we shall dine with our friends at the Belvedere, in Dresden. Dr. Kafka, Sen., from Prague, will be chairman.

We should be very happy if some of our American friends then in Europe, would join us, and therefore I ask you to give space to this notice of our session in your paper.

As member of the local committee, I beg that word may be sent me by those who wish to join us, and especially if they wish that rooms may be secured for them. With kindest regards.

Most truly yours,

DR. ALEXANDER VILLERS,  
Dresden-A., Saxony, Christian Str. 29.

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REVIEWS AND NOTICES OF BOOKS.

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**A NEW MEDICAL DICTIONARY.** Including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions, based on recent Medical Literature. By George M. Gould, B.A., M.D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, Ptomaines, etc., of the Arteries, Muscles, Nerves, Ganglia, and Plexuses; Mineral Springs of U. S., Vital Statistics, etc. Small octavo, 520 pages. Half Dark Leather, \$3.25; Half Morocco, Thumb Index, \$4.25. Philadelphia: P. Blakiston, Son & Co.

By compactness of arrangement, by use of abundant cross-references, by concise definitions, by omission of the more uncommon, or the "useless," words and phrases, by the use of small (though perfectly clear) type, a dictionary has been produced that will prove attractive as well as useful. It is not cumbersome, it is not expensive. It contains the new words and phrases created within the past decade; it makes a specialty of tabulating large groups of facts; its definitions, and new words, have been gleaned from recent, standard, and authoritative literature. Though modest in size, its virtues are such that it will prove a potent rival of the larger dictionaries recently offered the profession. The type, paper and binding are such as to call for a special word of praise.

A HANDBOOK OF DISEASES OF WOMEN. By Dr. F. Winckel. Edited by Theophilus Parvin, M.D. Second Edition. Philadelphia: P. Blakiston, Son & Co. 766 pp.

The practical, systematic, and comprehensive nature of Prof. Winckel's handbook has evidently been appreciated by American readers, since a second edition of the first German one has been called for. This edition has been enlarged nearly one-hundred pages, and its scope increased by the addition of a section on "Diseases of the Female Urethra and Bladder," obtained by condensing Prof. Winckel's monograph on the subject, and appropriately interpolating extracts, chiefly from Prof. Skene's recent work. A full translation of Dr. Winckel's monograph appeared in Vol. X. of Wood's Library, 1887, but the condensation of, and additions to it, have only increased its practical value. The position of Prof. Parvin is well known to be such that his having edited the American editions is sufficient guarantee of the value of the work.

DISEASES OF WOMEN; A MANUAL OF NON-SURGICAL GYNÆCOLOGY. By F. H. Davenport, M.D. Philadelphia: Lea Bros. & Co. 137 pp.

This is precisely the kind of book that the student and general practitioner often ask for, but seldom get. It deals with the elementary principles of diagnosis and treatment of the more ordinary gynæcological cases, which present themselves to the general practitioner. Surgical gynæcology, except the simplest mechanical procedures, pathological anatomy, obscure and theoretical points, are all omitted, and such practical, every-day subjects as the best methods of making examinations, and local applications, of using tampons, inserting pessaries, of rectifying displacements, etc., are discussed, and by one who gives evidence of experience and familiarity with his subject. Diagnosis and treatment of menstrual difficulties, displacements and inflammatory disorders, are the points dwelt upon; internal medicinal treatment being, somewhat gently, given a subordinate rôle to play. In a very agreeable way, the author gives many minor details that are not to be found in large text-books, and it would seem as if he had succeeded admirably in writing just the kind of a book he intended to.

A MANUAL OF OBSTETRICS. By A. F. A. King, AM., M.D. Fourth edition. Philadelphia: Lea Bros. & Co.

This excellent little manual continues in brisk demand; and doubtless its fourth edition will but augment its popularity. Although its character has not changed, its size is increasing with each edition; to the present one, two new chapters having been



added ; one on " Intercurrent Diseases of Pregnancy," the other on " Resuscitation of Stillborn Children."

As a preparatory course in obstetrics, for reviewing the subject prior to examination, when the more classical and cumbrous works prove discouraging to the student, and for quick reference to refresh the mind in an emergency in practice, the book will prove a most useful and suggestive one.

THE YEAR-BOOK OF TREATMENT FOR 1890. Philadelphia: Lea Bros. & Co. 324 pp.

All the features that in the past have combined to earn popularity for this terse and capably edited little book, are found in its present issue. All that is newest in the "regular" treatment of all diseases, is here to be found in the concisest possible form, and with the highly useful addition of full reference to the article or articles in which the given subject is treated more at length. Many hints of value to the physician of whatever school of medical thought, will be found in such sections as that on " The Surgical Diseases of Children ;" where—to quote but a single suggestion from many—glycerine is commended as, in the form of injections, almost a specific in prolapse of the bowel in little children. The book is thoroughly indexed. Its constant usefulness and small expense commend it to all progressive practitioners.

THE PULSE. By W. H. Broadbent, M.D. Philadelphia: Lea Bros. & Co. 312 pp.

This little book is an admirable illustration of and addition to those minute, painstaking, exact studies of single points connected with the practice of medicine, for which modern science is distinguished. The first chapter deals with the history of the various discoveries relating to the circulation ; and the fifteen chapters following, treat of the pulse in all its aspects, physiological and clinical, but especially in its relation to the heart sounds. A most original and valuable feature of the work is the sphygmographic tracings which show not only the condition of the pulse in various diseases, but its condition before and after the administration of certain drugs, *e. g.* nitrite of amyl and calomel ; tracings from which the homœopathist may gather hints of no slight use to him in the exact study of *materia medica*. The value of such a work to specialists in heart difficulties is evident at a glance ; and but little more is necessary to prove its value to the every-day practitioner, who does his work in the light of all that is newest and best in scientific discovery.

CHEMISTRY ; GENERAL, MEDICAL, AND PHARMACEUTICAL, INCLUDING THE CHEMISTRY OF THE UNITED STATES PHARMACOPŒIA. By John Attfield, F.R.S. Twelfth edition. Philadelphia : Lea Bros. & Co. 770 pp.

It might fairly be considered supererogation to more than announce the appearance of this, the twelfth, edition of an ideal text-book for medical students, but for the possibility that some of our readers are unacquainted with it. For the benefit of such it may be said that this book is a most agreeable and fascinating source from which to obtain a knowledge of the principles of chemistry, especially as applied to medicine and pharmacy. For it differs from other chemical text-books in the exclusion of matter of interest only to the scientific chemist ; in containing more or less of the chemistry of all substances recognized officially or in general practice as remedial agents ; and in being so arranged that without other aid, it may be used as a guide in studying the science experimentally. This new edition includes the whole of the chemistry of the United States Pharmacopœia, and nearly all the chemistry of the British and Indian Pharmacopœias, and contains an elaborate section on Organic Chemistry brought fully up to date. At the end of the various sections a list of questions is to be found, by means of which important and practical points may be impressed upon the mind and the whole subject reviewed. These questions reach a total of nearly 1,100. The index contains nearly 9,000 references : from which fact one may form some idea of the scope of the work. Numerous test and analytical tables add to its usefulness, and one lays the book down with the conviction that its reputation and popularity will be enduring.

SAUNDER'S QUESTION COMPENDS. I. Essentials of Physiology. By H. A. Hare, M.D. II. Essentials of Materia Medica and Therapeutics. By Henry Morris, M.D. III. Essentials of Pathology and Morbid Anatomy. By A. Semple, M.D. Philadelphia : W. B. Saunders.

Even the practising physician, who popularly but erroneously is supposed to have all such matters at his finger's ends, will find, without a little previous cramming, many of the questions here propounded to be what Mr. Swiveller would call "unmitigated staggerers ;" while the student who can meet them all, has little to fear on examination day. All three of the little volumes are, in comprehensiveness and conciseness, admirably adapted to their useful purpose. The one on physiology is especially to be recommended, as crystallizing, so to speak, the necessarily involved and abstruse teachings on the subject into

many clear and salient points. It gives all the latest discoveries and theories, and an occasional glance at it would be both a surprise and an interest to many a practitioner who faced his "final" on physiology even so lately as a dozen years ago.

**THE PRACTICAL APPLICATION OF ELECTRICITY IN MEDICINE AND SURGERY.** By Liebe and Rohé. Published by F. A. Davis, 1890. 383 pp.

The most excellent feature of this book is the detailed account of the various forms of electricity, electrical apparatus, electro-physiology, and electro-diagnosis, together with many electrical formulæ. These occupy two-thirds of the book, and give a good account of the subject from a scientific stand-point. The chapters on electrical therapeutics are condensed, and the reader will observe the frequent recommendations of the Faradic current for various paralyses, where some electricians prefer the Galvanic current. The section on electricity in gynæcology presents merely the well-known views of Apostoli, and shows no originality. The practical physician will desire much more detail in the indications and methods of using electricity, while the scientist will admire the scholarly manner in which the book is written.

The **POPULAR SCIENCE MONTHLY** for April has an admirably broad and significant paper by Alice Tweedy, on "Is Education Opposed to Motherhood?" Prof. Huxley dwells on the "Natural Inequality of Men." Dr. Wesley Mills has quite a fascinating little paper on "The Intelligence of Squirrels." The editorial chat criticises some late teachings of the "Chautauquan" on Herbert Spencer's ethical views, and discourses on Political Economy. New York: D. Appleton & Co.

In the **APRIL CENTURY**, Joseph Jefferson sketches most interestingly the genesis of his famous "Rip Van Winkle;" there are short stories by Mrs. Pennell, Maurice Thompson and John Heard, Jr., the latter tale, "A Yank from New York," being exceedingly spirited and clever. Mr. Putnam gives an interesting account of the Serpent Mound of Ohio; poems are numerous, Lizette Reese's "Daffodills," easily leading in merit. New York: The Century Co.

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DR. PULLIN has cured three cases of warts by the external application of Fowler's solution of arsenic daily. In about two weeks the warts dried up and fell off.—*Medical Brief.*

The actually cautery lightly and liberally applied along the course of the nerve and repeated every two weeks for four treatments will cure the most inveterate case of sciatica.—*Ex.*

## MISCELLANY.

—:O:—

A LAWYER and a physician disputed about precedence and appealed to Diogenes. He gave it for the lawyer; he said: "Let the thief go first and the executioner follow." — *Ex.*

A CASE of Cæsarean section was down on the bills at one of our city clinics the other day, but the child would not wait, and came into the world by the usual route before the clinic day arrived. — *Times and Register.*

PRESERVE YOUR INSTRUMENTS. — To preserve your instruments from rusting, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years, not even when exposed to a damp atmosphere. — *Columbus Medical Journal.*

DR. H. C. COE, of New York, recently reported to the Section of Obstetrics of the New York Academy of Medicine, a successful case of laparotomy and supra-vaginal amputation of the uterus for rupture — the first successful case of the kind, we believe, in the United States. — *Weekly Medical Review.*

AN ALLEGED CURE FOR HYDROPHOBIA. — Dr. Arapad Bokai, Professor at the University of Klausenburg, claims to have compounded a solution which completely neutralizes the poison introduced into the system by the bite of a mad dog. This solution consists of chlorine water, salt brine, sulphurous acid, permanganate of potassium, and eucalyptus oil. — *Medical Record.*

TREATMENT OF INTESTINAL OCCLUSION. — Dr. Kollman mentions in the *Munchener Medicinische Wochenschrift* a case of occlusion of the small intestine in an old woman, who after opiates and morphia injections had been unsuccessfully given in order to arrest the violent vomiting, showed signs of such extreme weakness that operative measures were out of the question. He therefore determined to act on the lower part of the bowel by means of glycerine injections, while keeping the upper part of the intestinal tract quiet by the administration of ice and by ice-cold applications over the stomach. In this way the peristaltic action of the gut below the spot where the obstruction existed was stimulated while the part above this was kept at rest. The result was satisfactory, for on the second day a motion was passed and the patient recovered. — *Lancet.* — *Chicago Medical Times.*

## PERSONAL AND NEWS ITEMS.

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DR. HOWARD P. BELLOWS has sold his entire general practice to Dr. Mortimer H. Clarke, and will hereafter devote himself exclusively to the practice of his specialty.

DR. SAYER HASBROUCK, of Providence, R.I., has moved his residence and office to No. 33 High Street.

DR. HELEN L. F. WRIGHT will sail for Europe on May 3rd. During her stay she will make a short study of gynecology and obstetrics.

DR. H. W. HAMILTON, late president of the Vermont State Homœopathic Medical Society, has located at 152 West Concord Street, Boston, where he gives special attention to diseases of the rectum.

MENTION was made in the November, 1889, issue of the GAZETTE, of the removal of an eight-pound fibroid tumor from a pregnant uterus, by Dr. Horace Packard, at the Massachusetts Homœopathic Hospital, and the happy convalescence of the patient. It is now to be chronicled that on April 9th, the patient naturally terminated her pregnancy, a healthy child being born. The newly-elected president of the state society, Dr. Hedenberg, of Medford, will, it is to be hoped, report this remarkable case *in extenso.*

THE total number of consultations at the Calcutta Homœopathic Charitable Dispensary for the half year ending Dec. 31, 1889, was 4,151.

THE  
NEW-ENGLAND MEDICAL GAZETTE.

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Boston, Mass.

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EDITORIAL.

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*HYPNOTISM IN A FEW OF ITS ASPECTS.*

Hypnotism and Crime, as treated by Prof. Charcot in the *April Forum*, is a paper of exceeding interest, not only in itself, but as impressing upon us anew, the entire and significant seriousness with which the scientists of other lands deal with a question, which until very lately has been, with us, surrounded by such an atmosphere of charlatanry, that we have been wont to approach it only with a shrug or a smile. Hypnotism in all its aspects is engaging a large and increasing share of the attention of, in particular, French and German physicians, and more particularly neurologists; and their records of experiments, followed in some instances by very remarkable results, are beginning to arouse among us, a tardy interest and curiosity. The rescue of hypnotism from the cheap Jacks of science, who for years have trifled with its possibilities, marks an era in the growth of psychology. Many of its uses, in the hands of those who by patient study and careful experiment have mastered them, hint of great possibilities of service; as of woman made, without loss of reason or consciousness, to pass through labor easily and painlessly merely by the hypnotic suggestion, made some days previous, that labor would be brief and without suffering. We read of aponia cured by the suggestion that the subject will speak certain words at a given hour; of nervous paralysis done away with by the command, under suggestion to walk; while the control thus exercised over the hysterical and

the insane savors of the miraculous. It is assuredly time that the questions raised by Prof. Charcot in his *Forum* article, were seriously considered wherever interest in the question of hypnotism is becoming general. These questions are chiefly the liability, on the part of unscrupulous hypnotizers, to commit crime in the person of the subjects controlled by them, and the effect on the hypnotized subject, of the process often and irresponsibly repeated. His conclusions briefly are, that there is little danger of hypnotism being used to further deliberately-planned crime : I. Because of the fewness of the subjects who are susceptible to the absolute control, which would be necessary to make them safe agents in such crime. II. Because of the immense amount of time and labor which must be spent in training them to such service ; and III. The possible resistance at the last moment, to a suggestion foreign to the subject's desire and temperament ; a fact often observed in experiment. With regard to the ill-effects of frequent or even occasional hypnotism at the hands of an irresponsible operator, Prof. Charcot's testimony is emphatic and conclusive. He believes it to be an evil of which the law cannot too soon take cognizance ; sure to result in weakened will-power, many forms of neurosis and even insanity. The "absolute prohibition of public exhibitions given by magnetizers" he believes to be called for alike by science and morality ; and it needs no deep reflection to grasp the justice and wisdom of such a demand.

As to the dangers of hypnotism, in the hands of physicians who are in the earnest effort to utilize it for their patient's good, one has only to remember that where there is no risk we can hope for little gain. Doubtless hypnotism has its dangers : wherefore experiment should be patient and discreet, and progress slow. But to abandon all idea of utilizing it, because we recognize that risk exists, would force us, in the name of self-consistency, to abandon the use of the surgeon's knife, the chloroform sponge, electricity, and many another agency beside whose beneficent power, danger lurks. Caution, not cowardice, will here as elsewhere be the motto of the progressive physician.

We take pleasure in calling our readers' attention to the fact, chronicled in its report in our present issue, that the *Boston Homœopathic Medical Society* devoted its May session to the

consideration of this subject, and saw it practically illustrated by some exceedingly interesting experiments made by Mr. Winthrop Talbot. The attention thus turned to this powerful resource of modern medicine, cannot fail to be wide spread and stimulating in its effects.

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#### EDITORIAL NOTES AND COMMENTS.

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ANTISEPSIS IN THE LYING-IN CHAMBER is a question on which the last word has by no means been said, though professional opinion seems, year by year, to be approaching unanimity in favor of it. Even the physicians who see, or imagine, danger in the use of germicides, and so protest against their employment, admit the immense value and beneficence of that attention to minutest details of cleanliness, which had its rise with that of antiseptis. The recent animated discussion of the subject at a meeting of our Massachusetts Society proved, however, that complete unanimity of opinion is yet to be obtained. Thus there were quoted, from individual experience, some very surprising and interesting statistics to prove that antiseptis is by no means a necessary condition of safety in the puerperal state; one physician, for instance, stating that he attended five cases of confinement while retaining charge of a patient ill with erysipelas, and no ill results followed; while another claimed that in over half a century of obstetric practice, in which only the ordinary rules of cleanliness had been observed, there had occurred no death from puerperal fever. It strikes us that the influence of such claims upon the young practitioner, just forming those theories upon which his future practice is to be based, may be misleading in the extreme. Such an one should be urged to question whether such claims may not be the exception which proves the rule. We all know that there may be exposure to small-pox, diphtheria, and other malignant diseases, with no ill result following; but no one uses this fact to prove that such diseases are not contagious, or that the most stringent precautions are not to be used to avoid contact with them. Of such exceptions as those above quoted from private practice,

Dr. Henry Garrigues well says : " Not to have lost a patient out of five or six hundred cases, . . . this number is too small to draw a general conclusion from it ; and since general statistics show that to such a number of confinements correspond half-a-dozen deaths, they may expect their term of trouble. Besides, mortality is not the only thing to be taken into consideration. The question is, '*How many of these patients have been more or less sick, during their lying-in period?*' *Perhaps much pain, anxiety and expense, might have been avoided by following prophylaxis.*"

The tale that general statistics tell of the usefulness of antiseptics is hardly one to be disputed by the conscientious and the thoughtful ; take, but as a single instance, the New York Maternity Hospital, where the mortality has been reduced seventy-five per cent. since the introduction of antiseptics, and the deaths from sepsis now average but one-fourth of one per cent.—a proud record, indeed, when one remembers the class of women from which the patients of such great public institutions are drawn ! Such facts should bring even the most conservative and opinionated of physicians to pause, and cause him to ask himself the honest question, whether his obstetric records are so absolutely satisfactory as really to be beyond improvement ; and if not, whether the claims of antiseptics hold no suggestions for him.

A breeze of seemingly approving laughter was raised at the discussion already alluded to, by the remark that antiseptics was a reprimand to the Almighty, who had presumably created women to bear children without the danger which such elaborate safeguards would imply. Such a point is of value, rather in the domain of rhetoric than that of fact. If the Almighty has so arranged matters puerperal that they cannot be interfered with, without reprimanding Him, then the presence of the accoucheur is, under all circumstances, a superfluous impertinence, and the use of the forceps as reprehensible an impiety as that of the antiseptic douche. The truth is, we suspect, that the Almighty here, as elsewhere, works by the use of means, and one of the means by which, in the noble phrase of the Litany, "women in the perils of childbirth" may be guarded from ill, is undoubtedly the unremitting observance of the minutiae of cleanliness, and the rational employment of antiseptics.



AN EASY WAY TO DO IT— which is something we are all chronically searching for, apropos of every task in life,— is suggested by an article on ether irrigations in strangulated hernia, published in a recent issue of the *Annals of Surgery*, and quoted in the *Homœopathic Review*. The author states that “He simply pours a teaspoonful of ether over the hernial tumour every quarter- or half-hour, keeping it covered with compresses during the intervals. As a rule, after three or four tablespoonfuls, the intestinal loop slips down into the abdominal cavity by itself ; in some cases, however, slight pressure should be applied. In the case of incarcerated scrotal hernia, it is advisable to irrigate with a mixture of ether (twenty parts) and hyoscyamus oil (four parts). When applied sufficiently early, the method is said to give most brilliant results.

“Dr. A. J. Brustein describes the case of a woman with an incarcerated umbilical hernia of the size of a man’s fist, in whom, after all ordinary procedures for reduction had failed, irrigation with a small jet of ether was resorted to, taxis being continued at the same time. In three or four minutes the reduction was effected with striking ease. The action of local etherisation was attributed to a rapid contraction of the intestinal wall, and the diminution in volume of the hernial gaseous contents caused by the sudden lowering of temperature.”

Worth experimenting with, certainly ; and if it makes good its claims, worth heartily rejoicing over.

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THE AFFLICTION OF OUR PRESIDENT of the American Institute of Homœopathy, is one which every member of the Institute must regard as a personal sorrow. Dr. Sawyer, it is well known, has been in fragile health for some months, and within a short time has developed, as we learn from our esteemed contemporary, the *Homœopathist*, a violent insanity which necessitates his confinement in an asylum. Sad enough under all circumstances, such an affliction takes on a peculiar pathos in the year when Dr. Sawyer was to assume one of the highest honors in the power of homœopathy to bestow : the presidency of our representative national body. It was an honor which was felt upon all sides to be thoroughly well deserved ; it came

as a crown bestowed on him by his comrades and co-workers for homœopathy in widely scattered fields, richly earned by his many years of faithful and fruitful labor as practitioner and as pioneer. It is earnestly to be hoped that he may yet be restored to wear it, and to be royally welcomed to it. That he must, for this year and session, forego it, is matter for profoundest regret and sympathy, which doubtless, at the earliest moment of the Institute session, will, in appropriate resolutions, find form and voice.

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### COMMUNICATIONS.

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#### *SOME RESULTS OF LA GRIPPE.*

BY N. EMMONS PAINE, M.D., WESTBOROUGH INSANE HOSPITAL.

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

Before mentioning the results of La Grippe, it seems to me desirable to give some statistics of the disease in the hospital, in December of last year and January of this year.

On the sixteenth of January, there had been 146 cases; ninety-five being women; and fifty-one, men. A few cases appeared subsequently, but they do not modify the following statements. It did not appear to us to be a contagious disease. Every person attacked was prostrated, some of them extremely weakened. All had pains characterized as rheumatic. About a half complained of difficulty of breathing through the nose, but did not have a catarrhal discharge. The pulse was generally in the nineties, with a temperature about 99°, but scarcely any above 102°.

One man died unexpectedly of prostration. He was a case of chronic mania; had long been unwilling to eat, but would probably have lived two or three years longer, if he had not suffered from the influenza.

A woman died from pneumonia, following the influenza. She was also a case of chronic mania, and was in the habit of exposing her body at night.

All persons affected were weakened, and were slow in recovering, many feeling the effects for one or two months.

There were six relapses among the men, two of them having the fever three times, and one having pneumonia. Among the women, there were fifteen relapses. Of the fifty-one men affected, twenty-six were patients, and twenty-five were

employees, except two children in the officer's families. Of the ninety-five women, sixty were patients and thirty-five were employees.

Now, as to the results. One female patient, [No. 976], a case of mania, had been in the hospital about nine months. When she became feverish, her excited and incoherent speech left her and she became rational. She was discharged Jan. 27th as recovered, and I have heard within a few days that she continues perfectly well. This was her fifth attack of insanity; the two preceding attacks having lasted in one case twenty-three and the other sixteen months, it appears probable that her mental disease was cured by the influenza, and, moreover, in about one-half its anticipated duration.

Another female patient [No. 879], who was very destructive of clothing, furniture, etc., became rational during and after the fever, and continued so until her discharge March, 28th. She had remained thirteen months in the hospital, and we feared she would not recover. In her case, also, the disease was acute mania, and was recurrent as in the preceding case. This was her third attack of insanity.

A third patient [No. 574], a woman, was a case of acute mania, of puerperal origin, who was violent, destructive, incoherent and noisy, until she passed into dementia. The fever of the influenza brightened her mentally; and she continued to improve until she was discharged about a week ago to her own home. Her disease had lasted two years and one month in the hospital. This termination was entirely unexpected.

The fourth female patient [No. 666], was also a case of acute mania, who had passed into dementia. She could not read or write, or remember much of her past. She was untidy and had apparently passed beyond any hope of recovery. The same natural action of the mind appeared during and after the influenza, and now she is tidy, answers questions correctly, and is rational in her conversation. She probably will go to her home before long. She has been in the hospital one year and nine months.

It is noticeable of these four women that all had entered the hospital with acute mania, and that two of them had afterward passed into dementia. It is remarkable that the last two were lifted out of their hopeless condition by anything short of death.

Let us now consider the men. A male patient [No. 1,087], had been in the hospital eight months, had delusions of suspicion, believed that his food was poisoned, that poison was sprinkled upon him at night, he heard false voices and showed no signs of improvement. After the influenza, he lost his delusions and talked about them as something that had passed. They have

occasionally thrust themselves upon him since his illness, but he appears to be now in a suitable condition for a trial at home.

Another male patient [No. 841], had been in the hospital about thirteen months. He was also suspicious, thought his food was poisoned, had hallucinations of hearing and also of sight. He often complained of a bright phosphorescent light which was globular, and which appeared at night as well as during the day, in his room as well as out of doors. He has been at home about seven weeks, and continues to do well.

The third and last male patient [No. 985], was a compositor on one of the leading papers, doing night work. Overwork and drink probably occasioned his insanity. He would refuse to eat because his food was poisoned, heard voices talking with him constantly, and was becoming demented. He never read books or papers, seldom spoke, was untidy in his habits, and seemed to have passed beyond any chance of recovery. He showed decided gain immediately after the fever, his mind regained its strength, and he left about four weeks ago entirely well. He had been in the hospital about eleven months.

It is strange that the three men were all similar in the character of their disease, having delusional insanity, with hallucinations of hearing, which is a form of insanity generally considered incurable, and from which only a small proportion recover.

While it is too soon to state positively that all will remain well, it is certain that five of the seven have left the hospital with as good prospects of remaining at home and caring for themselves as in the majority of patients discharged. Here, then, are seven of the eighty-six patients attacked by the influenza, who appear to have recovered, or about eight per cent. Much more important, however, is this conclusion, that five of the seven would never have recovered, if the epidemic had passed by without entering the hospital.

In sharp contrast to the good fortune of those just mentioned, are four persons admitted during the last few weeks, whose insanity is ascribed to the influenza. Two of them were men, [Nos. 1,279 and 1,408], who have recovered and gone home. Of the two women, one [No. 1,249] is still suffering with acute mania and is curable. The other [No. 1,281], came with paraplegia in addition to acute mania. She is improving and may recover.

In looking back over the epidemic, one point is worth noticing, that the employees were more liable to the disease than the patients. The average number of patients was 450; of employees and their families, 135, or about thirty per cent. Of the 135 there were sixty affected, or forty-one per cent., an excess of eleven per cent.

One of the curious features of the disease was that delirium was limited to the young and the employees, for example: a boy of five years, one of nine years, another of seventeen, and a girl, of fourteen; of the employees, a farmer, twenty-five years, and three female nurses, each one about twenty-three years of age. Or, putting the statement in another way, of the eighty-six insane having influenza, none were delirious.

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*THE SCIENTIFIC BASIS OF HOMŒOPATHY.*

BY JOHN J. SHAW, M.D., PLYMOUTH, MASS.

[Presented to the Massachusetts Homœopathic Medical Society.]

The claim that homœopathy is scientific therapeutics, is not a difficult thing to establish; but in order that homœopathy shall be accepted by the scientific world as a true science, it seems desirable, if possible, to show not only that its bases are scientific, but also that they are universally known and accepted laws of nature.

The old school has made a careful study of anatomy, physiology, and pathology, and through the perfection of these sciences, surgery has received a high development. But she has never succeeded in reducing therapeutics to a science.

This condition of therapeutics in the dominant school is most unfortunate, and causes scientists to look with disgust on the medical art as a mere conglomeration of dicta of past ages, utterly without head, or system, or scientific connection.

The following quotation from the *Dublin Medical Journal* will illustrate this:—

“Assuredly the uncertain and most unsatisfactory art that we call medical science, is no science at all, but a jumble of inconsistent opinions; of conclusions hastily and often incorrectly drawn; of facts misunderstood or perverted; of comparisons without analogy; of hypotheses without reason, and theories not only useless but dangerous.”

The present is a scientific age, and no art, system, or theory, can claim the attention or respect of the leading minds, which cannot be shown to have a truly scientific basis.

But the science of the present day is not what it was years ago—a mere observation and record of phenomena. Since the days of Newton, and such men as he, science has been learning its true place and scope, the study of nature's modes of working, or, as we say, nature's laws.

Having learned one of these laws, the scientist now reaches out into space, to the most distant matter whose influence he

can feel, or to the esoteric in any direction, seizes upon such phenomena as present themselves, explains them and predicts the discovery of other facts with equal certainty.

In this grand march of science, the results have been as wonderful as brilliant, and when compared with the meagre results which have been reached by the allopathic therapist, we are not surprised at the wail of dissatisfaction which comes from brighter minds among them, who are able to recognize the fact that they have been utterly unable to present anything in the direction of the application of drugs to the cure of disease, which, by the wildest stretch of the imagination, could be called scientific, either in theory or application.

That there are, and have always been, searchers after truth among them, is shown by the many theories, which have from time to time been presented, and upon which some new system of therapeutics has been founded, only to be dropped for some newer and more fanciful fad in the therapeutic line.

The number of these different theories has been legion, but they have never served any purpose other than to give their originators a brief notoriety.

The general advance of science has, however, in the main, broken up this practice of baseless theory making, and pathologists have taken the lead in the endeavor to found a sensible system of practice, by an earnest effort to discover the cause of disease.

These efforts have been rewarded by the discovery of certain bacilli, which are found associating themselves with constant similarity in the same disease. And the discovery of floating aerial germs has given the art of surgery an immense advantage. But the discovery of the disease bacilli has given thus far very little assistance to the therapist in his efforts to cure the disease. Though his face may be lit up by the hopeful expectation that he will soon be able to cure disease by killing the bacilli, yet the doubt remains, that perhaps it may never be possible to kill the bacilli except by killing the patient, as did the bleeders of former times.

All these discoveries are valuable, and may be useful in preventing disease, or assisting in its cure, but they give us no clue to nature's law of healing.

The truth is, that the study of drugs in the old school, as related to the cure of disease, has always been carried on upon a mistaken basis, and with a complete misunderstanding of their relation to the living system. The custom has been to formulate a theory, and then to make the application of treatment accord with the theory; instead of studying the facts, and applying drugs only in accordance with established law.

In the therapeutics of the old school, the one great phenomenon of life, the laws of which must always control the correct use of drugs on the living system, has been left wholly out of the account.

The consequence of such error has been a series of the most stupendous blunders, the effect of which, in their time, has been to reduce the average of human life more than war, pestilence, or famine.

It is one of the laws of life, that all substances which, when brought into suitable relations with the vital forces, cannot be appropriated for the upbuilding of the organism, are obnoxious to that organism.

When a drug is introduced into the living system, certain phenomena invariably take place. The first of these is the direct effect of the drug on the life force. I do not forget that there may be a chemical or mechanical effect upon the organism; but this I am not now considering, as it has no special relation to the life force, and would take place on a dead as well as a living body. I have reference only to the drug or poisonous effect on the life force. This effect never changes in quality, however large or small the quantity of the drug; even down to the smallest possible quantity, so long as any of the drug and any of the life force are present, it is a poison, and the quantity of the effect is in proportion to the quantity of the drug; the quality of the effect is always the same. To understand the action of drug medicines, it is most important to understand this fact. This law fully comprehended, and full sympathy with nature's evident disgust at the senseless loading of the system with drugs, which has obtained in the old school, has led many learned and sensible men, who have not been educated out of their common sense, to declare that drugs are always worse than useless in therapeutics, and they have been willing,—with much good reason, too,—to trust their lives in sickness to such hygienic measures as would preserve their health when well.

There is another law of life which lies at the very bottom of all living; and its constant bearing on all living forms, from the lowest in protoplasm to the highest in men, only renders it possible for living organisms to exist.

It is not only the law which makes bare existence possible, but is also the law which controls, or rather stimulates, all evolution. I mean that law which, for want of a better name, I shall call the law of vital reaction.

Life is a struggle against adverse influences, and but for vital reaction, organisms in their feeble beginnings would be overwhelmed and destroyed. But the action of this law causes the life force to build up and fortify the organism in the direction

of special attack. The mollusk which inhabits such places as to be acted upon by powerful currents, has its shell thickened more than the one that inhabits still waters. In this case it is plain that the tendency of the currents is to thin the shell; and but for this law of vital reaction, it would soon be worn away, and the animal destroyed.

In the highest of animals, this same law manifests itself. The palm of the hand in man is, in many cases, subjected to a wear which would soon wear its surface away; but the life force reacts against this special attack, and the consequence is a thickening, instead of a thinning, of the palmar cuticle.

The same is seen when cold water is dashed upon the surface, and the special attack is responded to by currents of warm blood to the assailed point.

And so it is with any drug poison introduced into the system, which is not so strong as to disorganize. If, for example, the drug tendency is to produce fever, the vital reactive effort is to prevent it; if the drug effect is to produce headache, vital reaction tends to prevent it.

This law takes the organism from the moment the life force is planted within it, and is its preserver until, from the overwhelming accumulation of adverse influences, the life force is driven out of it, and disorganization follows.

This law is constantly acting, and in all directions. We, in common with every living organism, are constantly being affected by thousands of influences, any one of which would destroy our physical integrity, were it not that this law causes the life force ever to build up in that direction in which the special influences are striving to break it down. And however subtle these destructive agencies may be, they are invariably recognized and met.

Such is the working of this law when the organism is in its normal state; now let us consider the condition which we call disease. Disease is evidently the effort of the life force to recover its dominion. The organism has been invaded by a foreign foe, which has perhaps been able to recruit its forces within the organic domain, by making foes of what were before good friends. The vital forces are distracted, partially overwhelmed, and act too feebly perhaps, to resist the attack. Here some new element must be brought in, or the vital force gives up the struggle, and death results.

Recognizing that drugs are enemies to the living system, we learn, by this law of vital reaction, that when introduced into the living system, they induce an action of the life force exactly contrary to the poisonous effect which they tend directly to produce.



If now we introduce only enough of the drug to produce the reaction, and not enough to produce the poisonous effects, is it not plain that we have secured a powerful ally, in thus being able to develop and direct the *vis medicatrix naturæ*.

To illustrate simply, suppose a condition of nausea to exist, if we give a small portion of a drug which would itself, in sufficient quantity, produce nausea, but not enough to induce a recognizable degree of that symptom, we shall incite the vital forces to resist and remove that condition of nausea previously existing.

This law being established by the observation of all the cruder phenomena, which are readily accessible, there is no reason why we should question that it operates to the minutest ramifications of drug influence; and we have only to observe the abnormal effects of any drug on the healthy system, to know in just what directions we can produce vital reaction with it, when given in doses too small to bring on its drug or primary effects.

Here, then, we have a system of medication which recognizes the true relation of drugs to the living system, and with respectful obeisance we acknowledge the life force as the only thing with which we are acquainted that can heal our diseases. We give her every hygienic advantage to do her work, never oppressing her with drugs, but only using them in the gentlest way to guide and direct her efforts.

Such is homœopathy; a scientific system of therapeutics. Scientific, because based upon an immutable law of the life force, and because it never puts a drug into the living system, without recognizing this never-varying law.

The man who, beginning with no knowledge of the matter, goes through with a course of study in old school therapeutics, gets his mind so obscured by the mists of thousands of years, that he is, in fact, educated out of his common sense, and so he fails to comprehend homœopathic therapeutics, because it is, like all nature's workings, so very simple.

He saw that we cured our patients where he failed, and so he has, in the main, given up his old murderous practice, and crudely adopted ours; and let us try to hope that it is in the innocence of his befogged brain, that he gravely announces that it is not homœopathy he is practising, while he sails away in a glorious maze of learned verbosity, endeavoring to explain how his medicines act.

This, as I have remarked before, is a scientific age, and we have only to be guided by its scientific requirements, in our efforts to develop and improve homœopathy, in order that it may become the dominant school, and be known, as it should be, as the scientific school of medicine.

*THE TREATMENT OF TUBERCULOSIS.*

BY S. MANNING-PERKINS, M.D., LYNN, MASS.

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

In presenting a paper on this subject I cannot hope to cover the ground, but to speak only of such treatment as I have found beneficial. So far as I know, there is no specific cure for tuberculosis.

Now that the nature of the disease is better understood than formerly, we have reason to hope for more successful treatment. It is the sputum dry, finely pulverized, in contact with sore surfaces or entering the lungs, which forms the principal source of contagion. The tuberculous patient should have the best possible hygienic conditions, choose a high and dry location for his house, have sunny rooms and an unlimited amount of pure air. If the lung be the seat of the disease, which is the most common form in New England, we may act directly on the lung tissue through the quality of the air inhaled. If this be impure, then must the diseased lung be embarrassed in its attempt to oxygenate the blood.

Irritation of the lungs is greatly aggravated by breathing through the mouth. This is especially true in occupations where the air contains fine particles of cotton, emery, metals of various kinds, and dust of all sorts. *Pure air is essential.*

Exercise in the open air is necessary, but should never exceed the available strength of the patient, causing exhaustion. This is important, for the desire to gain strength by exercise often defeats its own ends. The undersize of the heart, sometimes met with in cases of phthisis, needs the development of that organ by judicious exercise.

Sudden changes of temperature are to be avoided as much as possible and guarded against by suitable woolen clothing. If the weather is warm, thin woolen clothing will be comfortable; if cold, it can be as warm as is required and still be light. It readily absorbs perspiration and affords better protection to the skin than cotton or linen. The clothing should be such as to prevent the surface of the body from suffering any chill; loose, to permit free use of all the muscles, and as light as possible.

The hours of sleep should be more than for a healthy person. The processes of repair are more fully carried on during sleep. That it may be sweet and refreshing, the mind should be free from harassing cares and anxieties.

Mal-nutrition is an important characteristic of tuberculosis. It must be met with an abundance of wholesome food and the ability to digest it. It is not always desirable that the patient

should eat all he can, but as much as can be digested and assimilated. Animal food is beneficial. Pork in all its forms should be avoided. During the chronic emaciation, food should be abundant and highly nutritious and digestion stimulated if necessary. During the fever, less food is usually taken, and a small amount of alcoholic stimulants is beneficial. Beef, mutton, fish, milk, fruits, vegetables, and the cereals, furnish an ample diet. Tuberculous patients need cheerful surroundings and cheerful and healthy associates. The inspiring and invigorating effect of such companionship is in itself oftentimes as good as medicine.

We naturally look for the development of tuberculosis in the children of tuberculous parents. Such children undoubtedly do have a predisposition to the disease, but the predisposition may also be acquired by children of healthy parents, through the weakening influences of serious diseases and bad surroundings. This tendency may remain latent during childhood and youth, and be developed later by exhausting sicknesses, exposure, hardships, and unwholesome occupations.

The progress of tuberculosis is often slow, and so hidden that its presence is not detected until serious lesions exist. As soon as it is suspected, constitutional treatment can do much to arrest its progress. In the early stages, cod-liver oil is an invaluable remedy. It prevents the wasting of the tissues and, together with calcarea carb. or phos., will often restore the patient.

It is rare, however, that an adult consults the physician in the beginning of the disease. It is children, whose parents watch anxiously their growth and development, who come under treatment in the early stages. When cod-liver oil is objectionable from its taste or from its intolerance by the stomach, I have found oleo morrhuine (a preparation of cod-liver oil in powder form) superior to the emulsions. Fresh cream is also a partial substitute for the oil, and an agreeable form of food. When the glands are the principal seat of the disease, as in tabes mesenterica, ferrum phos. and potassium chloride are valuable remedies.

*Verbascum thapsus*, prepared by boiling in milk, is a useful remedy. It mitigates the severity of the cough, affords great relief to the dyspnoea and checks the looseness of the bowels. It is not disagreeable to take, sustains the strength, and is well borne by delicate stomachs. Its action in many respects resembles that of cod-liver oil.

Sulphur as an intercurrent remedy is valuable. *Hepar sulph.* lobelia, *drosera*, *sanguinaria* and phosphorus, all have their appropriate place in relieving the cough. For the hacking cough which is usually considered as amounting to nothing by

the patient, I have found the hypophosphites of lime and soda of value, also as a tonic to the general system, relieving the weakness and lassitude of which such patients complain. When constipation is troublesome, lycopodium or kali carb, affords relief.

For hemorrhage of the lungs, I have found elaps corallinus, a prompt and efficient remedy. Terebinth, ipec. and china have also served me well. Absolute rest in bed is required as long as there is any bloody expectoration. The application of ice to the chest is also useful.

Herr Kircher, a pupil of Liebig, recommends sulphurous acid, which is generated by burning sulphur over a spirit lamp. He says, "at first, coughing more or less aggravated takes place; after eight or twelve days, the bacteria disappear, and cease to irritate the lungs. To complete the cure the patient should be brought into rooms containing some aromatic vapors."

Night sweats are often very troublesome, but may be relieved by china or by drinking cold sage tea at bedtime, no deleterious effects follow its use. Bathing with vinegar and water relieves to some extent and is grateful and refreshing to the patient.

When all remedies have failed, moschus relieves the pain and anguish of death.

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#### THE HISTORY OF TUBERCULOSIS.

BY J. K. CULVER, M.D., BOSTON, MASS.

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

To a work by Eric E. Sattler, M.D., containing translations from the German by Dr. Arnold Spina, are we indebted for much of which we shall give you, of the history of this most fatal disease, which is so alarmingly prevalent, especially here in our own community. Of course, records of the investigations made by scientific medical men, have not failed to reach periodicals, and have met the eye, perhaps, of nearly every practitioner, so that the following may be looked upon as a review of the subject.

As early as 1680, Franciscus Deleboe Sylvius, gave a description of tubercle of the lung. He declared there must be a connection between phthisis and scrofulosis; that the centre of tubercles might soften, or degenerate, and in this way give rise to cavities; and spoke of tubercula minora, showing he knew of the existence of miliary tubercles. Manget, in 1700, made a step in advance, and recognized the fact of a general dissemination of these miliary tubercles throughout the body. But this discovery was afterwards completely lost for nearly a century.

when it was again brought to light by one Morton, in 1780, who avowed his belief in the tubercle as a never-failing premonitory stage of phthisis pulmonalis. This theory also fell into oblivion. In 1794, Baille described tubercle as scrofulous, cheesy matter, and these terms seem to have been associated with the progress and development of the views regarding the disease, and has exerted a marked influence, the terms being alternately used to express the same idea. Baille compared tubercles to fresh cheese, did not consider their size, or location, as characteristic, but their physical properties, only. Vetter, in 1803, considered no connection to exist between the tubercle of the abdominal organs, and that of the lungs, and that these were two distinct processes, pathologically speaking. To Bayle, seven years later, belongs the honor of being the first to describe the different stages through which tuberculous matter passes, and to show that these changes, or metamorphoses, are characteristic of tubercles. He first discovered tubercles of the larynx and trachea. He also was the first to introduce the term "tubercle milare" into pathology. In 1819, in a work on Auscultation, published in Paris, and later in Leipsic, Lænnec enlarged upon the views of Bayle, and proved that tuberculosis, in its first stages, showed itself in the miliary form, and taught that there was only one kind of cavity formation, and that was produced by the softening and degeneration of tubercles. This theory may be almost said to hold to-day. In 1849, Leibert, in the Transactions of the Medical and Surgical Association, maintained that he had found in tubercles, peculiar small corpuscles, which were the only characteristics of tubercles, — (he also was the discoverer of cancer cells), — and that tubercles were not inflammatory products. Thus changes and vacillations were the rule, as in all other scientific investigations, and while one thought tubercles the result of a peculiar pathological process, another thought they were simply deposits of pus, and in no way the results of a pathological process. In 1866, Niemeyer and Buhl, in their pathology, entered a new channel, the latter having published previous to Niemeyer, the results of two-hundred and eighty autopsies, twenty-three of which were cases of acute miliary tuberculosis. In twenty-one out the twenty-three, he found cheesy nodules, yellow tubercles, or cavities formed in consequence of the presence of the cheesy nodules. Buhl regarded the disease as specific, infectious, and originating in a primary focus, developing in a centrifugal manner. In 1871 came Schuppel, afterwards Klebs, Cohnheim, Kundrat, Herring, Friedlander, Griffin, Steudner, Jacobson, each with his theory; one contending that lupus was a localized tuberculosis, because the presence of giant cells was recognized; another

that tubercles possess no specific structure; and another that, anatomically, tubercles could not be defined. Taking a view of the situation at this time, it appears that the character of miliary tubercles has been revealed by the microscope. It has demonstrated a cellular structure, an intercellular net-work, and often, not always, the presence of giant cells. But up to 1883, histological and pathological investigations seem to have thrown no light upon the causes, or nature, of tubercles.

Experiments by inoculation date back, as far as known, to 1789. The first successful inoculation was accidental. Lænnec wounded himself in the index finger, while performing an autopsy, and died a quarter of a century after, from tuberculosis. In 1812, experiments were made upon guinea pigs, dogs, and rabbits, by Gaspard, and in 1826 by Cruvelhier. In 1843, Klencke first made the announcement to the medical profession that animals become tuberculous, after inoculation with miliary tubercles. But Villemin is almost universally regarded as the discoverer of tuberculosis by inoculation. Entering into these investigations were Villemin, Lebert, Wyss, Pidou, Paul, Vogel, Simon, Sanderson, and Wilson Fox, the latter having contributed to the London *Lancet*, in 1868, a paper which contained the results of one-hundred and seventeen inoculations upon guinea pigs and rabbits. He concluded his experiments with tuberculous and non-tuberculous matter, and used setons through the skin. All were followed by either a localized or disseminated production of nodules. Inoculations of scrofulous and tuberculous matter, which had been preserved in alcohol for months, and then washed with boiling water, were followed by greater success than inoculations with the fresh material. A fisherman, fifty-five years of age, suffering from gangrene of the big toe, was inoculated with the contents of a lung cavity. He died from the gangrene five weeks after, but the autopsy revealed seventeen tubercles in the right lung, two in the left, and two on the liver.

In 1867, experiments by inhalation were introduced into the pathology of tuberculosis by Knauff. Others entered the field after him, but have failed to enlighten the scientific world as to positive infection being produced by inhalation of tuberculous sputa.

Experiments by feeding. Aufrecht, in 1868 and 1870, Gerlach in 1871, Chaveau in 1874, Semmer, Toussait and others, made series of experiments, Klebs being the first to move in this direction. He fed guinea-pigs with grass contaminated by sputa from tuberculous subjects, and saw as a result, enlargement of the lymphatic glands, and observed erosions on the lips. Gerlach fed animals with pearl-nodules, and with milk from

cows affected with murrain, and found in some cases nodules in the lungs, in others, in the serous membranes. Tuberculous substances from pigs, whether raw or cooked, produced abundance of nodules. Tappeinner's experiments on dogs, were followed by both positive and negative results. On one hundred dogs (the trial was made by Semmer) all were unsuccessful. However, the investigations made by order of the Sanitary Commission of Saxony showed that the milk from cows diseased with murrain, and from tuberculous cows, apparently produced the tubercles. The Bavarian Government, in 1883, instituted inquiries into the matter of partaking of meat from tuberculous cattle, and found among people who had partaken of the diseased meat, more cases of tuberculosis than among others, showing certainly suspicion in that direction.

Experiments with pure tubercle virus. Klebs, of the number who pursued this mode of investigation, in the year 1877, declared bacteria to be the cause of tuberculosis, and after a series of experiments, brought forward three points in favor of his theory. 1st. Peculiar bacteria may be cultivated from tuberculous substances. 2d. These bacteria on being introduced by inoculation, cause tuberculosis to develop in animals. 3d. Bacteria which are identical with cultivated ones, are found in nodules produced by inoculation, and in human tubercles. Baumgarten in 1881, discovered rod-shaped bacteria in nodules. Thus we find the state of things, when in March, 1882, the appearance of an article, read at the Berlin Physiological Society, by Koch, aroused the medical world. It was entitled the "Ætiology of Tuberculosis." For three months, this man worked with guinea-pigs, rabbits, cats, mice, rats, pigeons, frogs, and hedge-hogs. It was a masterly pushing after the truth. It was just that persistent, untiring, unsatisfied energy, which gave new impetus to science, in that direction, and acted as a tremendous stimulus to further research. From that time, the laymen as well as professionals, have been searching for bacilli — micro-organisms, and the like. Dr. Sternberg, Robert Morrison, Crooke, Ehrlich, and others followed up the work, and the result has been to confirm and corroborate Koch's investigations. From Sylvius to the present moment, as might be expected, the results have not been always positive, but something has been gained, even from negative results. And though advance has been made, we look to the coming scientific laborers for further development.

To recapitulate, we have found tuberculosis to be of ancient origin; that it is most destructive in its work; that it is progressive; affects man, and lower animals as well; that it is capable of being reproduced; that a single organ may be its

objective point, or a general invasion of the whole system. But it is by no means certain that it can be transmitted by inhalation. Another century, and perhaps it will be known beyond a doubt, whether the bacillus of Koch is the exciting cause of tubercle or not.

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*CONGENITAL PHIMOSIS; ITS RATIONAL TREATMENT.*

BY N. W. EMERSON, M.D., BOSTON.

[*Read before the Hughes Medical Club.*]

All male children at birth have an elongated prepuce; that is, the foreskin is of sufficient length to cover the glans penis. A statement defining the anatomically correct length and proportions of the prepuce at birth is difficult to make, inasmuch as the length varies with the individual. The anatomists usually describe the adult prepuce as sufficiently long to cover the glans, extending forward to the meatus. Howe, in his interesting book \* says, "In a normal condition the glans has a pinkish color and is highly sensitive; and it is protected by a fold of the integument covering the penis, called the prepuce."

When the prepuce becomes so narrowed that it cannot be carried readily behind the corona glandis, the condition becomes one of phimosis, and then, as is usual in all cases at birth, the inner layer of the prepuce is more or less closely adherent to the mucous membrane of the glans. Stephen Smith says, "In normal condition of the infant, the prepuce is adherent to the glans." When the prepuce is lax and has a sufficiently large orifice, the free movement of it upon the glans early in the life of the child, suffices to break up these adhesions, until the prepuce readily and without effort may be retracted behind the corona. So that in a large proportion of cases the conditions at birth are normal, and with the process of development no interference is necessary. But a surprisingly large class of cases exists, in which either the orifice of the prepuce is so contracted, or the adhesions existing between the adjacent membranes are so dense and firm, that interference becomes a necessity. All these cases are included under the term congenital phimosis. A careful inspection will show that the external layer of the prepuce is usually sufficiently lax, with the orifice of the prepuce more or less contracted, and the inner layer so closely applied to the glans and so very adherent to it, that all movement between these adherent surfaces is prevented. The tendency then, is for these adhesions to become firmer and

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\* *Excessive Venery, Masturbation, and Continence*, by J. W. Howe, M.D.



the orifice to remain undilated. In all these cases the anterior portion of the prepuce is of considerable length and is the part usually sacrificed in circumcision.

Another class of cases which does not come under the subject of phimosis, strictly speaking, requires some attention. Phimosis is not present, the orifice sufficing to allow complete retraction, but the adhesions consist of such firm tissue that they resist rupture and prevent complete retraction of the prepuce. These cases are not subjects for circumcision.

There are three varieties of congenital phimosis. In the first variety the prepuce covers the glans, forming an imperforate pouch over it, without even a trace of an orifice. The urethra opens into this artificial pouch formed by the prepuce and glans penis, and into it the urine is received, forming a large, rapidly increasing, and fluctuating tumor. In such rare cases immediate attention is imperative. Simple puncture may suffice at the time, although the more severe operation is required for complete and proper relief. This class of cases requires a true circumcision, the removal of a portion of tissue; it may be deferred for a few days if puncture is made, or performed shortly after birth without recourse to anæsthesia.

A second variety includes those cases in which the prepuce is sufficiently long, in fact most often apparently preternaturally long, with an orifice very small and out of all proportion to the size of the meatus and volume of urine. In consequence the urine accumulates between the glans and prepuce, and is forced out through the small preputial opening as a very fine and inadequate stream. If unrelieved, balanoposthitis may result, followed by the secretion of pus and even the formation of calculi; an operation is essential to recovery. From the laxity of the external layer of the prepuce, a cursory examination would almost lead one to think the contracted orifice caused all the trouble. But in all these cases the inner layer of the prepuce will be found adherent to the glans, and any movement between these adjacent surfaces will be impossible. If one is in doubt, and a fine silver probe is passed through the orifice beside the frænum, an attempt to sweep it over the glans will fail, although in consequence of the laxity of tissues it will apparently pass one-third the distance. In remedying this condition, two objects must ever be kept in view; the orifice must be enlarged sufficiently to allow of exposure of the glans, and all adhesions must permanently be broken up.

The third variety—the most common one—differs somewhat from the foregoing. There is no impediment to a free flow of urine, the orifice of the prepuce being larger than that of the urethra, and consequently there is no accumulation of

urine. Neither is there any remarkable redundancy of tissue. The preputial orifice, however, is so narrow, that it is impossible to retract the foreskin behind the glans. As in the former varieties, this causes a series of inconveniencies and complications, apart from urinary difficulties.

The base of the glans is prominent with a deep constriction behind it; the prominent margin of the glans is called the *corona glandis*, and the sulcus, the *cervix*. These are both covered with small sebaceous glands, the *glandulæ Tysonii odorifera*, which secrete an odoriferous sebaceous matter, readily decomposed. If this is retained, it may cause inflammation and ulceration of the parts, or, the more fluid portions becoming absorbed, it forms hard, white or yellow cheesy masses, which become a source of great irritation. In all cases observed by me, this smegma has been formed, usually condensed and hardened, sometimes completely surrounding the corona as a hard ridge, and frequently very closely adherent to the membrane. The uncleanliness of the ancients was probably constituted by the retention of this "smegma præputii," and an operation of some kind is necessary to relieve it. The prepuce should be easily retracted behind the corona and all the parts exposed sufficiently to allow of thorough cleanliness.

An important factor in all cases, is the mass of adhesions existing between the glans and the mucous portion of the prepuce. They may be of serious import, and in no book at the writer's command are they given sufficient prominence. They vary from a few slender bands to a complete and unbroken union of the two contiguous surfaces. Very delicate when first formed, they doubtless strengthen with years, and may persist through boyhood until puberty, when the erections incident to this change of life gradually break them up. Also, the mucous layer of the prepuce is very closely applied to the glans, and in connection with the adhesions, grasp it so firmly that this most sensitive portion of the penis is in a state of constant repression; and in those cases where the abnormality persists until puberty, it prevents a proper development and enlargement of the penis. Erichsen says, "In congenital phimosis, the penis is usually somewhat atrophied, and the development of the glans is prevented by the narrow prepuce." While the integumentary layer of the prepuce may be abundant and lax, the mucous layer is short, contracted and undeveloped, and herein lies the principal seat of the defect. All escape of smegma is prevented and there is constant local irritation. In all these cases the abnormalities to be rectified are a contracted preputial orifice, contraction and rigidity of the *internal* layer of the prepuce, and adhesions between the prepuce and glans. If not rectified,

results are sometimes astonishing, extending far beyond the ordinary local effects. While the adhesions may not permit of sufficient freedom of motion between the glans and adjacent membranes to cause an actual inflammation, the friction of the outer layer of the prepuce upon the inner, and the disturbances caused by the direct transmission of the irritation to the more sensitive glans set up a long train of serious constitutional arrangements.

Perhaps the most important and constant of the developments deemed to be a direct result of phimosis, is the habit of onanism. In consequence of the constant local irritation, attention is drawn to the parts, and a certain local excitement results, which naturally leads to and favors the development of this vice. Indulgence in this practice doubtless cures many cases of phimosis by severing the adhesions and dilating the contracted orifice. How much better if the same results were obtained sufficiently early to prevent the formation of this deplorable habit. Saury, Michaelis, de Vanier, Lallemand, and Heerford recommend circumcision as a prophylactic against onanism, claiming that the exposed gland becomes blanched and loses its sensibility, and therefore there is less desire for pollution. W. R. Gowers says, "In boys, circumcision, if effectually performed, is usually successful, and should be adopted in all cases in which there is reason to associate the disease with masturbation." As a fact, however, circumcision does not prevent onanism, although phimosis undoubtedly frequently induces it. Jewish children are by no means exempt from the habit, and the Talmud expressly and strongly warns against it.

Many nervous affections owe their origin to a congenital phimosis as the experience of my own practice allows me to testify. Guthrie asserts that nervous conditions "varying from sleeplessness and nervous jactitations to complete incoördination of movements and loss of equilibrating movements" are a result, and reports several interesting cases cured by operation. Restless paralyzes, affections resembling chorea, loco-motor ataxia, epileptiform convulsions and even epilepsy have been claimed as secondary to it. Gowers relates the case of a boy who had thirteen or fifteen fits every day. He also practiced masturbation. He was circumcised and the attacks ceased at once and did not recur. Persistent sleeplessness and disturbed and restless sleep, headache, neuralgia in region of stomach and bladder, gonorrhoea, dysuria, with irritability of the bladder, convulsions, etc., have all been attributed to result from phimosis by eminent and trustworthy writers, and in support of such assertions, numerous cases are given where operation has cured the previously existing complaint.

A most common and persistent complication is enuresis nocturna; curing the phimosis has usually relieved the enuresis. Many times complete relief does not come for several months, although improvement may immediately be seen. Calculous concretions may form between the glans and prepuce, and Erichsen cites one case from which 462 calculi were removed from this situation. Balano-posthitis, dilatation of the urethra, alteration of the coats of the bladder, and even derangement of the kidneys have been observed to result from phimosis. As a result of local inflammation, preputial contractions may arise causing stricture of the urethra. Wherever these contractions persist, observation has shown that cancer of the penis is very liable to result. Hey and Roux claim cancer to be a not unusual result of phimosis, and that it usually begins in the prepuce. Phimosis is conceded to be a predisposing cause of cancer in this locality, and in support of such assertions, it is alleged that no case of cancer of the penis among the Jews is known. Barwell\* gives a most interesting summary of his observations of hip-joint disease, and while he does not boldly assert phimosis as a cause of this disease, by his reasoning and conclusions establishes it a frequent and important factor. Others have claimed phimosis to be a direct cause of coxitis. It is a frequent complication of other lesions, but can only be considered as an unfortunate accompaniment rather than a cause. Herniæ, hydrocele, prolapsus ani, and obstinate eczema frequently are so complicated, and most beneficial results in eczema have followed a radical relief of the co-existing phimosis. It is difficult in written words to give always proper weight to what is written. We do not mean to imply that the foregoing consequences and complications of phimosis are of very common occurrence, but we do insist that they are a sufficiently formidable array of possibilities to give to this trifling defect considerable importance.

The various reasons put forward for circumcising possess considerable interest. The Apostle Paul gave it a symbolic meaning, while others have interpreted it as only of political import, and nobody could partake of the Passover, who was uncircumcised. Others held it as a mark of personal bravery and courage, and others still considered it from its social relations, and asserted that it increased fecundity. The Jews, with whom we of modern times associate it, claim only that it has a religious and hygienic significance. It has even been affirmed to be a protection against syphilis, yet the Jews are frequently affected. As giving a more modern view and from

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\* A Treatise on Diseases of the Joints, by Richard Barwell, F.R.C.S.

From the surgical standpoint alone, we quote Erichsen, who says, "Every child who has a congenital phimosis ought to be circumcised; and even those who, without having phimosis, have an abnormally long and lax prepuce, would be improved greatly in cleanliness, health, and morals, by being subjected to the same operation; and it would be well if the custom of Eastern nations, whether it be regarded as a religious rite or only a time-honored observance, were introduced among us."

Circumcision is usually considered *par excellence* a Jewish custom, and we are apt to always associate it with this people, hardly realizing to what an extent it has obtained among other nations. The first mention of it is where Abraham bound himself and his house by the covenant of circumcision, in consequence of a direct command of God, about 2140 B.C., as stated in the Bible (Genesis XVII, 9-14). But Jahn\* keenly remarks that "this is inconsistent with the very terms in which the command is expressed, these terms presupposing a knowledge of the rite on the part of Abraham. That it existed previous to the time of the patriarch seems to be indisputable." Moses made it a national custom and established it as a strictly religious rite. It was made obligatory upon all males born of Jewish parents, upon all proselytes, and upon slaves of Jewish masters. The word "uncircumcised" among Jews became analagous to "heaven" among Christians; but as the former were not known as such until about 700, B.C., it can hardly be said to have originated with them.

Although established as a Jewish custom and by them performed upon the eighth day, it is remarkable to what extent it has been adopted and observed by other nations. The Idumeans, Ammonites, Moabites, and Ishmalites were circumcised. It was practiced by the Egyptians, Ethiopians, Abyssinians, Arabians, and Syrians; and the Mohammedans followed it, although not required by the Koran. A portion of the Phœnicians performed it. The Phillistines could not see it as did the other nations, for they were uncircumcised. An observation very interesting and difficult to account for, is that the aboriginal Mexicans observed this custom. The Abyssinians and Arabians performed the rite upon both sexes, the labia minora being removed in females. With the Abyssinians circumcision preceded baptism. The Arabians have a tradition that Mohammed said circumcision was honorable in women. Indeed the Coptic and Abyssinian churches observe it to this day as a church rite. The Copts, however, circumcised at the age of seven and without special religious rites. Many other peoples, as the inhabitants of the

\* *Biblische Archäologie*, Vienna, 1797-1800.

Indian Archipelago, those on the west coast of Africa, of Madagascar, and of the Philippine Islands, and even the Hottentots, all have differing customs analagous to each other, and considered remnants and modifications of this same little operation which we of the present day are called upon to perform, apart from any religious custom, rite or creed.

The original operation has been many times modified and departed from, until several of the operations as performed to-day, are not circumcision. The term should apply to only one class of cases, those in which the prepuce is literally circumcised or cut around, thus removing a complete ring of tissue. All the other cutting operations are often misnamed; a simple splitting of the prepuce from its margin longitudinally backwards is not a circumcision, differs widely from the original operation, and does not conform to the definition of the word, which names and defines the ancient procedure. The literature of the subject is meagre in matters of detail. One of the first questions to be considered is, why is such an operation necessary, and if occasionally unavoidable, how is it that nature is so unreasonably neglectful in finishing this portion of the male economy? It is well-nigh impossible to believe that she so frequently fails in this particular, in what would otherwise be a perfect piece of work. One can understand a law in religion demanding such a sacrifice as this from all its male adherents, and also understand how those same devotees cheerfully make the sacrifice. If for the cause of religion a man must part with some portion of his physique, perhaps the majority can spare a slight ring of tissue from the most contracted portion of the prepuce, with as little inconvenience as from any other member. It is generally supposed that cleanliness was next to Godliness in originally prompting this procedure, and then took precedence of it. When adopted as a religious custom, independently of conditions existing, cleanliness became subservient and was little thought of for its own sake. In attaining to Godliness, the cleanliness necessarily became accomplished. As a fact however, it was first established as a bodily mark of the covenant and became a part of the Mosaic law, that law which is in effect the general code of the Hebrews of to-day. Nothing suggests that it was first founded to secure cleanliness. Strict rules for the preservation of health and cleanliness were laid down at the same time, but apparently no special connection existed between them and circumcision. At some later period they were fictitiously united. But we who acknowledge no pressure from religious scruples in connection with this slight surgical procedure, must find other reasons and excuses for ever performing it, and so we have attempted to portray the causes for operating, and the results if we neglect to do so.

Several operations have been devised for the relief of phimosis. The time-honored one of circumcision should be carefully studied from the standpoint of most practical surgery, and the object of design of the present writing is to question the frequent necessity for such a proceeding. The objects to be obtained by the operation should be very clearly defined. As previously stated, the contracted preputial orifice must be dilated, the retraction and rigidity of the internal layer of the prepuce must be overcome, and the adhesions between the prepuce and the glans must be broken up. In circumcision, the usual method is to grasp the lax prepuce in forceps or in a clamp made for the purpose, directed from above downward and slightly forward, thus carefully avoiding the frænum. Explicit directions are given to draw the prepuce well forward and include it within the clamp. Under existing conditions recall for a moment just what this means. It is impossible to draw forward the *inner* layer of the prepuce, the one which offends, so that the more tissue one draws forward into the clamp, the more one includes of the *outer* layer; which is not a factor in the present difficulties, since it is lax and tough. This advice is so effectively followed that usually, when removing the clamp, the skin of the penis retracts, and drawing the external layer backwards, exposes a wide denuded surface between its free margin and that of the inner layer. Does this relieve the phimosis? Not at all, for now we consider the internal layer closely adherent to the glans and the remainder of the operation has yet to be performed. This layer must be stripped from the glans severing all adhesions, in the performance of which it is frequently necessary to split this layer longitudinally in several places, as far back as the corona. Then must the cut margins of the two layers be united by several sutures, which procures coaptation and turns back the internal layer of prepuce, exposing the glans, and thus establishing a condition at the opposite extreme from the one prompting the original operation. It does not seem as if it was nature's intention to permanently leave the glans, this peculiarly sensitive part of the male economy when existing under normal conditions, permanently exposed. It is in consequence of this conclusion, and the fact that after removing the alleged redundant tissue the inner preputial layer must be dilated, that we are led to condemn the operation as usually performed, and claim that practically the same results are as effectually obtained, and with the intention of more normal conditions, by a simpler method, quickly executed, and free from danger.

Goldman.\* relates a case to which he was called, where two

\*Graefe and Walther's *Journal für Chirurgie und Augenheilkunde*, Vol. IV., p. 22.

brothers of the patient had already died from this operation. He operated carefully, and shortly after the child was deluged with blood from a large vessel in the prepuce, and most energetic measures were required to save him. He also quotes another case to which he was called because of hemorrhage, from which the child nearly died.

Bergson reports three cases where death occurred on the third and fourth day, as a result of severe hemorrhage.

Jaffé \* has collected records of a large number of cases where death has occurred, or the life was in extreme danger from hemorrhage following this operation.

Slitting up of the prepuce, usually upon the dorsum, by a longitudinal incision including both layers has found some adherents. This is open to many objections, being perhaps the most slovenly operation ever suggested as a remedy for phimosis, and should become obsolete. Erichsen says of it, "slitting up the prepuce, whether upon its upper or under surface, is, I think, an objectionable procedure, leaving the prepuce of its abnormal length, and more or less fissured and knobby."

Some operators have advised simply slitting up the internal layer of the prepuce, and doubtless in certain rare cases, where no adhesions exist or are very slight, it would prove beneficial. But this procedure is not universal in its application.

Dilatation of the prepuce, to which we wish to call special attention, combines all the advantages of all the preceding operations, without any of the objections. There is no loss of tissue, the orifice of the prepuce is made sufficiently large, giving opportunity to readily reach whatever of adhesions may be present, and the very act which dilates the preputial opening, also dilates the contracted internal layer, and the degree of dilatation of the one, is exactly proportionate to that of the other. A dilator made for the purpose and which admits of rapid divulsion of all contracted tissues, the pressure being exerted in three different directions, gives the best results. Uterine dilators and forceps of various makes have been used with excellent results, when they have been made to accomplish the proper amount of dilatation.

The operation should be carried out aseptically, and begins by introducing the ends of the blades, so far as possible, within the narrowed orifice of the prepuce. Then rapidly dilate the constriction at this point, using great care that the blades have not been introduced through the meatus into the urethra. This dilates sufficiently to turn back the prepuce and bring into view the adhesions. These latter must be entirely severed. This

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\* Die rituelle Circumcision, etc., by Dr. Julius Jaffé.



usually be done by grasping the glans in one hand and the margin of the prepuce in the other, and stripping it back until it lies behind the corona. Difficulty is sometimes experienced in this part of the operation because of the soft and elusive character of all the tissues involved. A satisfactory method of separating the adhesions is to introduce a probe beside the prepuce, so curved that it will enter the canal lying behind the corona. The probe may then be used as a lever and made to separate from behind forwards, the opposing and adhered surfaces. No matter how accomplished, one must be sure to break all adhesions until the prepuce lies entirely free behind the corona. This leaves denuded oozing places upon the surfaces of both glans and prepuce, which exactly correspond to each other. These raw surfaces are of importance in the subsequent treatment. All smegma must be removed and the parts carefully cleansed. Then advancing the prepuce into normal position, the closed blades of the dilator are again introduced beside the frænum and rapidly separated to the desired degree, a matter of experience and judgment. The result of this act is to roughly dilate the contracted orifice as well as the inner margin of the prepuce, without disturbing the external preputial layer. Slight fissures, varying in number and degree, are made about the preputial opening, and some of these extend backwards towards the corona. There is also considerable subcutaneous rupture of over-tense tissue. The hemorrhage is most insignificant, and no large amount of fresh surface is exposed. The penis should be dressed aseptically. The prepuce can now be completely retracted with ease, because all constrictive tissues have been ruptured at their respective points of greatest tension. Without any loss of tissue the three special needs of the operation have been accomplished; enlargement of orifice, dilatation of tense inner preputial layer, and rupture of all adhesions. The prepuce then serves the purpose of protecting the sensitive glans — is not this nature's intent — but does not contact the smegma. It may be retracted without effort for purposes of cleanliness, and allows of proper development from childhood through puberty to manhood.

Quickly following the operation, the lax prepuce becomes swollen and oedematous, until it presents a most abnormally distended appearance. This distention, however is never a cause of alarm; on the contrary, it is rather beneficial since it gently and uniformly again dilates the divided tissues, and so prevents them from falling together and becoming subcutaneously adherent by contact. The orifice through this oedematous mass is always sufficiently enlarged for the free passage of urine, and no pain is caused by it. This oedema is at its height in

about forty-eight hours, and then quickly subsides until upon the fourth or fifth day it approaches more nearly normal proportions. The whole success of this operation depends upon the attention given to the penis for the forty-eight hours succeeding the dilatation. After the prepuce is drawn forward into normal position, the raw surfaces upon the glans and prepuce fall together and accurately coaptate themselves. All are familiar with the rapid union of fresh wounds in young children and infants. In consequence these parts adhere in a few hours, and if left undisturbed, in forty-eight hours the adhesions are reformed, and are hourly increasing in firmness and density. It is therefore *imperative* to turn back the prepuce sufficiently to expose the entire glans, within twenty-four hours of the time of operating, and at least once in the succeeding twenty-four hours. Some difficulty may be experienced the first time this is attempted, and it is somewhat painful; but persistence and tact overcome the difficulties and a few drops of a 4% solution of cocaine beneath the prepuce sufficiently allays the pain to make manipulation tolerable. Sometimes a probe is necessary to again separate the adhered surfaces. At the second attempt even more difficulty than at first is experienced in turning the prepuce away from the glans. Œdema is at its height and the tissues are so distended as to have lost their elasticity. While it is always possible to evert the prepuce even under these conditions, it is less painful to carefully pass a well-oiled probe in all directions and so again break up the tendency to adhere. If thoroughly done this will usually suffice, although it is better to use the probe or evert the prepuce several times after this, in order surely to avoid the formation of new adhesions. The first time after dilatation that the prepuce is everted, smear the exposed parts with sweet oil or cocoa butter, as the interposition of oily particles tends to avoid subsequent adhesion. In almost all cases this operation is sufficient even where there is an apparent excess of preputial tissue. If abundant, it adapts itself to the subsequent growth of the penis, until, after puberty, the relative proportions will be found to be nearly normal. A healthy adult with a preternaturally long prepuce is a great rarity, but we are sure we have seen many afflicted with an insufficiency of prepuce, the result of operations early in life.

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A patient who is addicted to the morphine habit may be detected, in spite of denials, by procuring a sample of the urine, and adding to it a few drops of the perchloride of iron, when a characteristic blue tinge will appear. — *Med. Era.*

Whiskey is not good for weak lungs, just because it makes the breath strong.—  
*Med. Era.*

THE PHYSIOLOGY OF SECRETION.

JOHN A. ROCKWELL, M.D., PROFESSOR OF PHYSIOLOGY, BOSTON UNIVERSITY  
SCHOOL OF MEDICINE.

[*Abstract of a Lecture delivered April 18, 1890.*]

*secretion.*—We have studied the various digesting fluids as their constitution, and their particular action on food stuffs. Today we consider the general problem of glandular secretion, the function of the epithelia. By the term epithelia, we include the elementary bodies of living matter, the so-called "cells" of glandular structure, and secreting surfaces.

The epithelium, you know, is partly epiblastic, and partly mesoblastic in origin, the epiblast pushing inward at the mouth and anus, and providing for the salivary glands, the hypoblast providing the secreting and absorbing medium for the remainder of the alimentary canal, with its contributing glands. These layers retain something of their primitive character, and may be considered as an orderly and fixed grouping of highly organized elements of living matter, taking their shape or form in their neighborly relations.

In an early lecture we considered the low form of life in the amoeba, which could receive nutrition, grow, produce its kind, change its form, exhibiting a certain automaticity, sensibility, and selective function. The amoeba is sometimes spoken of as formless, structureless, mass of living matter, but as a white blood corpuscle we find distinct form and structure, and in an epithelium we observe a well-defined reticulum. In the amoeba the functions are performed by the individual, or by any part of that individual, while in the highly organized tissues there is a division of labor most marked and varied. From embryonal forms we find developed the complex structures of the nervous system, muscles, connective tissue, fat, cartilage, bone. The living elements of these highly differentiated forms have their particular functions, and retain their fixed forms and characteristics, as nerve, muscle, connective tissue elements, respectively. For instance, a fat cell may be emptied of fat, become partly filled with another fluid, be again emptied, and be refilled with fat, retaining its form and character as a fat cell. The elementary bodies of other tissues may be enveloped in, or infiltrated with fat, but they do not become fat corpuscles, and they may resume their former functions, as muscular or nervous, after the fat has been withdrawn.

So, also, the epithelia of the glands have their special functions. You recall the peculiar structure of the glands, the compound tubules or acini of the pancreas, the simple tubules of

the stomach. You remember the changes observed in the pancreas and in the parotoid during activity;—the storing up of materials during rest, and their discharge during secretion.

In the submaxillary gland, you remember the pressure in the duct was, out of all comparison, greater than the blood pressure in the vessels flowing through the gland. During secretion, the blood vessels are dilated, and the flowing stream is of a bright, scarlet, arterial color, even in the veins. This full arterial current is bearing to the gland not merely an abundant supply of food materials, but also oxyhæmoglobin. It is impossible that the secretion could be the result of filtration, because the pressure within the gland is greater than the pressure in the blood current. It is not possible that endosmosis obtains to any considerable extent, because while the gland is surrounded by the materials in the blood, only certain portions of the gland take up these materials.

We have, then, a gland collecting or receiving materials from its neighborhood and delivering a secretion. We find in this secretion constituents not found in the blood in the same proportion, and other substances which have their origin in the gland. There is, then, a formation within the gland of the materials which make up this secretion. As above mentioned, during rest there seems to be a storing up of materials preparatory to active secretion.

Earlier we noted certain ferments which were formed in these different secretions, as the ferments of the gastric juice and pancreatic juice. In the study of the enzymes, these unorganized ferments, we found that the ferment is not in the gland itself, but that there is a substance out of which the ferment appears to be formed. This mother of the ferment is called, zymogen, and the zymogen giving rise to trypsin is trypsinogen, that giving pepsin is called pepsinogen, that giving mucus, mucinogen, and so on. This change is associated with the taking up of oxygen; that is, this mother substance takes up oxygen and gives forth a ferment. Oxygen has been shown to be essential to the proper action of the glands. We found, as to the organized ferments, the micro-organisms, that in the intestines they perform their work in digestion in the presence of oxygen, that without oxygen they are inactive, and that they also cause the bodies on which they act to take up oxygen.

There are those who teach that physiology is simply chemistry and physics applied to animal life. We are to explain all the phenomena in the animal body either along the lines of physical laws or of chemical change and constitution. There is exhibited constantly in the system the working of physical laws. Everywhere in the course of digestion we find chemical processes.

at work. Yet by the aid of neither can we explain the problem of secretion. The amœboid white blood corpuscles exhibit selective action, so do the different epithelia. We find the epithelia of the salivary glands selecting certain materials furnished by the alkaline blood and therefrom elaborating an alkaline secretion, having a peculiar diastatic action on certain bodies. In the glands of the stomach, from the same alkaline blood is elaborated a fluid acid in reaction, and acting exclusively upon another class of bodies. The marvel is, how the epithelia of the stomach can give off free hydrochloric acid and remain alkaline, how the epithelia of the pancreas can give its complex ferments and remain themselves free from ferment. The explanation must rest upon the selective action of the epithelia.

Recall our study of the automatic ganglia of the heart and their relation to the regular and rhythmical heart beat. We noted in the vascular system, in the ear of the rabbit, something which seemed like an accessory heart ganglion. Yesterday we demonstrated the lymph-hearts in the frog, the function of which is to pump the lymph through the lymph system. In two frogs, each curarized, the brain and spinal cord of the first destroyed, of the second uninjured, in each the aorta divided, we found, upon introduction of a suitable normal saline fluid into the great lymph sack at the back of each, that in the frog with uninjured cerebral nervous system, the fluid would be pumped through the lymphatic system to the heart and out of the open aorta, while in the frog with the destroyed brain and spine, no such result could be obtained. This indicated the importance of the connection between the lymph-hearts and the cerebral nervous system. The ganglia of the heart, the ganglia of peristaltic influence, those associated with the great glandular organs and with the digestive processes, must be in full relation, with the cerebral nervous system for normal action.

We have earlier learned some of the nervous conditions affecting secretion. Efforts have been made to trace the nerve terminals to the immediate neighborhood of the epithelia or even to the secreting epithelia themselves. Certainly we have direct connection between the cerebral nervous system and the secreting gland, and under certain stimulation we get certain results as to secretion. We must note that in the secreting gland there is the development of heat. The temperature becomes higher than in the adjacent blood vessels. This heat is associated with the chemical changes going on in the gland. It is possible that these chemical changes may be brought about by an action analogous to the catalytic action of the chemist — as the action of a metal by its presence in a fluid, resulting in new chemical combinations by a process unknown.

In the ultimate processes of secretion, then, we observe that epithelia exhibit a selective function, choosing the materials for the elaboration of the particular secretion; that there is a necessary relation between this action and the functions of the nervous system; that the particular form of action in the gland seems to be associated with the power of the epithelia to secure contact between certain chemical substances or materials there brought together, enabling them to make new molecular combinations, and that this is always associated with the taking up of oxygen.

[ *Reported by Mr. John Urich, '92.*

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*A NOTE ON THE TREATMENT OF DIABETES.*

TO THE EDITOR OF THE GAZETTE:

*Dear Doctor:*—I have just read the article in the last number of the GAZETTE, on "Diabetes Mellitus." The author states that he has "failed to receive benefit from the bromide of arsenicum." On the other hand, I have never yet failed in the cure of diabetes mellitus, where the patient has followed closely the dietetic directions given, since using arsenicum bromide. My first success was in the case of a gentleman still living in the vicinity of Boston. He obeyed to the letter, directions as to diet. Phos. ac., and uran. nit. diminished the amount of sugar and increased his general health, but failed to perfect a cure. Arsenicum bromide, then used for the first time, finished the case in a few weeks. That was about six years since. I would add that specimens of arsenicum bromide sent by a Boston druggist (not the homœopathic) failed in my hand.

Yours truly,

LYMAN CHASE, M.D.

Kennebunkport, Me.

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**HYPNOTISM AND CLAIRVOYANCE.**—Professor William James, of Harvard, in his article on hypnotism, in the current number of *Scribner's Monthly*, says: "I know a non-hysterical woman who, in her trances, knows facts which altogether transcend her possible normal consciousness, facts about the lives of people whom she never saw, or heard of before. I am well aware of all the liabilities to which this statement exposes me, and I make it deliberately, having practically no doubt whatever of its truth. My own impression is that the trance condition is an immensely complex and fluctuating thing, into the understanding of which we have hardly begun to penetrate, and concerning which any very sweeping generalization is sure to be premature. A comparative study of trances and subconscious states is meanwhile of the most urgent importance for the comprehension of our nature."

**CHEMICAL.**—There was sorrow among the gods when Iodide of Potassium, and cannibalism on earth when Bicarbonate of Soda. — *Amer. Druggist.*

ONE-and-a-quarter tons of the bromides are consumed annually at the National Hospital for Nervous Diseases, London. — *Jour. Am. Med. Association.*

## SOCIETIES.

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular meeting of the Society was held at the rooms of New England Woman's Club, No. 5 Park Street, on Thursday evening, May 1, 1890. The meeting was called to order by President, Charles Farnsworth, M.D.

## BUSINESS SESSION.

Reading of the records of the previous meeting, by the Secretary, which were approved.

On the request of A. W. Stockwell, M.D., of Boston, that her name be withdrawn from the membership of the Society, was presented, and granted.

On motion of Dr. I. T. Talbot, it was voted, "That when this meeting adjourned, it be to meet at the College building, East Record Street, in two weeks."

The following committee was appointed to prepare resolutions on the death of Dr. Horace P. Hemenway, of East Somerville: Dr. I. T. Talbot, H. A. Houghton, and W. E. Harvey.

The following delegates to the American Institute of Homœopathy were chosen:

From the Boston Homœopathic Medical Society, Dr. Charles Farnsworth.

From the College Dispensary, Dr. H. C. Clapp.

From the Roxbury Dispensary, Dr. W. L. Jackson.

From the Massachusetts Homœopathic Hospital, Dr. D. G. Codvane.

From the Westboro Insane Asylum, Dr. N. Emmons Paine.

From the Consumptives' Home, Dr. Charles Cullis.

From the New England Reform Society, Dr. J. M. Plummer.

## SCIENTIFIC SESSION.

This was opened by J. Heber Smith, M.D., who presented: "The Claims of Hypnotism, and its Promise in Medical Practice." He spoke of the interest which had been awakened in the minds of the medical profession, and quickened by the experiments of Heidenhain on this subject.

Since 1879, Charcot has devoted much time to its consideration. In this country, Dr. Beard has done much to maintain the interest already existing. The English society has not been quite as successful. Many of the eminent physiologists have denied the existence of this general mesmeric influence, while others accept it. Most people can be hypnotized by a continuous

impression on some one of the senses. Leading all other methods, is that of looking steadily at a bright object.

Anticipation and acute imagination play a part in the induction of this trance. Another quite successful method, in many cases, is the stroking of the subject's forehead by the operator, which is followed by an apparently somnolent condition. General sensibility is either altered, or absent. In some subjects, anæsthesia is so complete as to allow the performance of certain surgical operations, and partial analgesia may occur.

The celebrated Dr. Carpenter mentions some subjects, who, when in this state, were unable to smell.

One side of the body, or a single member, may be influenced. Startling derangements of the motor system are noticed, and it is an easy matter to make the subjects believe that they cannot move a hand or limb.

Inability to move a part of the body, as the eye, or hand, is due, not to a lack of muscular contraction, but to an increased contraction of the opposing muscles. The tendon reflexes are found to be increased.

A condition resembling catalepsy may follow as a secondary condition. This cataleptic phase may be confined to one side of the body, if one eye of the subject be kept open.

*Therapeutic uses.*—From the idea of "suggestion," upon which hypnotism depends largely, it is not difficult to see how this can be made applicable in a large number of cases, without the induction of the hypnotic state. Many of these individuals are not very ill, and need just this form of suggestion.

Hypnotism will aid us in projecting important influences towards our patients. It is this influence which helps to make one successful as a physician, and gives people confidence in him.

A woman in the hospital was unable to walk, but under this influence she commenced to walk, and soon was able to walk readily.

Many cures by the Mental Scientists are probably due to a similar influence. During the hypnotic state, a suggestion can be made to the subject, which is to be acted upon at a specified time, after leaving that state.

Mr. Winthrop T. Talbot followed with a few remarks, stating that the induction of the hypnotic state is ancient, and time-honored. In fact, what is the "Mid-summer Night's Dream," but a vivid picture of the possibilities of hypnotism and suggestion.

In the Middle Ages, Europe was over-run with astrologers, sooth-sayers, and magicians, who used hypnosis as a means of impressing upon a credulous people their miraculous powers.



Braid, of England, in 1842, was the first to treat the matter in a scientific spirit. His method of inducing sleep was to hold a bright object about eighteen inches from the eye, thus wearying the orbital muscles; gradually the subject would sink into sleep.

The Abbé Faria was the next to publish studies on hypnotism. He first brought out the idea of *suggestion*. From this time hypnotism fell into disrepute, and a committee, appointed in England to investigate the matter, rendered an adverse report. Charcot, in inducing hypnosis, held the thumbs of the subject in his hands, and made passes over the face, arms, etc. Charcot adopted Braid's method, with this exception, that the bright object was placed at the root of the nose.

Liébault, of France, was the first to induce hypnosis by means of simple suggestion, either by voice or gesture. Dr. Bernheim follows the method of his colleague, Liébault, and has his patients lie on a bed or sofa, saying that he wishes to effect a cure by sleep. He has the patient think of sleep, its pleasant effects, etc., and induces it thus.

He also uses Braid's method of fixing the eyes. This being accomplished, the eye-lids tremble, the pupils dilate, and later contract. At this moment is the time to speak, and tell the patient to sleep. Gradually the eyelids will close, deeper sleep is induced, perception of external objects is lost, the cataleptic state is induced, with analgesia, or insensibility to pain follows, and finally the true sonambulistic state, which is characterized by amnesia, or forgetfulness on waking. Suggestion is applicable in any stage. This is to be made with firmness and authority. One patient should never be hypnotized in the presence of another, and should never be told that their disease is incurable.

Anyone can practice this means of cure, provided they have the confidence of the patient.

Dr. Talbot stated that the present subject, a lady, is thirty-three years of age, rather delicate, and has borne two children. She had an attack of diphtheria at thirteen, and one of neurasthenia at twenty-three. Two years ago she had another attack of the latter, attended with laryngitis and aphonia. She entered the Massachusetts Homœopathic Hospital in December, 1889, and no surgical operation was found to be necessary. By means of hypnotism the aphonia was cured. The subject was brought before the Society in a hypnotic state, and various tests were made, demonstrating the condition of the motor and sensory systems. After being awakened, sleep was again induced in the presence of the Society.

## DISCUSSION.

Dr. Alonzo Boothby read an extract from a recent journal, in which the evil effects following hypnosis were mentioned. Hysteria is a frequent after-effect, especially in those having a predisposition in that direction. Those having a predisposition to fits, will have either these, or contractions. He would certainly be loth to adopt hypnotism as a therapeutic measure.

Dr. J. K. Warren was called upon, and gave some points from his experience. At present he was unable to say as to what extent this power is useful, but he has performed surgical operations successfully, while the patient was under this influence, but conscious of all else that was going on. He believes that all have animal magnetism, either positive or negative, and only opposites influence each other. It is certain that a limb, or some other portion of the body, can be so influenced that painless surgical operations can be performed upon it. It is essential that the party to be operated on should be in as passive a condition as possible. The operator, by passing the hands down the spine and arms will bring the body more completely under his control. He has been successful in paralyzing a limb to a certain line drawn around it, and beyond that a normal condition existed. In an operation on a young man for amputation of the forefinger, notwithstanding that the length of the operation was a half-hour, no pain was felt. Probably will-power has but little to do with it.

Dr. A. J. French, of Lawrence, spoke of experiments which he made in 1849-50. The subjects were young men, and one difficulty first met with was his inability to awaken one subject. In later years he lectured quite extensively on the subject, and experimented successfully on a large number of people. He is led to believe that only exceptional cases can be hypnotized. The resulting condition is injurious, and consequently hypnotism should be a last resort. In his opinion, the hypnotic state is the result of cerebral anæmia, and often the condition which one seeks to help will only be aggravated.

Dr. Warren mentioned a case of congestive headache, treated unsuccessfully with remedies. He hypnotized the patient in twenty minutes. A permanent cure resulted in twenty-four hours.

Dr. I. T. Talbot said that he had always deemed this matter to be in part real. It should receive our careful study, and thus we shall ascertain of what benefit it will be to our patients. Having ascertained to what good uses we can put it, it should be used only for such an end. Cases of congestive headaches, and cephalalgia, after receiving this treatment, should be very closely observed.

Dr. Farnsworth mentioned a case which came under his observation many years ago. The patient, a young girl, was having convulsions frequently, was unable to walk, had been confined to her chair for three years, and any attempt to stand would result in convulsions. She had been treated by galvanism, with no apparent success. A young man from a neighboring family offered to mesmerize her. It was done, and while in this state, she walked. Later she gradually came to talking a little at a time, and recovered.

Dr. James Hedenberg spoke of a case of Dr. Channing's, reported in the *Boston Medical and Surgical Journal*, where the patient was hypnotized, placed in a standing position in the middle of the room, and left to awaken. This treatment resulted in a complete cure.

The meeting then adjourned, to meet in two weeks, at the college building, East Concord Street.

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

SPECIAL SESSION.

A special meeting of the Society was held at the College building, East Concord Street, on Thursday evening, May 15, 1890.

The meeting was called to order by the President, Charles Farnsworth, M.D.

It was voted to omit the reading of the records of the previous meeting, and proceed to the topic of the evening.

I. Reading of a paper on "Recent Progress in Dietetics," by George B. Rice, M.D.

Progress in dietetic therapeutics has been very slow. To-day we are in possession of only a few incontrovertible facts relating to this subject.

A very important subject which comes before the physician, is the proper feeding of fever patients. In such cases, the question of food is of unusual importance, because of the great tissue waste which must be replaced.

Carbo-hydrates and fat are both fuel foods, but the popular preparation known as "Beef Tea," contains nothing of this description, as it contains but little, except a small amount of extractions. It can be made a nutritious preparation by properly extracting the albuminoids and gelatinoids from the meat.

Cow's milk is practically a perfect fever food. It is often desirable to prevent sudden coagulation of this, which is readily accomplished by the addition of barley water, previously cooked.

Lime water is not very desirable, as quite a large quantity must be used.

It is often asked, "Shall we try to replace tissue waste by giving nitrogenous food?"

This is permissible if no more albuminoid material is supplied, than can be properly cared for. If an excess is supplied, peptones, etc., may be distributed through the blood, with serious results, or uric acid and urates may be formed.

Some physicians have excluded milk from their list of prescriptions, because of the impurities which it often contains. Among these may be enumerated pus and blood corpuscles epithelium, hair, etc. In some cases, the bacillus tuberculosis is found in milk, but it is far from being proven that this directly affects the human body, inducing tuberculosis. An out-break of disease among cattle is followed by a similar manifestation in children fed upon the milk of such animals. Sterilization will obviate this difficulty, as it destroys the germs, etc. The milk of several cows, mixed, is preferable for children. Condensed milk contains much cane sugar, and is useful only as a temporary change of diet.

Farinaceous substances are poor substitutes for the mother's milk. After remaining in the digestive tract a short time, starch or dextrine will ferment. Cow's milk should be rendered alkaline, the amount of casein be diminished by adding water, and some cream and sugar then added.

The amount of food for an infant at birth, should be about one fluid ounce at one time, and gradually increased in amount as the child grows older. Sometimes it is desirable to add pepsin to the food. This is done by boiling the clear milk and cream, to which a small amount of pepsin has been added, for about fifteen minutes, and then add the other ingredients mentioned.

ptomaines sometimes are found in milk. These are chemical compounds, basic in character, resulting from micro-organisms. They are putrefactive alkaloids, some being highly poisonous, while others are inert. Their toxic effects appear from five to twenty-four hours after they are taken into the system. Cooking the food does not destroy their activity. At present it is thought by some that the liver aids in destroying these.

Sterilization by heat is the only method by which food can be treated and have it kept properly.

II. Mrs. Ellen H. Richards next spoke upon "The Scientific Study of Food."

Science goes deeper than the unaided instinct, in determining what is proper food. Scientific study of food consists not in Grahamism, vegetarianism, etc., but in arriving at an exact

knowledge of the subject by taking one step at a time. Many of the students at the Institute of Technology, are working a whole year to establish a single fact.

Much of the time during the past year has been devoted to the study of raw material. At present the composition of cooked foods is but little known.

Shall we not have a higher standard of human health, and knowledge still more the value of preventive medicine?

II. Mrs. Mary Hinman Abell gave a description of "The New England Kitchen" and its work.

It has been deemed advisable to make a series of experiments on cookery, and a portion of the Elizabeth Thompson fund was granted this year for the purpose. Some of this work has been done at the Institute, but a large share has been done in the "Kitchen," established at 142 Pleasant Street, corner of Manchester Street.

The experiments have been confined to the cheapest foodstuffs, such as the shin and neck of beef, and such cereals as corn and oatmeal. The Kitchen is a success, because it has succeeded in proving many facts.

There is a future for some central station, where some of these questions can be followed out and settled. We feel that the things we are finding out will be of great benefit to large institutions, hospitals, etc. The raw food material is certainly cheap, but as yet we have not learned what to do with it.

Considerable time has been devoted to studying the proper method of preparing beef broth, and how to extract the juice and gelatine from the material, with the best results. The Crompton oven has proved most serviceable. Two to three hours are required to bring the water to the temperature at which albumen coagulates. It is then cooked for six hours. Thus we feel that we can from a given amount of material prepare a broth that will be of a given strength, as shown by analysis.

The success of the undertaking will depend largely on the amount of products sold.

#### DISCUSSION.

Dr. I. T. Talbot spoke of the importance of the subject under consideration, to the profession in general. Many physicians do not even have a vague idea of what food should be prescribed in a given case. The work at the Institute of Technology and at the Kitchen has been of inestimable value. We, as physicians, do not even find very poor facilities for the preparation of a patient's food, and this movement will aid us in remedying this defect.

Dr. James Hedenberg gave the result of his experience in sterilizing and tonizing milk, and the result of the latter has

been very satisfactory, as infants thrive better when fed on sterilized milk than on any other artificial food.

Dr. W. L. Jackson asked if the same views were held now, as formerly, regarding the nutritive value of gelatine?

Mrs. Abell said that about one hundred years ago, the French Academy considered it a perfect food. About the middle of the present century the opposite opinion was held. In Germany at the present time, it is believed that gelatine, if mingled with a flavoring material, is really nutritious. As much gelatine can be made nutritious as the flavoring will cover.

In response to the inquiry of Dr. H. C. Clapp, as to the nutritive value of some jellies, Mrs. Abell stated that they contained but one per cent. of gelatine.

Dr. J. Heber Smith thought that raw milk acts as a drastic cathartic in many infants. He has found that children will thrive on sterilized milk, and have a natural stool. If desired a teaspoonful of molasses or olive oil can be given at night as a laxative.

Dr. Conrad Wesselhoeft heartily endorsed the work of the New England Kitchen, and he hoped it would be the beginning of a revolution. It should certainly be the supplanter of the artificial foods of the apothecary shops.

Dr. Talbot thought it to be the duty of the physicians to thoroughly inform themselves, concerning the work of the kitchen and thus further its usefulness.

Remarks were also made by Drs. Woodvine, Klein, Sherman, and Rockwell.

The meeting then adjourned to another room where "The Kitchen" products and other refreshments were very ably discussed.

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

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*WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The regular quarterly meeting of this Society was held at No. 11 Trumbull Street, Worcester, May 14, 1890. The meeting was called to order at 10:45 A.M. by the President, Dr. J. P. Rand. Minutes of the last meeting were read and approved.

The name of Dr. Frank T. Todd, of Danielsonville, Conn., was proposed for membership and referred to the Board of Censors.

Dr. E. R. Miller, of Leominster, the Censors reporting favorably, was elected a member of the Society. Dr. W. F. Sanford, of Webster, resigned from the Society, on account of removal from the State. By vote of the members present his resignation was accepted with regret.

A committee of three, consisting of Drs. Murdock, C. E. Perms, and Adams, was appointed to draft resolutions upon the death of Dr. F. R. Sibley, an honorary member of the Society, and report later in the session.

Dr. Fisher read a short report in regard to the library, its present condition and the regulations governing the use of the books. He reported that the Society had been presented by Mrs. W. B. Chamberlain, widow of the late Dr. Chamberlain, 37 bound volumes of medical journals, including forty-one volumes of the *British Journal of Homœopathy*, twenty-eight of the *North American Journal of Homœopathy*, and forty-five of the *Boston Medical and Surgical Journal*. A vote of thanks was extended to Mrs. Chamberlain by the Society, for her gift.

The meeting was then placed in charge of the Faculty of Surgery and Zymotic Diseases. Dr. P. R. Watts, chairman.

The first paper was read by Dr. C. S. Pratt, of Shrewsbury. Subject, "Medicine in Surgery." The doctor spoke of the value of medicine in many of the surgical diseases, where we then resort to the knife. He cited more particularly carbuncles, tumors, fistulæ, hemorrhoids, hernia, etc. In speaking of tonsillitis, he said that it could be aborted, if seen early, with ipecacum 1x or 2x. He considered the remedy a specific for tonsillitis.

Dr. Adams mentioned seeing in the *London Lancet* of two or three years ago, the recommendation of the use of powdered ipecac as a poultice in treatment of carbuncle, with relief in less than twelve hours and subsequent recovery. At the Westboro Hospital, ipecac in poultice applied to boils has dried them up very quickly.

The second paper was read by Dr. Carl Crisand, of Worcester. Subject, "A Résumé of Senn's 'Surgical Bacteriology.'" The doctor gave a most excellent abstract of the book, taking up the most important points and presenting them in a very plain and convincing manner. At 12:45 o'clock the meeting adjourned for dinner.

Afternoon session called to order at 2 P.M.

On motion of Dr. Nichols, Dr. J. K. Warren, of Worcester, was elected delegate to the American Institute of Homœopathy.

The first paper for the afternoon was by Dr. J. K. Warren, being a "Report of Last Year's Work in Surgery." It took the form of a talk rather than a paper, giving the number, character and results of the operations performed by him during the past year. A number of the cases were given in detail. He states that his work consisted of 102 operations, extending over the whole field of surgery, with the following results:—died, one; not relieved, one; relieved, seven; cured, ninety-

three. In these cases the doctor used no medicinal substances as antiseptics, but depended simply upon hot water and cleanliness.

Dr. Fisher's paper was upon "Cervical Adenitis." He advised early incision, and where there are only two or three of slow growth, complete excision.

Dr. Rand presented to the Society a short paper upon "Progressive Muscular Atrophy," with a patient illustrative of the disease in question. The case was examined by the physicians present, and added no little to the interest of the meeting.

The last paper was by Dr. P. R. Watts, subject, "Minor Surgery." He dwelt upon the necessity of attention to the details of an operation, with a few points in regard to anæsthetics, both general and local.

The committee on resolutions reported as follows :

*Whereas*, It has pleased Divine Providence to remove from us, one of the founders of this Society, our friend and colleague, Dr. F. R. Sibley ; therefore, be it

*Resolved*, That in his death we have lost an earnest follower of Hahnemann, a faithful physician, and a wise counsellor.

*Resolved*, That a copy of these resolutions be entered upon the records of this Society, and that a copy be presented to his family.

Signed, E. A. MURDOCK, M.D. }  
C. E. PERKINS, M.D. } *Committee.*  
GEO. S. ADAMS, M.D. }

At four P.M., the meeting adjourned.

EDWARD D. FITCH, M.D., *Secretary.*

THE papers say that a man, who recently fell ill in Warsaw, begged his doctor to accept an old lottery ticket in place of fee, and the doctor did so. The ticket has just drawn \$40,000. Moral: Take what you can get. — *Boston Med. and Sur. Jour.*

**SWEATING OF THE FEET.** — The *Med. and Sur. Rep.* gives as a simple and perfectly harmless preparation for sweating of the feet the following: Take of talc ten parts; alum, two parts. Mix and dust freely and frequently on the feet. This preparation has proved most efficacious and is used in the Swiss army. — *N. W. Jour. of Hom.*

**HONORING A SCOTCH SURGEON.** — According to a notice which appears in the *Gazzetta degli Ospitali* for March 23d, the governing body of the great school of practical medicine and surgery, the "Policlinico Umberto I.," now in course of erection at Rome, invites sculptors to compete for the commission to execute two bas reliefs in Monte Alfilano stone. These bas reliefs are to adorn the principal elevation of the medical and surgical departments respectively. The subject of the former is to be Morgagni teaching his pupils the investigation of the seats and causes of disease. He must be represented as the founder of the naturalistic method, and not as a mere dissector of dead bodies. The subject of the other design is to be Sir Joseph Lister in the act of demonstrating his system of dressing wounds, which the committee calls "the greatest conquest of modern surgery." — *Med. Rec.*



## REVIEWS AND NOTICES OF BOOKS.

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A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D. and J. P. Dake, M.D. Part XII. London: E. Gould & Son. New York: Boericke and Tafel.

With this, the twelfth part, Vol. III. of the Cyclopædia is completed. There is something almost as awe-inspiring as a phenomenon of nature itself, in the unostentatious regularity with which the fascicles of this work make their unheralded appearance upon our desk. It seems like a sort of witchery; each part so studied, thorough, and complete, without the slightest trace of hurry or evidence of fatigue on the part of the editors.

In this last part the pathogenesis of phosphorus is finished, a large number of well-selected poisoning-records being given. This is followed by the report of a case of poisoning by phosphorus hydrogenatus, exhibiting a complete picture of ataxia. Next is found an excellent record of physostigma. Then comes the pathogenesis of phytolacca, its various narrations showing considerable congruity. Plantago with its dozen provings invites attention, but the next drug, platinum, has only a page devoted to it. Plumbum, however, cannot be so briefly disposed of, for its eight provings, and forty-two poisoning-records demand, and repay, close study. Podophyllum, prunus, pulsatilla, ranunculus—acris, bulbosus, and scleratus,—rheum, acidum chrysophanicum, rhododendron, rhus,—glabra, radicans, toxicodendron, and venenata,—rumex, ruta, and sabadilla, each in turn receives its share of notice, and several present records of exceptional merit.

In the Preface to Vol. III, which accompanies this part, the editors say that as far as can be estimated, Vol. IV. will not only complete the alphabetical series of drugs, but will leave space for the INDEX. "How this shall be framed is a subject closely occupying our thoughts, and we invite regarding it, the suggestions of our colleagues." "There is another matter also, in which we should be glad of assistance. We have given no appendix in the present volume, that all the supplementary material we have in hand may appear in one collection at the close of the main body of the pathogeneses. To aid us in making this complete, we should be very thankful for any references, across which our colleagues may have come in their reading,—still more for actual observations, in print or manuscript, which we can incorporate with our own store."

ON FISTULA AND ITS RADICAL CURE BY MEDICINES. By J. Compton Burnett, M.D., London: James Epps & Co. 141 pp.

Dr. Burnett is one of the most thorough, and if one may so phrase it, most infectious optimists of the homœopathic school. The most phlegmatic or skeptical of practitioners can hardly lay down one of his little monographs, without feeling himself moved, at least to try certain of the theories in which Dr. Burnett places such radiant faith. His latest treatise, now before us, preaches with immense enthusiasm and unction, the feasibility of the radical cure of fistula by internal treatment alone. His assumption is, that fistulæ — those of mechanical origin, which he at once and frankly relegates to the domain of surgery, quite apart, — are nothing more than the local manifestation of a constitutional disease: and if met with homœopathic medication suited to the patient's totality of symptoms, will "speedily, safely and permanently" disappear. He illustrates this by many cases drawn from his own experience. Some of these are rather remarkable; but of the majority of them, it must be noted that their so-called cure covers so extended a time as to make it an open question, how much nature was to be thanked for it, and how much the therapeutic means brought to bear on the case. However, the little book is very well worth reading and consideration; the more that Dr. Burnett's attitude is eminently tolerant and reasonable; he citing many cases in which surgical interference, for the quick relief afforded, is in his eyes very desirable. We confess that the capitalized presence of psoricum 30x and baccillinum c. on the author's list of therapeutic wonder-workers, moves us to accept the reported cures with a heavier sprinkling of salt than we might otherwise feel called upon to apply.

A HAND-BOOK OF DISEASES OF THE SKIN, AND THEIR HOMŒOPATHIC TREATMENT. By John R. Kippax, M.D., L.L. B. Fourth Edition. Chicago: Gross & Delbridge. 1890. 294 pp.

Dr. Kippax's admirable little treatise seems justly to increase in popularity, "even as its days do grow." The changes to be noted in the present edition are chiefly those scattered here and there through the text, which chronicle the most recent advances in dermatology; and there has, also, a most valuable addition been made, in a chapter on diet and hygiene. Part III. remains the useful "chart of characteristics," consultation of which gives such quick and substantial aid in emergencies. The little volume has our best wishes that in its new edition, it may live long and prosper, and our cordial recommendation to every homœopathic practitioner.

The May CENTURY is especially rich in verse, having contributions from T. B. Aldrich, Walt Whitman, and others. Side-articles are thrown on an interesting character by the anonymous "Views of Marie Bashkirtseff;" Kennan gives an illustration of the "blacking out" process of the Russian census. The Jefferson autobiography flows brightly on, and there is a usual variety of essays and short tales. New York: The Century Co.

The POPULAR SCIENCE MONTHLY for May has a contributors' list rich in famous names; among them those of Herbert Spencer, John Fiske, The Bishop of Carlisle, and many others. Among the lighter papers, a very attractive one is Mr. Larrabee, on "Cats and Their Friendships," illustrated with many pictures of celebrated, or uncommon, breeds of pussies.

Reviews of the following-named books have been crowded out of the present issue, but will appear in our next:—

HOEOPATHIC THERAPEUTICS. By Samuel Lilienthal, M.D. Phila.: Hahnemann Publishing House.

WOMEN'S DISEASES OF WOMEN. Phila.: Lea Bros. & Co.

NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE. By Dr. R. Ultzman. Philadelphia: F. A. Davis.

ENCYCLOPEDIA OF THE DISEASES OF CHILDREN. Vol. III. Edited by John M. Keating, M.D. Philadelphia: J. B. Lippincott Company.

DISEASES OF THE EYE. By Henry D. Noyes, A.M., M.D. New York: Wm. Wood & Co.

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

HOW TO PRESERVE HEALTH. By Louis Barkan, M.D.

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## PERSONAL AND NEWS ITEMS.

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Any one interested in the sick-benefit, funeral-aid, and death-beneficiary associations of the United States, can help make the statistics of their organizations for the forthcoming census more complete, and disseminate the knowledge of the good that they are doing, by sending the names of such societies as they may know of, and the addresses of their principal officers, to Mr. Charles A. Jenney, Special Agent of the Eleventh Census, 58 William street, New York city.

The annual meeting of the New Hampshire Homœopathic Medical Society will be held in Concord, Wednesday, June 18th. The list of practical questions sent out by the Secretary, Dr. Geo. R. Smith, of Dover, deserves special attention, and an unusually interesting session is anticipated.

The Maine Homœopathic Medical Society will meet in Bangor, Tuesday, June 17th, to hold its twenty-fourth annual session. A large attendance and interesting programme are expected.

## TO THE EDITOR OF THE NEW ENGLAND MEDICAL GAZETTE.

*Dear Sir:*—May I ask for the publicity of your pages to aid me in procuring co-operation in a scientific investigation for which I am responsible? I refer to the Census of Hallucinations, which was begun several years ago by the "Society for Psychical Research," and of which the International Congress of Experimental Psychology at Paris, last summer, assumed the future responsibility, naming a committee in each country to carry on the work.

The object of the inquiry is two-fold: 1st, to get a mass of facts about hallucinations, which may serve as a basis for a scientific study of these phenomena; and 2nd, to ascertain approximately the proportion of persons who have had such experiences. Until the average frequency of hallucinations in the community is known, it can never be decided whether the so-called "veridical" hallucinations (visions, or other "warnings" of the death, etc., of people at a distance) which are so frequently reported, are accidental coincidences, or something more.

Some 8,000, or more, persons in England, France, and the United States, have already returned answers to the question which heads the census sheets, and which runs as follows:

"Have you ever, when completely awake, had a vivid impression of seeing, or being touched by, a living being or inanimate object, or of hearing a voice; which impression, so far as you could discover, was not due to any external physical cause?"

The "Congress" hopes at its next meeting, in England, in 1892, as many as 50,000 answers may have been collected. It is obvious that for the purely statistical inquiry, the answer "No," is as important as the answer "Yes."

I have been appointed to superintend the Census in America, and I most earnestly bespeak the co-operation of any among your readers who may be actively interested in the subject. It is clear that very many volunteer canvassers will be needed to secure success. Each census blank contains instructions to the collector, and places for twenty-five names; and special blanks for the "Yes" cases are furnished in addition. I shall be most happy to supply these blanks to any one who will be good enough to make application for them to

Yours truly, Professor WILLIAM JAMES,

Harvard University, Cambridge, Mass.

Dr. Helen L. F. Wright sailed for Europe on the 3rd ult. She will remain abroad for a year or more, and devote her time to the study of gynecology.

A homœopathic physician is wanted at Ayer, Mass. This is a good location for a competent physician.

Fred'k A. Davis, M.D., has removed from Searsport, Me., to No. 80 Huntington avenue, in Boston. His office hours are from 9 to 10 A.M., 3 to 5 and 7 to 8 P.M.

FOR SALE.—A second-hand Archer surgical and gynecological chair, in perfect condition. Price, \$35.00. List price, \$60.00. Apply to Otis Clapp & Son, 10 Park square, Boston.

Benjamin A. Bradley, M.D., has removed from Cincinnati to No. 226 Main avenue, Avondale, Ohio.

Dr. Mary H. Baynum has removed from 22 Chester square, to No. 14 Hancock street, Boston.

Dr. Jennie Fuller, class of '82, B. U. S. of M., has removed from St. Paul, Minn., to Hartland, Maine.

Dr. Mary E. Emery, class of '82, B. U. S. of M., is taking a post-graduate course in New York city.

Dr. Anna B. Taylor has removed to 47 Pearl street, corner of Florence street, East Somerville, Mass. Office hours, at her residence, from 8 to 9.30 A.M., and 4 to 7 P.M. She retains her office at 86 High street, Charlestown; hours from 1 to 3, P.M.

We wish to call attention to the advertisement for a resident medical officer for the Homœopathic Hospital, at Melbourne: on page five of our advertising columns.

Dr. C. M. Nordstrom has moved her office to her new residence, No. 47 Washington street, Malden.

Dr. Eloise A. Sears, now taking a course of obstetrics in Vienna, will return about August 1st, spending the last two months in gynecological study, in Paris.

THE  
NEW-ENGLAND MEDICAL GAZETTE.

7.

JULY, 1890.

VOL. XXV.

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

EDITORIAL.

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*THE STATE'S GIFT TO THE MASS. HOMŒOPATHIC HOSPITAL.*

That all things come to him that waits, is exemplified in the recent experience of the Massachusetts Homœopathic Hospital. In 1855, thirty-five years ago, the homœopathic people of Massachusetts, though fewer in number, yet as much then as now wanted a homœopathic hospital, to which they and their friends would resort in time of need. They asked the State for the right to have such an hospital, and also to help them establish it. A charter was granted for this purpose, and the State *almost* did it would give the desired aid. An act to grant \$20,000, on condition that the friends should raise a similar sum, passed the House of Representatives, and failed in the Senate by only a single vote. The specious cry that homœopathy was dying out, that it was a sham, an absurdity, a deception, and a fraud, changed "too many by one," of the senators, and the vote was lost.

In 1871, sixteen years later, the friends of this proposed hospital recovered their courage, and without asking aid from the State, themselves established the needed hospital. From that time to the present, it has gone on with its work with yearly increasing usefulness. In nineteen years, it has provided for upward of forty-three hundred patients, fifteen hundred of whom have been cared for in the last three years. It has raised upward of \$300,000, which have been expended in lands, buildings, and investments, besides upward of \$200,000 in the cost of early maintenance, and yet with all this, the demand upon it

is much greater than it can supply. A somewhat careful estimate indicates that in this State alone, during the past year, over fifteen hundred additional patients would have come to this hospital in preference to any other, had the accommodations been sufficient. Under such circumstances, and with such a showing of results, the friends of the hospital determined again to ask aid from the State.

They presented petitions asking for such aid from the trustees of the hospital, from the President and Faculty of the Boston University School of Medicine, from the Massachusetts Homœopathic Medical Society, from three hundred homœopathic physicians practising in Massachusetts, and from six thousand of the leading citizens of the State, including past-Governors, Lieut.-Governors, Senators, Representatives and State officials, lawyers, doctors, ministers, and other professional men, merchants, manufacturers, mechanics and artisans of the highest intelligence and standing.

Such petitions could not but secure respectful attention. At a public hearing given by the Committee on Public Charitable Institutions, the rooms assigned were filled to overflowing by most intelligent and influential people of the State. A thorough presentation of the matter was made by Col. Charles R. Codman, president of the hospital, and others, and the committee assigned a day to visit the hospital, and examine its conditions and claims.

After a most thorough investigation, the committee unanimously reported a bill granting aid to the hospital, in the sum of \$120,000. This committee consisted of Messrs. Gleason of Norfolk, Howard of Bristol, and Fassett of Berkshire and Hampshire, of the Senate; Messrs. Sullivan of Boston, Macomber of Fall River, Fletcher of Belmont, Munsell of Harwich, Gage of Monson, Billings of Hatfield, Allen of Lowell, and Moriarty of Worcester, of the House; and we think it but due them to here give their names in full, as worthy of honor for an act not only of justice to those in the State who believe in homœopathy, but one of great benefit to the whole community, as well as to the medical profession.

The sum seemed a large one. It was larger than had ever been given to any charitable institution at one time, and when

it came to the Committee on Finance, consisting of Messrs. Rowell of Methuen, Carter of Lowell, Norcross of Medford, Kempton of New Bedford, Marchant of Edgartown, Bennett of Springfield, Ladd of Boston, Tufts of New Braintree, and Harrington of Egremont, it seemed to be the general opinion that the amount would be largely reduced, even if the bill were not reported adversely. But credit must alike be given to this committee for their sense of justice and fairness, as well as their broad view of the interests of the people of the State, that after carefully examining the subject they unanimously endorsed the recommendation of the former committee. With such support, aided by warm friends from every part of the State, the bill was passed by the House of Representatives, almost without a dissenting voice.

In the Senate, it was referred to the Committee on the Treasury, consisting of Senators Hosmer of Middlesex, Harlow of Plymouth, and Baker of Franklin. The first two of these heartily approved the measure, while the last, possibly biassed by the influences of his trade, that of a druggist, opposed the measure, and when the bill came up, upon its second reading, he, with Senator Campbell, an allopathic physician, and one other senator, did all they could to discredit and oppose the measure. They denounced homœopathy with all the harsh terms that had been applied to it thirty-five years before in the very same chamber. But times had changed. The progress of homœopathy, and the records of this hospital were not to be set aside by sneers, ridicule, or false statements, and the bill was passed by the Senate, without count. So far as is known, the three senators named were the only ones who opposed it.

The bill, passed so cordially by both houses, was signed by the Governor on June 3rd, and is now a law. The only conditions attached to it are that, of this sum, not more than \$60,000 shall be paid out before January 1st, 1891, that the hospital shall maintain twenty free beds, and that five trustees, as representing the State, shall be added to the present Board, consisting of thirty trustees. All these conditions were made with the entire approval of the friends of the hospital.

There are some points connected with this effort, which are particularly gratifying. If we may except the diminutive efforts

on the part of the three senators, there seemed to have been no organized or active effort in opposition to this measure.

It is true the *Boston Medical and Surgical Journal* vented a little spleen at the idea of the State aiding a homœopathic hospital, but so far as was known, no allopathic physician, either directly or indirectly, by lobby or otherwise, sought to prevent the passage of this act. On the other hand, one of the members of the committee, himself an allopathic physician, when he saw the quality of the hospital and of the work which was done there, and found what had been done previously for allopathic hospitals, said that as a matter of justice and right, he thought the State could do no less than aid this hospital, and with a generosity and broadness of view not always found among our opponents, he earnestly and efficiently befriended this bill. Such conduct is well becoming the medical profession, and if it were the rule, rather than the exception, if reason rather than prejudice were consulted, much of the bitterness and asperity of the medical profession would be eliminated. Unfortunately for the advancement of medical science, there are too many Campbells and too few Munsells, among the doctors.

The good will of the State toward the Homœopathic Hospital has been shown in most generous measure. This imposes new and additional duties upon the hospital and its friends. The amount contributed is for the erection of two additional buildings, which will more than double the present capacity of the institution. This means the doubling of the expenses of the hospital, and necessitates the corresponding increase of its resources. We have no doubt but that the friends who have stood by this charity in its earliest and most trying years, will supply its future wants, and that the physicians who have done such faithful and successful work in the past, will respond with ardor to the greater responsibilities which this gift imposes.

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*THE AMERICAN INSTITUTE OF HOMŒOPATHY AT WAUKESHA.*

The session of our national association, for 1890, was one of peculiar interest and value. It assembled in the picturesque town of Waukesha, Wisconsin, familiarly known as "the Saratoga of the West," one hundred miles distant from Chicago,



and twenty from Milwaukee. In this town of many springs, there are also many hotels, but the Fountain Spring Hotel is the largest and most elegant one in the place, and is capable of accommodating some nine hundred guests. It was especially opened for, and placed at the command of, the delegates to this meeting. Its table was well supplied, and the service and attention received were very satisfactory, and the memory of this meeting will be a delight to those who were fortunate enough to be present.

About two hundred members were in attendance, of whom seventeen were seniors, — who had been in continuous membership more than twenty-five years. The East was not as well represented as at previous meetings, which may, perhaps, be accounted for by two successive meetings being held in places in the West, not far distant from each other, Lake Minnetonka, Minnesota, last year, and Waukesha, Wisconsin, this year. It was, however, balanced by the greater number of western men in attendance, and the large accessions to membership. Last year about one hundred and twenty-five, this year one hundred and ten new members were added, which will greatly strengthen the influence of the Institute. New England was represented by Drs. Peck, Green, and Whitmarsh, of Providence; Drs. I. T. Albot and J. W. Clapp, of Boston; C. H. Farnsworth, of East Cambridge; N. Emmons Paine, of Westboro'; D. A. Babcock, of Fall River; and Dr. H. E. Russeque, of Hartford.

It is difficult to speak in detail of the professional work accomplished in the less than five days' session. Eleven bureaus reported, and nearly one hundred essays were presented and discussed. Of course, these could not all come into the general session of the Institute, and as many as three or four of the bureaus were in session at the same time, so that members could select the subject in which they were most interested, and in the discussion of which they could best participate. These papers and discussions will make a volume which no homœopathic physician can afford to be without. They represent the condensed thought and earnest effort of many of the best minds in the medical profession.

There are many interesting points of this meeting which might be noted, such as the systematic and comprehensive

method adopted by the committee on programme; the efficiency of the secretary, Dr. Pemberton Dudley, in carrying out, without confusion, all the details of the meeting; the unique and successful plan of the chairman of the registration bureau, Dr. T. Franklin Smith, by which every member or visitor was so ornamented and distinguished that he could be at once recognized, while a roster of those who were present was formed, and made accessible to all; the genial, courteous, and dignified bearing of the presiding officer, Dr. J. D. Buck, who, on account of the sad affliction of the president, and the absence of the vice-president, was suddenly called upon to preside at this meeting; these, and many other events might be mentioned, but we could not, in this editorial, do justice to them all.

The more extended, or national, character of the work accomplished by the Institute is extremely gratifying. The labors on the "Cyclopædia of Drug Pathogenesis," upon which the Institute entered five years ago, in conjunction with the British Homœopathic Medical Society, is nearing completion, — twelve of the parts having been published already, and the four remaining are to be issued during the ensuing year.

The International Pharmacopœia, which has been the dream and hope of the last quarter century, is already taking visible form, and will soon be an accomplished fact.

The International Congress is to assemble in June, 1891, at Atlantic City, and will largely take the place of the annual session of the Institute, but its scope will be broader and more comprehensive than that of our national organization. It will embrace the homœopathy of the world, in which every homœopathic physician should feel an active interest, and do all in his power to aid.

In medical legislation, the Institute continues to stand upon the solid foundation of last year. It denies the necessity or advisability of medical examining boards, whether allopathic, homœopathic, or eclectic. It denies the moral, if not the legal, right of various States to subject to technical and plenary examinations, any physician possessing a legal and accredited diploma, simply because he changes his residence from one State to another. It reiterated the opinion clearly expressed last year, that where medical boards shall be established, the

rights of homœopathic physicians must be respected. It might have gone a step farther, and demanded a State supervision of the colleges, to hold them up to the proper standard of medical education.

The most important measure adopted at this session was upon the subject of medical education. The unanimous report of the Intercollegiate Committee, and the action of the American Institute at Waukesha, are advance strides in the cause of medical education. It is not enough to lengthen terms, and broaden the curriculum for those who are utterly unfitted to begin the study of medicine. The first essential point is that the student should be fitted to begin. If he lack in mental capacity, the most extended curriculum is of no value to him. Moral incapacity should also debar his entrance; but if he possesses mental and moral capacity, and yet lacks in elementary education, he is certainly unfitted to begin the study of medicine. So, too, if he possesses only a fair grammar-school education it is improper to place him side by side with the graduate in schools of science, or art. By the action of the Intercollegiate Committee and the Institute, after the fall of 1892, four years will be required in the medical course recognized by the Institute; but the first year,—instead of simply requiring a preceptor's certificate, which has so often proved a farce, the student having served as office boy, or in some similar vocation to his preceptor, without, perhaps looking into a medical book,—will henceforth have assigned to it specific work, work which may be pursued either in a medical school, a college or scientific school, high school or academy, with a competent professor, or even by one's self, and the student may be admitted to the second year of study on passing an examination, in lieu of proper certificates of attainments, in English branches, physics, general chemistry, biology, the elements of physiology, botany, and easy Latin. With these attainments counted as the first year of study, the student can then enter upon more advanced anatomy, physiology, medical chemistry, and a course of study which in three years should entitle him to the degree of Doctor of Medicine. Such a step as this will do more to systematize medical study, and elevate professional position, so that the diploma shall represent what it assumes to be, than all

the medical boards which our State legislatures can possibly create. We print in this number the report in full, together with the hearty indorsement of the Institute, and would call upon every member of the profession to aid our colleges in efficiently carrying out their proposed work.

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#### EDITORIAL NOTES AND COMMENTS.

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AN INTERESTING KALMIA CASE is reported by Dr. Proell, of Méran, in a recent issue of the *Revue Homœopathique Belge*. Roughly translated, it runs as follows :

“During the past winter, a banker brought me his son, a lad thirteen years old, who suffered so severely from headache and weakness of memory, that he had been obliged to discontinue his studies. His physician, one of our leading allopathists, a specialist in affections of the chest, and the author of several widely-read articles on scientific subjects, had of his own will had the boy sent to me, frankly avowing that he could do nothing to relieve the headache and mental dulness, which he believed to have origin in insufficiency of the mitral valves of the heart. My diagnosis was in accord with his. I prescribed *kalmia latifolia* 1st. cent. dil., three times a day. After three days a slight improvement was noticeable ; after seven days, a very distinct and remarkable improvement. All medicine was discontinued for three days ; then *kalmia* 2d was given morning and evening. The headache became of rare occurrence. *Kalmia* 3d was given in the morning only, for seven days ; and a complete cure was obtained, although the organic lesion of the heart still persisted. The remedy was discontinued after two months. At the present writing, after seven months, the lad is pursuing his studies without the least difficulty. My allopathic *confrère*, who followed this case with the liveliest interest, and to whom I have shown the pathogenesis of *kalmia*, has promised me to give it a trial.”

What strikes us as scarcely less remarkable and gratifying than this “speedy, safe, and permanent” cure, is the attitude of

prominent allopathist toward his homœopathic co-laborer. Truly, the praises of such a man should be sung from the rising of the sun to the going down of the same ; for it is such as he to drive the chariot alike of medical progress and of human brotherhood. It would appear that the star of tolerance, like that of empire, is westward to take its way. It is to be desired that, at present, it seems stationary over Méran.

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A CURIOSITY FOR THE ALIENIST, and indeed, for all philosophical readers, is that much-discussed volume, "The Kreutzer Sonata," by Count Tolstoi. To those familiar with mental pathology, there is something absurd in the cry of immorality which has arisen, from far and wide, against the author. Tolstoi, taking for granted, as may reasonably be done, that he voices to a great extent his own opinions through Posdnicheff, the supposed narrator, — reveals himself, not as a vile-souled social anarchist, but simply as the victim of a mania, for which the specialist in mental diseases would undoubtedly have a ready name ; erotophobia, might be hazarded as a rough guess at an appropriate one. The mania, although comparatively rare, is without precedent ; the mediæval monks, — those of them who were sincere, — were more or less its victims when they thought that the charm of women was altogether a lure of the devil. It is to be supposed that the nameless, Hyde-like horror who masqueraded as "Jack, the Ripper," is the victim of a very similar disease ; indeed, were not the well-known author's name on the title page of "The Kreutzer Sonata," the police would be justified in a hope, that through an expression of theories so in accord with "Jack, the Ripper's" acts, they had found a clue to that frightful identity. These theories are, that sexual love is, under all circumstances, a base and animal thing, and any indulgence of it is degrading to humanity ; that there is no essential difference between married and illicit connections ; that love, passion, and lust are interchangeable terms ; that the gentlest coquetry of girlhood is one with the obscene provocations of the courtesan ; and that the only worthy course of our race would be, through willing celibacy, to work its own extinction. It

seems incredible that such opinions as these, embodied in however powerful and clever a romance, should secure for their author such serious consideration as is involved in argument, refutation, and charges of immorality. A duly accredited passport to some well-conducted asylum for the mentally diseased, would seem to meet his obvious requirements.

It is one of the very significant features of a book not poor in them, that both the supposed and the real narrator of this grim and pathological tale, are men who in youth sounded the depths of the vilest dissipation. It illustrates admirably that law of the swinging pendulum, which never fails in this logically governed universe. So far as life and thought swing to one side of the normal, healthful and pure, so far, inevitably, will they swing to the other. Erotomania prophesies erotophobia: the sensualist, so that he does not burn himself out before the hour of the un-failing backward swing, turns monk.

The moralists may spare their outcry: "The Kreutzer Sonata" can work no more lasting harm than any other morbid teachings which find quick antidote in the good sense and healthy fundamental instincts of humanity. Moreover, it may, though indirectly, work a certain good. It has already, to a remarkable degree, aroused wide-spread, if guarded, discussion of subjects over which false modesty has long thrown a disguising and harmful veil, that has been the despair of reformers, whether medical or priestly. The fresh air of candor, the light of de-conventionalized thought may — nay must — do wonders toward doing away with many foulnesses which flourish in the dark. And there are certain truths mixed with the mania of this strange extremist, which, in their vitriolic presentation in the present volume, may appeal to the conscience of mankind; not least among them the unhuman indecency of continuing, as a mere animal appetite, and, on one side at least often an unwilling habit, relations the high promptings to which of close, reverential, individual passion and tenderness have long been silent.

What a train of black evils, — divorce, unwilling conception, abortion, neurasthenia, heaven knows in shame how many more! — would be banished from our social life, once for all, by some such better insight and higher living as are hinted at in that reform alone!

### COMMUNICATIONS.

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#### REPORT OF THE INTERCOLLEGIATE COMMITTEE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, JUNE, 1890.

THE Committee congratulate the American Institute of Homœopathy as well as the profession generally, upon the advancement which has been made in the cause of medical education within the last few years. This has been largely brought about by the united action of the thirteen homœopathic medical colleges of this country, represented in this committee, and by the strong support given to their effort by this national association.

The advance steps have been ;—

1st. The requirement of a preliminary examination before matriculation; adopted in 1884.

2nd. The extending of the course of study and attendance upon lectures from two years to three years.

3rd. The extension of the lecture term from four or five months to not less than six months, and in some cases extending it to eight or nine months of continuous instruction in each year.

4th. The establishment of a broader and more thorough curriculum of study.

5th. The consideration, and by some colleges, the adoption of four years of medical study preparatory to graduation.

The united action of our thirteen colleges upon these points, has not only been of mutual service to the several colleges, but has had a marked influence by the stimulation of the whole medical profession in its requirement for more careful professional training, so that already a large number of the allopathic colleges have adopted our measures, and others are proposing to do the same thorough work. Your committee realize the difficulty of keeping up to the high standard which they have adopted. Most of the colleges are without endowments and are entirely dependent for their support upon the tuition fees of students, who, as a rule, are unable to pay large sums for this purpose, and thus the support of the college, in a great majority of cases, requires continuous personal effort and large pecuniary sacrifices on the part of the faculty. Is it asking too much then of the Institute and of the medical profession, that they should do all in their power to sustain these colleges in the work they are doing, and to lighten the burden of expense and sacrifice which falls upon those connected with them?

While the great mass of physicians, good, bad, and indifferent over-stocks the professional field, yet there are thousands of

places in the United States to which would be most cordially welcomed, well-educated and competent homœopathic physicians. Should it not be the aim then of every one of our twelve thousand homœopathic practitioners to see that at least one competent, thoroughly educated man is annually directed towards and enrolled in our homœopathic colleges? It is there alone that they can learn the application of the art of healing in accordance with homœopathic principles, and yet there are many of our physicians who send their students, and even their sons to allopathic colleges, because they feel that, if they are educated in such an institution and hold an allopathic diploma, our opponents cannot sneer at them for lack of education. What should we care for such sneers? And of what injury will it be so long as our students have acquired an education, which shall better fit them for the curing of their patients? Your committee believe that our associate colleges do furnish the best quality of medical education attainable in this country, and that it is the duty of the profession, if there is any lack of proper instruction, to do their utmost to obviate it, by demanding improvements and furnishing the means of securing them. It is frequently the case that the student and his preceptor search for the cheapest rather than the best institution. The tendency of this is naturally to drag the colleges down to the lowest possible level of cost, in order that price rather than quality may attract. We call upon the Institute and upon the profession, therefore, to do all in their power to aid and strengthen these colleges, and each individual member can do it in one or more ways.

1st. By hearty coöperation with the colleges in their efforts for thorough work and increased instruction.

2nd. By sending to our colleges men and women of superior qualities and thorough preparation for their work; discouraging from medical study in our schools the inefficient, ignorant or unprincipled.

3rd. By sending the students to the best rather than the cheapest colleges.

4th. By using their influence to secure for medical colleges a fair quota of the contributions and endowments which generous and charitable people are annually giving to the important institutions of our country.

The bestowal to a community of a well educated and skilful physician is a far greater charity than the restoration to health in our hospitals of some poor and enfeebled individual, and while we would not detract from the valuable work of our hospitals, upon which wealth in almost unstinted measure is yearly bestowed, at the same time we would ask some measure of that



beneficence upon those institutions which are to prepare the physicians to take charge of the health and lives of the entire community.

#### PRELIMINARY EDUCATION.

There is one difficulty under which medical colleges have labored, which has proved of the most serious injury to the standing and usefulness of the medical profession, and has introduced to the rank of educated men, persons utterly unqualified for the study of any scientific or professional subject. Medical schools, dependent for support entirely upon their tuition fees and the number of their students, have felt unwilling to offend physicians by refusing to admit students, sent by them, however ignorant. This difficulty has been recently obviated to a considerable extent by the united action of all true homœopathic colleges in requiring a preliminary examination before entrance. If this is persisted in, by all the medical colleges, it will not lessen the number of students in any perceptible degree, but rather compel them to obtain a suitable education before commencing professional study, by attending academies or schools where such preliminary branches are taught. A most obnoxious law has, however, recently been passed by the New York legislature, which practically destroys all this effort of the colleges to have their students suitably prepared on entering the medical school. It is, that medical students shall be allowed to pass the preliminary examinations, not on beginning but during their first year of the three years of medical study. In other words, a student unfit to begin the study of medicine, and who would consequently require a longer, rather than a shorter term of medical study, may use one of his three years to make up his deficiencies. The absurdity of such a law is so apparent, that it would seem impossible for any legislator to allow it to pass. Such a principle would not be applied even to the lowest grade of grammar schools, and in a medical school where restoration to life and health depend upon the instruction previously received by the physician, it would seem almost criminal to remove or lessen the proper requirements and safeguards for a suitable education.

There is still another difficulty under which medical schools labor. Even if the preliminary examination does require a good knowledge of English branches, with perhaps, some slight acquaintance with Latin and physics, there is still a great inequality in the preparation of the various students. Some may be college graduates who are well instructed in the principles of chemistry, physics, biology, microscopy, with considerable knowledge of physiology, while others without such attainments may be utterly ignorant of all these branches.

It necessarily follows that these two classes cannot pursue their medical studies together to mutual advantage. Instruction adapted to the better educated would be unintelligible to the ignorant; while instruction suited to the ignorant would be a simple waste of time for the more advanced class. To obviate this, your committee would suggest that the vague fourth year required by some Boards of Health, and which has been already adopted by a large number of colleges based upon a certificate of study from some physician, which certificate often times is simply a farce, should be made definite in its requirements, and should include those preliminary studies of medical science which are usually taught in colleges and schools of science and art. Let the examination for entrance to the first year of medical study remain as at present adopted by our colleges, while the entrance upon the second year's studies should include an examination in the additional subjects of physics, general chemistry, biology, microscopy, the elements of physiology and sufficient Latin for writing prescriptions. Without doubt, this first year's instruction could be best given in a medical school, and in many cases students would prefer to receive it there, but whether obtained in a medical school, in a classical college, in technical schools, or under private instruction, provided students can pass a satisfactory examination in these branches, they should be admitted to the second year of study, and starting from such a point of attainments, three years of careful instruction should thoroughly fit the student for his medical degree. If such a plan were uniformly adopted it would greatly improve and render more satisfactory the whole system of medical education throughout our country. It is, therefore, with great satisfaction that your committee can report to the American Institute of Homœopathy their adoption of the following requirements:—

On and after the fall of 1892, in all colleges represented in the Intercollegiate Committee of the American Institute of Homœopathy the term of study required for graduation shall be at least four years, which shall include attendance upon not less than three terms of lectures of six months each.

No person, unless he present a diploma or certificate of graduation from an accredited university, college, academy, or high school, or a teacher's certificate which shall be approved by the Faculty as equivalent to the examinations required, shall be admitted to the second year of study, and the first course of lectures in any of the colleges represented in this committee, without having passed a written examination upon the following subjects:—

1. English composition, by writing at the time of examination,

an essay of not less than two hundred words, from which may be judged the writer's proficiency in grammar, spelling and writing.

2. Arithmetic as far as square root.
3. Geography, physical and political, as much as is contained in advanced school geographies.
4. History, such an outline of the history of modern civilized nations, especially of the United States, as is contained in ordinary manuals of history.
5. Latin, sufficient to read easy prose and to give a fair comprehension of scientific terms and formulæ.
6. Physics, such as is comprised in Balfour Stewart's Primer of Physics.
7. Biology and Physiology, as much as is comprised in the inferior course of Martin's Human body.
8. Chemistry, as comprised in Miller's Elementary Chemistry.
9. Botany as found in an elementary manual.

It shall be understood that the first of these four years of study shall have been devoted to the preliminary medical studies, as outlined by this committee, and that, upon successfully passing the above examination, the student shall have fulfilled the requirements of the first year of medical study.

Your Committee ask the approval and support of the American Institute of Homœopathy, in their action requiring more thorough, careful and systematic preparation of students for their more advanced medical studies.

For the Intercollegiate Committee,

I. T. TALBOT, *Chairman,*

Waukesha, Wis., June 20, 1890.

The following resolutions were unanimously adopted:—

*Resolved,* That the American Institute of Homœopathy cordially endorses and approves the action of the Intercollegiate Committee, by which four years have been made the required term of medical study, and the studies of the first year have been definitely arranged, to include the necessary preliminary studies requisite to more advanced medical instruction.

*Resolved,* That it is the duty of every member of the Institute to assist and sustain the medical colleges in their efforts.

*Resolved,* That the Committee be authorized to publish as many copies as may be necessary of the report of the Intercollegiate Committee, which has been adopted by this Institute, together with these resolutions, and to send the same to colleges, journals, societies and individuals interested in this subject.

REPORT OF THE COMMITTEE ON INTERNATIONAL HOMŒOPATHIC CONGRESS IN 1891.

Your committee would respectfully report, somewhat more in detail, the general plan for the fourth quinquennial International Homœopathic Congress, presented to this Institute last year, and which, so far as they can learn, has met the unanimous approval of its members. It is, in brief, that the Congress shall assemble in the middle of the second week of September, 1891, and continue its sessions for six days; *i. e.*, beginning on Wednesday, September 9, it shall hold daily sessions on Thursday, Friday, and Saturday, (with rest over Sunday), Monday, and Tuesday, closing on Tuesday, September 15th. This will leave time for preliminary and other meetings before the Congress opens, and enable delegates to come and go without Sunday travel, while rest for one day in the middle of the session will undoubtedly be agreeable to all.

Although no definite arrangements have been completed, yet Saratoga, which met the approval of the Institute last year, seems to be the most desirable place, as it is central, easily accessible, and affords ample accommodations.

The time of year selected, while different from that of the usual sessions of the Institute, has, as far as the committee have been able to ascertain, proved acceptable to physicians of this country, and would be more convenient to delegates from abroad.

It is designed that this Congress shall continue the idea first accomplished in the World's Homœopathic Convention of 1876, to have all countries in which homœopathy had been established, represented either by delegates in person, or by reports. Such representation will, in this Congress, be solicited from all national, state and local societies, hospitals, dispensaries and similar institutions, colleges, journals, and other organizations of our school. Statistics will thus be gathered of the progress of homœopathy in the last five years, since the last Congress, in 1886.

Aside from securing statistics, and the consideration of the homœopathic institutions now existing, essays and discussions will be arranged for, on all the leading topics of medicine especially associated with and influenced by homœopathy, such as materia medica, therapeutics, surgery, obstetric and gynecological therapeutics, insanity and nervous diseases, and the influences of homœopathy in certain specialties, such as diseases of the head, throat, chest, eye and ear, kidneys, alimentary tract, etc. Such consideration and discussion must prove of great interest and value to all who are fortunate enough to

present at this Congress, and furthermore, of great importance to the progress of medical science.

The organization of the Congress and the selection of its officers, though of secondary importance, should yet be suited to the occasion. As president of this Congress, your committee will seek to secure one distinguished by his learning, his ability, and his valuable services to homœopathy and the science of medicine, and they feel that no one could better fill the place than Dr. R. E. Dudgeon, of London, if he can be induced to be with us. As permanent secretary, we already have one well known to this Institute and the medical world, Dr. Richard Hughes of England; while as acting secretary and treasurer, we could not select any more suitable and abler men than those who now hold the corresponding positions in this association. The presidents of national societies would naturally become honorary presidents of this Congress, while presidents of other important societies might readily fill the places of vice-presidents. *Delegates* should be appointed from all homœopathic institutions, and prepare reports of their respective associations. *Members* will include all homœopathic physicians in good standing in recognized homœopathic medical societies, and *visitors* will include any persons, whether physicians or not, who may be interested in homœopathy.

The expense of this Congress, if it is to attain any considerable success, will amount to a considerable sum, and the experience of the World's Homœopathic Convention, in 1876, teaches us that we cannot depend upon voluntary contributions to meet it. That expense was largely, if not almost entirely, met ultimately, by the funds of this Institute, but from lack of previous arrangements, the publications were so long delayed that their value was greatly diminished.

It seems to your committee that, as the work of this Congress, though somewhat more extended, would be mainly in the same direction as that of this Institute, and as the members in attendance would be mostly from this body, it would not be practical nor advisable to hold two such national meetings in the same year. They would therefore recommend:

1. That the usual four days' annual session of the Institute be omitted in 1891, but that the Institute assemble at the same place, and on the day preceding the meeting of the International Homœopathic Congress, for the transaction of any necessary business pertaining to the Institute.
2. That the officers elected, and bureaus and committees appointed at this session of the Institute, shall retain their respective positions for two years.
3. That under the direction of the executive committee of

this Institute, the expenses of the International Homœopathic Congress shall be paid from the Institute funds, and that the transactions of the Congress shall be published and furnished to the members of the Institute in the same manner as the annual transactions of the Institute are now furnished; and also to such other members or delegates of the Congress, or to such other persons or institutions as the Executive Committee may determine.

By direction of the Committee.

I. T. TALBOT, *Chairman.*

Waukesha, June 18th, 1890.

NOTE.—The recommendations 1, 2, and 3, of the Committee were considered and unanimously adopted by the Institute.

Subsequently, it was decided that the time and place of meeting should be in the month of June and at Atlantic City, with power given to the executive committee to change the place, if in their opinion better arrangements could be made elsewhere.

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*REMOVAL OF AN EIGHT AND THREE-QUARTERS POUND  
FIBROID TUMOR FROM A PREGNANT UTERUS.—RECOVERY  
AND UNINTERRUPTED PROGRESS OF PREGNANCY TO  
FULL TERM.*

BY JAMES HEDENBERG, M.D., AND HORACE PACKARD, M.D.

HISTORY PREVIOUS TO OPERATION.—DR. HEDENBERG.

I have long known Mrs. L—, having been the family physician of her married sister with whom she lived. Mrs. L— did not marry till thirty-five years of age, and had previously enjoyed excellent health. She lived childless for five years, never having been pregnant and then, when some abdominal enlargement was noticed, thought (though regularly unwell till and on July 4, 1889), that it was due to the commencing obesity frequently seen at “the change of life.” Later on she was occasionally told by her friends that she must be several months in the family-way. As I said before, she last menstruated July 4, 1889, and had experienced, when seen by me, Sept. 26, 1889, none of the symptoms of early pregnancy, no morning sickness, etc. At the time on my first visit, I thought her in labor, for as I passed up stairs and saw her walking the floor of her room, before I reached the top, her size, her carriage, the hang of her wrapper, the presence of her married sister so strongly impressed me, that I said while still on the stairs, “this is a pretty thing to spring upon me. Why did you not let me know about it?” “Well, doctor, there is nothing the matter with me that

ou are thinking of." "What, you are not going to have a baby? Are you not in labor?" "Not that I know of. I have sent for you to see what is the matter." Not to go into too many details, examination showed a hard tumor filling the abdomen, evidently of many months growth, and the abdomen as large as at term with child. The menses ceased in July, was there also a three months' pregnancy complicating the case? There had been no nausea, etc. The breasts afforded no conclusive evidence; the areolæ were thought by some to correspond in tint to that expected in pregnancy, but would not the tumor change the appearance of the areolæ?

The uterus seemed little, if any, altered from the appearance of an unimpregnated uterus; the change might be due to the tumor, but with the thought that it might contain a foetus, my counsel advised against passing the sound, as "the information could give might be obtained at too great a cost?" The patient was seen by my friends, Drs. B. T. Church and Prof. J. B. Church, on Sept. 28th, the latter giving advice as above. An immediate operation was urged; she was informed that she had a large fibroid tumor, and was possibly pregnant. She entered the Hospital, Oct. 3, 1889.

#### OPERATION AND CONVALESCENCE. — DR. PACKARD.

Mrs. L——, aged forty, was placed under my care, Oct. 3, 1889, by Dr. Hedenberg, for treatment of a large abdominal tumor.

Palpation disclosed a very hard, smooth, symmetrical tumor, filling the abdomen to above the umbilicus and reaching a size fully that of pregnancy at full term. Percussion gave dullness over the whole tumor and absence of fluctuation. Vaginal examination disclosed the cervix in about normal position, and as the finger was passed up along its sides, it seemed to merge directly into the tumor. A medium size aspirator needle was plunged into the tumor through the abdominal wall with the negative result.

Here was a perplexing case. Vaginal examination, palpation, percussion and aspiration indicated a solid tumor, probably fibroid of the uterus. Query — What should cause such an astonishingly rapid development of a fibroid tumor at her time in life?

The sudden cessation of the menses suggested pregnancy. Query. — Was it probable at her time in life, and after five years of barren wedlock that she would become pregnant, especially with a uterus loaded down by a fibroid tumor? (It is to be noticed that she had presented no other signs of pregnancy).

Was the sudden cessation of the menses, a climateric change, or due to pregnancy? Was the sudden and marked increase in size of the tumor due to pregnancy or an inherent growth in the mass, stimulated by some unknown cause?

In view of this chaotic state of matters, it was thought best to ask the opinion of my associates on the Hospital staff, before deciding on operation. In pursuance therewith, Drs. I. T. Talbot and Alonzo Boothby examined the case and agreed as to the exceedingly doubtful character of the case. On further consultation it was agreed that an exploratory incision, for the purpose of determining the exact state of matters, was eminently advisable.

The patient readily agreed to the above advice, and after the usual preparation for laparotomy, was etherized and the abdominal wall incised from just above the pubis, to a point two inches above the umbilicus. The tumor was readily brought into view and the abdominal wound enlarged sufficiently to turn it out. The true condition of matters was then at once seen. The tumor was a solid uterine fibroid attached to the left aspect of the anterior uterine wall by a pedicle about two inches in diameter. The uterus was enlarged to about the third month of pregnancy and presented every appearance of a pregnant uterus, agreeing perfectly with the cessation of the menses as above mentioned (July 4th).

A stout knitting needle was thrust through the pedicle, several turns of an elastic ligature thrown about it below the needle, and the tumor severed just above. The stump thus formed was fastened in the lower angle, and the rest of the wound closed with silver wires. A rapid and uneventful convalescence followed. On the sixth day the needle and elastic ligature were removed, and as much as possible of the necrotic stump cut away. The stump retracted very much, leaving a deep hole at the lower angle of the wound, which remained open a few days longer, until the remainder of the sloughing stump came away, when it rapidly narrowed and promptly closed. Nov. 9th, the patient returned to her home.

#### COMMENTS.

The actual condition of matters was as follows: The fibroid tumor had existed for a long time, very slowly increasing in size, but to the patient, not sufficiently noticeable to excite comment, beyond the supposition of increased adiposity incident to the approaching climateric. Pregnancy and the consequent increase in the size of the womb, had buoyed up the fibroid tumor, causing it to encroach upon the abdominal cavity, with a rapidity unknown in the history of such growths. In three



months from the time of the last menstrual period she had reached a size fully equal to a nine months' pregnancy.

In the consideration of the case prior to operation, while the possibility of pregnancy was given due weight, it was felt that in view of the absence of other customary symptoms, such as morning nausea, and mammary evolution, the presence of a large fibroid, and her time in life, the chances were very remote of its being a complication, consequently it was with some surprise that on lifting the 8½ lb. tumor out of the abdomen, the pregnant uterus enlarged to the extent of filling the pelvic cavity, was found flattened out beneath its weight. Surprise was increased to wonder when it was appreciated that miscarriage had not resulted from such a weight bearing upon the uterus.

The fact that she had carried a fibroid tumor of such a size, for a considerable time prior to pregnancy, with so little discomfort, in fact with none of the symptoms usually present, such as increased flow, etc., is explained by the relations of the tumor to the body of the uterus. It was a sub-peritoneal fibroid, which in its growth had encroached upon the abdominal cavity, gradually emerging from the substance of the womb until its attachment consisted only of a comparatively small pedicle, consisting of peritoneum connective tissue and blood vessels. Thus the menstrual activity of the uterus was influenced little or none, by the presence of this growth.

As far as I am able to learn, this case is unique in the history of surgery. I can find no record of such a curious combination of fibroid tumor and pregnancy, nor of removal of such a tumor from a pregnant uterus without interruption of the process of gestation.

PROGRESS OF CASE SUBSEQUENT TO OPERATION. — DR. HEDENBERG.

Mrs. L——, wore an abdominal bandage or adhesive straps much of the time, complained somewhat of a pulling or dragging at the pedicle, but on the whole, the time between her coming home and confinement, was seemingly passed in as much comfort, certainly with as little complaining, as the average woman makes at such a time. She was safely delivered of a male child, April 10, 1890. The child presented by the breech, and the labor was one of moderate severity — the convalescence a good one, the only failure on the part of this patient being that of the lacteal secretion. She had little secretion, and in a few days none. She has proved a heroic woman and excellent patient. The baby weighed 8½ lbs. and is thriving on his bottle.

## THE CARE OF WEAK, OR PREMATURELY BORN INFANTS.

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

The great mortality among this class of children arises from two chief causes; first, inability of the weak organism to generate and maintain sufficient heat within it for the physiological processes necessary to life, and second, the immature infant is often unable to nurse, to swallow, or in case of forced feeding, is overfed, or improperly fed.

Under these conditions we have death resulting in the very great majority of cases, from "marasmus," a word which like "bilious," is the refuge of many a physician who is hard pushed for a diagnosis. It certainly sounds better than to make out the certificate of death with the plain equivalent, *starvation*. Atelectasis pulmonum is another common cause of death in extremely weak infants, who do not have sufficient muscular strength to properly expand the chest and inflate the lungs. Such infants are very often unable to nurse, or even to swallow properly. A little food is often swallowed the wrong way, causing choking, or a fatal attack of pneumonia notha. Such puny, scrawny, wrinkled infants, crying nearly all the time in a high, whining key, so different from the vigorous squalling of a healthy child, are only too well recognized, by every physician of much experience with them, as exceedingly difficult to rear. Only a few of them live more than a month or six weeks.

Depression of temperature as a primary cause of death, has been recognized for many years. In ordinary domestic practice it has been the custom to envelope the infant in a jacket of cotton, and to keep it in a warm room. While this is better than nothing, it is scarcely more than a frank failure in comparison with the modern hatching cradle, or incubator, for maintaining the temperature of the body. Credé deserves the credit of first devising an apparatus for the purpose, more than twenty years ago, which essentially consisted of a bath-tub with hollow walls filled with hot water. This has been modified slightly in this city, by raising the tub and burning gas under it, to maintain the temperature of the body. Such an apparatus is in use in the Boston Lying-In Hospital, but I am informed that it fails to give perfect satisfaction. The heat comes too near the child without being diffused, and the ventilation is defective. The result is that the French model is now used in preference, even in Germany.

Tarnier, in particular, deserves the credit of popularizing an apparatus for the purpose. His "hatching cradle" is rather more expensive to make and manage than one which was made

at my suggestion by Messrs. Codman & Shurtleff, following chiefly the French model in construction, and which will be described at the close of this article.

In this incubator the child lives all the time, and is only to be removed for bathing or feeding, which is to be done in a very warm room. After two or three weeks, or possibly six, the baby will be sufficiently strong to live outside of the apparatus. The question of feeding is very important. The mother's milk supplies the best nourishment when obtainable, and if there are no contra-indications to its use. If the baby cannot nurse, the milk is pressed, or drawn, from the breasts, and two drams are given nearly every hour, by a pipette introduced far back on the child's tongue. If the milk is not readily swallowed, a red rubber catheter (No. 14-16 French scale) is introduced into the stomach, and the child is fed in this manner. It is important to remove the catheter quickly, as drawing it out slowly is liable to provoke vomiting. When the mother's milk cannot be used, asses' milk is employed in Paris, as the nearest approach to human milk. Syphilitic children in particular are fed on it. It is, however, such a luxury in Boston, that the writer doubts whether the most wealthy could obtain it, and the good, old-fashioned plan of using cow's milk and water, in some form, is still likely to hold its own, whether the milk be specially prepared, or used as it comes from, not the cow, but the milkman. Should the infant become œdematous, or suffer from indigestion or intestinal catarrh, it is usually due to over-feeding, and the amount of food must be reduced.

In using this method of supplying a constant warm temperature to the child, and of forced feeding, there is no better argument than that of actual results. The limit of viability under these conditions can no longer be fixed at seven months, but is being forced well back to the sixth month. With Credé's apparatus, which is inferior to the French model for reasons already stated, the following results were obtained:—678 children were treated by it; with a few exceptions, the weight was less than five and a quarter pounds per infant. The general limit of weight was five and a quarter pounds.

Of	24	children	between	2	and	3	pounds,	20	died.
"	115	"	"	3	"	4	"	42	"
"	476	"	"	4	"	5	"	54	"
"	52	" (17 twins)"	"	5	"	6	"	1	"

Total mortality of all cases, eighteen per cent.

Tarnier's hatching cradle was introduced in the Paris Maternité in 1881. According to Auvard's report, two years later, 51 cases had been treated in it. Of ninety-three healthy

premature children, thirty-one died; of fifty-eight premature children with complicating diseases, fifteen died; *i. e.*, a mortality of less than thirty per cent. An important fact to remember in connection with this, is that not one of the children weighed over four pounds. The corresponding mortality with the Credé cradle was about 40%.

In a later report, by Budin,

Of children born at 6 months,	30.0%	are saved,	
“ “ “ “ 7 “	63.6%	“ “	
“ “ “ “ 8 “	85.7%	“ “	

He also predicts that by “further improvements in the rearing of premature children, the mortality will be so much reduced that the artificial induction of premature labor will eventually replace craniotomy and Cæsarian section, in all but the extreme degrees of pelvic contraction.”

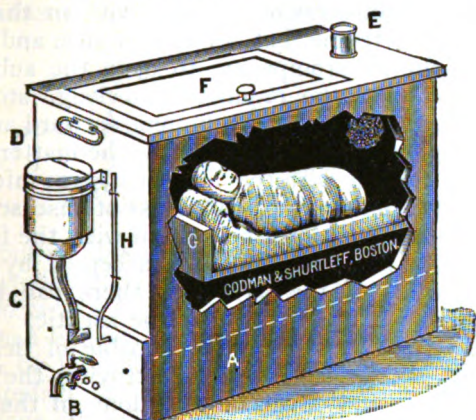
This comparatively simple apparatus has reduced the mortality of premature children from 66% to 36.6%, and demonstrates the importance of it in general practice, which is not yet fully appreciated.

It should have an unmistakable influence on the induction of premature labor, as a conservative operation, in preference to the sacrifice of the child by craniotomy, or the great danger to both mother and child in Cæsarian section. This, of course, presupposes the management of the case during the last half of pregnancy.

It may also be surmised that it may add another indication for the induction of premature labor, where the child is large, and the maternal parts comparatively small, without much deformity of the bony pelvis, in cases of threatened eclampsia or other diseases where the operation is now postponed in the interests of the child. I may state in closing, that while I was in the Royal Maternity at Dresden, in the winter of 1882, Prof. Winckel was experimenting with the continuous warm water bath for premature children, but the water caused so much erythema and irritation of the skin, the plan had to be abandoned. Glass wool has also been tried, but this is inferior to the following apparatus:—

The incubator consists of a wooden case, twenty-eight inches long, twenty-three inches high, and seventeen inches wide, having a glass door, (*f*), and ventilating valve, (*e*), on the top; a tunnel, (*d*), with cover, gauge glass, (*h*), faucet, (*b*), and ventilating openings on the front, and a larger ventilator on the back, (not shown.) Within, and at the bottom, is a copper reservoir of suitable capacity, (shown in dotted outline, *a*), connected with the tunnel, also with the faucet, (*b*). Over the reservoir is a

me with a thermostat attached, for regulating the internal temperature. Above is the bed for the child with the mattress, &c. A sponge-cup and sponge for moistening the air, and a thermometer, are conveniently placed.



When the apparatus is to be used, the reservoir should be filled with boiling water three or four hours in advance, to warm it thoroughly, and when the internal temperature of the upper chamber reaches  $86^{\circ}$  to  $88^{\circ}$  F., the infant can be placed within the bed. To maintain the temperature, it is generally sufficient to add three quarts of boiling water, every two or three hours, at the same time drawing off an equal quantity from the reservoir, by means of the faucet, the glass gauge showing when the reservoir is filled. The warm air rising from the reservoir escapes through the valve, (e), in which turns the little helix; should the temperature within rise too high, the thermostat opens the ventilator at the back, and admits the outer air until it is reduced, then it closes again. The temperature should be maintained at  $86^{\circ}$  F., or a little higher, for very feeble children. Care must be taken not to place the apparatus in a draught. The infant may be left in the incubator two, three, or four weeks, or even longer. When it has acquired sufficient vigor, it may be gradually accustomed to the outside air, first removing it into a warm room for an hour or two at a time. It is well then to continue the use of the apparatus, during the night, for some time longer. This incubator is made by Codman & Shurtleff, Boston.

THE difference between a good physician and a bad one is certainly very great; the difference between a good physician and no physician at all, in many cases, very little" — a truth worthy of all acceptance. — *Med. Times.*

*CHOLERA INFANTUM, ENTERO-COLITIS, OR SUMMER  
DIARRHŒA OF CHILDREN.*

BY J. H. SHERMAN, M.D., BOSTON, MASS.

It is not a consciousness of superior wisdom that causes me to write upon this theme, but its importance, and a desire to learn more about it, prompt me to open the subject, hoping that someone who has the requisite knowledge stored up, perhaps "hidden under a bushel," will come forward and tell us all about this complex question, and settle the matter once for all. I am strongly imbued with the idea that germ infection is the chief factor in the ætiology of this class of diseases; that noxious germs are conveyed into the system with the food. If this theory is correct, and I believe it is accepted by most of the eminent authorities of the day, then there can be but little question as to the treatment; it must be aseptic. Is there any known remedy that can be given, capable of destroying the germs, without, at the same time, destroying the patient? I have yet to learn of it. Much may be done in the way of irrigation, towards removing them. The stomach can be washed out, also the lower bowel, and most of the germs removed. Instead of washing out the stomach by means of a rubber tube or catheter, it is about as efficient, and much less objectionable to the mother and friends of the child, to give it copious draughts of water, which will be speedily ejected, and follow this by enemas of water. Having thus, as far as possible, ridden the alimentary tract of germs, the next thing is to see to it that none are introduced with the food. This means sterilized milk. When the child nurses the mother it gets sterilized milk; it would also get it if taken directly from the udder of the cow, but the former is frequently impracticable, the latter never possible.

What is sterilized milk? Milk that has been subjected to a temperature of 266° F. for half an hour, and kept in hermetically sealed bottles. Boiling does not sterilize it; steam heat does not; germs have been found in milk after being boiled for an hour, and after being subjected to steam heat for an equally long time. But a temperature of 266° destroys all germs and spores. Here, then, we have the solution of the question, "How to save the babies." But is it practicable? No. None but Vanderbilts and Astors can afford to rear babies on sterilized milk. It costs three dollars per dozen bottles, of six ounces each. Do you ask, "What good is your paper going to do if your remedy is beyond the reach of the very ones most needing it?" I am in hopes that it will stimulate some Yankee to invent a process for sterilizing milk so as to bring the price within the

each of all. There is a fortune in it. Bottle-fed babies die in the ratio of one hundred to three of those that nurse the mother, and when we consider that the number of mothers who nurse their babies is growing less instead of greater, it becomes the most serious of questions: "What shall we do to preserve the babies?"

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*HYPNOTISM AS A THERAPEUTIC AGENT; ITS RELATIONS TO FORENSIC MEDICINE.*

BY DRS. ALBERT PICK AND F. H. PRITCHARD,

In contributing this article, we cannot, for many reasons, as a result of personal experience, opportunities, etc., claim any originality, nor do we in the least intend to do so, but we simply desire to give a review, from the entire medical literature, of the introduction of hypnotism into scientific medicine, how and when it is applied, the reported positive and negative results, and conclusions as regards the value of hypnotism as a therapeutic agent, and its relations to forensic medicine.

In regard to the history of hypnotism, Prof. Heinrich Oberlinner, of Vienna,<sup>1</sup> says: "A peculiar evil star seems to have shined over hypnotism. Since the oldest times, the phenomena of the hypnotic state are, at least partially, known, and yet only during the past few years have they received strictly scientific consideration by a few, and mostly unsuccessful, experiments.

The greatest apostle of hypnotism, Dr. Anton Mesmer, and his disciples still more his knowing pupils, at the end of the last century thoroughly understood the pecuniary, but not the scientific value, of 'animal magnetism, or mesmerism.' In this way, the whole affair came very much into disrepute, and even after twenty years, it was impossible for James Braid, who was led by the most earnest endeavors, to attain deserved recognition for his experiments. But finally, a correct view had to get the upper hand, and after publications on this subject had already appeared and there, ventured into daylight, hypnotism began, since it was to be placed under exactly scientific examination, with increasing fervor, throughout the civilized world.

In the beginning, it was more the physiological interest which led physicians in the investigation of these remarkable phenomena; but later, this question in many respects received also a practical importance by the effort being made to employ hypnotism in therapeutics,—although not in the charlatan manner of Mesmer,—as well as through the circumstance

<sup>1</sup> *Hypnotismus*, etc. "Klin. Zeit und Streitfragen." Vol. I, p. 49."

that physicians who pay especial attention to medical jurisprudence, and judges, also, were repeatedly obliged to occupy themselves with this subject."

As to the art of hypnotizing; *i. e.*, of putting people into the "magnetic" sleep, one must be primarily aware of the fact that not all people are equally qualified therefor, — do not constitute good "media." The proportional number of people who can be hypnotized is estimated differently by different authors, and they are, in their estimations, probably influenced by the different circumstances which present themselves. One can get very near the truth, according to Prof. Obersteiner,<sup>1</sup> by saying that among a large number of people, one third is not influenced at all by the experiments, another third presents the phenomena of hypnotism in a limited degree, and, finally, the last third consists of good and serviceable subjects.

It should be remembered that the first trials with a person may frequently give negative results, but after repeated sances complete sleep may be obtained. Some individuals, again, are not to be influenced by the one method, whilst another is accompanied by success.

In going through the literature on this subject, one finds that some authors state that women are more easily hypnotized than men; others, again, deny this entirely. But the fact that women possess a more easily excitable nerve-system speaks very much in favor of the view that the female sex will yield more "media" than the other sex. It has also been proven that children are very easily put into the hypnotic sleep.

The proper "trial subjects" *par excellence* are women suffering from hystero-epilepsy; therefore, in France especially, in the study of hypnotism, such "media" were used with preference, and, indeed, with a very few exceptions. In these experiments, phenomena were seen which are never, or perhaps quite exceptionally, offered by normal subjects. Prof. Obersteiner advises to make use of healthy persons only, if explanations for hypnotic phenomena are sought for. Really insane persons are always hypnotized with great difficulty.

Ochorowicz<sup>2</sup> has devised an instrument which he calls a "hypnoscope," and which is said to be qualified to recognize persons who can be hypnotized. It consists of an 8 ctm. long steel magnet, having the shape of a hollow cylinder, wide enough to receive a finger, and is slit longitudinally in such a manner that the north and south pole correspond to the two edges of the slit. The person under examination retains his or her finger for several minutes in the hypnoscope, and is said, if

<sup>1</sup> loc. cit. p. 50.

<sup>2</sup> Science et Nature. 1885.



he or she be a fit "medium," to experience different kinds of sensations in the finger, resembling a cool current of air, pricking sensation as during the action of the Faradic current, and the like. Obersteiner<sup>1</sup> had no satisfactory results with this instrument. G. Gessmann<sup>2</sup> has constructed a powerfully-acting hypnoscope, by combining four horse-shoe magnets, but his experience with it as a "medium searcher," consists in negative results.

Braid<sup>3</sup> describes experiments which show how little reliable such sensations are. If he stroked persons by means of a magnet at some distance from the skin, from the wrist to the tip of the fingers, or *vice versa*, then very soon different effects, such as rise of temperature, itching, formication, muscular jerks, etc., were noticed. If he now asked the same persons to look aside and then to state the sensations which would be caused by the repetition of the procedures, the same persons asserted to have again experienced similar sensations, under the impression that Braid was carrying out the usual passes, while he, in fact, did nothing of the kind.

As to the answer to the question: "Who can hypnotize?" it is stated by Obersteiner<sup>4</sup> that the personality of the hypnotiseur may be completely eliminated. Some persons can hypnotize themselves (auto-hypnotism, auto-somnambulism). However, the one who is able to meet his "medium" with a decided authority, will have the greatest result; and on the other hand, an uncertain, timid behavior will never result in success.

The methods by which hypnotic sleep may be induced are very numerous; but it is common to all that by using the one or the other, the central nerve-system is acted upon through the external organs of sense, as well as that this action is brought about by the combination of a physical and psychical factor. According to the chosen method, the one or the other of these two factors may preponderate, sometimes to such a degree that the other, apparently, plays no part at all.

An example of the chiefly psychic method is that followed by Faria, who extends his hands towards the person who is to be hypnotized, and simultaneously addresses the person in a loud, commanding voice, with "sleep!" But this method very often yields negative results.

A much better method is to put a glittering object into the hand of the patient or person who is to be hypnotized, and direct him to look steadily at it. After a while, when his arms begin to be tired, one should suggest to him, "Your arms are

<sup>1</sup> loc. cit. p. 51.

<sup>2</sup> G. Gessmann. "Magnetismus und Hypnotismus, Wien 1887, p. 7-8."

<sup>3</sup> The Power of the Mind Over the Body.

<sup>4</sup> loc. cit.

getting tired;" then the eyes begin to be reddened, general fatigue takes place, tears run down the cheeks, the breathing becomes often deeper, resembling sighing, also hiccough may appear, the eyelids jerk, and are finally closed.<sup>1</sup>

Heidenhain<sup>2</sup> put his students to sleep by advising them to listen to the ticking of a watch. Any other noise, repeating itself monotonously, does equal service.

The so-called "passes" are nothing else but equally persisting irritations of the sensitive surface of the skin. Both eyelids may be closed with the thumb, and a slight pressure exerted upon the bulbi, while the tips of the fingers make regular, short passes over the temples, or a slight continual pressure is exercised upon the vertex. These latter procedures furnish other hypnogenic methods. The methods of producing hypnotic sleep will vary with the different hypnotiseurs. Those methods which concentrate and employ the whole attention of the person, and which have "psychic" assistance, will yield the best results; which may be seen from the many experiments and procedures used and described in the literature on this subject.

If a person was once hypnotized, then the simplest methods suffice to hypnotize him again. This is especially easily accomplished by one who has hypnotized the person in question once, or several times before.

Liegeois,<sup>3</sup> of Nancy, has also hypnotized by telephone, and Burot<sup>4</sup> has accomplished the same through a letter.

The awakening sometimes takes place spontaneously, but as a rule, at the simple command of the hypnotiseur: "Wake up!" This command may be spoken in a very low voice, whilst other much louder noises produce no awakening. Where this is not sufficient, one will always obtain the desired result by slightly blowing at the eyes.<sup>5</sup>

The phenomena of hypnotism vary very much. Some persons cannot be put into a hypnotic sleep at all, while others, who can be hypnotized, offer different phenomena during the state of hypnotism.

The profoundness of sleep to which a person may be brought, varies. Many different classifications have been elaborated, concerning it. The most popular is that of Charcot, which is divided into the following stages: 1, the cataleptic stage; 2, the lethargic stage; 3, the somnambolic stage.

As regards the phenomena of motion, it has been observed that movements are rendered more difficult, and performed more

<sup>1</sup> Klin. Zeit & Streitfragen.

<sup>2</sup> Der sogenannte thierische magnetismus Leipzig, 1880.

<sup>3</sup> Revue de l'hypnot. I p. 19.

<sup>4</sup> Ibid p. 267.

<sup>5</sup> Obersteiner. Klin. Zeit & Streitfragen. I p. 53.

slowly. Some persons remain, after they have fallen asleep, perfectly motionless. At the strict command of the hypnotiseur, they make a few fruitless attempts to carry out his order, without accomplishing it. Contractions of muscles may be produced in any part of the body, and all the muscles of the body may be caused to contract; *i. e.*, a perfectly stiff body may be produced, which latter phenomenon may last for a very long time. Entirely spontaneous movements are not made; they are either incited by a corresponding command of the hypnotiseur, or they result imitatively.

The phenomena of sensibility vary very much, according to the degree of profoundness of the sleep. Berger<sup>1</sup> states, that the cutaneous sensitiveness to pain is raised to hyperalgesia in the stages of slight hypnotic sleep, as long as consciousness is preserved; whilst analgesia is nearly always characteristic of entire hypnosis. Also the senses of sight and smell are rendered more acute if the hypnosis is not profound.<sup>2</sup> Hallucinations of all the senses may occur.

The phenomena of the vegetative sphere have, according to Obersteiner,<sup>3</sup> not been sufficiently studied to allow conclusions.

In speaking of the observation of the psychic phenomena, Beaumis calls it the "vivisection morale;" *i. e.*, one can study separately, in an excellent way, the different parts of psychic life, exactly as one selects in physiological experiments on animals, any organic function for study.

The influence of hypnotism upon the will of persons under its effects, is a very marked one. A complete weakness of the will is exhibited. In fact, their own will is substituted by that of the hypnotiseur.

The influence of hypnotism upon the memory depends upon the degree of profoundness of the hypnotic sleep. After a deep hypnotic state, the person has forgotten everything he did during this state; after a light sleep, he remembers everything. It has also been stated that by a light hypnotic sleep the memory is refreshed; *i. e.*, things difficult to remember, and which were forgotten by the person, came back into the mind of the same person, when hypnotized.

Also in idiosomnambulism, *i. e.*, in the case of persons who fall into a somnambulant state of themselves, it has been observed that they lead a perfectly double life; one in the normal state, "*condition prime*," and one during the state of somnambulism, "*condition seconde*." A separation of their own personalities occurs. A very interesting example of this, is the case of

<sup>1</sup>Bresl. ärztl. Zeitschrift. 1881.

<sup>2</sup>Sauvair, Revue philosoph. 1887. 3 H.

<sup>3</sup>loc. cit.

Azam.<sup>1</sup> Such conditions are described as "double personal" or "double consciousness." At a late meeting of the Massachusetts Medical Society, (clinical section), Dr. Morton Prince of Boston, read a very fine and extensive paper on hypnotism, the course of which he demonstrated the different stages of hypnotism on patients. Among the latter was one of the rare, but exceedingly interesting cases of "double personal."

Psychic reaction is said to be accelerated by the influence of hypnotism.<sup>2</sup>

*Suggestive phenomena.* These phenomena are of the most different kinds, and vary with the different experimenters. Some of the simple suggestions are: "Raise your right arm," whereupon the hypnotized person raises his right arm; "Your right arm is paralyzed," which suggestion is followed by a sudden dropping of the arm and stiffness of the same. Obersteiner<sup>3</sup> quotes a case in which he suggested to a woman, whom he led in a hypnotized state through a room, that they were taking a walk in a garden. He also observed to her, that it was very muddy whereupon she lifted her dress, exactly in the same way that women do when they have to cross a muddy place in the street. Heidenhain<sup>4</sup> suggested to a hypnotized medical student that he was in the dissecting room. He put a piece of wood, supposed to be a knife, into his hand, and told him to dissect the subject before him. The student worked very correctly in the air with his supposed scalpel, as if he would dissect.

Such illusively metamorphosed objects change also their effects; *e. g.*, a glass of water acts as an emetic, if emesis is suggested to the hypnotized person; water is taken for whiskey with the following phenomena of drunkenness. As far as we can see from the literature at our disposal, nobody has, as yet, made the experiment to give an emetic to a hypnotized person and to suggest to him not to vomit, or in the case of whiskey not to get drunk. Obersteiner thinks such an experiment might be regarded *a priori* as unsuccessful. But not only inanimate objects may be thus transformed, but also the surrounding objects, plants, animals, or the hypnotized person himself. It may be suggested to him that he has another name, that he is something else, and in some cases he will hesitatingly concede it. Richet<sup>5</sup> has collected the most interesting examples. He transformed a forty-three-year-old lady into a peasant, an actress, a general, a preacher, a nun, an old woman, a little child, a young man, etc. She suited all her movements, her facial expressions, etc.

<sup>1</sup> Hypnotisme double conscience. Paris, 1887.

<sup>2</sup> Obersteiner. Experimental Res. on Attention, Brain. I.

<sup>3</sup> loc. cit. pp. 58

<sup>4</sup> loc. cit.

<sup>5</sup> Revue philosophique. 1883.

part suggested to her; *e. g.*, as a little girl, she ran about the room, performed the most manifold follies, asked for her bread and candies; as general, she asked for a horse and sword, obeyed commands, complains about the bad manœuvres; as actress, she relates her experience, adventures, and the like.

Such persons may sometimes also be changed into animals; as a goat, they will jump over the furniture; as a hare, they will run from the dog, etc., etc.

Delboeuf hypnotized simultaneously two sisters. The one he changed into a pig, the other into a hog-drover. The latter, who wanted now to sell the pig, said: "Look here, how fat and heavy the pig is, one can hardly lift it;" in saying so, she tried to lift her sister from behind, by her dress, exactly as is done with pigs. One of the sisters being changed into a stove, shows the door for making fire, to be situated in her abdomen, etc.<sup>1</sup>

The suggestions may be extended beyond the duration of the hypnotic state: post-hypnotic suggestions; *e. g.*, if the hypnotiseur suggests to the hypnotized person: "You will, after awakening, walk up and down the room twice, with my umbrella," or, "You will put both thumbs into your mouth," it is completely performed by the hypnotized person, after awakening. The effect of such a suggestion, given during the hypnotic state, may last for a long time, weeks, months, even years. As an example of this, Liegeois<sup>2</sup> quotes the following case. He suggested to a young man, during the hypnotic sleep, he should, exactly after one year: *i. e.*, on October 12th, 1886, call early in the morning on Dr. Liébeault and thank him for the careful treatment; then an educated dog and a small monkey will enter the room, and accomplish jolly tricks; after five minutes the spy to whom the animals belong will appear, etc., etc. Nearly generally was this programme attended to by the young man.

The most different hallucinations also, may be excited, lasting longly during the hypnotic state, as well as becoming post-hypnotic in their duration.

Many persons, who have been hypnotized several times before, need not to be hypnotized anew, but are responsive to suggestions in a waking state.

Many experiments and cases illustrating the above-mentioned, and also the optic and retro-active hallucinations, which latter of the gravest forensic importance, have been made, and are noted, by Bernheim,<sup>3, 4</sup> Féré, Binet, and others.

The functions of organic life, which are nearly entirely placed beyond our will, seem also, to be amenable to suggestion.

<sup>1</sup>lin. Zeit & Streitfragen. Bd. I.  
<sup>2</sup>Revue de l'hypnotisme I. p. 148.  
<sup>3</sup>de la suggestion, 1884.

<sup>4</sup>de la suggestion et de ses applications a la therapeutique, 1886.

Beaumis states that he could produce a retardation or acceleration of the heart's action by suggestion. Erythematous spots or even complete vesicles may be also produced by placing a piece of common paper upon the skin of the patient, and suggesting to him that it is vesicatory.<sup>1</sup> Similar cases are quoted by Bourru, Burn, and Mabile.

Obersteiner<sup>2</sup> mentions a phenomenon, which in the last few years has been the object of many controversies in France; *i. e.*, the "*suggestion mentale*." By this expression is meant the influencing of the thoughts of one man simply by the thoughts of another, without any other medium.

Richet says in regard to this, "The common sense of 1886 will oppose the possibility of such a rapport between the thoughts of two men; but this is the common sense of 1886. The common sense of 1986 will, perhaps, judge entirely differently." Richet, therefore, warns against condemning it to quickly.

Ochorowicz<sup>3</sup> and Perouet<sup>3</sup> quote examples of "*suggestion mentale*." Several authors on this subject, Bourru and Burot,<sup>4</sup> Luys<sup>5</sup> and others, speak also of the action of certain drugs at a distance. Such substances are in well-sealed and covered bottles. The contents are neither known to the hypnotiseur nor to the medium. The bottle is placed at a distance of five to ten ctm., in the region of the neck, or any other part of the body of the hypnotized person. Frequently the phenomena peculiar to the corresponding drug appear. A board was appointed by the French Academy of Sciences to investigate Luys' experiments. In their report, they designated Luys' statements as absurd.<sup>6</sup>

Some experimenters also mention successful hemihypnosis; *i. e.*, where only one side of the body is hypnotized.

Under *psychic polarisation*, Binet, Féré, Bianchi and Sommer understand the perversion of a functional psychic state by the action of an aesthesiogenic body, especially the magnet.

A justly excited sensation took place, when a few years ago Babinsky made such experiments under the supervision of Charcot. He saw by the action of a magnet, certain pathological symptoms; *e. g.*, hysteric muteness, pass over to another hypnotized person. The latter may be easily freed from this infection by suggestion; and through repeated experiments the primary affection in the first person disappears gradually. Therefore this method of transference to a second person seems also to possess therapeutic qualities. Obersteiner<sup>7</sup> asserts that

<sup>1</sup> Klin. Zeit & Streitfragen. Bd. I. p. 64.

<sup>2</sup> De la suggestion mentale. 1886.

<sup>3</sup> Du magnetisme animal.

<sup>4</sup> Berjou. La grande hysteric chez l'homme. 1886.

<sup>5</sup> Revue de l'hypnotisme. I. p. 139.

<sup>6</sup> Sajous. Med. Annual, 1889.

<sup>7</sup> loc. cit. p. 67.

thing incredible is to be found in this fact ; for, if we assume that the magnet acts under certain circumstances upon man, it does not appear peculiar if in turn one person influences a second one, just as well as a piece of soft iron, which adheres to a magnet, acquires for itself the quality to attract another.

In regard to the *physiological explanation* of the hypnotic state, Obersteiner says that we must admit that a complete, clear view of the physiological processes, which cause and keep up hypnotism is still lacking. But in spite of this want, nobody is justified in designating this state as only something deceptive, as an intentional deceit, which is exhibited by the medium alone or in company with the "magnetiseur." Several years ago it would have been perhaps still necessary to disprove completely such a view, but to do so to-day seems wholly superfluous to Obersteiner ; only in regard to a very few of the described phenomena a controversy is admissible. He further says, that for those persons who cannot be convinced by any means, there remains one last resort, consisting in hypnotizing these unbeliefers. Unfortunately this is not always applicable; but to this argumentum ad hominem only a very few could offer resistance.

The hypnotic sleep has much resemblance to the normal physiological sleep. Hypnotism has also been declared to be an artificially-produced nervous, or better, mental disease of short duration. Many experiments on men and animals in regard to the physiological explanation of hypnotism, have been made by Tamburini, Sepilli, Rieger, Kaan, Dan, Schweenter, Kircher, Michea, Czermak, Preyer, Heubel, Rieger and others. Reviewing all these and his own, Obersteiner comes to the following conclusions :

In the process of hypnotization, the central nervous system is affected upon by the external senses. All the methods have the property, at least those which lead in the beginning most surely to sleep, of taking up the entire attention of the individual for a period of time, by the aid of some constant stimulation of the senses ; *e. g.*, a bright point, the ticking of a watch, etc. A large number of external and internal stimulations, one must get the upper hand and suppress or inhibit all the others, perhaps more intensive and stronger ones. Thus in short, the attention is to be an inhibitory process within the receptive, compressive activity of our centers of consciousness.' The same author also decides in favor of the question, whether or not we are exposed to the electric and magnetic influences of the media in which we live. He also would most decidedly suppose that we possess a special sense of magnetism. He does not doubt

that some day one or the other peripheric end-organs, which are demonstrated to us by anatomy, the latter being unable to prove its physiological importance, will be recognized as the special sense of magnetism. He also states that mind-reading and spiritualism, the latter being in no relation whatever to science, have nothing to do with hypnotism.

*The application of hypnotism in therapeutics* arouses, no doubt, the greatest interest among physicians studying it. Hypnotism has been used in treating disease since the oldest time; although not always in a scientific manner. This latter circumstance brought it, as stated above, very much into disrepute.

According to the views of different authors and experimenters, hypnotism may prove to be efficient as a therapeutic measure in a threefold direction: *a.* by the hypnosis as such, *b.* by anæsthesia, *c.* by suggestion.

*a.* Hypnosis may, as such alone, have a beneficent and quiescent influence. The sleep may be prolonged and rendered more quiet by hypnotization in the evening. Migraine may be diminished or caused to entirely disappear by the action of hypnotism.<sup>1</sup>

Insane patients are, as a rule, very difficult to hypnotize; but they may be hypnotized after several trials. To hypnotize them during a short normal sleep was also accompanied by success; *i. e.*, the sleep was prolonged. Dumontpallier<sup>2</sup> cured melancholia in a hysterical person, by two applications of hypnotism; also hysterical attacks may be prevented if hypnotism be employed at the right moment, as reported by Gille de la Tourette.<sup>3</sup> Other symptoms of hysteria; *e. g.* contractures, etc., are reported to have been cured by hypnotism.

Braid and Ronzier-Joly quote cases in which phenomena of tetanus were removed by means of hypnotism.

*b.* The anæsthesia which usually appears in the hypnotic sleep permits, under certain circumstances, to be made use of. But, according to Obsteiner and others, it is not to be thought of, that it will or can supplant chloroform and the other anæsthetics used in surgical practice. Already in the year 1829, J. Cloquet removed a carcinoma of the mamma in a hypnotized woman, without causing her any pain. Many other operations are on record, which have been performed painlessly under the influence of hypnotism.

Pritzel<sup>4</sup> hypnotized, at the appearance of the pains, a primipara and awakened her at the end of labor.

Prof. Schnitzler, of Vienna, has used successfully hypnotism

<sup>1</sup> Obersteiner, loc. cit. p. 70.

<sup>2</sup> Societ de Biologie. 1882.

<sup>3</sup> L'hypnotisme au point de vue médico-légal. 1887.

<sup>4</sup> Wiener med. Wochenschr. 1885.



in aphonia paralytica and dyspnœa spastica; especially in cases of a hysteric nature.

*c.* The greatest value of hypnotism as a therapeutic agent consists in the suggestions: The hypnotic therapy in hysteria is preferably directed against certain symptoms and the finest results, according to several authors, may be obtained in this field. The most amenable for such treatment will be, as stated by Ochorowicz, Bernheim and others, certain symptoms of hysteria; *e. g.*, paralysis, contractures, hemianæsthesia, etc. Obersteiner warns against accepting reports of cures in cases where anatomic-pathological changes have already taken place; *e. g.*, hemiplegia caused by cerebral hemorrhage, disseminated sclerosis, myelitis, tabes dorsalis, etc. Cases of amenorrhœa depending on or connected with hysteria have been benefitted by hypnotism.<sup>1</sup>

Ramey<sup>2</sup> cured a spastic stricture of the urethra, which had lasted for five years, by suggestion during hypnotism.

The most obstinate cases of constipation in hysteria and similar states may be cured by suggestion; either by simple suggestion or through giving any supposed cathartic, which in fact is only simple water.<sup>3</sup>

Voisin also used hypnotic suggestions in the treatment of the morphia habit.<sup>2</sup> Liébault quotes cases of incontinentia urinæ, especially nocturnal, in children and adults, treated successfully by suggestion. He treated seventy-seven cases by this method and had in fifty-six of them excellent results. His manner of procedure consisted in suggesting to the patients that they will feel during sleep, the desire to urinate as soon as their bladders are full, and then awake.

Besides the above-mentioned uses of hypnotism as a therapeutic agent, numerous applications of it have been made in treating different affections, of which we shall only quote here the most prominent ones.

Tonnini<sup>4</sup> reports a case of epilepsy, which he treated successfully after his other treatment, kali brom., atropia and strychnia, had failed.

Fränckel<sup>5</sup> speaks warmly for an extensive employment of hypnotism in treating certain diseases. He quotes a case which he cured by hypnotism, and which concerns a twelve-year-old girl who could not walk on account of a hysteric contracture of both hip joints; the arms were similarly affected. The patient was dull and obstinate. The disease had lasted for ten months.

<sup>1</sup> Braid, Voisin, *Revue de l'hypnotisme*, I. p. 221.

<sup>2</sup> *loc. cit.*

<sup>3</sup> *Klin. Zeit and Streitfragen*, p. 73 Bd. I.

<sup>4</sup> *Suggestioni e sogni*; Lombroso's *Archives*, VIII. p. 264.

<sup>5</sup> *Ugeskrift for Læger*. R 4. Bd 14. p. 8.

Bentzon Hütten, Leel, J. Peterson, Friedenreich and Nielsen quote cases of rheumatic fever, headache, hypochorea, chorea, hysteria, (violent attacks) neurasthenia, neuralgia, plegia, sciatica, and stuttering, (dyslalia spasmodica), which have been favorably influenced or cured by hypnotism.<sup>1</sup> Also have been extracted painlessly under the influence of hypnotism.<sup>2</sup>

Fontan<sup>3</sup> has seen good results follow the use of hypnotism in the treatment of different affections of the eye; amblyopia, choroido-retinitis, atrophy of the optic nerve, blepharospasm, etc.

Mesnet<sup>4</sup> relates a case of labor in which the woman was notized, and did not suffer any pain until the head appeared at the vulva.

Fürth describes a case, in which he performed, painless extirpation of an indurated scar behind the ear; he used hypnotism as an anæsthetic. He recommends hypnotism as an anæsthetic, where chloroform cannot be used<sup>5</sup>.

Dr. Osgood, of Boston, at a late meeting of the Massachusetts Society for Medical Improvement, read an exhaustive and elaborated paper on the therapeutic value of hypnotism, in which he disclaimed its having any effect on organic diseases, but reported thirty-four cases, including paralysis, hysteria, bronchitis, indigestion, constipation, and the like, as much improved or cured, with but few exceptions. He was very supported in the discussion which followed, by Dr. M. Prince, of Boston, who has had also much experience in the use of hypnotism.

Bérillon<sup>6</sup> and Hément<sup>7</sup> also recommended the use of hypnotism in pædagogics, but Obersteiner advises against its use, as well as in cases of children in general, as it may lay the foundation for future nervous affections.

The disadvantages connected with the use of hypnotism as a therapeutic means, or in physiological researches, depend on the circumstances offered by the individual cases. Great caution, however, always necessary. According to the different affections which hypnotism produces, after its hypnotic effects have passed off, in sensitive persons, for a shorter or longer time, nervous weakness, fatigue, feeling of illness, etc. If they are exposed more frequently to this procedure and the predisposition present, complete hysteria may develop. Many easily "n

<sup>1</sup> Virchow's and Hirsch's Jahresberichte, XXII. 2 pp. 104.

<sup>2</sup> Ibid.

<sup>3</sup> Zehender's Monatsblätter, p. 441.

<sup>4</sup> Bull de l'acad. de méd. No. 28.

<sup>5</sup> Wiener med. Wochenschr. No. 29. 1888.

<sup>6</sup> Revue de l'hypnotisme, I. p. 84.

<sup>7</sup> Ibid, p. 130.

women," who, as Gille de la Tourette expresses himself, possess by this little dose of nervousity especial charm, become by such treatment cases of most pronounced hysteria. Also spontaneous somnambulism is developed by the frequent use of hypnotism, as stated by Berillon.<sup>1</sup>

*The relations of hypnotism to forensic medicine* are very important ones. Liégeois<sup>2</sup>, Ladame<sup>3</sup>, and Gille de la Tourette<sup>4</sup> have written exhaustive treatises on this subject.

Liégeois illustrates his arguments by the following interesting case. He said to a hypnotized lady: "You remember that I have lent you 500 francs; you will kindly acknowledge having received this sum." "But sir, you have not lent me anything." "Your memory deceives you, madame, I handed you yesterday, at this very spot, the demanded money." Under the continued suggestions she hesitated, and finally was convinced of this suggested fact and readily wrote a correct note, with the promise to repay the sum on a certain day.

In the making of a will, abuse may be practised in the most different ways with hypnotism.<sup>5</sup> If pious people are in question, the Lord may be caused to appear to them, to give them the desired command, which then will be surely carried out. A marriage may be prevented by suggesting to the bride to answer with "no" to the customary question at the marriage ceremony.<sup>6</sup>

Therefore, according to the above stated facts, nobody but the suggester is responsible for the carrying out of post-hypnotic suggestions; for, the person who was suggested to do a certain thing is in an abnormally psychic state, while accomplishing it.

It has also occurred repeatedly, that women have been sexually abused during hypnosis. On the other hand, the hypnotiseur may be the victim of hallucinations; therefore Obersteiner advises to have always a third person present in hypnotizing anybody; *i. e.*, in the case of men just as well as with women.

As the irresponsibility of hypnotized persons is recognized, occasionally simulation of the hypnotized state may be practiced to excuse a criminal act.

Disturbance of health may be caused by hypnotization, and in consequence thereof, the originator of such may be and has been made responsible for it. Charpignon quotes a case of an "amateur" in the line of hypnotism, who hypnotized a boy,

<sup>1</sup> *L'hypnotisme experimental.* 1884.

<sup>2</sup> *De la suggestion hypn.* 1884.

<sup>3</sup> *Revue de l'hypnot.* I. p. 10.

<sup>4</sup> *L'hypnotisme.* 1887.

<sup>5</sup> *Klin. Zeit und Streitfragen* I.

<sup>6</sup> *Klin. Zeit und Streitfragen*, I. p. 77.

which procedure was followed by convulsions, the boy being sick for a whole year. The court fined the "amateur," 1,200 francs.

Through retro-active suggestions, false witnesses may be produced, criminal acts suggested, etc.<sup>1</sup>

As also the involuntary muscles are influenced by suggestion, and the menses are caused to appear, one may suspect that abortion might be provoked during hypnosis.<sup>1</sup>

Ladame<sup>2</sup> makes similar statements. He also says, that coitus, up to the stage of ejaculation may be suggested, and emphasizes the importance of having a third person present in hypnotizing anyone, as "sexual hallucinations" often appear. Cases of rape, committed during hypnosis, are also on record.

The conclusions to be drawn from this article may be expressed in a few words. There is no doubt that, according to scientific experiments and reports of actual application of hypnosis in the treatment of different affections, it seems to have a place, and in regard to certain diseases (hysteria and other neuroses) a prominent one, in therapeutics. Of course it requires still further investigation and elaboration.<sup>3</sup>

<sup>1</sup> *Klin. Zeit und Streitfr.* I. p. 78.

<sup>2</sup> *L'hypnotisme et la médecine légale; Archives d'anthropol. Crimin.* II. p. 294 et 520.

<sup>3</sup> An English translation of a treatise on "Hypnotism," by Björnström has been recently published in this country.

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## SOCIETIES.

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### *MAINE HOMŒOPATHIC MEDICAL SOCIETY.*

The Maine Homœopathic Medical Society met in annual session in Royal Arcanum Hall, at Bangor, June 3d, 1890. The attendance was good, twenty-six members being present, with three visiting physicians: Dr. Jennie Fuller, formerly of St Paul, Minn.; Dr. F. S. Sampson of Penn Yan; N.Y., and Dr. W. K. Knowles, of Everett, Mass. Two physicians were admitted to full membership at the meeting: Dr. W. V. Hanscom, of Rockland, and Dr. M. H. Haynes of Ellsworth. The presence of several lady visitors, wives of the members, and others, gave added pleasure to the occasion. Dr. W. F. Shepard, of Bangor, in fitting and well-chosen words welcomed the members to the "Queen City." The address of President Whidden gave the keynote to all the work of the Society, and progress marked all the endeavors.

The Treasurer's report showed a marked lack of delinquency

among the members. The Society is carrying but little dead wood.

Report of Delegates J. C. Gannett and J. W. Whidden to the Massachusetts Homœopathic Medical Society, at its semi-annual meeting was made, showing an interesting and instructive visit.

The subject of a Homœopathic Sanatorium, at Hallowell, was thoroughly discussed, and the plan considered feasible. The matter is in the hands of Drs. W. L. and Will S. Thompson, and as the conditions are favorable, it is expected the plans will materialize.

It was voted on motion of Dr. Sylvester, *Resolved*, That it is the sense of this meeting of the members of the Maine Homœopathic Medical Society, that the proposed Homœopathic Sanatorium, at Hallowell, is needed; that we approve of the plan; and that we advise that each member constitute himself a committee to solicit subscriptions to the stock of the company. As it is expected that Drs. W. L. and Will S. Thompson will issue a prospectus setting forth the plans proposed, this prospectus should contain vouchers of their reliability from well-known citizens of Hallowell, Augusta and vicinity.

Papers were presented as follows: M. S. Briry, M.D., on "Applied Materia Medica;" D. C. Perkins, M.D., on "Lac caninum;" W. C. Stilson, M.D., on "An Accidental Proving of Balm of Gilead Buds;" J. C. Gannett, M.D., on "Spigelia, A Critical Study;" C. M. Foss, M.D., on "Cases from Practice;" Discussion of which brought up many cases in corroboration and further illustration of these cases; A. I. Harvey, M.D., on "Laceration of Perinæum during Confinement, with Immediate Closure;" S. E. Sylvester, M.D., reported verbally cases of "Osteoma of Turbinate Bone, and Laryngeal Disease;" Gertrude E. Hatch, M.D., a paper on "Conjunctival Hemorrhage;" W. E. Fellows, M.D., presented reports of cases of Urethral stricture following Gonorrhœa, total obstruction, urinary fistula, operation and cure; Hip-Joint Disease; Chronic Corporeal Endometritis; Sloughing Submucous Fibroid, and Retroverted Interstitial Fibroid of the Uterus. H. C. Bradford, M.D., "Case of Cancer of the Nose;" Will S. Thompson, M.D., a paper on "Antisepsis in Obstetric Practice;" Nancy T. Williams, M.D., a paper on "Gynecology;" F. O. Lyford, M.D., a paper on "Gynecology."

On the subject of Medical Legislation, the committee appointed made the following report, viz.:

The Maine Homœopathic Medical Society, being strongly in favor of such medical legislation as shall raise and maintain the

standard of the profession and improve the educational requirements, adopt the following preamble and resolutions :

*Whereas*, there is evident intention on the part of some members of the profession to restrict the rights of others by partial legislation, it is therefore,

*Resolved*, That the Maine Homœopathic Medical Society favors legislation such as shall give control of medical licenses to legally constituted bodies within the state, and it earnestly asks for an examining board for each school of medicine having an organized State Society, each board to have charge of the candidates of its own school, who may apply for examination.

The officers elected were, for president, D. C. Perkins, M.D. ; vice-presidents, W. F. Shepard, M.D. ; W. E. Fellows, M.D. ; recording secretary, J. C. Gannett, M.D. ; corresponding secretary, F. A. Gushee, M.D. ; treasurer, Will S. Thompson, M.D. ; censors, Drs. H. C. Bradford, W. F. Cleaveland, J. M. Prilay, T. N. Drake, C. S. Philbrick ; committee on legislation, Drs. L. Thompson, C. M. Foss, M. S. Briry, A. I. Harvey, S. E. Sester.

The various bureau appointments were made as usual. Delegates were appointed as follows :

To the American Institute.—Drs. W. F. Shepard and H. Bradford.

To New Hampshire.—Drs. A. I. Harvey and C. M. Foss.

Vermont.—Drs. D. C. Perkins and W. M. Haines.

Massachusetts.—Drs. C. F. Brooks and E. E. Briry.

Rhode Island.—Drs. J. C. Gannett and J. W. Whidden.

Connecticut.—Drs. J. M. Prilay, J. H. Knox.

The discussions of the various reports and papers were entered into largely and in a lively manner.

On the subject of the homœopathic control of the proposed New Insane Hospital, the Society gave forth no uncertain sound, and a committee was appointed with power to use means to that end.

The Society adjourned to meet at Portland, in June, 1891.

J. C. GANNETT, *Recording Secretary*

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#### NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-seventh annual meeting of the New Hampshire Homœopathic Medical Society was held at the Phenix Hotel, Concord, June 18, 1890.

The meeting was called to order at 11 A.M. by the President, Dr. J. M. Bishop, of Bristol.

Voted to pass the regular routine of business and proceed to elect officers for the ensuing year, which resulted in the election of Dr. George R. Smith, of Dover, president ; Dr. E. Morrill, of Concord, vice-president ; Dr. J. M. Bishop, of Bristol, secretary ; Dr. Charles W. Adams, of Franklin Falls, treasurer. Drs. T. Rogers of Plymouth, J. M. Bishop of Bristol, and R. W. Wiley, of Laconia, censors.

The following named persons were admitted as members of the Society : Drs. J. F. Bothfeld and Maud Kent, of Concord ; R. V. Sweet, of Rochester, and Florence N. Robinson, of Manchester.

The Society then took up the order of exercises for the day. Dr. Rogers, of Plymouth, presented a paper on the first question on the programme, viz., "How do you select the remedy?"

He said his usual method was by the totality of the symptoms, and illustrated his method of selection by the aid of a chart ; but sometimes by the unusual symptoms which are presented.

He referred to a case that came into his hands after having been treated by other physicians. A child, who had been long sick with diarrhoea. He prescribed what seemed to be the indicated remedies with no good effect. During one of his visits the mother said to him, "Doctor, what makes my child want to eat dirt? He will dig it out of the cracks of the floor, and eat it whenever he can get it." Upon this symptom he prescribed alumina. The next day he found the patient better, and he was well in a few days.

He also spoke of a case of a lady who was vomiting, and had tried the usual remedies to check it with no good result. She said to him, "Doctor, I feel the sickness start from my back." Silica was given, which gave prompt relief.

After this the subject was taken up by the members and freely discussed.

The meeting then adjourned for the annual dinner, which was served at the Phenix Hotel.

At 2 P.M. the meeting was again called to order. The next two questions on the programme were taken up, viz. : Nature of Diphtheria, principle and details of treatment?

Can New Hampshire's law for licensing physicians be improved?

These questions were freely discussed.

The time for adjournment having arrived, the president announced that the remaining questions on the programme would be made the subjects for discussion at the next quarterly meeting.

Adjourned.

J. M. BISHOP, *Secretary.*

## OREGON STATE HOMŒOPATHIC MEDICAL SOCIETY.

PORTLAND, Oregon, May 24th, 1890.

The fourteenth annual session of the Oregon State Homœopathic Medical Society met in this city May 13th, 14th and 15th. One Boston University graduate, Orpha D. Baldwin, M.D., was added to our number, together with four others. Boston University now has four representatives here, — the one just named, Emma J. Welty, M.D., N. J. A. Simons, M.D., and the writer of these lines, — enough, I think, to insure an interested hearing from many of our alumni. The State meeting was interesting, not only in a medical way, but on account of our planning for legislation in the interests of homœopathy. This is a new field, but we are already quite strong here, and fully expect to secure a fair representation on our State Medical Board, and a share in the care of the insane, though this latter purpose may require some time for its accomplishment. We will have it, nevertheless, for we are in to win.

We are now nearing the close of our second year's work in the Portland Hospital, in which homœopaths have their own staff of physicians and surgeons, and work side by side with their allopathic brethren. I hope to be able to send you a comparative report of our success in this institution. This hospital is now erecting a building to cost \$125,000, into which we will move sometime this fall.

OSMAN ROYAL, M.D.,  
*Corresponding Secretary.*

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**REVIEWS AND NOTICES OF BOOKS.**


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HOMŒOPATHIC THERAPEUTICS. By Samuel Lilienthal, M.D. Third, rewritten and enlarged edition. Philadelphia: Hahnemann Publishing House.

Here is a monument to untiring industry that one may well be proud of. Over eleven hundred pages devoted to homœopathic therapeutics. No pathology, no microbes, no "adjuvants," no "allopathy," nothing but the plain indications for remedies to be applied according to S. S. C., to the cure of the many ills flesh is heir to. The disease-conditions are arranged alphabetically, as also are the remedies mentioned under each condition. The remedies are certainly numerous enough to fit any conceivable case; *e. g.*, under bronchitis, we find more than 60 mentioned; under cough, 170; under diarrhœa, over 170;



and under headache, over 200. According to our ideas such "remedies" (?) as psorinum, syphilinum, lyssin, the various lacs and a few others, might have been omitted without injuring the usefulness of the book; in fact we think it distinctly unfortunate to have included them. The introduction of "clinical symptoms" among the indications derived from drug pathogenesis is traditional, but one may pardonably doubt its being one of the strong points of homœopathy.

At the end of some of the longer sections is to be found a brief repertory, arranged by Prof. James E. Lilienthal, which will be useful in the search for the right remedy. For the "thousand-and-one" useful points found in the book, it will, especially among those having faith in the pathogenesis from which these countless remedies are derived, in its new and enlarged edition, not only retain its high position in professional esteem, but increase in favor.

**DISEASES OF THE EYE.** By Henry D. Noyes, A.M., M.D. New York: Wm. Wood & Co. 703 pp. 247 illustrations. 1890.

This is an outgrowth from a treatise on Diseases of the Eye by the same author, published in 1881, in Wood's Library of Standard Medical Authors. It should be of interest to the general practitioner, as well as to the specialist, as it is largely clinical in its scope, and full of sound advice on the details of hygiene, prophylaxis, etc. Of special note are its chapters dealing with myopia, binocular vision and its disturbances, and the relation of eye symptoms to lesions of remote organs. In treating of the causes inducing myopia, we are pleased to see that much stress has been laid upon the theory of extrinsic muscular action in compression of the globe, inducing primarily errors of refraction, and secondarily organic lesions. Again, in binocular vision and its disturbances, the reflex neuroses so frequently observed and so recently emphasized by the extraordinary claims of certain specialists have been noted and discussed with great intelligence and fairness and from the standpoint of personal clinical experience. That profound disturbances of the nervous system, simulating in many cases organic lesions, do occur, and are dependent on a want of harmony in the relative action of the eyes during the act of binocular fixation, there can be no doubt; and that many of them have yielded to a simple adjustment of the same, we can testify from personal experience. This is readily understood when one reads further his chapter on the origin of the nerves animating ocular muscles.

Again, a prominent and important feature of this work, also bearing on this same subject, is its discussion of the dependence

of many apparent eye lesions on disturbances in remote organs, such as the stomach, the uterus, the teeth, and the nose.

It is evident that Dr. Noyes has not only revised his work previously published, but has incorporated in this the latest thought of the most advanced thinkers on this subject of reflex disturbances, now occupying so large a share of the attention of ophthalmologists.

A judicious selection of illustrations has been employed, many of which are old, but not sufficiently so to breed contempt.

The book is most thorough, scholarly, and eminently satisfactory, and as such we heartily commend it.

P.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE. By Dr. R. Ultzman. Translated by G. W. Allen, M.D. Philadelphia : F. A. Davis, 160 pp.

Two treatises by Dr. Ultzmann are included in the present little volume : one on the general neuroses of the male genito-urinary system, and one on sterility and impotence. Both are, as is to be expected from the authority whence they come, scholarly, thorough and suggestive. The value of a careful inquiry into the state of the functions treated of, as likely to throw light on the diagnosis of complex and obscure cases, is instructively dwelt upon. Treatment is touched upon from many standpoints including not only therapeutics—in which connection we note with satisfaction the author's condemnation of the so-called aphrodisiacs, cantharides, phosphorus, etc.—but diet, electricity, general hygiene, and very especially mental treatment, on the efficacy of whose wise employment he lays much stress. The conciseness of this excellent work, will recommend it to the busy practitioner, and its substantial worth will make it a valued counsellor. The translation is smooth and accurate. Many illustrations, chiefly of microscopical specimens, add interest to the book ; in which criticism finds little to regret except the absence of an index.

MAY'S DISEASES OF WOMEN. Second edition. Revised by L. S. Rau, M.D. Philadelphia : Lea Bros. & Co. 1890. 373 pp.

The demand for a second edition testifies to the favor with which this useful work has been received. Claiming little originality, it is a capital compilation and condensation of the salient points in the teachings of authorities on gynecology ; rich in hints, excellent for quick consultation when exhaustive reading is out of the question. The latter use, an excellent index greatly facilitates. The addition of many illustrative cuts marks an

advance over the earlier edition ; as also does the bringing of all matter thoroughly up to date, and the practical rewriting of the chapters on Methods and Instruments of Examination, and on affections of the Fallopian Tubes.

HOW TO PRESERVE HEALTH. By Louis Barkan, M.D. New York : The American News Company. pp. 344.

This book is designed for the laity, and gives, in short readable chapters, a vast amount of practical advice concerning more especially the prevention of disease. The suggestions it contains in Part I. in regard to food, to hygiene of the different organs, of age and occupation, and of the dwelling, are essentially sound and useful, and if carefully applied to daily life, will do much to ensure an improved state of health in individuals and in large communities. Part II. is devoted to the care of the sick, and deals almost exclusively with the recognition and non-medicinal treatment of diseases, nursing, etc., and contains an excellent chapter on emergencies. The author recognizing the fact that drugs are mischievous substances capable of doing harm, and that the art of prescribing successfully is acquired only after life-long experience and study, wisely refrains from attempting to make "doctors" of the laity. The book is, therefore, a safe one to recommend, and is one which deserves popularity.

In the POPULAR SCIENCE MONTHLY for June, Dr. Gould's paper on "Education and Crime" will be of interest to all social scientists. The contest between the editor and President Hill, as to the selfishness of the teachings of Herbert Spencer, is carried on with ability on both sides. Among the other contributors are Prof. Griffin, Hon. David A. Wells, and Dr. William Marcet. New York : D. Appleton & Co.

In the CENTURY for June, the new anonymous serial, "The Anglomaniacs," has an exceedingly bright beginning, and promises to be one of the brilliant successes of the year. Octave Thanet's tale of "Trusty No. 49" is of immense dramatic interest and power, and Arlo Bates' "Mère Machette" is original and deeply pathetic. The Jefferson autobiography loses nothing of its quaint and delightful flavor, and the number, as a whole, is most interesting. New York : The Century Co.

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#### PERSONAL AND NEWS ITEMS.

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A. M. DUFFIELD, M.D., of Citronelle, Ala., will spend the summer at Old Orchard House, Old Orchard Beach, Maine, as hotel physician.

DR. G. F. A. SPENCER has removed, from Barre, to Ware, Mass.

DR. H. H. JEWELL, formerly of West Concord, Vt., has located at Nashua, N. H.

DR. J. HERBERT MOORE, of Brookline, will spend the summer at "The Pemberton," Hull, as hotel physician, from 2 P.M. until 8 A.M., daily. At home from 9 A.M. until 1 P.M.

DR. C. H. HADLEY, formerly of Block Island, R. I., begs leave to announce that he has removed to Fifty-eighth Street, corner Thirteenth Avenue, West Brooklyn. Post Office address, Blythebourne, King's Co., N. Y.

W. B. PERKINS, M.D., formerly of Bridgeton, Me., has located at No. 41 Salem Street, Malden, Mass. Specialty: diseases of women. Office hours: 8.30 to 9.30 A.M., 2 to 3 and 7 to 8 P.M. Telephone, 44-4.

DR. H. M. PAINE, of Albany, is sincerely to be congratulated on the success of his strenuous labors during the past year. Owing largely to his ceaseless efforts the bill providing for the appointment of *three* separate State Boards of Medical Examiners passed the New York legislature, and on June 5th, received the signature of the Governor.

T. M. STRONG, M.D., so well known as chief of staff of the Ward's Island Homœopathic Hospital, has resigned his position, and settled in the "Sunny South," whither the best wishes of his many friends follow him. His address is 720 Mulberry Street, Macon, Ga. He will give special attention to diseases of the throat and chest. Office hours: from 8 to 10 A.M., 2 to 4 and 7 P.M. Telephone No. 336.

THE members of the class of '90, B. U. S. M., so far as known, are located as follows:— Jos. E. Briggs, M.D., Massachusetts Homœopathic Hospital; H. W. Cain, M.D., Upton, Mass.; Helen S. Childs, M.D., 15 Terrace Avenue, Jamaica Plain, Mass.; George W. Crane, M.D., Ayer, Mass.; Mary A. Dorgan, M.D., 298 Shawmut Avenue, Boston, Mass.; Charles A. Eastman, M.D., Dorchester, Mass.; Florella Estes, M.D., Rochester, N.H.; George W. Haywood M.D., Lynn, Mass.; Lucy C. Hill, M.D., Fall River, Mass.; Isaac B. Hines, M.D., Boston, Mass.; William T. Hopkins, M.D., Lynn, Mass.; George E. May, M.D., 1 Worcester Square, Boston, Mass.; Albert Pick, M.D., Hotel Baldwin, Boston, Mass.; G. F. Lewis, M.D., Fall River, Mass.; Fred S. Piper, M.D., Nashua, N. H.; Lottie E. Sampson, M.D., Malden, Mass.; Thomas E. Sealey, M.D., 28 Westminster Street, Boston, Mass.; Nathan A. Springer, M.D., Beverly, Mass.; George N. Towle, M.D., Barre, Mass.; Frank E. Way, M.D., Springfield, Vt.

ONE of the pleasantest events of the socio-professional season was the banquet given at the Brunswick, on the evening of Saturday, June 7th, in honor of Dr. I. T. Talbot, by the staff of the Massachusetts Homœopathic Hospital, and other professional friends. The occasion was a delightfully informal one, though nearly fifty physicians sat down to the elegantly appointed feast. Dr. Conrad Wesselhœft presided over the post-prandial exercises, which were of the pleasantest description; consisting of brief, informal, friendly speeches. Toward the close of the evening, Dr. J. B. Bell, in an eloquent and graceful address, presented to Dr. Talbot, the guest of the evening, a "loving cup" of solid silver, bearing the following inscription:— "Presented to I. Tisdale Talbot, M.D., by the Medical Staff of the Massachusetts Homœopathic Hospital, and other professional friends, in deep appreciation of his inestimable services to homœopathy."

Space forbids our reproducing Dr. Bell's remarks in our present issue, but we hope, in the August GAZETTE to give our readers the opportunity to enjoy, in full, this admirable and brilliant speech. The cup, freighted with wine, was, when Dr. Bell had ended, passed around the entire company, each of whom pledged its recipient before speeding it on its way; and thus it reached Dr. Talbot, warm with the touch of every hand and the good will of every heart. It is needless to say that Dr. Talbot's speech in acknowledgement of the gift and the compliment, was full of feeling and most happy in expression.

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EDITORIAL.

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*SOME PRE-REQUISITES OF A MEDICAL EDUCATION.*

To the credit of the profession, and the immense ultimate benefit of society, the standard of medical education is being steadily and permanently, if gradually, lifted higher year by year. That which once was final and sufficient, is to-day regarded as scarcely better than preliminary. Broad and fundamental knowledge is demanded, where superficial and technical learning once passed muster. The reform is so wide-spread as to be almost universal, and its signs are many: the movement to shorten the obligatory academic terms at Harvard, in order that more time may be given to direct work on the chosen future career; the movement, in England, to include a compulsory fifth year of medical education, to be devoted wholly to hospital and clinical work; immediately at home, the late and definite demand of our own American Institute for a four years' course of medical study in the colleges under its recognition. It is significant that the specific demands of the reformers of medical education, are largely in the direction of preliminary training of the student. It is recognized that there is not much amiss with either the scope or the thoroughness of the work which our representative colleges set before the student once embarked on the curriculum. But it is also recognized that the student has too long been allowed to undertake that work while very insufficiently prepared to meet its demands, or to appreciate

its value. The work of the medical school is, of course, an apprenticeship to the work of the physician. It is beginning at last to be understood that there must also be served an apprenticeship to the work of the medical school. The student must come prepared to study, immediately and effectively, and with full apprehension of the lines on which he is to study; otherwise invaluable time must be lost in teaching him these things. In what this apprenticeship can most usefully consist; what direction it is most essential for this preliminary training to take; these are the questions to which our educators are at this moment working out the answers. Naturally the answers are many. The profession of the physician is deep-rooted, with branches that spread far and wide. Scarcely any aptitude, so that it be genuine, or form of knowledge, so that it be sound, can come amiss, or be superfluous, to the physician. Mechanician, linguist, botanist,— who does not see that a physician is more usefully a physician for being also these? Yet, naturally, some things must bear more vital relations than others to the work which lies before the medical student. What are they? The university catalogues of the next half-dozen years will reveal the opinions of the powers that be, on these questions, and the revelations will be full of interest. Meanwhile, and in all humility, we would suggest that, useful to the medical student above all other preliminary acquirements will be found these two: logic and observation; the power to see, and the power to reason. With these two levers, he can move the world of mere technical knowledge. Without them, his technical knowledge is sounding brass, and a tinkling cymbal,— especially the brass. Truly says Froude: "The knowledge which a man can use is the only real knowledge; the only knowledge which possesses growth and vitality, and can convert itself into practical power. The rest hangs like dust about the brain, and dries like rain-drops off the stones." And, until a man can see and can reason, he has little knowledge that he can use, though his tongue be glib, and his memory inexhaustable. Many a student, for example, can grind out descriptions of bones, muscles, and organs, which are infallible "Gray," reproduced verbatim; yet when shown, without warning, these bones, muscles, and organs, as actually existant in the human body, totally fail to recognize

them. Many a student may look, with the liveliest interest, through a microscope, at a section of some tissue; and ten minutes afterward, if asked to draw, or even accurately describe, that at which he has been looking, protest his inability. Many a student may delight his instructor by his close familiarity with text-book descriptions of every form of cardiac lesion; and an hour later, in the dispensary clinic, even with instruments of precision in hand, show himself utterly unable to differentiate the most dissimilar ones. That is because he has never learned to see, to observe; and without this "education of the eye," which, as the great Fothergill so trenchantly says, "cannot be forgotten or mislaid, like an instrument," what possibilities of diagnosis, alone, will he not miss when he passes from student to physician, from theory to practice? As to the need of logic, of power to reason, to proceed firmly from premise to inference, cause to effect, we need not say more than that it is to the absence of these things that we owe the windy chaos which now-a-days passes as argument on medical subjects. If the medical student could be trained, and required to reason,—not to memorize, not to suck in prejudices of any sort with, so to speak, his *alma mater's* milk, but to REASON,—then might we in time graduate a generation of thinkers, and celebrate the millennium.

A teacher worth the name, given a student who has, however embryonically, acquired the habit of seeing for himself, and reasoning for himself, will thankfully give in exchange any half-dozen slaves of the note-book, though they should include unerring memories and classical acquirements galore. "To know the inside of books, and to have a notion that God ain't writ nothin' but books," is, as Mitchell's fine old backwoodsman justly observes, a failing of many, and of none more fatally than of the average medical student. Gentlemen, our College Examiners, test your candidates in these two things: the power to observe,—which involves the power to accurately describe, or reproduce, the thing seen,—and the power to logically reason. And if in these things they are found wanting, tell them they have yet to master the great pre-requisites of a medical education.

## EDITORIAL NOTES AND COMMENTS.

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AN ANCIENT GRUDGE, and one that time seems doing nothing to mitigate, is that cherished against homœopathy, in the rare and brilliant mind of Dr. Oliver Wendell Holmes. Homœopathy, now established past a peradventure in lasting hold on public confidence and appreciation, can afford to note with amusement, as well as with deprecation, the toy-pistol attack which, in one of the latest of his delightful "Tea-cup Talks," in the *Atlantic*, is made by the good Doctor, on the ancient foe against which he was wont to train the heaviest guns in his armory. He is speaking of recipes for keeping well, and he says:

"If you want to be sure *not* to reach three score and twenty, get a little box of homœopathic pellets, and a little book of homœopathic prescriptions. I had a poor friend who fell into that way, and became at last a regular Hahnemaniac. He left a box of his little jokers, which at last came into my hands. The poor fellow had cultivated symptoms as other people cultivate roses or chrysanthemums. What a luxury of choice his imagination presented to him! When one watches for symptoms, every organ of the body is ready to put in its claim. By and by a real illness attacked him, and the box of little pellets was shut up, to minister to his fancied evils no longer."

Anything more delicately and absurdly disingenuous than this, it would be difficult to imagine. The assumption that the hypochondriac patient is a creation of homœopathy alone, and found in no other medical persuasion, is a shining instance of how far into blind and shaky logic, prejudice can carry a sound and bright mind. Dr. Holmes knows better than most, how numerously the *malade imaginaire* is a camp-follower of all therapeutic banners. Happy the *malade imaginaire*, — as Dr. Holmes, in his honest thought, no doubt must confess, — who treats his fancied symptoms with c. m's of all the "new remedies," when contrasted with his suicidal brother, who fills his wretched body with quinine, opium, antipyrin, and all the hundreds of "tonics," "blood-purifiers," and the like, whose use furnishes an unending procession of occupants for the beds of our hospitals, and the wards of our lunatic asylums. Dr. Holmes' would-be sneer is, in closer reading, a hymn of praise. After years of harmless self-dosing, his homœopathic hypochondriac comes to his fate only after "shutting up his little box," and presumably returning to allopathy. But the allopathic



hypochondriac, after but a very short space of deadly play with the pharmacopœia, is himself shut up in a little box, and deposited under a more or less ornate headstone.

The poor quality and worse animus of Dr. Holmes' logic, in the paragraph referred to, show darker in contrast to the admirable good sense of his other utterances, on the same general theme. Here, for instance, are words that every student and practitioner of medicine may well ponder, to the strengthening of his judgment, and the enlightening of his conscience :

"Let me tell you one thing. I think if patients and physicians were in the habit of recognizing the fact I am going to mention, both would be gainers. The law I refer to must be familiar to all observing physicians, and to all intelligent persons who have observed their own bodily and mental conditions. This is the *curve of health*. It is a mistake to suppose that the normal state of health is represented by a straight horizontal line. Independently of the well-known causes which raise or depress the standard of vitality, there seems to be — I think I may venture to say, there is — a rhythmic undulation in the flow of the vital force. The "dynamo" which furnishes the working powers of consciousness and action has its annual, its monthly, its diurnal waves, even its momentary ripples, in the current it furnishes. There are greater and lesser curves in the movement of every day's life, — a series of ascending and of descending movements, a periodicity depending on the very nature of the force at work in the living organism. Thus we have our good seasons and our bad seasons, our good days and our bad days, life climbing and descending in long or short undulations, which I have called the curve of health.

From this fact spring a great proportion of the errors of medical practice. On it are based the delusions of the various shadowy systems which impose themselves on the ignorant and half-learned public as branches or "schools" of science. A remedy taken at the time of the ascent in the curve of health is found successful. The same remedy taken while the curve is in its downward movement proves a failure.

So long as this biological law exists, so long the charlatan will keep his hold on the ignorant public. So long as it exists, the wisest practitioner will be liable to deceive himself about the effect of what he calls, and loves to think, are his *remedies*. Long-continued and sagacious observation will to some extent undeceive him; but were it not for the happy illusion that his useless or even deleterious drugs were doing good service, many a practitioner would give up his calling for one in which he could be more certain that he was really doing good to the subjects of his professional dealings. For myself, I should prefer a physician of a sanguine temperament, who had a firm belief in himself and his methods. I do not wonder at all that the public support a whole community of pretenders who show the portraits of the patients they have "cured." The best physicians will tell you that though many patients get well under their treatment, they rarely *cure* anybody. If you are told, also, that the best physician has many more patients die on his hands than the worst of his fellow-practitioners, you may add these two statements to your bundle of paradoxes, and if they puzzle you, I will explain them at some future time.

\* \* \* \* \* I never said I will cure, or can cure, or would, or could cure, or had cured any disease. My venerated instructor, Dr. James Jackson, taught me never to use that expression. *Curo* means, I take care of, he used to say, and in that sense, if you mean nothing more, it is properly employed."

INHALATION AS A MEANS OF INFECTION IN PULMONARY PHTHISIS, came in for mention in the very thorough and interesting discussion of phthisis in many different aspects, which was such an interesting feature of the last meeting of our Massachusetts society. The opinion was expressed that the fact of phthical infection through inhalation, was as yet far from established. On doubtful questions, fresh facts, especially if they be authoritative ones, are always most welcome, and we therefore call the attention of our readers to the following very remarkable instance, bearing very directly on the subject, which we quote from the *Boston Medical and Surgical Journal*:

Dr. Marfan, chief of the medical clinic of the Faculty of Medicine of Paris, gives the details of a localized epidemic, which is very significant, and is also a timely contribution to the literature of tubercular infection. In an important business house in the centre of Paris, twenty-two persons were employed about eight hours a day. One of them, aged forty, employed at this place for twenty-four years, had been phthical for three years, when he died, on the sixth of January, 1878. He coughed and spat upon the floor for three years, and did not leave his work till three months before his death. From that time, out of twenty-two persons employed, fifteen have died. One, only, died of cancer, the remaining fourteen died of pulmonary tuberculosis. One year before the death of the first person, who appears to have been the starting point of the epidemic, two employees who had been connected with the same business for more than ten years, began to cough and spit upon the floor. They died in 1885. Beginning with the end of 1884, the deaths followed each other at closer intervals.

Dr. Marfan states the unsanitary conditions of the apartment in which these persons were employed. It was small, and the cubic air-space was less than ten cubic meters (350 feet) to each person. It was badly ventilated, badly lighted, and the gas was burned a part of each day, especially in winter. The floor was of wood, uneven, cracked, and very dirty. The first victim of phthisis, and those who followed, spat directly on the ground, and the sputa becoming dry, was converted in this already unhealthy apartment, into a poisonous dust. The room was swept each morning, and sometimes the employees arrived before the sweeping was finished, and while the dust was still floating in the air. It was difficult to sweep the room thoroughly, since the tables were fixed to the floor. It appears very probable that the swallowing and inhaling of this tuberculous dust was an essential factor in the propagation of the disease.

The proprietors of the place where the deaths occurred, removed and burned the floor, and so rapidly was the work accomplished, that the reporter had no time to collect a sample of the dust from the cracks in the floor, for the purpose of experiments upon animals. A new floor was laid, which was waxed and treated from time to time with spirits of turpentine; all painted surfaces were repainted, and Dr. Marfan recommended that the floor should be swept in the evening, after the departure of the employees, and that the windows should be left open all night.

Dr. Vallin recommends, in place of these measures, a mixture of equal parts of coal-tar and spirits of turpentine, or of paraffine dissolved in warm petroleum, and in place of the sweeping, the removal of the dust by sponges, or cloths moistened with an antiseptic solution.

AN ADMIRABLE DIFFERENTIATION OF HYPNOTISM AND MESMERISM, is that made by Dr. Chas. L. Tuckey, in a recent issue of the *Homœopathic Review*. The recognition of hypnotism as a legitimate, scientific, and often most useful agent, in the cure of disease, is by no means, as yet, so universal as to bar out mistakes as to its character, and mode of application. One of the most frequent and serious of these mistakes is, as Dr. Tuckey points out, the idea that the use of this agent involves some especial, mysterious possession of peculiar powers on the part of the operator; an assumption, which, in this connection, leaves an open door to charlatanry; while the fact is, that hypnotism may be employed by any practitioner of tact, intelligence, self-possession, and—we would add with emphasis—conscientiousness. We take pleasure in quoting Dr. Tuckey's admirable little paper, entire, commending it to the most thoughtful consideration of all those interested in this important new departure in therapeutics:—

The practitioner who makes use of hypnotism is frequently asked wherein lies the difference between it and mesmerism, and many persons use the terms as synonymous.

Psychically induced sleep, in its advanced stages, exhibits similar, or identical phenomena, but the theory of its causation, its method of induction, and its application in treating disease, are different, or antagonistic.

Mesmerism, to my mind, is synonymous with animal magnetism, and implies a belief in the theory of the existence of a subtle fluid, which passes from operator to patient, and brings about curative, or other, results.

Braid, when he demonstrated that trance phenomena could be caused by simple, expectant attention, and fatigue of the optic nerves, upset this theory, and for the discredited word substituted the term hypnotism.

Mesmerists attribute everything to the operator; it is his healthy magnetism which cures the patient. The hypnotist considers the condition is brought about mechanically, and that the effects depend upon the patient's own forces, which the operator acts upon and directs into certain channels.

The mesmeriser works by making complicated passes, the hypnotist by causing ocular fatigue, often by means of mechanical instruments, such as Luy's rotating mirror.

Most of the medical men who now employ hypnotism belong to the School of Nancy, and they regard it as merely the psychical preparation or vehicle for suggestion, and attribute all the phenomena observed to expectant attention and suggestion. They are not concerned to get absolute sleep, but contend that sufficient susceptibility to suggestion is present when the condition induced is only one of slight lethargy.

However produced, the modern physiological explanation is the same — continuous and monotonous stimulation, whether by “passes” or otherwise, of one sense causing inhibition of other senses, by inducing local anæmia in the higher brain centres.

The coachman nods on his box, and an outsider takes the reins and directs the course. If the coachman is incapable, the substitution of a strong hand and steady touch may, perhaps, avert disaster, but if the director is incompetent, or evil-disposed, the position may be rendered worse than ever.

Most unqualified practitioners and showmen express their belief in animal magnetism, and other theories held by Mesmer, probably because they think their personal importance as the possessors of special magnetic power is thereby increased. By all means let such persons call themselves after the name of their patron, but to thus designate a practitioner of the new and scientific school of psycho-therapeutics would be incorrect, for we disclaim having anything in common with Mesmer, either in practice or theory.

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### COMMUNICATIONS.

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#### *SPIGELIA.—A CRITICAL STUDY.*

BY J. C. GANNETT, M.D., YARMOUTH, ME.

[*Read before the Maine Homœopathic Medical Society. — From the forthcoming Transactions of the Society.*]

*Mr. President:* — A year ago one of our number read before us a paper on “An Abridged Materia Medica,” in which he spoke of the frequent and unnecessary repetition of symptoms, and of the vast and unsatisfactory work of studying and sifting the bulky provings. To-day I desire to come before you with the same mass of materies medicorum, and ask your suffrage

while I attempt to present a practical plan for its honest abridgement. To do an honest work in this direction, it is desirable, yes, necessary, so to conduct our labors as, in the end, to retain the absolutely and the probably true; cull out the false and improbable; give every symptom its due credit; boil down all flights of rhetoric or imagination; decide, if we can, just what the prover meant by the words used; and make up a schema which shall present the effects adduced by the provers collectively.

Some of our provers have been altogether too verbose, others too reticent; some too imaginative, others too matter-of-fact; some extremely hyper-sensitive, others so obtuse to the action of medicines as to get no effects; some ready to go to any length of suffering to ascertain the action of the drug, others ready to stop the experiment at the least expression of effect. So that our bulky *materia medica* is extremely difficult to handle, much of it worthless, more of it questionable, some of it of untold value. To suggest a way to get at this nugget of gold is the object of this paper.

We have heretofore been too ready to accept everything recorded as due to the action of a drug, as positively the effect of that drug, without questioning; too ready to believe every symptom that disappears during the exhibition of a remedy to be surely removed by that remedy. Methods of verification too numerous to mention have been devised. The clinical test, truly valuable in its place, has brought to light many an obscure symptom, and speciously glorified it, afterwards to bring but sorrow oftentimes to him who has put faith in it. Then again, too much of our *materia medica* is made up of remedies only clinically proved. Again, proving after proving has been made, published, and accepted, without any rational attempt at deciding first whether it was worth the paper it was printed on. The fact has long been recognized that some settled method of determining the value of symptoms was an absolute necessity for the life of our *materia medica*.

The plan I propose to illustrate to you to-day, is not an invention of my own. Were it so, I should hesitate before presenting it, feeling that where so many minds have so thoroughly considered the subject, it would ill become me to presume to have solved the problem.

Devised by Conrad Wesselhoeft, M.D., of Boston, Mass., and elaborated by him and J. P. Sutherland, M.D., of Boston, at that time members of the Committee on *Materia Medica* of the Massachusetts Homeopathic Medical Society, this plan of revision has the hearty approval and coöperative labor of such men as Drs. Alfred C. Pope, John W. Haywood, and Richard Hughes,

of England; and Drs. E. M. Hale, T. F. Allen, F. H. Orme, John L. Moffatt, A. C. Cowperthwaite, F. Park Lewis, and others of our own country.

The plan deserves our careful study; and if it should seem, in our judgement, to be practicable, we should adopt it, and labor diligently, as individuals and as a society, in the line of its suggestions, which look to the speedy formation of a really condensed working *materia medica*.

In order that we may understand the plan of work in its purity, I shall quote, somewhat largely, from Dr. Wesselhoeft's paper introducing the subject to the Massachusetts Society.

In his opening remarks, Dr. Wesselhoeft says: "In the following report, your committee hope to present to this Society, not only a principle of revision and analytical criticism of the *materia medica*,—but also a practical method by which the value of a proving can be determined." Just what we need.

The whole plan is based upon the axiom that a given drug, taken by several persons, should, by its inherent, unchanging, drug action, produce in these provers, effects of a like character; and, if the effects recorded as produced by it, show marked variation in the several provers, such records cannot be regarded as positively the effects of the drug. The question is not how many times a certain person obtained such a symptom; but how many different provers obtained it, and of what value is it?

In order to present the matter in working shape for his colleagues, Dr. Wesselhoeft has issued a circular containing the principles enunciated, and the rules to be observed by individuals in carrying on the work of revision. This circular explains itself, and presents the principles clearly and fully, and therefore I quote it in full, as follows: \*

"RULES AND SUGGESTIONS ACCORDING TO WHICH PROVINGS ARE  
TO BE TESTED AND ANALYZED IN REFERENCE  
TO THEIR VALIDITY.

\* \* \* \* \*

"Certain causes acting under like conditions always produce the same effect; and hence, conversely, if we are seeking for

\* These "Rules and Suggestions," are based upon an article by Dr. C. Wesselhoeft, on "Our Methods of Drug-Proving," which was published in the *NEW ENGLAND MEDICAL GAZETTE*, of June, 1886. They have appeared in the *GAZETTE* for December, 1888, and for September, 1889. In the "Publications of the Massachusetts Homœopathic Society," Vol. XI, 1888, and the "Transactions of the American Institute of Homœopathy," for 1889. In the "North American Journal of Homœopathy," December, 1888, and in "The Hahnemannian Monthly," December, 1888. Since these rules have been so frequently printed, and as space is very limited, we take the liberty of quoting in this issue only the *principles* enunciated in 1886, upon which the *rules* are based, and of referring to previous publications. It is the *principle* and not the *rule*, that is of prime importance. — ED. GAZETTE.

causes, the rule will be that widely varying effects are not to be attributed to the same cause.

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“Cause experimental tests (provings) to be as numerous as possible. The number cannot be arbitrarily determined. But in order to accept the results as valid, insist that the observations and records of experimenters individually and collectively shall manifest distinct congruity in sense and meaning; if they do not manifest such congruity, they shall be excluded as useless.

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“Each drug, when tested upon the healthy organism, is capable of producing a distinct and peculiar series of effects, which serve to distinguish each drug from others; but these records of provings shall not be considered as resulting from, and peculiar to the drug, unless they are recognizable as distinct signs of disease (pathological), and unless they indicate some recognizable class of pathological states (diseases).

\* \* \* \* \*

“The object will be to compare the records of each prover with those of the others, and then to accept those effects only which are corroborated by a majority of tests, of which there should be no fewer than three.”

Rejection of a symptom by the above method is not an absolute thing, is not necessarily final. It simply affirms that there is not sufficient proof of its authenticity to warrant us in placing dependence upon it. Such symptom must bring with it more proof. Probably many a symptom, under new and more careful proving of the drug, would gain numerical, congruent, and pathological strength, and so gain admittance to our summaries.

The deviations from a health standard not of a strictly pathological nature, as viewed from the stand-point of our present knowledge of disease, which an individual manifests throughout an extensive proving, while they should be distinguished from the truly pathological symptoms, may be of great value as indications for the use of a remedy, and should be included, subject to the rules of revision.

Let us now examine the chart prepared, as well to illustrate the plan of revision, as to summarize the remedy chosen. Three methods of comparison, three aspects of considering the chart are recommended, and by and through them we hope to do thorough work. Our examinations by these methods should be conducted, (quoting again from Dr. Wesselhoeft's paper), “1st, by numerical process; 2d, by comparison of the pathological congruity and concordance of symptoms, reading from left to right; and 3d, in regard to the pathological value of each symptom of each proving by itself, and as compared with others.”

Here we have a chart such as I have referred to, of the remedy *Spigelia Anthelmintica*. It is made up from the symptomatology given in Allen's Encyclopædia, and gives us every symptom of the 679 there recorded. I think it is the best way, even if it involves much more work, for our charts to represent every record, every symptom. Then each symptom has an opportunity to speak for itself, and will do it. There must be and can be *no* biased judgements in this method.

Twenty-one provers have made the records, giving us twenty-four provings. No. 18 is left blank throughout the chart, because it was a record of provings of *Spigelia Marilandica*, presumably a different species of plant. Nos. 22, 23 and 24 are records by the same prover, and are included simply to show the whole work, though practically of no value. Nos. 21 and 21 A are by the same prover, Sdin.\* The whole record would be far more valuable and satisfactory had the doses taken and form of medicine used, as well as the circumstances under which the effects occurred, been stated by the provers.

Numerically, our remedy is quite a full one for all the sections, especially under the first twelve provers. The following table shows at a glance the apparent numerical strength the drug has in the different sections of the body, as evidenced by the *number of provers* affected.

Mind .....	12	Abdomen .....	11	Extremities in General	4
Nose.....	10	Sexual Organs.....	4	Skin .....	6
Stomach .....	8	Neck and Back .....	8	Ears .....	11
Urinary Organs.....	6	Generalities .....	8	Throat.....	7
Heart .....	5	Eyes.....	15	Stool .....	4
Lower Extremities ..	10	Mouth .....	10	Chest .....	11
Fever .....	11	Rectum and Anus....	6	Upper Extremities ..	11
Head .....	16	Respiratory Organs ..	4	Sleep .....	15
Face.....	8				

In this analysis it is proposed to give a particular study, by way of illustration, under a few sections, and, passing rapidly over the remainder with a comment or two, show the results in the summary.

The numerical strength of our proving is good, but this of itself is but a feeble test of its value. To be of true worth, the many symptoms recorded by the provers must show agreement, in expression or idea, and in pathological value as well as in conditions attending the exhibition of symptoms. Let us look to this a little.

\* We have the authority of Prof. T. F. Allen in saying that the abbreviation "Sdin." is for some unknown prover. Prof. Allen, in answer to our inquiry on the subject, points out the fact that only one symptom is attributed to Sdin. (No 21) in the proving of *Spigelia*. The abbreviation "Hg." (No. 21A) stands for Helbig. The slight error in regard to 21 and 21A, to which we thus call attention, is therefore of no great moment. — ED. GAZETTE.



*Mental symptoms* are reported from twelve sources. Of these, six agree in the idea of anxiety and apprehension; sadness, gloom, and despondency are given by three; three provers record a lively, contented mood, but represent it as a mere transitory state between fits of despondency; three record weakness of memory, and two express the idea of mental indolence.

Sixteen provers record effects upon the *head*. Six of them experienced vertigo in varying degree, aggravated or brought on by conditions such as standing, walking, looking down, shaking the head, etc. In three, the vertigo was as if intoxicated. Headaches and pains in the head are recorded by ten; headaches of pressive character, by seven; the same headache, located in the forehead, by four; pressure in the head, by four; the most prominent locality affected being the left side of the head, forehead, and temple. Pains of sticking character, burning pains, and stitches, were observed by three provers each. The majority of the headaches and pains in the head were located in the front part of the head, forehead, temples, etc., though the occiput comes in for a share of the effects. Sensitiveness, soreness of the scalp, is recorded by three provers, dullness of the head by six, and confusion by three. Other symptoms recorded show nothing in common. There is in five provers evidence of marked aggravation by motion, especially sudden motion, like a mis-step.

On the *eyes*, we have observations by fifteen provers. Of these, eight record pains in the eyes of burning, pressive, sticking, stitching, cutting character; with four, there is difficulty in opening the eyes, more of the character of ptosis; with three, there is dim and weak appearance of the eyes, and three record dilatation of the pupils.

Eleven provers record symptoms of the *ears*, but among them all there is such lack of agreement as to compel us to pass by the whole record.

Of the ten provers giving symptoms of the *nose*, only the fact of sneezing, recorded by three observers, and dry and fluent coryza by three provers each, show sufficient agreement to hold a place in our summary.

Symptoms of the *face* are given by eight provers, but without congruence, either in expression, idea, or conditions.

Symptoms of the *mouth* are recorded by ten observers. Of these, six mention effects upon the teeth; but while the fact of toothache is abundantly vouched, whether the pains are pressive, throbbing, tensive, cramp-like, gnawing, drawing, bubbling, or jerking, must be left where it is now — undecided; the pain is referred to the molars by three provers. An increased secretion of saliva is recorded by three, and symptoms that may be

considered equivalent to soreness of the tongue, are recorded by three observers.

Of *throat* symptoms, records are given by seven provers, but the point of agreement among them is in a largely increased secretion of mucus in the posterior nares and fauces, recorded by three provers.

Of the eight provers who record effects of the drug upon the *stomach* and its function, loss of appetite is given by two, hunger by two, thirst by two; eructations, tasteless or sour, by six; pressure, as of a weight, or lump, by three provers. The loss of appetite, hunger, and thirst, having no specially marked significance, and being below the numerical standard, should be excluded from our summary. Had they been of marked character, distinguishing the drug from others, it might have been well to retain them, though below the numerical standard.

Eleven provers record forty-three symptoms referred to the *abdomen*. Here, as elsewhere, we find so much variation in the forms of expression used, as to render the records practically useless as points of discrimination. Thus the drug is said to produce pains in the abdomen, but the expressions descriptive of the kind of pain, such as tensive, boring, griping, digging, colicky, cutting, bruised, sticking, wandering, pressive, punching, show no special agreement among provers, except that griping pains are recorded by four provers. Symptoms of borborygmus are recorded by six provers; stitches by five, and colic by four provers.

Symptoms of the *rectum and anus*, recorded by six provers, and those of the *stool*, by four provers, show no congruence, except in the point of frequent urging to stool by four observers, in one of whom the urging was ineffectual.

Six provers give symptoms of the *urinary organs*. Four report frequent and profuse urination.

Among the four who record the eight symptoms of the *sexual organs*, there is an entire lack of congruity.

The *respiratory organs* show symptoms produced upon four provers. Of these, three give cough of varying kinds and degree, though of spasmodic character.

*Chest* symptoms are more numerous, 39 symptoms being recorded by eleven provers. Pressure on the chest and constriction is recorded by three provers. Pains are mentioned by ten observers as occurring in different parts of the chest, and with varying character, of which sticking and stitching are most marked. The great trouble is in the wide diversity of expression used to describe the kind of pains, their location, and the conditions attending them.

On the *heart*, provers seem to have lost heart, with the exception of No. 4, who records seven of the twelve symptoms given,

and No. 7, who gives but two. The remainder are pulse records of no significance.

On the *neck and back* the eight provers give no congruent or concordant symptoms.

The *extremities in general* were affected, ostensibly, by four observers, but without agreement among themselves.

The *upper extremities* were affected in eleven provers. Rheumatic and neuralgic pains throughout the arms and hands were experienced by six provers; sensation as if arms and hands were asleep, is recorded by three observers.

The *lower extremities* are represented in the records of ten provers. Drawing in the limbs attracted the attention of three; stitches in the legs, of four; and pains of a more or less rheumatic and neuralgic character were observed by six provers. In the other features, the symptoms referred to the action of the drug do not show the requisite degree of congruence.

Under "*generalities*," eight provers were affected, the only points of congruence being in the state of weakness more or less pronounced, as experienced by six observers; and the sensitiveness to touch recorded by three provers. But these are markedly congruent.

On the *skin* but six provers claim effects, and of these, No 5 is the most prolific recorder. He itched all over, without eruption. Congruity is entirely wanting.

*Sleep and dreams* were effected in fifteen provers, and there is a good degree of congruity manifest. Three were affected with yawning; five were rendered sleepless; in four, the sleep was restless; dreams disturbed the sleep of eight; in four, the dreams were vivid; in three, they were unremembered; four were affected by great sleepiness, three of whom experienced it in the day-time. This section, of the whole schema, shows the greatest degree of congruity. Practically all the symptoms are proved true, according to our rules.

Under *fever and chilliness*, eleven observers give us forty-eight symptoms. Of these observers, eight agree in an expression of chilliness, varying from slight chilly sensations, to the violent, shaking chills observed by three provers; three experienced internal chills with external heat; in four, the fever and chills were experienced in the afternoon, and in three the paroxysms appeared in the forenoon. Dry heat of the body was observed by three provers, and internal heat by three. Thirst was wanting, and is so recorded by three observers.

Having studied the chart pretty thoroughly, as to its numerical abilities and its congruence and concordance, we need to go further, and examine into its pathological value, and the value of individual provings and symptoms. Some of this work we

have already done, as we have studied its other features. So we need not go into this part so fully, and especially since our paper has already reached the bounds of prudent length.

Our record proves to us one thing, in spite of the fact of mixed provings, as Hahnemann's (1) record shows; of no difference or distinction being given between provings, poisoning cases, clinical symptoms, etc. It shows *Spigelia* to be a comparatively well-proved remedy.

There are a good many simply sensation-symptoms, as, for instance, the list of thirteen symptoms given by No. 5, under the skin, of itching in every part of the body, without sign of eruption or congruity of condition, and without agreeing records by other provers. No. 5 appears to be blessed with the pen of a ready writer, and the ability to have sensations and record them, far in advance of any of his compeers. In evidence of this, witness the twenty symptoms of the inferior extremities, and the fifteen symptoms recorded as affecting the upper extremities. Nos. 1 and 5 come the nearest to filling the whole schema, each missing but two sections.

It is singular that none of the provers except Nos. 4 and 7 should have found the heart affected, and that No. 4 should be so sensibly affected as the seven symptoms he records would show. He also records a good degree of affection of the chest, especially in the region of the heart, which latter symptoms are corroborated by other observers.

Time passes and so, while we could profitably study our remedy much more, let us see now to what our study has brought us in our summary.

#### SUMMARY.

*Mind.* Twelve provers.

Anxiety, forebodings, solicitude for the future, 6, (1, 2, 10, 11, 13, 14).

Sadness, 4, (1, 3, 11, 13).

Weakness of memory, 3, (1, 2, 11).

*Head.* Sixteen provers.

Vertigo, 6, (1, 3, 6, 7, 10, 11); as if intoxicated, 3, (1, 6, 10)

Dullness of head, 6, (1, 3, 5, 7, 12, 21A).

Confusion, 3, (1, 3, 12.)

Headache, pressive, 7, (5, 6, 7, 8, 9, 11, 21A); in forehead, 4, (5, 6, 8, 11).

Pressure in head, 4, (5, 6, 7, 11).

Pains in head, sticking, 3, (4, 6, 24); burning, 3, (5, 8, 11); stitching, 3, (1, 6, 8); tearing, 3, (4, 6, 11).

Scalp, sensitive, sore, 3, (1, 3, 14).

*Eyes.* Fifteen provers.

Difficulty in opening eyes, 4, (1, 2, 3, 15).

Pains in and around eyes, 8; pressive, 5, (1, 4, 6, 11, 14); sticking, 3, (2, 5, 6); stitching, 3, (1, 5, 6).

Eyes look dim, weak, 3, (1, 2, 14).

Pupils dilated, 3, (9, 15, 17. The last two by small doses).

*Ears.* Eleven proverbs.

No congruity.

*Nose.* Ten proverbs.

Sneezing, 3, (5, 10, 12).

Coryza, dry, 3, (1, 4, 10); fluent, 3, (1, 6, 21A).

*Face.* Eight proverbs.

No congruence.

*Mouth, Tongue, Teeth, etc.* Eight proverbs.

Toothache, 6, (1, 3, 12, 13, 14, 21A).

Tongue, whitish, 2, (1, 11).

Saliva, whitish, increased, 3, (2, 7, 12).

Tongue sore, 3, (2, 5, 11).

*Throat.* Seven proverbs.

Increased secretion of mucus, 3, (2, 3, 7).

*Stomach.* Eight proverbs.

Eructions, 6, (1, 2, 3, 10, 11, 12).

Pressure as of a weight or lump, 3, (1, 3, 11).

*Abdomen.* Eleven proverbs.

Pains in abdomen, 6, (1, 2, 5, 6, 7, 9); like colic, 5, (1, 2, 5, 6, 7).

Borborygmus, 6, (2, 5, 9, 10, 12, 14).

Stitches, 5, (1, 4, 5, 7, 9).

*Rectum and anus.* Six proverbs.

Frequent urging to stool, 3, (2, 9, 12).

*Stool.* Four proverbs.

No congruity.

*Urinary Organs.* Six proverbs.

Urination frequent and profuse, 4, (1, 5, 8, 10).

*Sexual Organs.* Four proverbs.

No congruence.

*Respiratory Organs.* Four proverbs.

Cough, dry and spasmodic, 3, (1, 2, 3).

*Chest.* Eleven proverbs.

Pains in the chest, 7, (1, 2, 4, 6, 7, 8, 12); stitching, 6, (1, 4, 6, 7, 8, 12); sticking, 5, (5, 6, 7, 10, 11); in left pectoral region, 5, (1, 5, 6, 7, 12).

Pressure or constriction, 3, (1, 3, 4).

*Heart.* Three proverbs.

No congruence.

*Neck and back.* Seven proverbs.

Stitches in back, 4, (4, 5, 7, 10).

*Extremities in general.* Four proverbs.

No congruence.

*Upper Extremities.* Eleven provers.

Arms and hands fall asleep easily, 3, (1, 2, 14).

Pains, rheumatic and neuralgic, 6, (1, 3, 4, 5, 6, 7).

*Lower Extremities.* Ten provers.

Drawing in the legs, 3, (1, 3, 5).

Stitches, 4, (1, 4, 5, 6).

Pains, rheumatic and neuralgic, 6, (1, 3, 4, 5, 6, 8).

*Generalities.* Eight provers.

Weakness, 6, (1, 2, 3, 6, 11, 14).

Very sensitive to touch, 3, (1, 11, 14).

*Skin.* Six provers.

No congruity.

*Sleep.* Fifteen provers.

Sleeplessness, 5, (1, 4, 6, 11, 12).

Sleep restless, 4, (1, 5, 11, 12).

Yawning, 3, (1, 10, 11).

Sleep with dreams, 8, (1, 3, 5, 7, 9, 11, 12, 14).

Dreams, vivid, 4, (1, 5, 9, 12); unremembered, 3, (7, 12, 14).

Sleepiness, great, 4, (2, 9, 10, 20); in day-time, 3, (6, 9, 12).

*Fever.* Eleven provers.

Chilliness, 8, (1, 3, 4, 6, 7, 11, 12, 14).

Shaking chills without thirst, 3, (3, 4, 10).

Internal chill with external heat, 3, (4, 7, 10).

Dry heat of the body, 3, (1, 7, 14).

Internal heat, 3, (1, 4, 10).

Paroxysm in the morning, 3, (3, 4, 7); evening, 4, (1, 6, 11, 14).

Thirst wanting, 3, (1, 7, 14).

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#### PROGNOSIS OF MELANCHOLIA.

BY N. EMMONS PAINE, M.D., WESTBOROUGH, MASS.

[Read before the American Institute of Homœopathy.]

The basis of this article shall be all the cases of melancholia admitted to the present time, in the Westborough Insane Hospital. That number is 368. The total number of admissions, of all forms of insanity, on the middle of February, 1890, was 1,300. The proportion, therefore, of melancholia to all other forms is 28%. By closing the admissions in February, and allowing the discharges to continue for three months longer, until the middle of May, it allows us to consider the results of treatment in some of the recent cases.

The general term here used, of melancholia, should be subdivided, to be more exact, as follows: of the total 368 cases, 274 were diagnosed acute melancholia; 69, chronic melancholia;

8, melancholia with stupor; 11, paranoia; 2, katatonia; 1, primary dementia; 1, secondary dementia; and 1, epilepsy. They were, moreover, not all direct commitments, as 47 had been transferred from other hospitals; and it is fair to presume that, having been subjected to treatment elsewhere, they were not brought to Westborough until they were considered incurable. Yet eleven of the forty-seven transfers have been discharged, recovered.

As my ideas of prognosis in melancholia are based on my experience, it will be well to give at once, in condensed form, the results of treatment on the whole number. Of the 368 cases treated, 112 have been discharged, "recovered," of which number, three have had a recurrence; 85 were discharged "much improved," many of whom I believe have since recovered, although not entered in that grade; 54, "improved;" 10, "unimproved;" 23 died, and 84 still remain. The probability of recovery, or the prognosis in melancholia, in this large number of cases is, therefore, 30.4%.

In considering the prognosis of melancholia more carefully, three important factors must be examined:—

First, The Cause of the Disease.

Second, The Form of the Disease.

Third, The Manner of Treatment.

*First*, "The Cause of the Disease." That may be subdivided as follows:—

*a. Age.* Of the 112 discharged recovered, 7, or 6%, were under 20 years of age; 66, or 59% between 20 and 40 years; and 39, or 35%, were over 40 years of age.

In order to learn if there be any disproportion of curability at these different periods of life, let us consider the admissions. Of the 368 admitted, 14, or 3.8%, were under 20 years; 195, or 53%, were between 20 and 40 years; and 159, or 43.2% were over 40 years of age. By comparison we find, under 20 years, admissions 3.8%, recoveries 6%; between 20 and 40 years, admissions, 53%, recoveries, 59%; and over 40 years, admissions 43.2%, recoveries, 35%.

The prognosis, therefore, in persons under 40 years is decidedly better than in those who have passed that age. This fact is easily explained by their greater elasticity and recuperability. One active cause of the diminished percentage of recoveries, after 40 years of age, is among those women who have never been strong, or those really active and hard-working, who have expended all their reserve, who cannot safely pass the critical period of woman's life.

*b. Heredity, and training.* No other cause of insanity equals heredity, in the estimation of the people. Yet it cannot be

considered alone. Equally important are training and environment. A child that is mentally tainted, yet having good care and training, and having pleasant surroundings, may never become insane, and never enter a hospital. They thus escape our enumeration, but their number must be very large. Even without every favorable influence, the tendency to health is strong enough to carry them through life without actually becoming insane. It is impossible to obtain statistics in the matter of training or environment, and we must count only on heredity as a cause. Of the 368 admissions, 17, or 4.6% are included in this class, not enough to bear out the popular belief in its universality; but this number would be largely increased if experts were to give the cause in each case, or if physicians were not in fear of hurting the feelings of relatives. Only 3 of the 17 have recovered, or 18%, and the prognosis is, therefore, unfavorable.

*c. Overwork.* Our statistics show that 28, or 7.6% were admitted from this cause. I believe these figures are much too low, the reason being that overwork does not usually operate alone. It is usually associated with poverty, losses, intemperance, etc. But 13, or 46.4% have recovered, showing a very favorable prognosis. If it were possible to select cases of melancholia according to its causes, this would be my choice.

*d. Intemperance.* That is the assigned cause of melancholia in 40 cases, or 10.9%; 15 of them, or 37.5% have recovered. The prognosis, then, is favorable. This cause cannot properly be considered alone, for it is generally associated with defective inheritance, with overwork, losses, or domestic troubles. In a few cases, I believe the weak nervous system is not so unfortunate for them as it would appear; because, by the onset of melancholia, from which they recover, they learn to live more circumspectly afterward, and thereby escape a fatty heart, a diseased stomach, or a disorganized liver.

*e. Bad habits.* This is a comprehensive term, covering a multitude of sins of both sexes. It caused the admission of 8 persons, or 2.2%, and only 1 recovered, or 12.5% of this division. The prognosis is obviously unfavorable.

*f. Child-bearing.* The number of women who have been reported as coming on account of this cause is 13, or 3.5%. The recoveries have been 4, or 30.8%, showing a fairly favorable prognosis. The 13 were divided by diagnosis as follows:—1, melancholia with stupor; 8, acute melancholia; and 4, chronic melancholia.

*g. Losses.* Under this head are grouped all whose melancholia was attributed to loss of property, loss of friends, and domestic troubles. There were of such cases 58, or 15%, and



the recoveries have been 15, or 26%. Not a prognosis to be very encouraging, yet one that could be improved under the most favorable circumstances.

These various causes have accounted for 228 of the 368 cases, leaving 155 to be introduced in two divisions:—first, "Unknown," of which there were 91, and second, "All other causes," 64. That number is the aggregate of the following causes:—

Fright, 2; congenital, 1; epilepsy, 3; injury to spine, 1; injury to head, 4; nervous prostration, 9; apoplexy, 1; general dissipation, 9; religious excitement, 4; sunstroke, 2; physical disease, 13.

"Menopause," 23, or 6.2%. Recovered, 5, or 22%; "much improved," 8, or 34.8%; "improved," 6, or 26%; died, 1, or 4.3%; still here, 3, or 13%.

"Ill health," 41, or 11%. Recovered, 13, or 31.7%; "much improved," 9, or 22%; "improved," 8, or 19.5%; "unimproved," 1, or 2.4%; died, 2, or 4.8%; still here, 8, or 19.5%.

All other cases, 64, or 17.5 per cent. Recovered, 15, or 23.4%.

Unknown, 91, or 24.7%. Recovered, 22, or 24.1%.

*Second, "Form of the Disease."*

*a. Acute melancholia.* This was the diagnosis in 275 of the 368 cases, or 74%, of which 102, or 37%, have recovered; 64, or 23.6% were "much improved;" 36, or 13%, "improved;" 8, or 2.9%, "unimproved;" 16, or 5.8% died, and 49, or 17.8% still remain in the Hospital. The proportion of recoveries makes the prognosis favorable in this form as would be expected.

*b. Chronic melancholia.* There were 69, or 18.8%, with this form, 28 of whom had been transferred from other hospitals, and were supposed to be incurable, although 2 of the 28 recovered. Of the whole number, 69, only 7, or 10% have recovered; 17, or 24.6%, "much improved," 13, or 8.8%, "improved;" 2, or 2.9%, "unimproved;" while 5, or 7.2%, have died; and 25, or 36.3% still remain in the Hospital. As the name *chronic*, in the form of chronic melancholia implies, it is difficult to bring about recovery, and the prognosis is unfavorable. The point on which turns an estimate of the probabilities of each patient, is the condition of the mind. If the person retains a good memory, good judgment of other matters than his own physical condition, and is tidy and careful of his personal appearance, his delusion may yet relax its grip upon him, and he may eventually return to a moderately active life once more.

*c. Melancholia with stupor.* Of the 8 cases, or 2.3% of the whole number, 368, 1 was transferred and 7 came directly to the Hospital. All have been discharged; 2 recovered, 2 "much improved," 1 of whom became entirely well after her return

home, and should be included with the recoveries. The results would then be as follows: 37.5% recovered; 12.5%, "much improved;" 37.5%, "improved;" 12.5% died. The prognosis in no division of melancholia could appear more hopeless, sitting or standing motionless, speechless, and one might almost say, senseless, as those patients are, and yet their chances of recovery are usually good.

*d. Paranoia.* There have been eleven cases admitted, or 3%. The results of treatment have been as follows: discharged recovered, 1, or 9.1%, but she returned 15 months later as insane as ever; 1, or 9.1%, "much improved;" 2, or 18.2%, "improved;" 1, or 9.1% died; and 6, or 55% still remain. As paranoia is a chronic form of disease, and is regarded as incurable, and as our statistics only verify the prevalent opinion, the prognosis must be favorable as regards life continuing for years after the diagnosis is made, but without hope of cure.

*e. Katatonia.* Of this rare form of insanity, our records show only two cases, the average at this time being, therefore, 1 to 650 of the insane. One was a man, and one a woman. The man was discharged, recovered, but six weeks afterward he returned. The woman was discharged, "much improved." She was as well as usual a month later, and continued well for seven months; then she relapsed. Our experience stamps this form with an unfavorable prognosis. During their illness, any physician would diagnose their disease as phthisis, just from their appearance, and that will probably be the cause of death. But both patients have shown ruddy cheeks and plump bodies, when they were well enough to leave the Hospital.

*Third, "The Manner of Treatment."*

*a. At home.* Statistics on this subject show that home treatment, in general, for insanity, is not so hopeful as when the patients are removed to a hospital for the insane; because a continuation of the unfavorable influences in which they have broken down, infrequent medical visitation, unskilful nursing, and improper food, all contribute to make bad matters worse. If, on the other hand, mild cases of melancholia have pleasant homes, can have proper medical attention, skilful nursing, and good food, I believe the percentage of recoveries is greater than in many of the hospitals as now arranged. This opinion cannot be verified by statistics, but I know of many cases who were skilfully treated in their own homes, and I have formed this opinion while intimately acquainted with the conditions in hospitals. In many cases, the home influences are bad, because of the visitations of neighbors, because of the unwise solicitude of the family, because in a large proportion of these cases the affections have changed, and members of the family become

irritating to the patient. Even where money is abundant, the home is pleasant and comfortable, with every resource at command, it is often better for them to go to a hospital, and make a decided change in their surroundings. The number of women who are insane from child-birth for a short time, and who recover without leaving their homes, is much larger than statistics will ever show. Home treatment of acute melancholia with strong suicidal impulses, is dangerous, and should not be attempted. As far as possible, I believe the decision should be made by an expert in insanity, as to when patients should be treated at home, and when they should be sent to a hospital. The prognosis, therefore, of home treatment, on the whole, is less favorable than asylum treatment, but in certain cases, with advantageous surroundings, I believe it is better, and in favor of home treatment.

*b.* In hospitals. The following is, in my opinion, the best way to care for the insane: In the first place, the acute and the chronic cases should be separated. Then every effort in human power should be used to cure the recent cases. These are some of the means I should rely upon for that purpose: no physician to have more than fifty cases, it would be better if he had only a half or a quarter of that number; each patient should have one nurse, or if necessary, two or three of them; each one should also have a room, and it would be better if there were three rooms,—a sitting-room, and a bed-room each for the nurse and patient; then there should be small wards, not having more than half-a-dozen invalids, and that could be improved by having a cottage for each patient, with its own kitchen and dining-room; and finally, in addition to all medical means, there should be such accessories as a beautiful situation and good opportunities for diversion and exercise during the proper period in convalescence. With such advantages, I believe the result of hospital treatment would leave no preponderance in favor of home treatment, for even the wealthy and fortunate; and that those in moderate circumstances, and the poor, would rally in such numbers when receiving those blessings, as to invert our statistics, and show 60 or 70% of recoveries.

To complete this description of hospital care, I should add that those who did not show decided gain after a reasonable time of such treatment, and those known to be chronic upon admission, should be transferred to another building on the same grounds, and then be treated in the customary manner of the present time.

*c.* Medication. While not wishing to make comparisons between the results of treatment of one hospital and another hospital, I feel free to say, that in my opinion, the homœopathic

application of drugs shows in its favor from five to twenty per cent. more recoveries. In my experience, the larger portion of prescriptions in allopathic hospitals for the insane, is to produce sleep, or quiet. We do not use sedatives, and do not feel the need of them. The sleep they produce is not so beneficial, in my opinion, as is claimed, and if that be the fact, then they are positively harmful.

*d.* Exercise. Physicians in general practice find exercise so beneficial in many cases of nervous weakness and other forms of nervous disorder, and it is so necessary in the innumerable diseases met by general practitioners, that they prescribe it in cases of melancholia, as well as in other forms of insanity. The patients are restless, they cannot sleep, they have lost appetite, they never feel tired, and then the attempt is made by increasing the exercise, to sharpen the appetite, to promote sleep, etc., but these efforts, I believe, are wrong, and the prognosis will be bad in proportion to the amount of exercise taken, except in some mild cases, whose powers of recuperation are still good.

*e.* "Rest treatment," of Dr. S. Weir Mitchell. In contrast with the last manner of treatment, is that of isolating the patient, giving him a special nurse, feeding him abundantly, keeping him in bed, either all the time or much of the time, and giving him passive exercise, by means of massage, or the Swedish movements. By following this plan, I believe acute melancholia can be cured in 50% of the cases.

In conclusion, it is only fair to say that the homœopathic hospitals for the insane already established are exerting themselves to the utmost to change the regulation statistics of prognosis by increasing the percentage of cures. They are trying new methods, and new medicines. They hope to discover remedies of still greater virtue. They desire, however, the establishment of sister institutions in all the other States of our Union, that more work may be done in this branch of medicine so recently opened to our School.

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*REPORT OF A CASE OF CHOREA, WITH OXALURIA.*

BY E. P. COLBY, M.D.

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

J. L., boy, æt. 10, naturally bright, well developed. Member of a family in good circumstances. Father and mother both robust; father a merchant; grandfather died from some form of kidney disease. The patient has sisters, one of whom is decidedly anæmic, another neurotic, while the third is perfectly

healthy. During his earlier years, the boy has had two attacks of nervous trouble, with symptoms of chorea, and more or less muscular weakness, from both of which he had, to all appearance, fully recovered. When first examined in this, the third attack, he had well marked choreic movements, bi-lateral, but the right side was decidedly affected, having also muscular weakness, to the extent of paresis. There was also slight, but recognizable muscular weakness of the left side. The gait was weak, and locomotion imperfectly coördinated, the right foot frequently dragging on the ground. At one time the right hand would fail to perform its ordinary functions, by reason of choreic incoördination, and then becoming easily fatigued, would fail through loss of motor power, so that he was unable to use his hand in eating, or at play with his toys. Sleep not quite good, but sufficient for physiological demands. Inclined to be fretful, as such patients mostly are. The tongue was protruded with a sudden motion, and could not be long maintained in one position. Speech but slightly affected. Appetite fairly good, but freaky, making special demands upon pastry and sweets. The intellect was but slightly disturbed, save that he was not as bright or quick in his answers as was natural. (He was normally exceptionally bright). Several of the small joints were red, swollen, and somewhat painful. Some of them remain enlarged at the present time.

The dynamometer showed the right hand to have but two-thirds the grasping power of the left. Sensation not affected as far as was discoverable, but in a patient so young, and in such constant motion, the tests are far from satisfactory. Patellar reflex decidedly heightened. Action of bladder and rectum normal.

As this case had at a previous time, as well as at the present, given me much anxiety, it was determined to make every effort to discover the constitutional cause for a return of the malady, and also, as it has become a habit in examining cases of severity or uncertainty, a more careful examination was made of the urine, than in a previous attack. I regret that the sheet upon which the result of this examination was recorded has been mislaid, but can state the results with sufficient accuracy. The specific gravity was above the normal, with about a normal amount of excretion; the reaction was very strongly acid, and there was a copious deposit of the urates. The microscope also demonstrated uric acid crystals in abundance, and the greatest multitude of crystals of oxalate of lime it has ever been my fortune to observe in a specimen. Acting upon the theory that there was present in the blood oxalic acid in sufficient quantity to act upon the nerve centres as an irritant poison, the course

of treatment demanded seemed plain ; *i. e.*, to apply such remedies, and adopt such plan of diet and hygiene as would soonest overcome this dyscrasia. In carrying this out, the amount of albuminoid food was limited, sugar in all forms reduced to the lowest limit, starchy food to be sparingly used, regular habits as to hours of sleep, exercise, and eating, insisted upon. He was at once taken from school, encouraged to take systematically increasing exercise in the open air, and to improve all available hours of sunshine. It was advised that he sleep in a moderately cool, and a well-ventilated room. Lithia water given freely (not less than a quart in twenty-four hours).

For the first four weeks the only medicine given was colchicum, for the next three weeks it was alternated with arsenite of zinc, and after that time until he was well, arsenite of zinc alone was given. At the end of the first ten days, there was already marked improvement, and in the next three weeks the chorea had so far improved that it was not noticeable to a stranger, and the muscular power of the right hand increased so that the dynamometer showed but two degrees difference between the two sides. In a few weeks longer he was practically well. The oxalate of lime disappeared within the first week ; later, the amount of urates diminished, until, at the end of five weeks, it was normal. I was never able to discover crystals of uric acid after the first fortnight. The urine was examined every few days for about three months. I am aware that the report lies open to the criticism that the large excretion of uric acid may have been a "critical" discharge by which the blood was being relieved, but I do not think the same criticism can be applied to the presence of the oxalate of lime, and as the oxalic acid habit is a retrograde step in the same direction as that of lithæmia, it is not forcing the deduction to assume that both poisons were pathologically active in the case. I had neglected to mention that a very faint cloud was produced in the filtered urine upon the addition of solution of micro-citric acid. This reaction would suggest that the mechanism of the kidneys was becoming disturbed by the presence of the morbid product. There was not, in this young patient, the symptoms of melancholy so often found in older subjects. The heart sounds were normal, nor was there increased action. The swollen and tender joints remind one of the same condition in acute arthritis, but again the patient was probably too young for the full development of acute gout, as the dyscrasia was not inherited. It is more than possible that there may be instances where lithæmia and oxalæmia stand in relation to chorea the same as rheumatism is supposed to, and in such cases we should vary our treatment somewhat to meet the special demands. In looking at this case

it will be seen that the oxaluria was the first to disappear, and this was followed almost immediately by improvement in the nervous symptoms; this, also in a shorter time than is the rule in chorea.

Other cases previously observed, and at present under inspection, are confirmatory of the opinion here advanced, but the subject has already been discussed in an able paper by one of my colleagues.

10A Park Square, Boston, Mass., April 8, 1890.

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#### A CASE OF MYXŒDEMA.

BY GEO. S. ADAMS, M.D., WESTBOROUGH INSANE HOSPITAL.

[Read before the Mass. Homœopathic Med. Society.]

This somewhat rare disease occurs most frequently in adult women, and its etiology is as yet somewhat obscure, but too frequent gestation or prolonged lactation, or both, have been observed to precede a majority of the cases recorded. But while the causes are not well known, the disease presents well marked symptoms which serve to clearly differentiate it from any other affection. Says James Ross, *Diseases of the Nervous System*, "In this affection the subcutaneous tissues are swollen, and the patient presents an appearance more or less like a person suffering from renal anasarca. In the former disease, as in the latter, the eyelids are puffy, the lips are prominent, the face is swollen, and the hands are large, clumsy, and, to use Sir W. Gull's apt illustration, 'spade-like.' In myxœdema, however, the œdema is caused by a deposit of a mucoid substance in various parts of the body, and consequently the skin feels solid and resilient to touch, instead of being soft and boggy, as it is in ordinary œdema. The skin is dry, harsh, and often rough, and the temperature of the body is always below normal. Nervous symptoms are generally present, and constitute an important element in the clinical picture of the disease; they consist of a general blunting or at least great retardation of the cutaneous sensibility, perversion of the special senses, sometimes with hallucinations and delusions, sluggish and drawling speech, and at times loss of memory, incoherence, and even acute mania."

Bartholow, *Practice of Medicine*, draws a similar picture, and adds, "the nutrition of the body is poor, the appetite feeble and the digestion languid. The hair has a dry, unhealthy look, and is apt to fall out to a less or greater extent, becoming scanty at last." He further says, "The whole course of an uncomplicated case is about six years. Intercurrent diseases may end life meanwhile."

Mrs. L. B. came under observation in June, 1888, when she was brought to the Westborough Insane Hospital as insane. Her age was 29 years. She was married and the mother of two children, the older past 3 years, the younger 13 months old. Her physical condition was fair, weight 145 pounds; but her face was puffy, especially so under the lower eyelids, without pitting from pressure, and the appearance of the face was yellowish, as if slightly jaundiced. The assigned duration of insanity at time of admission was several months, and she was said to have hallucinations of hearing, and to be excited and violent and unmanageable at home. However, she showed neither hallucinations nor delusions during her hospital residence. On the wards she seemed dazed, and was unable to answer questions or give any account of herself. She was given Ign. i x. In a week, as she showed no excitement, she was moved to one of the best wards. She here showed a little improvement and wanted to do some work. But all her movements were slow and awkward, and she required an interval of a minute or more before she could answer a question. Her appetite was poor, and she required coaxing to take sufficient food. She would stand or sit for hours at a time with her chin fixed on the chest and one hand folded over the other. During the August following her admission, attention was called to the patient's scalp, which was found covered with a thick, yellow dandruff, very difficult of removal; and the hair was harsh and dry. The skin was also rough, dry and scaly, suggesting Ichthyosis; the hands were swollen, the fingers enlarged and distorted, and the face more swollen than at first. An examination of the urine disclosed no renal affection. Her treatment was changed to arsen. alb. 3 x trit.

By January, 1889, there was no material change in her condition, and she now began to take arsen. jod. 3 x trit. Three months later, April, 1889, she showed some improvement, the skin was smoother, the face and hands were not so puffy, and the scalp nearly free from dandruff. Her appetite was better, and she showed some emotion and much affection toward her little girl, who was brought to see her. She also inquired for her friends at home. At this time her sister informed us that for two or three years before her admission to the Hospital, Mrs. L. B. had been taking medicine for the rough condition of her skin.

This favorable condition did not last very long; the skin gradually returned to its former rough condition, the hair came out very fast, the face and hands were more swollen than ever, while she was losing weight, and the mental condition became such that she resisted all that was done for her. She would not



willingly get up when lying down, would not, if standing, sit or lie down, and would have starved if food were not placed in her mouth, and this not from obstinacy but from apathy.

This condition lasted some months, or until Dec. 9, 1889. That day she burned her hand slightly on a radiator, and later called the attention of a physician to it. That afternoon she complained of feeling ill; her skin was hot and temperature was 102°. While the high temperature lasted, patient talked rationally and freely about herself and her surroundings. Next morning, with temperature normal, she was not able to talk as well as the day before, but afterward talked better than had been her habit for months.

A cough with much expectoration had now developed. Microscopical examination of the sputa showed the bacilli of tuberculosis to be abundant. The physical signs of acute phthisis appeared, and she rapidly became weaker and died Dec. 27, 1889.

Much to our regret, no autopsy was permitted.

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PRESIDENT'S ANNUAL ADDRESS.

BY J. W. WHIDDEN, M. D., PORTLAND, ME.

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

*Fellow Members of the State Society:*

For nearly a quarter of a century yearly meetings of this society have been held. Having but a small membership in the beginning it has grown to a size fairly proportionate to the increase of homœopathic physicians in the state and nation. Its beneficial influence as a promoter of the best interests of homœopathy has been felt not only by its members, but by those who have not been so fortunate as to enjoy its literary and social advantages.

In order to add to its influence and give new strength to our system of practice, every homœopathic physician in the state, not now on the books of the society, should hasten to become a member, and ought, by attending and participating in the meetings, to show his allegiance to the cause and his desire to strengthen it by systematic organization. Only by properly massing and organizing our forces, and working together as an intelligent body, can the members of the homœopathic school gain political power and the ability to use it in the state.

This society is our exponent; therefore it is eminently desirable that every homœopathist in the state should add to its influence by his presence and activity at each meeting. Doing thus what he can to aid the society, he will find that the society

has also greatly aided and benefited him, personally. Individuals are stimulated to better work in private practice by having ambition aroused in lively and wide-awake society gatherings.

Thoughts are then germinated which grow in size and bear fruit in a more successful practice. Any man, no matter how bright he may be, who will attend constantly his society meetings, take an active part, striving with others to make them fresh, sparkling and full of life, will, perhaps unconsciously, be lifted for the time and afterwards from his beaten track and made to do more thinking and thus better work for his patients and himself.

Therefore it is the duty of every member to resolve, immediately after each meeting, that he will further his own and his society's interests by being present at the next session, making an effort throughout the year to incorporate in a paper the practical hints and interesting facts which may present themselves.

We are followers of a benign system of medicine which has accomplished a vast amount of good for suffering humanity; directly, by its personal application; indirectly, by its leavening influence on other methods or systems. The remarkable changes in the amount and form of medication, method of prescription, and the manner of treating diseases, which have transpired in the last half century, are largely due to homœopathy and its increasing popularity. This the allopaths do not like to admit, although their bitter and long-lasting opposition is sufficient proof that they recognize and fear the source of these salutary changes. Apropos of the changes of the last fifty years, I will quote from an article in the February number of Harper's Magazine, by Mark Twain, who treats this subject very cleverly under the title, "A Majestic Literary Fossil." He says,

"Nothing is to-day as it was when I was an urchin; but when I was an urchin, nothing was much different from what it always had been in this world. Take a single detail, for example — medicine. Galen could have come into my sick-room at any time during my first seven years of life — I mean any day when it wasn't fishing weather, and there wasn't any choice but school or sickness — and he could have sat down there and stood my doctor's watch without asking a question. He would have smelt around among the wilderness of cups and phials on the tables and shelves, and missed not a stench that used to glad him two thousand years before, nor discovered one of later date. He would have examined me, and run across only one disappointment — I was already salivated; I would have him there; for I was always salivated, calomel was so cheap. He would get out his lancet then; but I would have him again; our family doctor didn't allow blood to accumulate in the system. However, he could take a dipper and a ladle, and freight me up with old familiar doses that had come down from Adam to his time and mine; and he could go out with a wheel-barrow and gather weeds and offal, and build some more, while those others were getting in their work. And if our reverend doctor came and found him there, he would be dumb with awe, and would get down and worship him. Whereas if Galen should appear among us to-day, he could not stand anybody's watch; he would inspire no awe; he would be told he

was a back number, and it would surprise him to see that that fact counted against him, instead of in his favor. He wouldn't know our medicines, he wouldn't know our practice; and the first time he tried to introduce his own we would hang him."

After this introductory, Mark Twain goes on to quote freely from his old literary relic, giving descriptions of medicines and cases, and commenting on them in his comical way. After a very readable article, he closes with the following true and sensible words:

"When you reflect that your own father had to take such medicines as the above, and that you would be taking them yourself but for the introduction of homœopathy, which forced the old-school doctor to stir around and learn something of a rational nature about his business, you may honestly feel grateful that homœopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live."

The world has indeed much for which to be thankful to homœopathy, and we as followers of the system feel great pride in what has been accomplished. We must not, however, be content to rest here. A future of scientific investigation is before us. We must keep apace. Although the inheritors and possessors of the only scientific method of prescribing, we still are working with imperfect tools. Our materia medica, the basis of our practice, is large, unwieldy, and, through frequent compilations and clinical additions, has become not altogether trustworthy.

A thorough revision, such as shall establish the accuracy and value of provings, is demanded.

There are many, unfortunately it seems to me, who disapprove of any revision, holding the belief, apparently, that the materia medica, as we have it to-day, is inspired, and that any change in it, especially an abstraction of any part, would be sacrilege. Such a belief is not in accordance with homœopathy's best interests. The tendency of the times is in the direction of searching analytical investigation. Are we truly progressive if we neglect to make the attempt to improve our possessions? Because we are followers of Hahnemann, believing in him and his teachings, it does not necessarily result that we must accept him as infallible, believing that his teachings or methods may not be improved upon or added to. He was an experimenter and introducer. He did not claim that his system was perfect. Shall we allow our medical science, in this scientific era, to remain at a standstill, while the other branches of science are taking such wonderfully long strides?

Were Hahnemann, himself, alive to-day, with the vigor of middle age, he would be striving to perfect his system; and the strong mind of the originator would, with the help of modern knowledge, be building upon the indestructible foundation a symmetrical and solid superstructure; we must not

tamely remain quiescent, content to know only what Hahnemann taught. The glory of his fame and name with an acceptance of his law of cure are not sufficient for successful practice to-day. Though honoring him we must not glorify him to the extent that we let that glory blind our eyes to the present and future necessities of a critical examination of our provings and a revision of the *materia medica*.

While all branches of medical science are being kept pace with, and the work of all investigators is given its due attention, our *materia medica*, acknowledged to be cumbersome, should be scientifically studied and not blindly followed.

Such a method of critical study has been introduced, mainly through the endeavors of Drs. Conrad Wesselhoeft and J. P. Sutherland, of Boston, and has been sufficiently tried to prove its worth and show the scientific accuracy of its work. An illustrative and exhaustive exposition of its workings will be shown you to-day by one of your members. Observe it carefully. Inquire into it thoroughly. It merits your attention as individuals and as a body.

A matter of great interest to the medical profession, and one which, through its importance and the necessity of legal enactment for its settlement, ought to receive the earnest attention of every member of the society, is that of state control of medical licensure; the object of such control being to raise the standard of medical education, by making the state license superior to the college diploma.

This method is objected to by many, and the diploma is considered to be as sufficient now as it always has been thought to be.

Were the diplomas of all colleges guarantees of equal amount and equal thoroughness of study; and were there assurances that no bogus diplomas would exist, the state license would not be a present necessity. Unfortunately there is no general standard; each college has its own, and is responsible to no person or organization for the quality of graduates it sends forth. If it is claimed that state supervision is unnecessary, because the colleges can establish a common standard for the degree, it can be answered that the colleges can not do it alone. They have had a chance to effect such a combination, but they have failed to do it. They cannot agree upon and establish a standard which will be lived up to by all, without state compulsion in some form. One reason for this is the excessive number of colleges in the United States in proportion to the population, and the rapidity with which graduates are being sent out, faster, indeed, than the proportionate increase in population, for since 1880 the annual increase of physicians has been five and one-half

per cent., while the annual increase of population has been less than two per cent. Such a difference is strongly suggestive of crowding in the medical ranks, especially when we compare the number of physicians in this country with those in the principal foreign countries. There the average number of doctors to 100,000 inhabitants is thirty-five, while in the United States the number to 100,000 is 187. In these same sixteen foreign countries, the average ratio of colleges to population is about one to 2,400,000 at the present time, while in the United States the ratio is one to only 519,000.

The natural result of such a large number of colleges is rivalry in attempts to excel in size of classes and number of graduates. The attendance at each college is necessarily restricted by the largeness of the total number, and the income is proportionately diminished. Rivalry, and the small income, make it necessary for many of the colleges to solicit patronage, which, unfortunately, is done by offering low standards, short courses, no entrance and easy final examinations. Consequently it is plainly seen that there cannot be a proper diploma standard, for the ease of obtaining a diploma ranges from a severe four-years' course, with thorough teaching, through the lax college with few restrictions, down to the diploma mill, with no restrictions, and no instructions.

This is probably the only country in which fraudulent medical colleges — so-called diploma mills — have ever existed ; but more than a dozen have been broken up in the United States, which is about the only country in which the national government does not exercise control over medical colleges and medical education. The large number of men, without sufficient education to obtain diplomas from first-class colleges, who call themselves doctors on the strength of such bogus diplomas, is sufficient evidence of the necessity of either national or state supervision.

The people generally are not familiar enough with the names of medical colleges to be able to distinguish the weak or the false ones, so that they have no protection from unprincipled men holding sheepskins of no value, as long as the diploma, without further supervision, gives the right to practise. The authorities of the principal foreign countries look upon the graduates of our colleges with distrust, and often will not recognize diplomas from them. Only recently, graduates of American colleges, attending lectures in German Universities, were disappointed and agitated at finding their names printed in the official catalogue, minus the degrees obtained in the United States. Although it was undoubtedly an uncalled-for omission, it goes to show the opinion of American degrees, held by the Germans. There is no reason why there cannot be, and is not now, as good

instruction to be obtained in this country as any other. No fault can be found with the students here, for they are generally bright, pains-taking, and earnest men, who, through their earnestness and quickness of comprehension can probably accomplish more, in a given time, with equal thoroughness, than their European brothers. It is a misfortune and a humiliation to the honorable medical profession of the United States, that the standard is considered so low by their national neighbors, but the reason for such an opinion being recognized and deplored, measures can be taken such as will bring about an improvement in medical education; and an equality in the future standing of the profession.

The diploma, for the reasons stated, having become an uncertain and improper means for determining the capability or fitness of a graduate for practice, some more efficient method, by which a proper standard can be established and upheld, ought to be instituted. As national control is apparently out of the question, because there is no clause in the Constitution giving the government supervision of educational matters, it necessarily falls to the states to individually pass laws regulating the practice of medicine. This seems to be the only effective way. Such laws, properly drawn, so as not to interfere with the legal rights of either of the established schools of practice, would correct evils of long standing. The formation of an examining and licensing board, (or boards), with power to accept or refuse a diploma, according to whether or not the college issuing it had met the requirements of a fixed standard of study, examinations, length of course, etc., would operate to improve the future of the profession by compelling all the colleges to attain to, and retain the high standard set by the board, or cease their existence. Those colleges which now insist upon such a high grade, and those which can easily reach it, would not be affected by the suggested legislation. Others are better out of existence than in it.

If a law of this nature is passed by one state, others will be inclined to adopt it for self-protection, because all those so-called doctors, unable to come up to the mark in the protected state, will flock into the unprotected ones. A move to bring into existence in various states laws of the nature indicated is becoming quite wide-spread, and will, in the next few years, result in a marked change in medical conditions. We must, as a society, and a separate school of practice, interest ourselves in the movement and, keeping in the van of progress, assist in bringing about such changes as shall raise the college standard, weed out the weak and bogus schools, and benefit the profession by thus raising it to the level and good estimation of that of the

European countries. As homœopaths we are strongly in favor of such progressive methods as shall bring about this desirable condition. As homœopaths, also, we *must* keep in the van of the movement to direct it in the proper channel, and assure its becoming a benefit to the *whole* profession, not to a sectarian portion only. While advocating the improvement of the medical standard by legal enactments, the allopaths have discovered that they, thereby, have at hand another method for carrying on their old warfare against homœopathy. Seizing their opportunity, they are endeavoring to crush out homœopathy by restricting, by process of law, under the guise of medical improvement, the rights of believers in that method of treatment.

We are regular physicians, having for our specialty, not the eye, the ear, the nose; not the nervous system, chemistry, nor electricity, but therapeutics. The gynæcologist, the alienist, the aurist, and numerous other specialists, are recognized and held in good standing by the old school, but the man practising a method of drug application, a therapeutic specialty designated by the name homœopathy, is met with lack of recognition, and constant opposition. Any practitioner choosing to pursue this specialty, must necessarily designate himself by the name adopted for the method, or he is not known as a specialist by those desiring that form of treatment. If, however, he informs the public that he practises the therapeutic specialty, called for convenience, homœopathy, he is immediately debarred from consultation and all other privileges by those (the large majority calling themselves regulars), who have not taken up that special study; yet no body or association of men, ever had or ever will have the right to deny to a physician the privilege of practising this system of therapeutics. His right is as unimpeachable as that of the allopath to prescribe drugs according to his system. Nevertheless, opposition, beginning with the very first homœopathic specialist has continued down to the present time and resulted, of necessity, in the banding together of the oppressed into a society, or school, for mutual benefit, companionship, and protection. Had the warfare against homœopathy as a specialty never had a beginning, there would not to-day be such distinctively separate schools. The therapeutic specialty might now have about the same standing as the other specialties of to-day. Having, however, at first by the force of opposition, later by the intrinsic merits of the system, arisen to the eminence of a distinctive school, we are now proud to uphold our practice, and as representatives of the homœopathic school of medicine, see no reason why we should not receive fair and equal treatment from the so-called regular school, from the legislature, and from the world.

The homœopathic members of the medical profession are ready at any time to join heartily in advancing the standard of medicine by such legal enactments as shall raise the standard of study, and elevate the colleges to a healthy level, but they object to, as unfair, such class legislation as shall prevent a man, well-educated, and in every way duly qualified, from prescribing medicines in such a way as, in his mature judgment, he may think proper. They think that the law has no more right to ostracise one specialty than another, be it ophthalmic, surgical or therapeutic. They contend that men educated in all the medical branches, who are graduates of colleges with high standards and equal thoroughness of instruction, who in addition to the usual branches pursue a special therapeutical study, should not be debarred from any of the privileges of practice, or prevented by partisan legislation, from equal representation in official positions.

*Why* this therapeutic specialty always *has* been opposed by the so-called regulars, we will not stop to discuss here. That such opposition, openly and by innuendo, has existed, is well known. That it exists to-day, and is taking the form of attempts at adverse legislation, is only too evident.

In the formation of state examining and licensing boards, the primary intention is to raise the medical standard by compelling better preparation for the practice of medicine. To this we heartily agree, and give our assistance. But our allopathic friends have another intention, and that is, by gaining control of the licensing board, to force homœopathy and eclecticism to the wall. The method they employ for gaining control, and thereby immense power, is that of introducing into the legislatures of the different states, bills for the establishment of state examining and licensing boards, which restrict the whole, or majority membership, to allopathic representation. In these bills, the homœopaths are given no representation, or a small minority, only, in those states where they have sufficient influence to defeat the bills.

If the fact of these statements is questioned, it can be readily proved by quoting from the draft of a bill promulgated by Dr. Austin Flint, of New York, who advocated it as a suitable measure for all the states to copy. He writes: Article I. The regents of the University of the State of New York (are) to appoint a board of medical examiners, to consist of fourteen members, seven to be nominated by the unsectarian medical colleges empowered to confer the degree of M.D., in the State of New York, and to be teachers in said colleges, and seven to be nominated by the unsectarian state medical societies.

This bill, as advocated by Dr. Flint, you will perceive provides



for fourteen members — all allopathic — and does not favor the homœopaths with even a small minority. By unsectarian, he means allopathic, ignoring the fact that the homœopaths have become sectarian through the vigorous allopathic opposition; and that to-day one school is as distinctly sectarian as another.

Again, Article III. of his bill reads: The board of examiners (are) to recognize in their examinations but one science of medicine; but no candidate (is) to be rejected by reason of his adherence to any sectarian system, such as homœopathy, provided he pass the regular examinations of the board. (This includes *materia medica* and therapeutics.)

Article V. says: that no candidate shall be licensed who receives one adverse vote in either one of the subjects of practice of medicine, surgery, or obstetrics.

Here we have a man, the mouthpiece of his fellows, assuming but one science of medicine, and arrogating to his own school the proprietorship of that one, who kindly grants the homœopath the privilege of practising medicine, provided he can pass the examinations, gotten up with a view to his defeat, by a board avowedly inimical to him.

The difficulty of passing such a board is self-evident. It is well known that in ordinary examinations nearly any candidate can be made to fail of success by a process of questioning, which, though unfair, may be legal. Where but one negative vote is required for rejection, it is not unreasonable to expect that the homœopaths would frequently fail, simply because of the partisan zeal and bias of a board from which no provision is made for repeal or redress. As evidence that such partisanship, not only possibly may, but actually does, influence examinations, it is only necessary to call your attention to the workings of the Council in Canada, a board similar to the one desired by the allopaths in this country. By that Council, licenses were granted to 1,211 students of allopathic schools in eighteen years, while in nineteen years but nineteen homœopathic practitioners were allowed licenses.

In Minnesota, during the year 1888, only one-fifth of the homœopathic applicants were allowed to pass, but five-sevenths of those from allopathic schools had no difficulty in getting licenses. Minnesota has an examining board controlled by an allopathic majority, which is sufficient explanation for such a disparity. It certainly cannot be claimed that so large a proportion of the homœopathic candidates were inferior in knowledge and attainments, for the average of thoroughness of instruction and rigidity of examinations in homœopathic colleges is fully equal to the average in allopathic colleges. Indeed, the report of the Illinois State Board of Health shows that the

average duration of the lecture course in homœopathic colleges in America is 26.2 weeks, while in the allopathic colleges it is but 25.3 weeks. Out of fourteen homœopathic colleges in the United States, ten require a course from 26 to 39 weeks in duration. Of the one hundred and four allopathic colleges, only fifty-one demand such a requirement. According to the same report, there were twelve colleges in the United States whose 1888-89 lecture term requirement was less than 20 weeks in duration, and all of these twelve schools were allopathic. Every homœopathic college in the United States, east of the Mississippi, makes obligatory a three-years' graded course; and the American Institute of Homœopathy will not recognize the diplomas of any college requiring less than three years of study, and attendance upon three annual courses of graded lectures, of at least six months each. This certainly does not look like inferiority of instruction, yet, notwithstanding this excellent showing, the students of these colleges are not allowed certificates by registration boards, in anywhere near the percentage of those from allopathic schools.

In spite of this showing, the allopathic societies claim that the homœopaths are opposed to a higher education and standard. In the Florida legislature a bill was introduced, but rightfully failed of passage, which called for a board composed only of graduates of colleges recognized by the American Medical Association; admitted to examination only those presenting diplomas from such colleges; and of the physicians who had previously practised in the state, before the passage of the law, granted certificates without examination only to those who could produce diplomas from colleges recognized by the American Medical Association. When it is remembered that that Association does not recognize any homœopathic college, the full intent of the bill becomes evident, and needs no comment. Even in our own State of Maine, several bills have been introduced at different times into the legislature, but have failed of becoming laws, because of the evident intention of the majority to interfere with the rights of the minority. The bills have kindly stated that no one intending to practice any particular "so-called system of medicine," should be debarred from applying for examination and registration, although the applicant was to be obliged to certify as to what system he intended to practice, but as the bills have made no provision for homœopathic equality of representation, the candidate of the homœopathic school would be subjected to an injustice, in that his right to practise medicine would be entirely in the hands of those who are not only unfriendly but, as evidenced by their acts, are bound to overwhelm homœopathy by every means which they can obtain the power to utilize.

Although the allopaths are receding from their old method of antagonism by loud words and strong language, yet it is evident that they are none the less antagonistic, and that their fight is going to be made, in this and in every other state, by means of the single examining and licensing board, with a majority representation from the allopathic school, gaining thereby a monopoly of the right of licensure. This movement, not a very new one, is growing in energy, and is endorsed by nearly, if not quite, all the old-school societies, and has been four times approved and recommended by the American Medical Association.

The establishment of such a board the homœopaths oppose, and will not countenance. Although advocating the desirability of a reform in medical education, and recognizing the necessity of establishing a proper standard for the medical colleges, which an equitable plan for state licensure can bring about, they most emphatically deny that in making this reform it is essential, wise or prudent to allow any one school to monopolize the power, by the formation of a single board, with a majority representation by that school. It is this very majority (or even total-ity) that the allopaths are aiming at. By the power thus gained, they hope to counteract the increasing popularity of homœopathy, and destroy its growth as a school.

One of their leaders, Dr. D. B. St. John Roosa, of New York, voiced their desires when he said: "Such a system (a single state examining board) once established, sects in medicine will disappear." Now the homœopaths are not at all anxious to see their school immolated by another because that other happens to be in the majority. A good argument, showing the impropriety of such majority power, is that by Dr. M. O. Terry, of New York State, who says: "To give to the allopathic school a majority representation in a single board would substantially be to give to that school the entire control of said board, and the 'new school' holds that the 'old school' has no more right to that exclusive privilege than each of the other incorporated schools. The pretence that this should be done because the allopathic school is more numerous, is preposterous and fallacious in the extreme. With equal propriety might it be argued that a board should be created, composed of Baptists and Episcopalians, for the purpose of examining and licensing Episcopalians to preach, and that the Baptists should be given a majority representation therein, because more numerous than the Episcopalians, and hence, should practically control the licensing of Episcopal clergymen."

Such a course would virtually be an authorization by the state, of one school or sect to exercise a legal supervision over

another sect or school in medicine. The state cannot consistently, in religion or in medicine, favor one school or system more than another, or permit one school, whether its members are few or many in number, to exercise legal functions which will surely militate against other rival schools and systems.

Following Dr. Terry's argument, we can very rightfully assert that one school of medicine cannot, with justice, claim monopolistic privileges, because of a numerical majority, any more than one ecclesiastical denomination can claim the exclusive civil right to license and ordain all applicants for the ministry, or monopolize the civil right to perform the marriage contract, because it happens to have a majority membership. The law recognizes three distinct schools and systems of medicine, each of which has acquired a similar legal status; all exercise the same legal rights and privileges, without regard to the individual number of members. These civil rights and privileges are not increased or diminished in proportion to the ratio of membership, and they are not transferable from one school to another, simply by virtue of varying numerical status, but all the schools or systems are regarded, in the eye of the law, as equal and similar in every respect. Therefore the school in the majority cannot rightfully, under any conditions, debar rival and legally incorporated schools from the exercise of such privileges.

Having shown that there is necessity for such medical legislation as shall improve the professional qualifications by establishing a standard under state control; and having indicated that there is under way an attempt by the majority school to so influence legislation as to gain undue representation, and thus an unfair power which would be detrimental to the minority, it behooves us to inquire if there is not some way in which a registration law can be established, which will prove effective in protecting the public, and the legally graduated practitioners, without in any way interfering with the legal rights and privileges of any part of the medical profession.

There is such a way. It is ready at hand, and easy of application. For its elaboration we have Dr. H. M. Paine, of Albany, New York, to thank. Great praise is due to him, for his acuteness, energy and indefatigable efforts in the furtherance of the measure, which is simply the establishment of separate examining and registering boards, one for each legalized school of medicine having an existing state society, in place of the single board, with majority rule. This method treats each school with equal fairness; protects the public fully as well as the single board; and works detriment to no person legally deserving of recognition. It not only would not constitute the class legislation which it has been claimed it would do, but would, indeed, do away with that very obnoxious form,—the single board,

requiring the examination of the students of one school by the members of another.

Fairer examinations would be engendered, because the partisan favoritism of the single board would be eliminated. The records of the separate boards being open to inspection and comparison, there would be a natural rivalry and a tendency to make the work of as high an order as possible, so as to prevent invidious comparison.

Homœopathy, equal in law, scientific accuracy, and present standard of qualifications, is expected by its patrons to maintain its position of equality in all matters, and they ask us, as its representatives, to uphold our right to a separate registration board. This we are ready, and in a position to do, for "our students are equally well equipped with those of the old school for all the exigencies of practice. They are educated at our own colleges, and are representing homœopathic principles and practice in nearly all the towns, villages, and cities throughout the whole country; and are able to obtain and hold the patronage of the wealthiest and most highly cultured therein.

"Having furnished our students with a thorough knowledge of the principles and practice of homœopathic, in addition to that of the old school system of therapeutics, and the state having given us the legal right to the enjoyment of this privilege, we are confident that the legislature will also continue to confide to our sole charge the right to examine and license our own students, and will not force upon our school, against the unanimous wishes thereof, a compulsory association in a single examining board."

Fellow members of the society: The subject of medical legislation is now before you for consideration and discussion. It is a matter of vital interest to all the homœopathic physicians in America; to us in Maine, the issue is near at hand.

We must decide now whether we will sit idly by and see our school of practice become a thing of the past, or, by our vigorous efforts and intelligently directed exposition of our rights, establish the system upon such a firm legal foundation that nothing in the future can shake it.

Now is the time to act; now is the time to prepare methods of procedure, and means for protection. Let each one show his pride in homœopathy by actions, as well as words. Do not depend upon a society committee for everything. That committee can not be omnipresent.

Each homœopathic physician, as a committee of one, by proper preparation and enthusiastic work for the common cause, can help to bring about such a result as will establish homœopathy in her proper legal rights, and prove to the country at large that Maine is in the vanguard of progress.

## SOCIETIES.

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## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held at the rooms of the New England Woman's Club, No. 5 Park street, on Thursday evening, June 26, 1890.

In the absence of Dr. Farnsworth the president, Dr. J. H. Sherman was chosen president, *pro tem*. The business records of the last meeting were read by the Secretary.

It was moved by Dr. C. H. Thomas that the Secretary cast a ballot for the election of new members. F. H. Davis, M.D., Sarah A. Jenness, M.D., Maurice W. Turner, M.D., were accordingly elected to membership.

In the absence of Dr. I. T. Talbot, the report on the American Institute was deferred till later in the session.

## SCIENTIFIC SESSION.

This was opened with the address of Dr. Horace Packard, on "The Diseases of Women Induced by the Prevailing Mode of Dress."

Following this was the exhibition of an improved system of dress, by Miss Abbie Clare, of Medfield. She spoke from her own experience, stating what the system had done for her. Eight months ago, she was a confirmed invalid. In one month after adopting the new mode of dress she was better, and at the present time is in excellent health.

She exhibited the various articles making up the outfit, consisting of a union undergarment, besides a waist, chemisette, and divided skirt. One advantage is that the weight of each garment is sustained by the part it covers, rather than having the whole weight come on the shoulders, as is recommended by some.

## DISCUSSION.

Dr. D. G. Woodvine emphasized the superiority of the Flynt waist cut on the bias, over the ordinary shoulder-straps.

Dr. Selee spoke of her interest in the subject before the society, and of the duty and opportunity of women physicians in this matter.

Dr. A. H. Powers stated that about two years ago the gymnasium in Chicago tried to draw people whose object was to regain health, and save the doctors' bills. This was only a partial success, and the following year the inducement held out was the attainment of good form without the aid of corsets. This was a decided success. In illustration of remarks made by the speaker of the evening, he referred to an autopsy, in which a

ridge deep enough to admit one's wrist was found in the right lobe of the liver.

Dr. Woodvine said that notwithstanding a diligent search, he had failed to find a woman who would acknowledge that she wore corsets tight. In one case of obstinate constipation, a cure was effected on abandoning corsets.

Dr. Lucy Appleton referred to the expense of the Flynt waists, and the Jenness-Miller costumes, which would prevent many poor girls from making any such change.

Dr. John L. Coffin has found great benefit in the treatment of acne, by the change from corsets to proper dress. The most effectual work can be done among the younger portion of a community. Special attention should be directed to the dressing of children, and the compression of the chest and abdomen in very early life.

Dr. L. A. Phillips spoke of his interest in the subject under consideration for many years past. The point mentioned by Dr. Powers regarding form and beauty is an essential one, as no woman wishes to make a guy of herself. He finds that the expense of an outfit, including skirts, is from fifteen to twenty-five dollars, and waists which can be purchased at stores for less money than the Flynt waist, will give very good results. It is desirable that these should be sold at a lower price. In his experience, gall-stones, as a rule, have not resulted from compression.

Dr. Sherman had noticed valuable results from dressing children properly, when young.

In the opinion of Dr. A. J. Baker, if women ever adopt dress reform, a compromise must be made as to form and figure. The Equipoise waist is very desirable and wears well, requiring no cover. Leading all other waists is the Bates, which gives good form and support, and is not very expensive.

In conclusion, Dr. Packard spoke of the expense which several had mentioned, and he felt that it could not be a real obstacle. It is certain that one cannot beautify the form much, and no one can be more of a guy than those who lace so closely. It is not making a guy of one's self to preserve the natural form. The fact is, no support is necessary, nor should it be given, except in the case of fleshy women. Moreover, the corset is only one objectionable thing, as heavy skirts dragging one down, are almost, or quite, as bad. In relation to gall-stones, it may be said that in the autopsies alluded to, forty per cent. of the women had the "corset" liver, and often gall-stones are found in the cyst, when no symptoms had appeared during life.

At the close of the scientific session, the meeting adjourned, and partook of refreshments.

During this part of the exercises, Dr. I. T. Talbot gave a brief report of the meeting of the American Institute of Homœopathy. He described Waukesha and its attractions, alluding very fittingly to the recent president of the Institute. He spoke also of the great advantages resulting from the division of the meeting into sections, under the control of the several bureaux. At present there is, he said, a very friendly feeling between all the homœopathic medical colleges. This, and the common standard adopted in regard to the requirements for admission and graduation, are due to the efforts of the Inter-collegiate Committee.

A very interesting subject before the Institute for consideration was the state examining boards, and medical legislation. The stand taken by the Institute is, he thought, certainly commendable, and worthy of our hearty support.

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

#### PERSONAL AND NEWS ITEMS.

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The following address was delivered by Dr. James B. Bell, at the banquet tendered to Dr. I. T. Talbot, June 7th, mention of which was made in our July issue:—

*Mr. Chairman and Colleagues:*—To me has been committed the pleasant task of launching on its journey around this board, a "Loving Cup," which, passing from lip to lip, shall gather up all the sentiments thus expressed and symbolized, and reach at last, richly freighted with these, the honored guest of the evening: this cup to remain with him "until called for."

When one worthier to become its custodian shall arise, no astrologer may divine, no prophet can foretell. Happy will it be for the cause we represent, if, in future years, others shall be found to labor as faithfully to establish, maintain, and enlarge our public institutions; meeting discouragements with cheerfulness and patience, obstacles with unwearied labors, opposition with ability, argument, tact, and diplomacy; sacrificing personal ease and private interest to the public welfare.

Regard for the feelings of our guest, prevent my saying more of all that might be said.

Justice to your feelings, and my own, forbid my saying less.

We find the origin and the meaning of our little ceremony to-night, I suppose, in the Agapæ, or love feasts of the early Christian church, and which are still celebrated by some Christian bodies among us.

They took place either before or after the Lord's supper, and symbolized then the community of goods; (after that had ceased to exist) community of interests, and community of affection or love, and in the early church, they always closed with the *philema hagion*, or holy kiss; but that, I suppose, will be omitted to-night; (there were more sisters present then).



Community of goods. It is *our* Dr. Talbot, *our* Westboro, *our* College, *our* Dispensary, *our* beautiful and successful Hospital, — now enriched by the grand largess of the State, a sort of patent of nobility, as it were, from the powers that be, in recognition of its twenty years of usefulness, now about to be greatly extended, — our common pride and common possession, giving strength, character, and influence to the whole profession, and especially dear to those who have spent so many hours of labor there.

Community of interests. While in our private spheres, we may be said to stand or fall alone, in our public work we must, to some degree, stand or fall together. Good, faithful, skillful work, on the part of one, sheds lustre on all; any failure in work or character on the part of one, would cause all to suffer.

Community of love. "Write me," says Ben Adhem, "as one who loves his fellow men." This is the highest meaning of the cup.

With so much then in common as we have, and so closely associated in work and interests as we are, although differing as we must in many matters of opinion and judgment, sad indeed would it be if there were not real bonds of affection around this board. I am sure this cup means that. Each, of course, has been more closely associated with some than with others, and the bonds will doubtless be stronger where the association has been most close and constant. Speaking, as I trust I may, for the surgical board, I know that mutual respect, confidence and affection bind us together like brothers. No differences of opinion, or matters detail, or even principles, disturb us. Not even *idoform* can separate us.

I would hardly trust myself to speak of all the kindnesses which I have received from every member of this medical board in the last ten years, and not the least from its Chairman, our guest.

If they do not love me, their works belie them; and I know that I love them, and am glad of this public opportunity of saying so.

Dr. N. R. Perkins has removed from Winchendon to Brockton, Mass. His office is in building numbered 87 Main street, Room 3.

Dr. Mary E. Nutter, class of '84, B. U. S. of M., formerly of Dover, N. H., has located at No. 210 East 25th street, New York City.

Drs. Boericke & Dewey have removed their office and residence to No. 824 Sutler street, San Francisco, Cal.

Dr. Sarah A. Jenness has located at 429 Shawmut avenue, (Blackstone square), Boston. Office hours, until 10 A.M., 1 to 3 P.M.

Dr. H. A. Brown has located at Milford, Mass.

Dr. Willis H. Sawyer, late resident physician to Brooklyn Homœopathic Hospital, has located at 3 Alexander avenue, Dorchester, Mass.

Dr. R. F. Eaton has removed from Foxboro, Mass., to Providence, R. I.

Dr. Rudolph C. Kaiser has opened an office at No 51 Wall street, Boston. Office hours 12 to 2 and 6 to 7 P. M. He still retains his office at 73 Rutland street.

The fourth annual class of instruction in Orifical Surgery will be held by Prof E. H. Pratt, at the Chicago Homœopathic Medical College, during the week beginning Monday, September 1st, 1890. For particulars address, E. H. Pratt, M.D., 56 Central Music Hall, Chicago, Ill.

FOR SALE CHEAP. — A second-hand Archer chair, in good condition. Can be seen and price quoted at Otis Clapp & Son's, 10 Park square, Boston.

## OBITUARY.

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It is with sincere and profound sorrow that the GAZETTE bids farewell, in the following deeply interesting memoir written by his son, to Dr. Thomas Nichol, who for many years has been reckoned among its most frequent contributors, most helpful counsellors, and warmest friends. Dr. Nichol's services, literary and clinical, to homœopathy will pass into the brightest pages of its history. The profession mourns a tireless worker, and his colleagues a faithful and well-loved friend.—  
ED. GAZETTE.

*THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.*

Thomas Nichol was born in Edinburgh, Scotland, April 26th, 1831, and died in Montreal, on June 14th, 1890, in the sixtieth year of his age.

He was the eldest son of the Rev. Robert Nichol, a Presbyterian minister in Edinburgh, and Jane Elliott of Liddesdale-on-the-Border; he was christened Thomas Scott Elliot Graham, but he discarded them all in favor of Thomas,—above all things he loved simplicity. He received a good Scotch education and home-training. Early in life evincing a great taste for reading, he would save a few pence till he had enough to buy one of Sir Walter Scott's novels, and then burn the midnight oil reading it.

At the age of thirteen he was apprenticed to a dry-goods firm in Jedburgh,\* where he served his time, occupying his spare moments in studying Latin, Greek, geometry, etc., and in visiting well-known places in the neighborhood, such as Abbotsford, Sir Walter Scott's seat, Melrose Abbey, Jedburgh Abbey, and roaming over the Eildon Hills, the scenes of his youth, which he often recalled to memory dear. When he was twenty years of age, he bade farewell to his native land, which he never revisited, and set sail for Canada, which being made in a sailing vessel, occupied some six weeks, his twenty-first birthday coming while he was at sea. He landed at Quebec in May, 1851, and went to Westminster, near London, Ontario.

The subject of this memoir taught school till 1854, when he commenced to study medicine at the Hahnemann Medical College of Philadelphia, Penn., graduating in the class of 1857,—his classmates being S. M. Angell, of New Orleans; J. W. Dowling, of New York; O. B. Gause, of Aiken, S. C.; W. H. Lougee, of Lawrence, Mass.; D. E. Gardiner, Bushrod Washington James, and Alex. R. Shaw, of Philadelphia. The vacations between the sessions he spent in the office of Dr. Alexander Thompson Bull, in London, Ontario, but who is at present residing in Buffalo, N.Y.

After graduating, he settled in Simcoe, Co. Norfolk, Ontario, where on October 10th, 1859, he married Miss H. J. Grieve, by whom he had issue, three sons and three daughters, all of whom survive him, with the exception of his eldest daughter, who died in infancy. He continued to practise in Simcoe till 1865, when he moved to Belleville, Co. Hastings, Ontario. While there he was Professor of Physiology and Ethnology, in the University of Albert College,—but he found that the hard country practice did not agree with him. Driving across the Bay of Quinté in the winter being very dangerous, he nearly lost his life on more than one occasion, so he decided on moving again in November, 1870, this time going further east to Montreal, Quebec, the "Commercial Metropolis" of the Dominion. He continued to practise his profession in this city until his death.

He was a great student from his early youth upwards, one of the things in which he took great pride being his medical library, which consisted of over 2,000 volumes at the time of his death. On the fly-sheet of every volume he had the following written:—

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thoroughly masters of it, becomes a crime."—*Hahnemann.*

His friend, Dr. R. Ludlam of Chicago, who visited him in 1885, was so struck with it, that he made it the text of a lay-sermon delivered in the Hahnemann Medical College and Hospital of Chicago, entitled "The Thorough Physician."

\*The county town of Roxburghshire.

Dr. Nichol became a writer early in his professional life, his first article being published before he received his degree; it was on "The Specifics of Homœopathy," and was printed in "*The Canadian Journal of Homœopathy*," for April, 1856. He afterwards wrote a series of articles on "The Misrepresentations of Homœopathy," for the same journal. He continued writing for different journals in the United States till the beginning of this year.

He was at one time editor of the department of Diseases of Women and Children, in the old "*American Observer*," for which he wrote a number of articles, besides the results of some provings of *asclepias tuberosa*, *dioscorea villosa*, *gelseminum sempervirens*, and *ptelea trifoliata*, and for which latter proving he was awarded Gross' "Comparative Materia Medica," by E. M. Hale, M.D., of Chicago, January 1st, 1868, as a prize for the best proving of the drug.

His only separate work that was published was "Diseases of the Nares, Larynx, and Trachea, in Childhood," 1885. He had planned that as the first volume of a series on Diseases of Children, but increasing practice and the cares incidental to a busy life kept him so fully occupied that he never found time to accomplish it, though every year he published one of a series of tracts, "The Montreal Tracts on Homœopathy," of which six were published, as follows:—

- "Diphtheria, and its Management." 1884.
- "Small-pox, and its Prevention." 1885.
- "The Test of Homœopathy." 1886.
- "Croup, and its Management." 1887.
- "The Misrepresentations of Homœopathy." 1888.
- "Congestion of the Lungs, and its Dangers." 1889.

This year he purposed celebrating "the centenary of homœopathy" by publishing a tract on "Hahnemann, the Discoverer of Homœopathy." He also wrote a series of articles on "The Therapeutics of Small-pox," for "*The New England Medical Gazette*," which were afterwards republished in pamphlet form.

He always took a deep interest in the welfare of the homœopathic literature, especially the journals, he being a subscriber to over thirty of them. He took a deep interest, too, in the struggles of the younger men in the profession, and he was always ready to assist them by his counsel and advice.

His reasoning faculty was strong, and he was in his element in whatever required minute investigation and research. Sound common sense was a distinguishing characteristic of his active and penetrative mind. In everything he was methodical, accurate, and exact. He read much in general, as well as in professional subjects, — law, theology, and military history had a great attraction for him. He took a deep interest in the late war between the North and the South, — his sympathies, of course, were with the North, — and he had the whole campaign at his fingertips, so much so that it almost led his friends to believe that he had been through it. While in New York last winter, almost the first thing he went to see was the Cyclorama of the Battle of Gettysburg, which he thought was very fine, — and he also went to see Meissonier's superb painting, "1807," in the Metropolitan Museum of Art. Another favorite with him was the "Battle of Waterloo." It was his habit for many years to read a short account of the battle as each anniversary came round, on June 18th; besides, he had read all available accounts of the battle, both from the French, as well as English, standpoints. On almost every topic, — politics, theology, literature, science, he had well-matured and decided opinions, and he produced with ready and confident expression the treasures of a thoughtful and cultivated mind.

Honor, propriety, delicacy, manliness, sincerity, candor and refinement, were prominent features of his moral nature. Modest and unassuming in his general demeanor, he had yet a proper self-respect and a sure estimate of his own character and position. He always bore himself with dignity. He was a man of marked individuality, undemonstrative deportment, strong will, kindly affections, steady friendship, and firm, but liberal mind. He had no habits incompatible with the utmost delicacy and refinement; he did not use tobacco in any form, and was a life-long total abstainer; he did not believe in drinking tea or coffee, his sole beverage for thirty-five years being his favorite cocoa, which he took at every meal. He was an early riser, often accomplishing two or three hours' work before breakfast.

He was not fond of amusement or gaiety; he preferred spending his spare

time with his family and his beloved books, his only holiday being two weeks spent at his country residence, — Alabama Cottage, — Little Metis, every summer.

He was strict and unflinching in his own devotion to duty, and required similar attention on the part of all those with whom he had anything to do. Harmoniously blended with his mental endowments, were moral qualities of a very high order.

He was a member of the Colleges of Physicians and Surgeons of Ontario and Quebec; a member of the American Institute of Homœopathy since 1872; a corresponding member of the Homœopathic Medical Society of Pennsylvania; a member of the American Obstetrical Society, of New York, 1885; a member of the American (Homœopathic) Provers' Union, 1856; and a contributor to Arndt's "System of Medicine, Based on the Law of Homœopathy," to which he contributed the articles on typhoid fever, typhus fever, and relapsing fever.

He was a graduate of Victoria University of Cobourg, Ontario, where he took his LL.B. degree in 1874, and LL.D. in 1881. He graduated B.C.L. at McGill University, Montreal, in 1875, and D.C.L. in 1887, being the first one to take the degree *in course*, passing all the examinations, and submitting a thesis to the University on "The Laws of Blockade." He had an intense dislike to honorary degrees; he believed in working for them; if a degree was worth having, it was worth working for — the knowledge gained was more to him than an empty, barren title.

He was a local preacher in the Methodist church of Canada; hardly a Sunday passed without seeing him, notwithstanding his busy life, at some of the missions surrounding the city. Many of the children at those missions will miss his well-known form at their annual Christmas festival, when he usually distributed toys, books, etc., to each of them, taking as much delight as the youngest of them. He always studied a certain amount each day, being very systematic in all his doings. The last medical work he had finished (just a few days before his death), was Farrington's "Clinical Materia Medica," a work which he valued very highly.

His last illness dates from the epidemic of "La Grippe," last Christmas. He had intended visiting Dr. Cleveland, of Cleveland, Ohio, but a telegram received, announcing the death of his friend, changed his plans.

The heavy work of the latter part of December and the month of January began to tell on him, and he broke down on Thursday, Feb. 6th, when he was seized with an attack of "paralysis of the heart," early in the morning. His friends did not think he could possibly pull through it, but he had a wonderful vitality, and by careful attention and nursing, he was able to leave town in the latter part of February, when he went to New York to consult his old friend and class-mate, Dr. J. W. Dowling. After staying in New York a few days to get rested, he went on to Philadelphia to visit his friends of former days, and recuperate his health. He improved so rapidly that he was able to come home the beginning of April. He seemed much better for his stay in the "City of Brotherly Love," but was not able to do a full day's work. He continued to improve till June 6th, when a carbuncle began to trouble him. On June 12th, he felt so well that he went out for a little while in the afternoon, seeing some patients while out; he did the same thing on the following day, and on retiring to bed that evening, he said he felt very well. He arose next morning at half-past eight o'clock, and took breakfast with his family; then he went into his library, where he did some medical reading, saw some patients, and had just finished a letter, when his youngest son, who was in the room with him arranging some books on the shelves, happened to turn around, and noticing that his father did not look well, called to his mother; but before they got to him he had fallen over in his chair. They raised him up, but he only breathed two or three times very heavily, and then expired, surrounded by his sorrowing family, and the library he loved so well. His eldest son was the only one absent, he having gone out at ten o'clock to visit some patients.

He died at a quarter-past ten o'clock, and up to that time he seemed to be pretty well, considering what he had gone through the week before, but none of his family foresaw what was about to happen.

The funeral took place from his late residence, 140 Mansfield street, on June 17th, to St. James' Methodist church, and thence to Mt. Royal Cemetery, where he was finally laid at rest, on July 10th.

His sons, Drs. William and Scott Nichol, are continuing their father's practice at the old home.

THE  
NEW-ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

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*"WHAT'S IN A NAME?"*

"What's in a name?" is, extremists to the contrary notwithstanding, a very significant question in the sphere of medicine. To wrongly name a disease which one claims to have cured, may have consequences far beyond the mere exposure of the namer's carelessness or ignorance. To treat a simple case of eczema, for instance, with certain drugs, and then claim that by these drugs one has cured small-pox, would be to most mischievously mislead the young and credulous reader of the medical magazine in which such an article should appear, with perhaps fatal consequences to some actual case of small-pox which might chance to come under his care, and which he would proceed to treat with the drugs which had seemed to cure the eczema case falsely reported as small-pox. This is an extreme example; yet examples only less flagrant appear far too often in the pages of our medical journals, and pass out thence to do blighting harm in the world of medical controversy; establishing for certain drugs and potencies a clinical reputation in certain maladies over which they have no earthly control, because, having been exhibited in far less serious conditions, these conditions have progressed to recovery. "Snap" diagnosis, careless, unscientific diagnosis, made in ignorance or defiance of the teachings of recent and sound pathology, are very dangerous things, and too sensitive a scientific conscience cannot be cultivated in regard

to them. A noteworthy illustration of our point is found in an article appearing in a recent issue of the *Homœopathic Physician*. It is headed "A Case of Syphilis," and its author distinctly and triumphantly claims to have cured a case of syphilis, "exhibiting several, if not all, the phases of a syphilitic case," in a period covering about seven weeks, and by the use of a few remedies in high potencies. Naturally, the young practitioner chancing on this record of facile and brilliant success in the treatment of a disease which his honest, standard text-books give him good reason to dread as tedious, difficult and baffling, will with touching confidence flee to these remedies and potencies in the first syphilitic case coming into his hands, look into the possibilities of no further or other treatment, and smilingly wait results; when results arrive, he may possibly cease to smile. About the time of their arrival, he may perhaps study up, in the searching light of awakened doubts, this case from which he has taken his precedent. It will take very little study, so that it be of recent and reliable authorities, to show him that this syphilis case is not a case of syphilis at all. It is a case of phagedenic ulceration, a moderately severe form of chancroid disease, (local, soft, non-infecting chancre or sore). One single symptom, and only one remotely suggests syphilis, and that is the "secondary eruption;" but this being so slight as apparently not to be worth describing, counts for nothing against the overwhelming mass of evidence which establishes the true diagnosis. Once more we qualify such loose and loud claims as this, of a cure of syphilis where syphilis can be distinctly shown not to have existed at all, as mischievous and misleading to a degree, and to be promptly exposed and condemned. In support of our statement we submit the following brief statement of facts.

Phagedenic ulceration, of which this case is an instance, differs widely from syphilis; in —

- 1st. Its short period of incubation.
- 2d. Its multiple sores (and complications).
- 3d. Its phagedenic character.
- 4th. Its short course.
- 5th. Its absence of constitutional infection, indurated glands, and other secondary manifestations.

To make our case the clearer, we append the following parallel-column comparison of syphilis symptoms, and those of the case mistakenly claimed so to be. No student of modern syphilography could have so blundered in diagnosis. It may be added, by way of moral, that those who scorn the study of pathology should, in common fairness, avoid the use of pathological terms, and those who "treat symptoms," or "patients," should, in reporting a case, restrict themselves conscientiously to a description of the symptoms treated. Here, in conclusion, is the convincing parallel column :—

## CASE REFERRED TO.

## SYPHILIS.

Within ten days of first exposure.  
Edematous prepuce with some phimosis; retraction revealing three large and deep chancres, size of a split soup-bean, one on either side of frænum, the third behind corona.

Rapidly eroding ulcers, their bottoms being dark, granular and dry. Induration in and around sores threatened rupture of frænum.

Three days later, "margin of foreskin knotted with numbers of minute chancres; . . . one half the glans seemed destroyed from below and behind, leaving simply the urethral channel intact." Prepuce "retracted beyond the corona, and fastened round the remainder of the glans in a vise-like stricture . . ." Sores deep, hard and rapidly extending.

During the next fourteen days or so, "granulation took place so rapidly that at the end of that period it was nearly complete, and the destroyed part had gained its natural shape and prominence," etc.

Three weeks from first observation, (31st day), healing had progressed to "within an ace of perfection," when the sexual appetite asserted itself, "and a priapism, causing phimosis, supervened, which at once substituted the new difficulty of danger from sloughing of the head of the penis, through strangulation. \* \* \* Around the frænum the foreskin was œdematous to the size of a goose egg," etc.

Here, also, by the omission of the prefix "para," some confusion might easily arise, for the description evidently points to paraphymosis, which is certainly not phimosis, as the terms are generally understood.

Incubation three or four weeks.

*Initial lesion.*

An elevated papule which may or may not become an ulcer with a hard base.

The initial lesion, usually *single*, may be:—

- 1, an elevated, desquamating papule;
- 2, a superficial hard ulcer; or
- 3, an indolent ulcer, with hard, widely extended base.

About eleven days after the appearance of the initial lesion the *lymphatic glands* nearest the point of infection (groins) become enlarged.

The glands do not usually suppurate.

*General affections (second stage.)*

About nine or ten weeks after contagion, six or seven after induration of the point of ulceration, and four or five after the enlargement of the lymphatic glands, the period of *general eruption* is ushered in by malaise, pains in the head, back and limbs, and pyrexia. Sometimes, unperceived by the patient, a red macular eruption appears. As this rash disappears, others, generally of a papular character, may develop on the skin and on the mucous membrane, especially that of the mouth and throat.

Fresh crops of eruptions of a scaly or sometimes pustular character may appear on the skin, and excoriated patches

"The oedematous condition abated in four days, leaving all the parts in quite a favorable state . . ."

"A few days later," the left eye became injected and swollen, in fact an ophthalmia occurred,—pain, turgid vessels, photophobia, "floods of tears," obscuration of the cornea and loss of vision. "These appearances and symptoms seemed to denote the probable outbreak of a chancre on the eyeball, and the existence of iritis evidently demanded prompt measures."

"The secondary eruption" [which is not described in the least,] "which appeared on the face and chest, made but an ephemeral show; it was gradually and steadily removed by nitric acid given at weekly intervals."

"The whole period during which this man remained under treatment was over seven weeks," since which time he has remained without a vestige of the trouble.

on the fauces. They may be accompanied by rheumatoid and periosteal pains, iritis, and other symptoms, and thus this period may continue, but not often, for more than two years.

Other symptoms, and the tertiary stage need not be mentioned.

*Duration*, when the disease ends with the secondary stage, *one and a half or two years*. At least it is a good practical rule to fix this as the probable period during which a patient may expect relapses of eruptions on the cutaneous or mucous surfaces.

Duration may be life-long. Tertiary symptoms do not usually appear for several (5) years after contagion.

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#### EDITORIAL NOTES AND COMMENTS.

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A BLOW FROM THE SHOULDER at those who arrogate to themselves the name of "Hahnemannians," as differentiating them from other homœopathic physicians whose opinions and practice on certain points fail to agree with their own, is delivered in the vigorous, remarkable and altogether admirable paper on, "How Hahnemann Cured," contributed by Dr. Dudgeon to the August issue of the *Homœopathic World*. We greatly regret our inability to republish, in full, this ringing, sound, and in many respects final utterance on a much-mooted question; but we earnestly urge it upon our readers to familiarize themselves, as soon as may be, with its thoroughly supported and most significant statements. And we would furthermore urge it upon some writer of the class and claims dealt with by Dr. Dudgeon, to show us, if possible, in what these arguments are unsound. It is a case where silence indicates defeat. There is that in Dr. Dudgeon's plain, lucid, brief statements, backed as they are by facts accessible to everyone who will take the trouble to consult them, which cannot be ignored, and which no windy outburst, whether of dogmatic postulate, flowery sentiment, or personal vituperation can sweep away.



As an illustration of the "way Hahnemann cured," Dr. Dudgeon quotes two cases, one of which was treated with "a full drop of the undiluted juice of bryonia root," and the other with the 12th dilution of pulsatilla. Of these cases Dr. Dudgeon remarks :

In the second volume of the first edition of the *Materia Medica Pura*, published in 1816, Hahnemann gives, at "the request of some friends halting half-way on the road" to homœopathy, two cases illustrating the way in which he practised, and desired others to practise, his system. As these cases are retained in the latest edition of his *Materia Medica*, published in 1833, only ten years before his death, we must believe that to the last he considered them as good examples of his treatment which he could not improve upon after all these years.

In the latest edition of the *Materia Medica Pura*, Hahnemann states that both these cases might have been equally well cured by one globule of the 30th dilution of the respective medicines, either taken by the mouth, or smelt; but as they were actually cured in the most satisfactory and rapid manner by the pure juice of bryonia and the 12th dilution of pulsatilla, we may be quite content to imitate the practice here adopted, for the object of treatment is the cure of the disease, and the cases could certainly not have been better cured by any other preparation of the medicines. As Hahnemann still offers them as illustrations or models of homœopathic cures in 1833, we are justified in supposing that he could not give us anything better. We see from these specimens of his practice how carefully and thoroughly he went to work (in accordance with the directions given in pars. 65-78 of the first edition of the *Organon* = pars. 84-99 of the last), not resting satisfied until he had found a medicine in whose pathogenesis there was the closest possible symptomatic correspondence with the case before him. (*Organon*, first edition, pars. 126-130; sixth edition, pars. 146-154). We find here no search for "guiding symptoms" or "key notes," which are so much insisted upon by many of those who plume themselves on being his only faithful disciples. On the contrary, it is the collective symptoms, the totality of the characteristic symptoms of the disease, that Hahnemann endeavours to find a medicinal parallel for, as he directs in the *Organon* (first edition, par. 129; fifth edition, 153).

Hahnemann held it to be absolutely necessary for the successful practice of his system that the practitioner should select a medicine whose ascertained effects on the healthy body should correspond to the totality of the symptoms of the disease. This he does in every edition of the *Organon* (par. 153, fifth edition), and still more impressively in the last edition of *Chronic Diseases* (1835). He there says (Part I. p. 150) that after having ascertained with the greatest diligence all the ascertainable symptoms of the disease, he must select the remedy whose symptoms correspond in similarity with those of the disease, at least, with the most striking and peculiar symptoms, and he must not rest content with what he can learn from repertories, as these books only give slight hints as to the medicines to be consulted, but cannot enable us to dispense with a study of the original sources. He who is satisfied with the vague indications afforded by the repertories, does not deserve the honourable name of a true homœopath, but rather that of a muddler who will bring disgrace upon the art he professes to practice. "The miserable desire to save themselves trouble," he continues, "often leads these pseudo-homœopaths

to be guided by the accounts of their successful employment (*ab usu in morbis*), such as are given in the prefaces to the medicines [in the *Chronic Diseases*], in their selection and employment of medicines, an utterly false method, smacking of allopathy, incapable of leading to the selection of a medicine, which cannot be curative unless it be strictly homœopathic in similarity of symptoms." And yet we see self-styled Hahnemannians mainly guided in the selection of a remedy by some symptom got out of a repertory, presumably derived from clinical experience only, as it is not found in any pathogenesis of the drug.

Dr. Dudgeon next proceeds to show how widely the self-styled Hahnemannians of to-day depart from what was their master's theory and practice in the preparation of their medicines. From which paragraphs, to the conclusion of his memorable article, Dr. Dudgeon's remarks are so concise, that further condensation of them were impossible, and so trenchant and significant that quotation almost in full is a temptation not to be resisted. We reiterate our earnest hope that our readers will share our satisfaction in this fine contribution to a controversy whose interest is perennial :

Hahnemann's main reason for selecting the 30th potency as the standard dose for general use, as he repeatedly tells us, is to secure uniformity of treatment among homœopaths. "I do not approve," he writes, "of your dynamizing the medicines higher — as, for instance, up to 36 and 60. There must be some end to the thing; it cannot go on to infinity. By laying it down as a rule that all homœopathic medicines be diluted and dynamized up to 30, we have a uniform mode of procedure in the treatment of all homœopathists, and when they describe a cure we can repeat it, as they and we operate with the same tools. In one word, we do well to go forward uninterruptedly in the beaten path. Then our enemies will not be able to reproach us with having nothing fixed — no normal standard." Thus he wrote in 1829. In 1831 he rather snubs his amateur admirer, Graf Korsakoff, who wrote in an ecstatic manner about his fancied discovery of the power of much more highly attenuated medicines than Hahnemann recommends. Hahnemann says he does not doubt that these higher attenuations act, but he advises his followers to stick to the 30th dilution, at least for the present. In the last edition of the *Organon* (par. 287 note), he alludes to, but does not recommend, dilutions as high as 60, 150, and 300. He says these are only slightly inferior in power to the 30th, but their "action always appears to last a shorter time." In his last work, the second edition of the *Chronic Diseases*, he recommends the 30th dilution as the highest it is advisable to give, but he does not confine himself to that dilution, but says that when it is advisable to repeat the dose, that should always be done in a *lower dilution*. Thus, if we have commenced with the 30th, we should next give the 24th, then the 18th, next the 12th, and lastly the 6th dilution (I. p. 106). In the same work he recommends as the dose for petroselinum a drop of the fresh juice, and as that for nitric acid the 6th dilution.

Hahnemann's instructions, relative to the repetition of the medicine, were at one time to wait till one dose had exhausted its action, which might be days or weeks, before giving another dose, or rather another medicine, for he taught that the disease would have been so much altered in its character that the same medicine would no

longer be homœopathic, and another would be indicated. Next, in 1835, as we have seen, he said the medicine might often be repeated with advantage, but the succeeding doses should be in a lower dilution. In 1837 (see preface to third part of *Chronic Diseases*, second edition) he altered his mode of procedure, and gave the medicine in solution in divided doses — in chronic diseases one dose every two days, or more generally every day; in acute diseases, every six, four, two hours, or every hour or half-hour. But as he had previously taught that the vital force could not bear the repetition of the medicine in the same potency, the successive doses must have their potency altered by shaking the phial containing the solution with five or six smart jerks of the arm before each time of taking it. In this way, he says, "the same medicine may be administered with the best results, an incredible number of times." After the solution has been exhausted and the same medicine is still indicated, it should be given in the same way, *but in a lower potency*. In cholera the suitable remedy should be given at much shorter intervals than the above, even as often as every five minutes. He also recommends the medicine to be rubbed in externally on a sound portion of the skin once a day, preferably in the evening, before going to bed.

That Hahnemann in the latest period of his practice occasionally employed the lower triturations is evident from one of the cases from his note-book, which I have given in the *Lesser Writings*, where he prescribed the 3rd trit. of merc. sol., and also from the facsimile letter I published in the same volume, in which he requests Dr. Lehmann, of Coethen — who, as Lehmann himself informed me, prepared all his medicines for him — to send him the 3rd trituration of sundry medicines, of which he encloses a list.

The self-styled Hahnemannians may, for aught I know, occasionally give their medicines in potencies as low as, or even lower than, Hahnemann prescribed them, but they seldom publish cases where they give lower attenuations than the 200th, more frequently the 1,000th, 10,000th, 100,000th, or even millionth; or, to speak more correctly, preparations which they designate by these numbers, on the authority of Jenichen, Swan, Fincke, and other manufacturers of these so-called "high potencies," each of whom has his own method of preparing them, which differs from that of his rivals, but which is most certainly not Hahnemann's method.

The "high-potency" craze only broke out among homœopaths after the death of Hahnemann. Had it appeared during his lifetime I am sure it would have met with his disapproval, as it is diametrically opposed to all his teachings; and it is evident from a comparison of the last edition of the *Chronic Diseases* — his latest work — with the first, that he inclined in his later years to give his medicines less, rather than more, highly diluted, and to recommend much more frequent repetition of the dose than he had previously thought advisable.

I have thus, I think, shown conclusively that the practice of the self-styled Hahnemannians differs in every essential particular from that taught by Hahnemann.

Hahnemann distinctly says that the homœopathist must not be guided in his selection of the remedy by what are termed "clinical symptoms." The Hahnemannians do not object to take their "keynotes" from this source.

Hahnemann adopted as his standard highest potency the 30th dilution, and disapproved of pushing the dilution further. The Hahnemannians use much higher attenuations — all degrees, indeed from the 200th to the millionth — or at least, they assert and believe that their preparations are correctly designated by these figures. But they carry their disregard for Hahnemann's wishes for uniformity still further by using dilutions prepared in different ways by different manufacturers;

and so, in a matter in which Hahnemann desired that all practitioners should act alike, so that the experience of one might be available to all, there reigns inextricable confusion.

Those of us who practise Hahnemann's system with modifications suggested by experience and reflection, which we imagine, perhaps mistakenly, to be improvements, do not announce ourselves as Hahnemannians or bestow on those who differ from us uncomplimentary epithets. The liberty we claim to ourselves in judging of Hahnemann's teachings we freely accord to others, but at the same time we decidedly object to those who have departed further than ourselves from Hahnemann's rules putting themselves forward as the faithful interpreters of Hahnemann's views. If we prefer the decimal scale of dilutions to the centesimal, we do not pretend we are carrying out Hahnemann's directions. If we give lower dilutions than the 30th, we do not say we are thereby showing our adhesion to the *verba magistri*—though on the subject of doses the *magister* had many different *verba*, and we would cite his very last instructions as his authority for giving medicines not only in lower dilutions than the 30th, but also for repeating the medicinal dose "an incredible number of times." If we occasionally prescribe medicines from clinical symptoms only—*ab usu in morbis*—we acknowledge that Hahnemann was dead against that method; and if we sometimes even give medicines from pathological indications only, we do not parade such cases as "Hahnemanian homœopathy," nor boast that we are treating our case on "Hahnemannic principles."

Hahnemann has laid down distinct rules for the preparation of his medicinal dilutions. Who are Jenichen, Boericke, Lehmann, and the rest, and what have they done for homœopathy, that we should at their bidding, reject all that Hahnemann taught on the subject, and adopt their impure, novel pharmaceutical methods in place of Hahnemann's pure, simple, and well-tried plan? Probably these high-potency manufacturers know that they would get no custom for their wares if they advertised them in their own names as something quite different from Hahnemann's preparations, so they announced them as a development of Hahnemann's method, and assured their customers that by employing them they would show themselves Hahnemannians *par excellence*, and the result shows that they knew their men, and that these did not know their Hahnemann.

The practice of these self-styled Hahnemannians may be a great improvement on Hahnemann's practice, it may be everything its professors claim for it, but it is certainly not according to Hahnemann's teachings, and its practitioners have no right to call themselves Hahnemannians except on the *lucus a non lucendo* principle, which has never yet received a scientific sanction. That those whose practice is so widely different from, so directly opposed to, Hahnemann's teachings, should call themselves Hahnemannians, and really believe that they are his only true followers, shows that Hahnemann has already become a myth or legend, and that practices and doctrines he never taught, and which, indeed, he more or less explicitly denounced, are attributed to him by those who profess to hold him in extreme veneration. I would recommend to these inconsistent disciples, who honor the name but despise the teachings of the master, a course of reading of his works, chiefly the *Organon*, the *Materia Medica Pura*, and *Chronic Diseases*, in their latest editions, feeling assured that if they give these works serious study they will see how opposed their practice is to Hahnemann's teachings, and will cease to call themselves Hahnemannians; and possibly they may then leave off calling unpleasant names those whose practice has not gone quite so far astray as their own, from Hahnemann's.

DRESS REFORM FOR WOMEN—the question discussed by our Boston Society at its last meeting for the season—is a question of perennial interest, and one which seems as far as ever from being settled. Yet it is true that certain advances have been made toward a solution of it, in the last few years; and it is by comprehending and following the lines along which this advance has been made that, alone, the reform can be helped forward. The secret, as hinted at in such study, is simply the combination of the beautiful with the hygienic, in the dress of women. An instance of this is the graceful garment, known, we believe, — but we speak tentatively and under correction, — as the “tea gown,” which has attained such popularity of late. Its long, flowing lines combine, to a delightful degree, the artistic with the healthful, at once pleasing the eye, and allowing entire and unconstricted freedom of motion. When gowns are discovered which, for wear on other occasions, match the tea-gown for beauty and comfort, the question will be triumphantly solved. We make bold to say that all the diatribes ever said or printed against the folly and wickedness of women, in persistently clinging to hurtful modes of dress, will be of less practical use than one single, substantial prize, — say \$500,— to be offered by some society or individual having this matter much at heart, for a set of designs for gowns to meet the various exigencies of the feminine toilet, from business and street uses, to ball-room wear; said gowns to satisfy a jury of physicians as to their safety and comfort, a jury of artists as to their grace and comeliness, and, — as “critics on the hearth” remind all masculine theorizers on such matters,— a jury of dressmakers, as to the practicability and reasonable expense of their construction. Ingenuity can solve any problem for whose solution a sufficient prize is offered; and we believe ingenuity, bribed to the effort, would certainly furnish designs to meet all these requirements. Nor do we believe gowns made on such designs would fail of popularity. Women have no objection, we should fancy, to being comfortably dressed, if they can be beautifully dressed, as well. The secret of the comparative failure of so-called dress reform, up to date, lies in the extreme ugliness of most of the costumes offered by the reformers. It is not

their oddity and conspicuousness *per se* that offend, — it is their conspicuous lack of grace and beauty. Women are pointed to the Venus de Milo as the model of what a lovely feminine figure should be; but, as before the modern woman can appear in public in the costume of the Venus de Milo, the North American climate must be reformed, and Mr. Anthony Comstock obliterated, and as the Venus de Milo, fitted *sans* corset to the average modern gown is, it must be candidly admitted, simply a guy, encouragement to cultivate the figure of the Venus de Milo must take the form of inventing costumes in which such a figure is a thing of beauty and grace. These inventions once perfected, the road of dress reform for women will, we venture to predict, become an open one, and well-travelled.

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A BIT OF SPREAD-EAGLE RHETORIC of a very droll sort, is found in an address lately delivered to the graduating class of an old-school medical college in the South, by a professor who shall be nameless. So far as we can penetrate its sense, with eyes dazzled by its kaleidoscopic metaphor, it is a warning to the newly graduate against "sectarianism," which, being interpreted, is homœopathy. The better way is pointed out in language so uncommon, so corruscatingly splendid, that we may be pardoned for taking leave of the "silly season," in journalism by reproducing the concluding paragraph :

"Ah, brilliant young man out there, I want to fire your ambition — I want to help you grow out of all the clothes that have been cut for you. I want you to grow so large that they can't label you — so hugely great that nobody's label will go half-way round you. With no malice toward homœopathy, no prejudice against eclecticism or any other school, let us to-night launch out upon the ship of modern freedom — the swan-necked goddess of reform — out of whose starry eyes the light of tolerance and liberty is beaming. Let's have no intolerant sentiment penetrate her throbbing heart, no dogma furrow her brow. Let's have no beclouding creed circumscribe her; but as she glides upon the placid waters, let her boundaries be the silent stars above and the limitless universe around, and may nought hover o'er her save the angel of truth, from the arch of the sky."

## COMMUNICATIONS.

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"IT MAKES SOME DIFFERENCE WHOSE BULL IS GORED."—  
A PROTEST.

Ringer, Phillips, and Brunton have been lately held up as literary bandits, and to their number has lately been added one Dr. Aulde, "whose last utterances give evidence of such impudent assurance that we feel ourselves unable to remain silent," says the *Hahnemannian Monthly*, of August, 1890. The indignation of that journal is quite in order, because Dr. Aulde claims to have introduced arsenite of copper into practice, without giving credit to the homœopaths from which he took it. But when the same "*Hahnemannian*" commits literary plagiarism by publishing under a new name somebody else's method of revising the materia medica, it at the same time makes itself guilty of the offense of Aulde.

C. WESSELHOEFT.

## ACONITUM NAPELLUS IN PARESIS OF THE HEART.\*

(A personal experience.)

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

About Dec. 20th of last year, La Grippe struck Montreal. It attacked in force, and at once many thousands were prostrated. The homœopathic practitioners had more than their share of patients, and, if possible, more than their usual success. But the work was wearing, and began to tell on all of us.

Personally, I got along very well indeed, and on the morning of February 6th, I got up at five o'clock, feeling quite well. I descended to the library, and following Constantine Hering's excellent rule, I began the day by reading materia medica. Then I wrote part of an article on the therapeutics of La Grippe, and at seven o'clock I went upstairs to bathe and dress. The morning was very cold, and the maids were still abed, so that the water in the hot-water pipes was almost as cold as ice. But I went into the water, and thoughtlessly lay in it for quite a time, certainly for ten minutes.

Then began a strange feeling in the heart, a tingling pain, mingled with numbness and accompanied by convulsive throbs,

\*Attention is hereby called to the fact that our late colleague, Dr. Nichol, did not live to complete this paper. It is given, however, in its unfinished state, because of its vivid picture of cardiac failure, and because of its grand testimony to the unwavering, honest faith of our friend in the efficacy of the single remedy, applied in strict accordance with homœopathic principles.—ED. GAZETTE.

alternating with spells of standing quite still. I at once got out of the bath, I found, to my consternation, that rub as I might, I could not get my hands and feet warm. Both extremities remained cold and blue and shrivelled; the hands especially recalling the ill-omened hands of the cholera patient. The heart grew rapidly worse, lying quite still and motionless for several seconds at a time, and I quite realized that it was overtaken by paresis.

With as little exertion as possible, I slipped on some clothes and walked as quietly as I could into the sitting-room. By this time the household was fully alarmed. I directed one grain of the third decimal trituration of the root of *aconitum napellus* to be dissolved in twelve teaspoonfuls of water; of this I was given a teaspoonful every five minutes. As auxiliary measures very hot flannel cloths were applied to the heart and also to the hands, and at intervals the hands were briskly rubbed. The feet were placed in bath-tub of hot water.

In spite of all these measures, the depression continued. The heart would stand still for eight or ten seconds, with a dull, numb pain alternating with a tingling pain, then very slowly begin to act. The coldness of the lower extremities spread rapidly upwards till it reached the upper part of the thighs. So with the upper extremities; the death-like coldness soon reached the shoulders, while the radial pulse was at times a faint flutter, at times altogether absent. When the heart stood still, I gasped, open-mouthed, for breath, with a blue and swollen face. Eye-sight began to fail, and I saw the most familiar objects through a thick mist. An ominous roaring filled the ears, and the most familiar voices sounded as if they came from a great distance.

Still the aconite was given with unflinching regularity, though apparently without any very marked effect. At the same time we persevered in the auxiliary measures already referred to, and, ill as I was, I knew enough to observe that cardinal rule in heart-failure — *absolute* repose. I felt assured that if I had but lifted my hand above my head, I would have died there and then, and on reviewing the case, I am still of that opinion.

The coldness of the extremities increased, while at the same time it extended towards the trunk of the body, which felt quite cold. The pulse became weaker, and more irregular, for the heart stood still more frequently, and only resumed its languid movements after a long rest, during which I was *dying*. Sight had been gradually growing dimmer and dimmer, and at this stage I could see nothing. Hearing was wholly obscured by the roaring in the ears. Thought was almost non-existent, save that the Christian verities seemed more real and more true than



ever. Memory had almost passed away. Finally I fell back, unconscious.

When I revived, I found that though the death-like coldness still continued, the heart-beats were stronger and more frequent, though the terrible dyspnoea was but little abated. The radial pulse was a trifle firmer, and though it still intermitted, these intermissions were not as long as they were. I still saw as through a veil, and the roaring in the ears still continued. Thought was prostrate.

But still I was safe. Safe because the exact *simillimum* was persistently given, singly and alone, aided by the well-tryed auxiliary measures, which, in my opinion, it would be criminal to neglect.

Very slowly I progressed towards health and strength. On February 24th I was able to go to Philadelphia, where the balmy climate and congenial society materially aided in the cure. But the heart remained weak for nearly two months, and sight and hearing came around very slowly.

Why was aconite given instead of some other remedy? Why did I not give camphor, or arsenicum, or veratrum, or secale? Simply because, though these undoubtedly are remedies for cardiac paresis, they are but seldom indicated, and as a life-long student of our materia medica, I *knew* that they were not in the least indicated in this particular case. Even the old school, no longer shrouded in Cimmerian darkness, quite understand that aconite will paralyze the heart, though with their *wooden idea of therapeutics*, they make little or no use of their knowledge.

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*FIBROID TUMOR OF THE UTERUS, WITH PREGNANCY. REMOVAL OF BOTH OVARIES, WITH UNINTERRUPTED PROGRESS OF GESTATION TO FULL TERM.*

BY S. E. SYLVESTER, M.D., PORTLAND, MAINE.

As I read the report in the GAZETTE for July, of the removal of a fibroid tumor from the pregnant uterus, by Drs. Hedenberg and Packard, I thought I would report a case that came under my observation about two years ago. Evidently these cases are extremely rare, as Dr. Packard remarks "As far as I am able to learn, this case is unique in the history of surgery. I can find no record of such a curious combination of fibroid tumor and pregnancy, nor of removal of such a tumor from the pregnant uterus, without interruption of the process of gestation."

Mrs. B—, aged about thirty-nine years, came to my office

with the following history: Had been married fifteen years, never pregnant, always enjoyed good health, menstruation regular and normal until the two previous months, when the menses had not appeared. She had noticed considerable enlargement of the abdomen, especially upon the left side, where there appeared to be quite a large "bunch." There were no subjective signs of pregnancy.

As the bowels were constipated, I directed a cathartic to be taken, before making an examination, with directions to return to my office as soon as the bowels had been thoroughly evacuated. She came the next day, when I made a thorough examination, and found what appeared to be a tumor, about the left side of the uterus. It was hard and non-fluctuating. I informed her that she, in all probability, had a fibroid tumor, and was not pregnant. A few days after her last visit to my office she consulted one of the surgical staff of the Maine General Hospital, who informed her that she had a tumor, was not pregnant, and advised laparotomy at once. After consultation with other members of the surgical staff, and the diagnosis being confirmed, she readily consented to the operation. Upon opening the abdomen, it was found that there was a large fibroid tumor upon the left side of the uterus. As the tumor could not be removed, both ovaries were removed, with the hope that the tumor would not further increase in size, but diminish. She made a good recovery from the operation, but it was soon found that the abdomen was increasing in size, and giving her considerable discomfort, so that she again called upon me for a prescription. I gave her some *nux vomica* 3x, which gave relief. I did not then suspect pregnancy, and saw no more of her for a time. The abdomen continuing to increase in size, she at last consulted one of our most distinguished gynecologists, who informed her that she was pregnant, and would be confined in less than a month. This woman was delivered of a child at term, weighing eight pounds. As the delivery was instrumental, the child was still-born. She made a good recovery, and is now about town, and in her usual good health.

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TEST FOR THE PURITY OF WOOLLEN GARMENTS. — According to the *Sanitarian*, the genuineness of woollen clothing may be tested by placing a small fragment in caustic soda, which quickly destroys animal fibres, but has no effect upon those of vegetable origin. If the article is all wool it will be completely dissolved; if it has a groundwork of cotton the latter will remain. — *Med. News*.

BENZINE FOR THE REMOVAL OF SMEGMA. — For cleaning off smegma, and greasy applications used in treating balanitis and similar conditions, there is nothing equal to benzine. The application is painless and it cleans the surface without rubbing. It also seems to have a curative effect upon ulcerations. — *Canada Med. Record*. — *Med. Rec.*

## REMARKS ON NEPHRECTOMY, WITH A CASE.

BY H. A. WHITMARSH, A.M., M.D., PROVIDENCE, R. I.

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

The history of nephrectomy is not less interesting than that of ovariotomy. Graver in certain respects, in that the operation has to do with organs essential to life's functions, and less accessible either for diagnosis or extirpation, it has come later onto the stage as a recognized procedure, and even now is by some noted operators restricted in its application to a limited class of cases. While McDowell, of Kentucky, performed the first premeditated ovariotomy in 1809, it was not until 1869 that Gustave Simon, of Heidelberg, had the honor of performing the first intentional nephrectomy. And surely then "old Lawrence" could no longer rejoice that "the kidney was beyond the reach of surgical interference." In the light of known progress, what part of our complicated machinery, think you, *will* remain beyond the reach of surgical ministrations? Removal of the ovary is counted by thousands, while that of the kidney is just reaching the hundreds. The sum total for the first ten years averaged about three a year. Three years later, in 1882, Harris<sup>1</sup> had tabulated one-hundred cases. In a clinical lecture, in 1884, Billroth mentions the number as 150. In February, 1885, Baum collected seventy-two in addition to those of Harris, and September, 1888, sixty-three more, making a total of 235. Still later, by Newman, Thornton and others, the number has grown to 300, and more.

It is interesting to follow the development of this operation together with the discussions and controversies arising from questions relating to its details.

*First*, What are the indications making extirpation justifiable?

*Second*, Should the incision be lumbar or abdominal? And if lumbar, should it be vertical, in the line of the edge of the quadratus lumborum, or from the rib to the middle of the crest of the ilium (Weir); or should it be transverse, and parallel to the rib? If abdominal, should it be median, at the outer edge of rectus in the linea semilunaris (Langenbuch), or even farther out?

*Third*, Need the vessels be ligated separately?

*Fourth*, What should be done with the ureter?

*Fifth*, How, in the abdominal method, should the retroperitoneal cavity be treated, and how best drained, when necessary?

The difficulties attending my single case, together with its bearing on some of these questions, would seem to render it

<sup>1</sup> American Journal of Medical Sciences, July, 1882.

worth reporting. Again, perhaps, the time has not passed when every case should be recorded, and thus be doing its share in the general statistics.

*Case.* Mr. J. D., aged about 32, naturally robust, had been ill several months. Gave a history of loss of appetite, nausea, chilliness, rise of temperature, pain and tenderness in back and right abdomen. Had lost gradually in flesh and strength, and was pale and weak. He came under my care March 4th, 1889, when I found a swelling in right abdomen, extending left, to or beyond the umbilicus, and well downward to the ilium; sensitive to pressure, and smooth but firm to touch; not easily separable from liver dullness by percussion. In spite of great tenderness, I thought I detected fluctuation on deep pressure. Pus was present in the urine, the microscope revealing also a few spheroidal cells, but no casts. Urine was acid, and pus quite abundant. Diagnosed pyonephrosis. To confirm this I aspirated, and secured a pint of foul, greenish pus, with urinous odor, and showing microscopically the spheroidal cells found in the urine. No bad symptom followed, but rather relief. The pus disappeared from the urine forthwith. In thirty-six hours it contained neither pus nor albumen, and was otherwise normal. Thus came the important indication that the left kidney was intact. The sac slowly refilled, so that April 6th, Dr. Finch assisting, I performed nephrotomy, using nearly the transverse incision of lumbar colotomy. Explored readily the cavity, finding it smooth, with no trace of stone. Irrigated thoroughly with carbolic solution, stitched sac to edges of wound, and drained with two rubber tubes. Temperature dropped to normal at once. Nausea was slight, and patient passed a comfortable night.

April 7th. Temperature, A.M., 97.4°; P.M., 99.6°. Pulse, A.M., 84; P.M., 100. No nausea, but little pain; has taken considerable bovine milk; dressing changed.

April 8th. Temperature, 5 P.M., 99.2°; pulse, 92. More comfortable; discharge abundant. From this time patient steadily improved for three weeks, gaining marvellously in flesh and strength, and was apparently nearly well.

April 28th, however, some chilliness, with sweating, occurred. Evening temperature, 101.5°; pulse, 120. Tissues about the wound were hard, while the discharge bore an unpleasant odor. Tumor also was seen to have increased again in size, and to be tender to touch. Supposing that drainage was becoming insufficient, I enlarged the opening, dilating the sinus to secure free discharge. Succeeded in part, as the wound appeared better, and odor improved. But,

May 3d, I noticed the sweetish odor to the breath observed

in pyæmic conditions. Still appetite continued good, and patient was apparently holding his own. Suffered little or no pain. Evening temperature was normal, or nearly so. Pus in urine in small amount.

May 21st, chill.

May 22d, another chill. Temperature, 101.6°. Condition, however, improved again, but with occasional warnings of mischief brewing.

May 31st. Patient was removed to our R. I. Homœopathic Hospital for nephrectomy. This was decided on, because in spite of flattering promises of gain, he was evidently losing ground. Appetite gone, and courage giving way.

June 3d, 1889, the operation was performed, with the aid of Drs. Green, Hayes, Finch, Stone and Wood. The lumbar method was selected to utilize the sinus already existing, because the size of the tumor seemed to admit, and especially because of the septic discharge. The old line of the nephrotomy was followed and enlarged as required. The kidney was easily reached and enucleation begun. It was soon apparent that the adhesions were very firm, and that progress at this stage must be slow. The kidney itself was friable, easy to rupture, and withal so irregular as to make it difficult for the fingers, unaided by sight to be sure of the path. Again I feared most of all, to tear the peritoneum, yet succeeded in making at the last, quite a rent. Limited space in which to work aided in this, as also its intimate union with the capsule. Ureter and vessels were ligated without attempting to separate, but still in two parts, as indeed, the kidney itself was removed in two parts. When these were inspected, they appeared so much like two kidneys, that the question was asked whether one was not the left organ also, but misplaced. And you will notice in viewing the specimen, that one portion alone would make a very good kidney in itself. Hemorrhage throughout was slight. The abdominal cavity was well irrigated with weak solution of bichloride. The rent in peritoneum closed with continuous catgut suture. As some oozing of venous blood continued, the wound was packed with iodoform gauze, partially closed, and dressed further with bichloride gauze, absorbent cotton, and binder. Time of operation, three hours.

Three to four hours after operation patient died from shock. Autopsy next day revealed the left kidney in normal position, somewhat enlarged but apparently healthy.

The gross appearance of the tumor after removal was much as you see it now, a sacculated, distorted organ, having six or eight abscess cavities, the two portions resembling two kidneys more than one. The colored string marks the original

nephrotomy opening through which the main sac, formed by the pelvis of the kidney, was drained.

Here, then, is a case interesting as to the directness with which a diagnosis could be made; unique especially in declaring the state of the other kidney through aspiration of the cyst. Now comes the query, was this a simple pyonephrosis, and was I, at the time of the nephrotomy, dealing with a single cyst formed by the dilated pelvis? Or were the other abscesses already present, but latent? I still believe the former theory correct, and that these smaller abscesses were secondary, constituting the relapse, as indicated by chills and sweating and rise of temperature, May 21st and 22d. In either event it is to be regretted that the condition of the patient did not warrant a nephrectomy instead of a nephrotomy on April 6th. It may be easy to evacuate and successfully drain a simple abscess of cellular tissue, but I believe it much more difficult to accomplish this in a kidney. At least in this case, frequent and faithful syringing with bichloride, permanganate and carbolic solutions, did not prevent a final infection of the surrounding tissues, and the substance of the kidney itself. Weir<sup>1</sup> expresses a similar feeling in relating a nephrotomy performed in 1878, the patient dying from suppurative phlegmon. As the technique improves and mortality diminishes, the programme will not so often be nephrotomy first, and then nephrectomy; but suppurations probably destined to final removal will be at the outset considered with this in view. More or less adhesion must result. We cannot tell how extensive this will become, so that the theory that nephrectomy is simplified by nephrotomy, may often prove a delusion and a snare. Nephrotomy has only about twenty-five per cent. more recoveries than nephrectomy, and for scrofulous kidney, the percentage is the same for both.<sup>2</sup>

The mortality of any new operation is generally high. Men are naturally averse to venturing readily upon it, and wait too long. It is on the mortality that the progress of an operative measure hinges, hence we are not surprised to find the discussions of past years conservative in tone.

Harris gives mortality in 1882 as 45 per cent. Billroth in 1884 as 47 per cent. Weir, 1885, 50 per cent. Gross,<sup>3</sup> 1885, 233 cases, as 44.6 per cent. Newman<sup>4</sup> gives, 1888, 268 operations with 94 deaths, 35.2 per cent.

Sixty-three unselected cases presented by Harris<sup>5</sup> give an interesting summary. Forty-four recovered; nineteen died, or

<sup>1</sup> N. Y. Medical Journal, 1884.

<sup>2</sup> Greig Smith's Abdominal Surgery, p. 559.

<sup>3</sup> American Journal Medical Sciences, July 1885.

<sup>4</sup> Surgical Diseases of Kidney.

<sup>5</sup> Medical and Surgical Reporter, Sept. 29, 1888.

30.16 per cent. Thirty-four were lumbar, of which nine died; twenty abdominal, of which four died, a difference of more than six per cent. in favor of abdominal method. Of these sixty-three operations, nineteen were done in this country, although out of the 100 reported by this author in 1879, but ten had been performed in the United States.

The indications for nephrectomy grow as mortality decreases. In 1884 Billroth had concluded that only suppurations and neoplasms were suitable for it, and Weir, in his excellent article,<sup>1</sup> after stating the record that the average duration of life, after operation was two years, while without operation it was two-and-a-half years, concludes that neoplasms might well be excluded.

A discussion in the Medical Society of London, (H. Morris), would make nephrectomy justifiable in

1. Wounds of kidney, with urgent symptoms.
2. Cystic, pyo- or hydronephrotic kidneys, if large, and nothing but cyst-wall is left.
3. As secondary to unsuccessful nephrotomy.

But not indicated in, 1, floating kidney; 2, cancer; 3, tuberculosis.

Of the nineteen cases reported from this country, 1884 to 1888, but five died, a very creditable showing.

It is worthy of note that last year, (Lancet 1889, 1, 734), Thornton condemns nephrotomy as preliminary to nephrectomy, and illustrates by six cases. And Lucas, though opposing him on method still, declares that "in kidneys with hydronephrosis, he was sure that *nephrotomy* was *wrong*, and *nephrectomy* was *right*."

As to details of operation, it seems unnecessary to ligate vessels separately. The treatment of the ureter however, has been a cardinal point with Thornton, who insists that it is better to stitch or pin it outside of wound, whatever its site may be, regarding it a measure of safety even in lumbar method. This certainly would commend itself where its canal is a pus-secreting surface.

Spencer Wells suggested stitching peritoneum, to separate the retroperitoneal cavity in abdominal method, but this seems hardly necessary, and would it not be better to drain, if need be, even through a special lumbar incision, as done by Boothby, and quoted by Weir?

Is not the abdominal method growing still in favor, and the incision of Langenbuch to be preferred? We know that in 1885, Czerny had operated at least eighteen times, and strongly advocated the lumbar incision. Lucas, likewise, and Weir following.

<sup>1</sup> N. Y. Medical Journal, Dec. 1884.

Also, (Phil. Medical Times, Feb. 21, 1885,) Baum gives sixty-two cases, of which forty-four were abdominal, with twenty-five deaths, and eighteen lumbar, with seven deaths. But it must be remembered that many of the abdominal cases have been treated under erroneous diagnosis, where nephrectomy was not expected to be performed. And Weir himself reports thirty or more cases of which fully *one third* were thus performed. Further, the abdominal incision has been selected in large and complicated tumors where the lumbar would hardly do at all.

Without wearying you with further discussion, I would call attention to Martin's early and brilliant success by the abdominal method, and suggest a few points in favor of it.

- 1, It allows more room to work, and thus
- 2, Is suitable to all kidney troubles, large or small.
- 3, Gives better command of the vessels and ureter, with better exploration of the latter.
- 4, Generally can be made an aseptic operation.

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#### HOMŒOPATHY VERSUS SPECIALTIES.

(For the New England Medical Gazette.)

Never was there a time when the real physician (the homœopath) needed a mental balance-wheel as the present, when new "ologies" are springing up, to tempt the medical student from the study of the *materia medica*, and the application of the *similia*. Allopathy is holding forth its lures, enticing the unwary into the trial of their new contrivances to abbreviate human life.

Gynecology,— with its bag of polished instruments, subjecting the sex to tortures only rivalled by the Spanish Inquisition,— numbers its victims by the thousand, and gives to the homœopathic practitioner his hardest cases, to remedy the diseases of art, and restore to a normal condition the mothers of our children. To the gynecologist, no normal condition exists, the total depravity of the weaker sex forming an undoubted article in his creed. One may well ask, How did the mothers of the former generations manage to bring into the world, and train the large families of children, once the hope and glory of our country? And how is it that in villages where the "regular" and the homœopath labor side by side, the latter has in his treatment of female disorders "all the easy cases"? From recent extravagant articles in magazines, one may well expect that diseases of the lower extremity of the *primæ viæ* will soon develop a "*rectology*," for already the instrument-box of the professional seeker



for "pockets," "papillæ," "fistulæ," "fissures," etc., nearly rivals the bag of the gynecologist.

Some years since, in a populous village not far from Boston, appeared a specialist in pursuit of tape-worms. In a few days, the appearance of the small-pox would have excited less alarm, for it seemed that no family whose members suffered from weakness or chronic disease, was exempt from the visitation of this terrible parasite. The yards of such "linked sweetness long drawn out," he was able to show the patient subjected to his treatment, were sufficient to convince the most sceptical!

All of us understand how invaluable to the medical profession is the possession of a liver by the large majority of patients. The fact that no mortal can disprove the assertion that this organ is to blame, places the doctor on safe ground. Then what gain to professional prestige the ability to discern the aberrations of a viscus no eye has ever seen! But just now allopathy has triumphantly brought forth a weapon which never fails, as a true microbe destroyer. This last is the old and new apparatus for washing out the stomach. We may expect that the time is at hand when the stomach-pump will be found on every toilet table, and when one cannot sit down to break his fast until a thorough ablution of the stomach has preceded it.

The hearse bearing the body of a young woman to its last resting place has passed the abode of the writer. She was a victim of tuberculosis pulmonalis, her last days rendered more painful by the frequent washing out of the stomach,—the attendant asserting to the last that he could thus cure a gastritis, "her only disease."

Now, no intelligent physician doubts that diseases of the rectum — piles, pocket, fistulæ, etc. — are occasionally met with, piles of course the most frequent, or the influence of these on the general health, just as we now and then find a tape-worm, yet should it never be forgotten that such abnormal growths are not the *disease*, that parasites fatten on an already diseased mucous membrane, and these other growths are the *result* of some morbid force which has invaded the system. Overcome by the real simillimum, the evil "dynamis" and such growths, fall off and disappear. Homœopathy has already lessened the domain of surgery, and as it perfects its materia medica, is destined to diminish its field of operations much more.

LYMAN CHASE, M.D.

Kennebunkport, Me., July 24, 1890.

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A DEFINITION. — "Papa, what is an agnostic?"

"He is a man who says he don't know anything, and lectures on it. — *N. Y. Sun.*

ON THE CLINICAL SIGNIFICANCE OF OXALATE OF LIME AS A  
URINARY SEDIMENT.

BY WILLIAM L. JACKSON, M.D., BOSTON, MASS.

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

At the request of the chairman of this bureau, I have prepared a paper for your consideration, which is rewritten from one read before the Hughes Medical Club, two years ago. I have long been interested in this subject, even so far back as my second year of medical study when I discovered oxalate of lime and traces of albumen in my own urine, and made up my mind, as medical students are apt to do, that my days were numbered. Since I have been in practice, and particularly during the past few years, I have encountered many peculiar cases, cases which completely puzzled me, and which, in spite of careful study and selection of the remedy, baffled all my attempts to cure. It is my custom in all difficult cases to carefully examine the urine and, although I recognized the characteristic oxalate of lime crystals, still the connection between their presence and the general symptoms only slowly dawned upon me. Finally, I ascertained that these crystals were nearly always to be found in the urine of patients suffering from a certain combination of symptoms, and at last I was able to predict with considerable accuracy that in the urine of a patient complaining of these symptoms, the characteristic sediment would be found. I then began to record the symptoms of these patients, and before long I had collected twenty-five well-marked cases, an analysis of which I will presently give you. Since reading the paper before the Hughes Club, I have had many more cases of which no notes were taken, but which have served to increase my feeling that this is a very frequent condition, and one which is often over-looked. As I have already said, these cases which I have analyzed were all clearly marked, not those where the crystals were temporarily found, but where they have persisted for a considerable time, and were in large amount. Some of these patients have been under my observation for several years, and will occasionally have relapses of the old trouble whenever they become careless in their diet. Starting out again in the treatment of these cases, with knowledge which I have acquired, my success has been all that could be desired, and instead of meeting these symptoms with dismay, I now experience a positive pleasure, as one might in encountering an old friend.

Other observers have been over the same ground that I have travelled, and have written extremely interesting articles upon

this subject, but these articles I have only recently read so that I can truly claim originality in discovering the relationship between the group of symptoms which I will presently enumerate and the presence of oxalate of lime in the urine. Prout, in 1840, and Golding Bird, in 1842, were the first to show this relationship. In 1874 Murchison in his Croonian Lectures goes into this subject most fully. In the American Journal of Medical Sciences, Oct. 1881, Dr. J. M. DaCosta; in the New York Medical Journal, Jan 16, 1886, Dr. Landon Carter Gray; in the Medical Record, Jan 16, 1886, Dr. Dana; in the New York Medical Journal, May, 1885, Dr. J. W. Putnam; and still later Dr. J. W. Dowling of New York, in a paper read before the Pennsylvania State Homœopathic Medical Society, have greatly added to our knowledge of this rapidly increasing malady, which has recently received the name, American gout.

A point which I desire to bring out in this paper is the similarity of the diseases called oxaluria and lithæmia, which terms, to my mind, are not satisfactory, inasmuch as they do not fully express the pathological condition present. There may be uric acid in the blood, and there may be oxalate of lime in the urine, but they have a common cause, namely, imperfect oxidation of tissue, and therefore I claim that the names applied to the disease are deceptive. I do not feel ready to suggest a more appropriate designation, but hope that someone else will do so. Ralfe, in his "Kidney Diseases," makes a distinction between the two conditions, and claims to be able to recognize the one from the other by their symptoms, but in the series of cases which I have collected, I found the sediment of oxalate of lime and uric acid occurring in the same patient, and sometimes alternating, as I examined the urine at different times. It is universally conceded that they have a common cause, and if this is a fact, why do we need to apply a separate term to each symptom?

Oxalate of lime may make its appearance in the urine as a result of one of the following conditions: Calcic oxalate is an ingredient of many fruits and vegetables, such as rhubarb, sorrel, tomatoes, onions, turnips, currants and strawberries. When these substances are taken into the stomach, the oxalates, being soluble in the fluids of the body to a certain extent, are taken into the circulation, and are finally eliminated by the urine, at a no very distant time after their ingestion. The appearance of the crystals in the urine after such diet is normal, and should not be mistaken for cases having a different origin. In the retrograde metamorphoses of tissue which takes place in the system, the nitrogenous, saccharine, amylaceous and oleaginous principles of the food are finally converted into their lowest

forms by oxidation, and are removed from the body as water, carbonic acid, and urea. Whatever interferes with this process of tissue change, as insufficient oxidation, a weakened power of the organs concerned in this transformation, or a supply of these articles of food in excess of the needs of the body, and of its power to assimilate such food, will cause intermediary products to appear in the circulation, which, when greater in amount than the system can tolerate, causes a well-marked train of symptoms, and is associated with the appearance of an abnormal amount of oxalate of lime and uric acid in the urine. This elimination of these intermediary products of oxidation is a physiological process, but when we find it increased in amount and continuing for some time, then it becomes pathological, and we need to inquire into the cause, and to remedy it at once, for if it be allowed to go on unchecked, we shall find sooner or later, serious changes in one or all of the nervous, circulatory or excretory organs. In excessive tissue metabolism, when the power of the system is inadequate to fully oxidize the increased amount of substance thrown into the blood, as during the course of most febrile diseases, in diseases of the heart and lungs when respiration is impeded, in disorders of the hepatic functions, and in depressed states of the nervous system, in these conditions we find oxalate of lime in the urine. It will vary in these cases, occasionally disappearing, but returning again in greater amount. Ralfe tells us that oxalate of lime is occasionally formed in the urinary passages, from the tough mucus there produced by a catarrhal condition of the mucous membrane. This state of affairs is often found in cases of spermatorrhœa, the crystals here being intimately mixed with the seminal and mucous discharge.

The prominent symptoms which were found in the twenty-five cases of which I have histories, in the order of their frequency, are as follows: Headache occurred in eighteen in a marked degree. Of these, the largest number (seven) were occipital, four complained of it in the forehead, four were semi-lateral, and three referred it to the vertex. The pain was usually worse on waking in the morning, although there were several where the pain gradually grew worse as the sun came up, and declined with its subsidence, until by evening they were quite comfortable. The ache was described as a dull, heavy, confused feeling, sometimes very acute, with great congestion and throbbing, or a compressed, constricted feeling. In a few cases the climax was reached with vomiting. One patient stated that she felt better during the headache, that as the ache passed off she felt so generally wretched and depressed that she would much rather endure the pain. The headache is generally

aggravated by noise, light, motion and stooping. Sometimes they are markedly periodical. Some had experienced relief from quinine, tea or coffee.

Sixteen reported a general sense of weakness, malaise, often most noticeable in the morning and after eating.

Fourteen had rheumatic pain, stiffness or soreness. The muscular system was usually the seat of the trouble, although a few complained of pain mostly in the fibrous tissues of the joints. In two the pain was referred also to the sciatic nerve. In some there was aggravation by rest, in others on motion, and first moving in the morning. The condition of the weather had great influence on the pain, it being worse before a storm, and when damp and cold. Frequently there was a history of an hereditary tendency to this complaint. One of my patients, whose muscles were much affected, told me that at another time he had taken large amounts of potassic iodide and salicylic acid, without any benefit, and was finally obliged to give up work and travel for several months before he got relief from his sufferings. Allied to the rheumatism is the pain in the back, of which thirteen complained. Although this symptom might be attributed to the irritation of the sharp particles passing through the urinary passages, still the increase of the pain by movement and stooping shows that the muscles are also affected. The place usually referred to as the seat of the pain is low down across the loins. It is often difficult to convince these patients that they have not Bright's disease.

Eleven had vertigo as a marked symptom. This was so severe at times as to confine the persons affected to their beds, for fear of falling. This symptom was experienced as soon as they lifted their heads from their pillows. Several times I was called to business-men early in the morning to account for this terrible symptom, for they one and all imagined that their time had come, and that nothing short of apoplexy would follow. These patients were pretty well, up to the time of the seizure; they were active men whom nothing but a severe illness would ever have confined to bed. The dizziness is a peculiar swimming, deathly feeling, when everything seems to grow black or go dancing before their eyes. These attacks may come on when one is moving about, may last for only a moment, and disappear as suddenly as they came. The objective vertigo I have never seen, although these patients seem to have much difficulty in describing the character of the sensation, and about all that one can get out of them is that they feel dizzy.

It certainly seems remarkable, in view of the cause of this disease, that more of my cases should not have shown signs of deranged digestion, and yet it is a fact that only nine had

marked symptoms of indigestion. Flatulence, a sense of lump, load in the stomach, eructation, pyrosis, faint sinking feeling in epigastrium, sharp pain in stomach, drowsiness after eating, sometimes thirst, tongue often coated white or yellow, swollen, with prints of teeth at the edges, bad taste, nausea, in four usually worse in the morning, and appetite often poor.

In nine there was increased micturition. The amount in most of them was below normal, being sometimes as little as one pint in twenty-four hours. Notwithstanding the diminished amount, the desire to pass it was frequently renewed, obliging a patient to get up as many as four or five times in the night, and to go as often as every two hours during the day. In some the urgency to urinate was diurnal only. Occasionally some smarting at the neck of the bladder is experienced, a burning sensation in the urethra, after micturation, and sometimes an inability to retain the urine, it passing with the slightest motion or cough. In nine cases there was a history of there being a sediment in the vessel after the urine had stood in it for a time. The sediment was most frequently described as reddish, though in some cases it was white. When brought to me, the urine is of a markedly higher color than normal, and clear, unless there be a precipitation of urates, which occasionally occurs. A deposit very soon begins to form in this urine, which is in amount very much more than the normal, and is a "hummocky, mucous cloud, with a sharply-defined white top." It is more dense and less flocculent than the phosphatic sediment in neutral urine. The urine is strongly acid, and may contain a trace of albumen. It is in the sediment that we get the characteristic objects which enable us to make our diagnosis. Here we find innumerable octohedral crystals of oxalate of lime, which, when once seen can hardly be mistaken. Oxalate of lime may occur in other shapes than the octohedral, the dumb-bell being the next in order of frequency, but these other forms are extremely rare in fact I have never found any but the envelope shape, excepting on one or two occasions the dumb-bell. To discover them it is necessary to use a high magnifying power in the microscope, and as the crystals take some while to settle, do not examine the specimens for at least twelve hours. Besides the crystals, we often find blood and epithelium, and sometimes pus corpuscles. Harley says: "The appearance of oxalate of lime, or of any other crystal within twelve, or even twenty-four hours after the urine has been passed, is a sure indication of the existence of an unhealthy condition of the system; temporary it may be, but nevertheless abnormal."

The bowels were oftenest constipated, although two complained of diarrhoea, and one of alternating diarrhoea and constipation.

Other symptoms which were less frequently observed were sleeplessness, despondency, hypochondriasis, palpitation of the heart and irregularity of beat, irritability of temper, bad dreams, cramps in limbs, involuntary twitching of the muscles, various perverted sensations, as numbness and prickling of limbs, failure of eyesight, specks floating before eyes, conjunctiva sallow, buzzing, roaring, ringing in ears, skin dry and harsh.

One of these cases came to me with the story that another physician had said that he had Bright's disease, and had given a most unfavorable prognosis. It is now four years since that prediction was made, and to-day the patient is not only alive, but perfectly well. How frequent it is for people to apply to physicians, feeling confident that they have serious kidney trouble, basing their opinion upon a constant and severe back-ache, with thick urine and frequent micturition.

Another case was one where, in addition to the oxalate of lime, many spermatozoa were constantly found. This condition persisted for a very long time, but finally disappeared. I have had since several such cases under observation, occurring in young men who are under severe mental strain, and seeming to be merely an expression of general nervous and physical exhaustion. I have found great difficulty in relieving these cases, and it is only by some radical change in the life of the patients that I have at last seen the urinary sediment become normal again.

Anxiety, fatigue, excitement, business worry, over exertion, all seemed to favor the development of this trouble. These patients are always worse in hot weather, and although they may go through the year pretty well, are sure to show signs of breaking down in the early summer.

You may well think that with such an array of symptoms as I have just shown, a diagnosis of almost any one of the diseases mentioned in Da Costa was possible. Here are symptoms indicating that all the principal systems of the body are involved, the nervous, digestive, circulatory, muscular and excretory. It is not upon any one, however, that we venture to make a diagnosis, but upon the collection as a whole. If a patient comes to you who is morbid, depressed, even suicidal, complaining of headache in occiput or forehead, dizziness, loss of appetite, dyspepsia, lassitude, muscular soreness, particularly in the back, irregularity and palpitation of the heart, urine scanty in amount, high colored, with frequent micturition, and scalding, and if on microscopical examination of the sediment, you find crystals of oxalate of lime and uric acid, you can have no hesitancy in pronouncing it a case of so-called lithæmia.

If we were to follow the advice of all the authorities as to the food which patients affected with this disease should avoid, we

should find that there was scarcely anything left that they could eat. We are told that nitrogenous, starchy, saccharine, and oleaginous foods are harmful, but my experience has been that very few patients require the most rigid diet, still, unless they are willing to submit to a regular diet, you may as well refuse to undertake the treatment of the case. We should allow only such food as the liver can take care of. All rich, heavy, indigestible food should be avoided, and in amount only such quantity should be taken as the patient really needs. Keep watch of the weight and strength, and if they do not markedly diminish, you are safe in following up the plan you have begun. All desserts, sweets, fruits, such vegetables as tomatoes, onions, potatoes, and rhubarb, should be avoided. Cheese, especially, is poorly borne. No coffee or cocoa, but tea, weak and without sugar, may be taken. Stimulants, above all things, should be interdicted. Malt liquors and champagne are the worst, but if any be allowed, an exception might be made in favor of claret. Advise a diet of plain cooked lean meat (less beef and mutton than other kinds), fish, plain bread in moderation, spinach, celery, lettuce, cauliflower, carrots, moderately of rice and macaroni. Eggs, although rich in albumen, are very well borne. Milk may be taken, but not at the same time as meat. Of the greatest importance in the treatment, is the drinking of large quantities of pure water. I have found that many of these patients avoided drinking, either from lack of desire for water, or because they had heard that drinking was bad for their digestion. I have modified the plan followed by Dr. Salisbury, of New York, with the happiest of results. He restricts his patients to a meat diet, and orders them to drink a cupful of hot water an hour and a half before each meal, and on retiring at night. He allows them to drink with their meals hot water flavored with tea. I make this plan my basis for diet, allowing in addition some of the various articles referred to above. I have known many patients to take hot water, some with benefit and some without, but I have found that when it is taken one and one half hours before the meals, that the results are much more satisfactory. The urine becomes clearer, the frequent desire, which is undoubtedly due to the irritating character of the secretion, passes away, the dejections become more regular, the tongue cleans up, the bad taste disappears, the load in the epigastrium, the acidity, the flatulence, vanish, and the other symptoms improve with the clearing of the blood of the waste materials. If a patient thinks himself unable to take hot water, I write a prescription for Reed & Carnrick's Beef Peptonoids, and direct a teaspoonful to be put into each cupful, and salted to taste. It seems remarkable how much better satisfied



a patient is with his hot water, if he has something to put into it. Uncharged alkaline spring waters, as Congress, Vichy, Carlsbad, Hygeia, Buffalo and Londonderry Lithia Water, seem to help by neutralizing the acid which is usually present in the blood. If my patients cannot afford the luxury of one of the above waters, I write a prescription for tablet triturates of citrate of lithia, each of which is to contain two grains of the salt. Otis Clapp & Son have prepared them for me at a cost of two cents each. One of these tablets is to be dissolved in one glass of water, and as many as three may be taken during the day. Carbonated waters are said to increase the trouble. It is best to give alkaline waters after the meals, at the time when the acid materials of digestion are being absorbed into the blood. Phosphate of soda is said to be one of the best remedies for antagonizing the effects produced by the impurities contained in the system, and for facilitating their removal. It is recommended in the dose of one teaspoonful three times daily. The remedy that I have had the most experience with, is the first decimal dilution in water of nitro-muriatic acid. Dose one to five drops in one-half tumbler of water, before each meal. This is Dr. Hughes' recommendation, and is derived from old-school therapeutics. The use of this remedy has given me very satisfactory results, and is especially indicated in those cases where there is much acidity of the stomach, and acid fermentation in the small intestines. I have seen beneficial results following the administration of the following remedies, chosen according to their respective indications: nux vomica, pulsatilla, lycopodium, sulphur, podophyllum, arsenicum, sarsaparilla, bryonia, argentum nitricum, picric acid, berberis, buchu, pareira brava, and a remedy which would not ordinarily be thought of, but from which I have seen good effects, lycopus, which has among its other symptoms, oxalate of lime as a urinary sediment. When called to see a patient, often a business man, confined to his bed by vertigo, I get the quickest relief by an active purge, and having gotten him on his feet, I proceed with the best indicated remedy. In some cases where the patients are worn out, and where they cannot avoid care and worry so long as they remain at home, I have to prescribe a sea-voyage. A trip to Europe is at the same time one of the most efficient as well as pleasing remedies. Moderate exercise, horse-back riding, an out-of-door life and regularity of habits, are also helpful in the treatment.

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OLD LADY. — "I'd like to buy some plasters, young fellow."

Drug Clerk. — "Yes, ma'am; porous?"

Old Lady. — "Do you s'pose I want to catch my death o'cold? Let's see yer winter styles." — *Judge.*

*PSORA OR TUBERCULOSIS?*

BY A. F. MOORE, M.D., LUDLOW, VT.

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

Bacteria do exist. Leuwenhœk first saw them in 1675. F. O. Müller made an exhaustive study of the various forms of them in 1786. Franz Schultze in 1836 caught a glimmer of their origin, and Pasteur threw much light upon the subject in 1863. Ferdinand Cohn established the present basis of their classification, and scientific proof of the rôle which they play in various chemical processes and diseases was first made by Latour and Schwann, independently, in 1837. "These authors observed the growth and reproduction of the organism which had been seen by Leuwenhœk, and which Turpin had called *torula cerevisiæ*, in the fermentation of beer and wine, and showed that its growth and reproduction caused the fermentation." This gave a hint of, though it did not prove, the relation between micro-organisms and disease. But in the same year Bassi did discover and prove "that a disease in silk-worms was due to a fungus, the spores of which covered the bodies of the worms in the form of a white powder, and a trace of this powder produced the disease in healthy worms." Finally Pasteur discovered that *all* forms of fermentation, even to putrefaction, were caused by bacteria, and that this work of micro-organisms was a necessary process in the economy of nature, whereby the complex molecules of dead animals and plants might be disintegrated by the process of putrefactive fermentation, and become fit for food for the higher plants. "Thus the germ theory was established; and although there have been, and still are, points about which all authorities do not agree, no one at the present day can have a reasonable doubt of the existence of micro-organisms, nor that they are an important element in nature." They consist of protoplasms enveloped in a cell membrane, may or may not contain granules of sulphur in the protoplasm, may be colored with chlorophyll (hence are not fibrin) and may give the blue iodine reaction (which also is not a test for fibrin, but for starch, a product of vegetable origin). Bacteria are divided into micrococci, bacilli, and spirilla. The pathogenetic micrococci are producers of pus; the bacilli of tissue degeneration, and the spirilla of fever.

Inoculations with these bacteria have always produced the disease in which they were found, if the animal used was susceptible to that kind of disease. Thus inoculations with various micrococci have always produced pus, and pus is rarely, if ever found, which does not contain them. That the bacillus anthracis

causes anthrax, or malignant carbuncle, splenic fever, was established by Koch in 1876. Inoculations from pure cultrures of these bacilli always produce the disease called splenic fever, or anthrax, just as surely as will any contact with a diseased animal. The spirillum of relapsing fever produces the disease when inoculated in apes and human beings. These spirilla have never been cultivated, but "It is only during the fever, when the spirilla are present" (in the blood) "that inoculations" (with the blood of the fever patient) "are successful." The relations between some other microbes and certain diseases have been pretty well settled. But the crowning discovery was that of the tubercle bacillus by Koch in 1882. Many previous observers had suspected the contagiousness of tuberculosis, but Koch proved it. He isolated the bacillus, cultivated it in sterilized blood serum, made inoculations of it in healthy animals, and produced the disease. His experiments have been verified many times by different observers. The bacillus found in the tissues or discharges from them is positive proof of tuberculosis in the subject, and so accepted, we believe, by the foremost pathologists of the day. Of 982 tuberculous subjects, Gaffky found the bacilli in the sputum of all but 44. Probably there are few who have demonstrated the bacillus with the microscope and proper staining processes, and then watched the patient from whom it was obtained, but became convinced that it meant tuberculosis.

Furthermore, much that has been called scrofula is now laid at the door of the tubercle bacillus. The tissues most affected are the lymphatic glands, the chronic adenitis and suppurations of which abound in the bacilli; the mucous membranes, which in the respiratory, alimentary, and genital tracts are liable to tuberculosis (especially the respiratory mucous membrane) and plenty of bacilli are found in the discharges and tissues; the skin, where lupus is a disease, in which the tubercle bacillus has been demonstrated (also in lupus of mucous surfaces), and the bones, in which scrofulous affections of the articular extremities (white swellings, etc.) are tuberculous, and the bacilli are found in them, so that inoculation with them produces the disease, tuberculosis. "Billroth found that fifty-four per cent. of cases dying of this form of joint disease, die of acute miliary tuberculosis." "Grosch's extensive statistics show that in hip disease, tuberculosis is, in spite of antiseptic precautions, the commonest cause of death." Again, the discharge from scrofulous catarrh, or ozæna, which has been considered typical scrofula, contains tubercle bacilli. And they were found in twelve out of forty cases of chronic discharge from the ear.

These are only specimen illustrations of the array of facts

which have made Prof. Forchheimer, of the Medical College of Ohio, say that "It seems to be an established fact to-day that scrofula and tuberculosis are produced by the same poison;" and also Arloing, quoted by Eve, after extensive experiments with the contents of scrofulous glands, "comes to the conclusion that the virus of scrofula is *attenuated tuberculosis*."

But from the days of Hahnemann to Raue, homœopaths have designated phthisis or tuberculosis as a disease preëminently caused by the suppression of psoric eruptions, and only to be combatted by anti-psoric remedies. And the long list of troubles by common consent designated scrofulous, some of which have been mentioned above, and some directly called psoric in the Organon, have never been supposed to be amenable to anti-syphilitics or anti-sycotics, but are emphatically attributed to chronic psoric miasm. But the *acarus scabiei* never produced them, and the tubercle bacillus is, as we have seen, responsible for most of them. Hahnemann was right in his estimate of the chronic miasms; but he failed to find the tubercle bacillus, and attributed the cause of the third miasm to the wrong—we can hardly say microbe, for he knew no microbe—but the wrong source. And to Koch belongs the honor of finding what proves to be the etiology of that which Hahnemann called psora. Yet the old law of "similia" is still the best method of cure for tuberculosis, the child which was named psora. And all the germicides which have been found to surely kill the bacillus and its spores, kreosote, carbolic acid, bromine, chlorine, silica and silicates, and that anti-psoric of anti-psorics, sulphur, (dioxide) which kills the bacilli but not the spores, iodoform, which is said to neutralize the ptomaine when it does not kill the tubercle bacillus, are glorious homœopathic remedies of which we possess scientific indications for use; while the mercuric chloride, ferrum sulph., nitric acid, acetic acid, potash, (causticum?), zinc, etc., which kill the micrococci of pus, are precious remedies, according to their homœopathic indications, for the hectic or pus fever, and night sweats. Conversely the most brilliant treatment or cure of tubercular (psoric?) disease, which has been made in the past by the "old school," or homœopathic treatment, was done with remedies which have been found sure germicides for the tubercle bacillus, killing it, so that inoculations with bacilli soaked in attenuated solutions of the drugs, will not produce the disease. It would seem that this shows us the class of remedies from which we must individualize according to homœopathic indications, if we ever are to have anything like success in curing tuberculosis.

Besides, if scrofula is tubercular, and exists by reason of the bacilli, we may infer that the said bacilli are not the most

dangerous things a man can keep, for scrofulous lesions containing them continue for many years without endangering life. In fact the only danger to life from them seems to be by generalization of the infection in acute miliary tuberculosis, or by the advent of the pus microbe in the tubercular lesions, thus causing a hectic fever. And no phthisical patient dies until he gets the one or the other.

There is such a thing as "phagocytosis," and the writer has seen the leucocyte devouring microbe. But tubercle bacilli infest the leucocytes and *live upon them*. Hence the problem of tuberculosis is largely one of nutrition.

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SOME ILLUSTRATIONS OF MEDICAL PROGRESS.

BY H. A. HOUGHTON, M.D., BOSTON.

[*Presidential Address before the Massachusetts Homœopathic Medical Society.*]

*Ladies and Gentlemen:* It has seemed to me that we might profitably employ the time allotted to this address by glancing along the pathway of medical history, and noting here and there some of the things that make for progress, or which, when brought into contrast with the things of to-day, remind us of progress, give us cause to congratulate ourselves that we are practising medicine in the closing decade of this nineteenth century.

I shall try not to make a heavy draft upon your patience, and shall seek to enliven my remarks with liberal quotations from a quaint old treatise which some years ago came into my possession, and which has interested me not a little.

The illustrious Hippocrates, who was born four hundred and sixty years before Christ, and who, noted for his boldness and skill in surgery, was distinguished as a diagnostician and prognosticator, said that, under certain circumstances, purgatives would bind the bowels, and astringents loosen them. He further makes the important observation that, although the rule of treatment be *contraria contrariis curantur*, the opposite rule also holds good, namely, *similia similibus curantur*. Thus in illustration of the latter principle, he remarks that the same substance that causes strangury will also sometimes cure it, and so, too, with a cough. Again, he says that in the treatment of suicidal mania, the patient should be given a draught made from mandrake root in a smaller dose than would induce mania.

Hence it appears that the principles of allopathy and homœopathy were recognized more than twenty-three hundred years ago, although only those of the first named system were carried

into effect. With your permission, I will give you Hippocrates' rules for prognosis, as they are quoted in Salmon's *Synopsis Medicinæ*, published at London in 1671. As I shall refer to Salmon further on, I have thought that it would be interesting to make these citations as they occur in his curious, and, for his day, valuable work.

#### GENERAL PROGNOSIS FROM HIPPOCRATES.

The natural Prognosticks are taken from things natural, non-natural, and preternatural.

The Disease is discerned to be long or short, curable or mortal, by the strength, constitution, age, season, diet, cause, kind and symptoms of the evil, all of which are to be noted, in respect of the Actions, Excrements, and Qualities of the Body of the sick.

If the body is repleat with strength, the sick without doubt will escape and not die.

For none dies so long as strength remains, but when that decays, death ensues.

To foresee the time of death, note how much the strength of the Disease exceeds the strength of the Body, and the time of the greatest extremity; for if the disease is much beyond the strength so that Nature cannot subsist, Death will presently follow, but if otherwise, it will be longer.

And if Nature be strong enough to overcome the Malady, Health ensues. And from whence it appears that all the other signs of Life or Death are no otherwise signs, but as they indicate, or hold forth the strength or weakness of Nature in the combat with the Disease.

A constitution not too fat nor too lean, too hot nor too cold, to moist nor too dry, indicates great strength, and that Nature will overcome; but on the contrary, that Nature may go by the worse, for these latter die sooner than the former. For in fat people the veins are narrow and straight, having but little Blood and spirits, so that Age, or other inconveniences occurring, the natural heat is sooner extinguished; contrarily lean people, more abounding in Blood and spirits, more easily overcome; yet observe that leanness is soonest hurt by external causes, fatness by internal.

Youth hath more strength and natural heat than *old age*; and so sickness is longer in old people than in young.

And the reason is because they more abound with cold Humors, have a weaker Digestion, and decay of natural heat.

Diseases in the spring are less dangerous than diseases in the Harvest, which prove more deadly.

The summer shortens sickness; but the Winter prolongs them.

For in summer, the Pores being open, the evil Humours being stirred up and rarified by the heat of the air, are transpired, but in Winter, being closed and condensed by cold, they are retained within.

A *dry season* is more wholesome, and not so deadly as a rainy; for Dryness resisteth Putrefaction, Humidity causeth superfluities, Excrements and Diseases; when the season is constant, the *disease* is constant; but inconstant, the sickness is more variable, and a dangerous Crisis is to be expected, from whence either Death, or the matter of a new sickness may be looked for.

According to the greatness of the *Cause* is the greatness of the disease; Hence a violent Cause against Nature shews a great and dangerous or mortal sickness. Cholera causes short and acute Diseases, Melancholy causes long Diseases, by reason of its Coldness, Dryness, and Thickness.

Flegm shows mean diseases between Cholera and Melancholy.

The kind of the Disease is considered as it hath resemblance with nature, constitution, age and sex, for here it is less dangerous which hath no affinity with the aforesaid Notions, because it proceeds of a much greater and stronger cause. In two burning fevers, equal strength or greatness; that which falls out in summer to a lean, young, hot constituted man, shall not be so dangerous, as that which falls out in Winter to a fat, old, cold complexioned person.

Gentle and mild Diseases are commonly long; sharp, acute and fierce are ended within about fourteen days; extreme hot in about seven days.

There can be no certain Judgement of hot and sharp Diseases, by reason that as they are a sudden, wax great, so in that extremity they as suddenly end, as well in life as in death; wherefore while the Humors are in motion suspend judgement, for it is not certain whether they will fall on a noble or ignoble part, within or without the Vessels.

If the Humor be staid in a certain place (known by Critical Bubos, Tumors, etc.) yet do not positively affirm the sick shall escape, but with this provision, that no new change befall, and he follow the advise and prescription of his Physician.

If a Woman with child have a fiery or hot Disease, she is in apparent danger of Death.

For the hot Fever requires a slender Dyet which she cannot observe; (lest the child for want of Nutriment, prove an Abort.) in this case she by too much eating increases the Fever, and so brings herself into manifest danger. In any other violent Disease, as the Epileptic, Apoplexy, Convulsions, etc., it is almost impossible she should be ever able to overcome.

Lastly there are two principal ways left unto us how to judge of disease, the first is by accident; the second by Crisis.

So much for Hippocrates' system of prognosis, as an illustration of what the healing art was, nearly two thousand and four hundred years ago.

From the time of the "father of rational medicine," as Hippocrates is sometimes called, to that of Galen, who flourished, it will be remembered, in the second century of the Christian era, comparatively little medical progress seems to have been made. Nor can Galen, relatively great as were his attainments, be said to have gone beyond Hippocrates, on many of whose works he wrote commentaries. And how with the centuries after Galen?

That question is answered when we say that down until the close of the Middle Ages, Galen was the one great authority in medical circles. Why this should have been so is not at all to be wondered at. At Galen's death art, letters, and science were at a standstill, and medicine naturally shared their fortunes. Then came that slow but sure decline in European civilization that led to the Dark Ages, from the intellectual stagnation of which the world was so long in recovering. When learning of all kinds was threatened with destruction, it is not in the least strange that medicine should have gone backward rather than forward, and hence that we should be obliged to say of the annals of ten Christian centuries that they record few, if any, evidences of real medical progress.

With the revival of learning in the fifteenth century, we see medicine beginning to go forward again, but with slow and halting steps. The public burning by Paracelsus of the works of Galen and his Arabian disciple, Avicenna, indicated what a change had taken place in the medical world. Yet medicine, and much more, of course, than surgery, was still allied with empiricism, and the medical works of the age abound in the wildest and most grotesque theories and speculations. A little work in black letter, entitled "The Boeviar of Health," "imprinted," so the title-page informs us, "at London by

Thomas East," in 1587, will give one a very good idea of what medicine was as a rule in England, and for that matter, I should say elsewhere, in the closing quarter of the sixteenth century. Its author is one Andrew Boorde, who calls himself "Doctor of Phisicke, Englishman." From his preface we learn that quacks were as well known then as they are now, which, of course, is not at all surprising. "Whosoever," he observes, "he or she shall be that will practice phisick in ministring Medicines, not having these aforesaid sciences, shall kill many more than he shall save, for and any such blinde phisician helpe or heale one person, the person so healed is healed more by chance than by any cunning, even like as the blinde man doth cast his staffe. Peradventure he hit the thing that he doth cast at. Peradventure not hit it. Wherefore I do advertise everie man and woman, of what degree or estate soever they be lacking, the speculation of phisick, to beware to minister Medicines, although they take nothing for their labor, nor for the medicine, for if they have not a doctorers learning and also knowing their simples, how shall they compound them, and what operation they be of, and how and when, and at what time they shall be ministered."

I should like, if I had the time, to quote quite freely from this old book, which saw the light one year before the destruction of the Great Armada. Strange and laughable as are some of the conceits of which its author gravely delivers himself, and ignorant as he is of many matters that thousands of our school children have at their fingers' ends, we see that he really was, for his generation, an educated practitioner, and bore witness to the fact that the world was making some progress, however slowly, in medical knowledge.

Passing over nearly a century, I come now to a work from which I shall freely quote, for purposes of illustration. It is the *Synopsis Medicinæ* of Professor William Salmon, to which I have already referred.

In Lippincott's "Biographical Dictionary," he is spoken of as "a celebrated English empiric," who died in 1700. Empiric he doubtless was, in some respects, and yet hardly more so than the average of his brethren who, like himself, could lay claim to a medical education. Many of the best physicians of that day would have cut a poor figure had they lived in ours. Turn, for example, to Macaulay's account of the treatment that Charles II. received in his last illness. The disease was apoplexy, and was probably fatal from the start; yet consider what was done to him, and by the most skillful physicians that it was supposed London could boast. "Several of the prescriptions," says the historian, "have been preserved. One of them is signed by



fourteen doctors. The patient was bled largely. Hot iron was applied to his head. A loathesome volatile salt, extracted from human skulls, was forced into his mouth. He recovered his senses"—we wonder that he did—"but he was evidently in a situation of extreme danger." All this, be it remembered, was only two hundred years ago, and in one of the great centers of European civilization! What a difference between then and now! It is the difference between night and day. Had Charles recovered after such a treatment, it would have been almost a miracle.

It may be said with safety then, I think, that Salmon was a fair sample of a physician, and that we may cite his *Synopsis Medicinæ* as an evidence of what the art of healing was, two hundred years ago.

Salmon's observations on phlebotomy are worthy of note :

Of all the operations of chyrurgery, phlebotomy or blood-letting hath the precedence, it being the best and universal way to take away diseases of plenitude.

It is also an operation revulsive and derivative; as in turning the course of a flux aside, or to the opposite part.

In hot fevers (if there be much strength) blood may be taken away, as also in great inflammations, and extreme pains: for thereby the vessels are emptied, the body cooled, the heat extinguished, and sometimes a flux of the belly, by which the sick is cured.

If strength permits to draw much blood, it is good to do it by *little and little*, and at divers times; for all evacuations are dangerous, but chiefly bleeding.

Where bleeding and purging is necessary, it is best done in the spring; for then there is no great heat to weaken the body by exhalation; nor great cold, to make it stiff by congealing the humors.

Do not without great cause open a vein to a woman with child, lest abortion follow (if her child be great) by depriving it of its nourishment.

But if there be an extreme plenitude, then you need not fear, but contrariwise, you ought to do it, lest by the too great abundance of blood, the child in the womb be suffocated.

There are five principal causes for which blood may be taken away; 1, in an extreme hemorrhage; 2, in true quinsie; 3, in a pleurisie; 4, in a violent fever, having no critical symptoms; 5, in the obstruction of the Termes in women.

In great defluxions in the eyes, the seton may be profitably applied to the nape of the neck.

In other defluxions, and cacochymick persons, and diseases thence proceeding, it will be found very profitable to undergo the trouble of a fontanel or issue in some convenient part of the body.

I will here give your a description of the Salmonian Pills which, I doubt not, were held in high repute in those days :

The reason and quality of the composition of our Pills, are discerned from the matter of which they are made, which is Mineral, Vegetable and Animal.

There was a necessity that these three differing substances should complete the body of our Pills, for these reasons following: *First*, Because according to our choice of the matter, the Mineral part hath respect to rooted and chronick diseases, lodging in the bones and other solid parts; the Vegetable part hath respect to acute diseases, and such as lodge in the blood; the Animal part hath respect to other more occult diseases, such as afflict the spirits, and lodge in the heart.

*Secondly*, From the effects; as the Mineral part attracts the disease by its magnetick power, so whilst the Vegetable part sustains and upholds the body and place afflicted; and the Animal part keeps and preserves the spirits from fainting and decaying, thereby causing all its operations to be performed with ease and alacrity.

The Mineral part agrees with salt, and purges Melancholly.

The Vegetable part agrees with sulphur and purges choller; The Animal part with Mercury, diminishing Flegm and purifying the Blood.

I here give you his "Treatment for Apoplexy and Epilepsy:"

This infirmity doth come of a cold humor, that which doth apilate or stop the Ventrycles of the Brayne and doth fill the Celles of the Head. And some say it is a cold and a grosse opostumacion that lyeth in the hinder part of the Head. First purge the Head, and bye this sternutacion.

Take of Cliborus albus, of Peper of Castory, of each two drames, make powder, and blowe or snuffe a little in the nosethryles. And by clisters and frications with salt and Warne Vinegar. And by Drimel diuretike, and drimel squilitike, and purge the matter with Peraruffi, or els with Peralogodion. And the Medicines wich doth serve for Epilepsia, which is named in English the Falling sickness or the foule Evill, will serve for this sicknesse.

Spirit of the Brains and blood of a Sheep, Goat, or Bullock, in strong and rusticks persons is good, bathing the Head with tincture of Pepper, and giving now and then a Clyster.

Sneezing with powder of Nigella seeds, and roots of black Hellebore or fume of Amber or Partridge feathers is very good. Let the sick constantly take spirit of Lilly of the Valley Essence or Oyl of Rosemary or Lavender.

Annoint the Head with Balsamum Polychrestum and give the salt of a Man's skull. The skull of a dead man, calcine it, and extract the salt as that of Tartar.

I suppose that what more than anything else has caused Salmon to be regarded as an empiric was the fact that he combined astrology with medicine, as so many of the pages of his *Synopsis* show; yet although astrology in his day had not that hold upon learned men as a class which it had formerly enjoyed, it was still much cultivated, and by not a few of repute in scientific, literary and religious circles. As a proof of this we have the fact that in Charles the Second's reign the celebrated Lilly, one of last of the great astrologers, and a contemporary of Salmon, was consulted by a committee of the House of Commons about some matters of grave moment to the state. I doubt if the average patient who applied to Salmon thought the worse of his skill, because he studied the planets and constructed horoscopes. In all probability, indeed, he felt all the more confidence in his physician, and counted himself fortunate in being able to secure the service of a man of such attainments.

Astrology, like alchemy, has long been repudiated by scientific men, but, unlike the bastard sister of chemistry, it is by no means dead. Astrological works are still published, and a friend of mine informs me that quite an extensive line of them is always on sale at one of our Boston book-stores. There, he says, may be found a goodly assortment of battered old volumes on the subject, that have come down from the seventeenth and eighteenth centuries, and many of their purchasers, he tells me, are business men who believe in the science far more than many of them would care to have generally known.

Perhaps, then, it will interest you to have me read you some selections from Salmon under the head of astrology, that you may know how it was that he laid the heavens, as well as the earth under contribution as he sought to cure his patients.

Writing of the signification of the signs of the zodiac, he says :

*Aries* is hot and dry, choleric; governs the Head and all parts comprehended within it or belongs to it, to the first Vertebra of the Neck; of Diseases it signifies Vertigo, Frenzy, Lithargy, Forgetfulness, Catalepsia, Apoplexia, Dead Palsie, Falling sickness, Convulsions, Tremblings, Madness, Melancholy, Freckles, Sun burnings, Whelks, Polipus, Small Pox, Measles and Fevers.

*Taurus* is cold and dry, Melancholick governs the neck, Throat channel, bone and Vertebra of the Neck; of Disease it Signifies Fluxes of Rheume, Wens in the Neck, soreness thereof, Kings Evil, Quinsies and Consumptions.

*Gemini* is hot and moist, sanguine, governs the Hands, Arms, Fingers and shoulders; of Diseases all belonging to those parts whether Natural or Accidental, as Fractures, Dislocations. etc., as also Windiness, and Corruption of the Blood.

*Cancer* is cold and moist phlegmatick; governs the Breast, Ribs, Lungs, Liver, Pleura, Ventricle of the Stomach; of Diseases, all that belong to the Lungs, Stomach, and Liver; as shortness of Breath, Pleurisies, want of Appetite, Digestion, Cancers there, Coughs, Phthisicks, Dropsies, Surfeits and Scurvey.

*Leo* is hot and dry, choleric; governs the Heart, Back Vertebra of the Neck and Pericardium; of Diseases, all the Passions of the Heart, Swoundings, Tremblings and Qualms, Violent burning Feavers, Plague, Measles and Small Pox, Sore Eyes, Yellow Jaundice and Diseases arising from Choler.

*Virgo* is cold and dry, melancholick; governs the Bowels, Belly, Spleen, Omentum, Navil, and Diaphragm; Diseases it signifies all belong to the aforesaid places; as Worms, Wind, Obstructions, Hardness of the Spleen, Mother, Hypochondriack, Melancholy, and Illiack Passions.

*Libra* is hot and moist, sanguine, governs the Reins and Kidneys; and signifies Diseases thereto belonging; as stone, gravel, Heat, Wind Cholick and Gonorrhæa,

*Scorpio* is cold and moist phlegmatick; governs the secrets, groin, seminal vessels, Bladder and Fundament; of Diseases it signifies such as generally infect those parts as gravel and stone in the Bladder, strangury, and other imperfections in the urine, Ruptures, Fistulæ, Hemorrhoids, French Pox, Running of the Reins, Priapismus and Scurvy.

*Sagittarius* is hot and dry, choleric; governs the Thighs, Hips and Ossacrum; of Diseases the Sciatica Windy Gouts, Running sores in those places, heat of the Blood, Pestilential Feavers, and others proceeding of Choler and Intemperance.

*Capricornus* is cold and dry melancholick; governs the Knees and Hams; and signifyeth all diseases incident to those places; as Gout, Sprains, Fractures, Dislocations; as also Leprosies, Itch, Scabs, all diseases of Melancholy.

*Aquarius* is hot and moist, sanguine, governs the Legs and Ankles; it signifies Lameness and Bruises there, Fractures and Dislocations, Corruption and Putrefaction of the Blood.

*Pices* is cold and moist phlegmatick; governs the Feet, Toes and what belongs to them; it signifies Gouts, Lameness, and Aches incident to the Feet, Kibes, Chilblains, Scabs, Itch, Botches, and Breakings out, Dropsie, Scurvy, and all Cold and moist Diseases proceedings from Flegm and mixt humors. Venus and Jupiter are planets of fortune.

We have seen that Salmon advised caution and moderation in venesection; yet for more than one hundred and fifty years there was no improvement in this respect. On the contrary, phlebotomy seems to have been practised with undiminished recklessness until within half a century. Let us go back ninety years, and consider a conspicuous illustration of the cruel system of blood-letting. Some time during the night of the thirteenth of December, 1799, the illustrious Washington was attacked with *cynache trachealis*. He at once sent for a blæder, who that night took from him twelve to fourteen ounces of

blood. The next morning a physician was summoned, who arrived at Mt. Vernon at eleven o'clock, and who, imagining danger, advised the calling of two consulting physicians. During the interval, however, this physician twice bled his patient, taking from him each time what would amount to twenty ounces, and followed up the treatment with large doses of calomel. The first consulting physician now arriving, it was agreed that, as there was no accumulation in the bronchial tubes, it would be well to bleed again. Thirty-two ounces more of blood were then drawn, and ten grains of calomel were given, which was re-enforced with five or six grains of emetic tartar, in repeated doses.

The general was now exhausted, having lost about ninety ounces of blood, and taken large doses of calomel and emetic tartar. But his tortures did not end here. Blisters were applied to his extremities, and cataplasms of bran and vinegar to his throat, which were accompanied by inhalation of vinegar vapors. All of this treatment had been administered to the suffering hero within about eighteen hours, and feeling that he was failing, he begged to be allowed to die in peace. His breathing became more and more contracted, until, on the following night, he passed away without a struggle, the victim not so much of disease as of medical ignorance. Could Washington have enjoyed the services of an even moderately capable practitioner of our times, it is highly probable that his valuable life might have been saved.

So much for a fair illustration of the treatment that the average person received in the days of our grandsires. Who that loves his kind does not rejoice at the progress that has been made since then, in the simplest matters of therapeutics? And who cannot perceive that one reason why the rate of mortality is much lower now than it was a century ago, is that disease does not so often find in the physician an unwitting ally. It is what practitioners are now not in the habit of doing, hardly less than what they do, that helps to make such a favorable showing for our day, when contrasted with the days gone by.

And now, ladies and gentlemen, I naturally come to the rise of our system of medicine, with which the name of Samue Hahnemann will ever be gloriously connected. He, unlike kings and princes, needs no monumental pile, whose towering height shall pierce the stormy clouds, and rear its lofty head toward heaven, to declare his fame to posterity. As one of the foremost benefactors of mankind, as the greatest reformer in the medical world, and as the founder of a new, progressive, and conquering school of medicine, he has made his name immortal. That name, I am persuaded, will endure to "the last syllable of

recorded time," and as the years roll on will be pronounced with gratitude and reverence by ever increasing numbers of those whose fathers ridiculed his doctrines, and bigotedly sought to stay their irresistible march.

But none of us think that medicine has been reduced to a perfect science. We all feel that there is still large room for progress, and that progress, therefore, should be our motto, as much as it should be that of any class of workers in the fields of human endeavor. It may seem much to believe that medicine will ever, strictly speaking, become a science; but certainly there is a great deal to encourage such a belief. As we have improved upon the theory and practice of those who have gone before us, so will those who come after us improve upon ours, and, be it near or be it far, the time will come when the noble art of healing, than which there can be none more beneficent, will be nearly all, if not quite everything, that the warmest lover of humanity could desire.

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## SOCIETIES.

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### *MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.*

The semi-annual meeting of the Massachusetts Surgical and Gynecological Society was held at the Crawford House, Boston, June 11th. H. A. Whitmarsh, M.D., of Providence, Emily A. Bruce, M.D., and Horace Packard, M.D., of Boston, and George H. Talbot, M.D., of Newtonville, were elected to membership, and Prof. T. Griswold Comstock, M.D., of St. Louis, to corresponding membership.

N. W. Emerson, M.D., and E. O. Wright, M.D., were appointed to report at the annual meeting on Progress in Surgery and Gynecology, respectively.

Dr. A. M. Cushing read a paper entitled "Homœopathic Surgery," which referred to cures of conditions sometimes treated surgically, by internal medication.

Dr. M. W. Turner presented a report of several clinical cases, amenorrhœa being the condition under consideration. But little discussion was elicited. Drs. Lougee, Houghton, and Phillips agreed in considering amenorrhœa as a mere symptom, of little importance in itself, and one rarely requiring treatment other than that indicated for the nervous or other derangements upon which it is dependent.

Dr. H. A. Whitmarsh read a very excellent and interesting paper upon nephrectomy, with a report of a case, and an exhibition of the diseased kidney.

Dr. E. O. Wright read a very instructive paper upon Massage in Gynecology, which called forth considerable discussion, and very little adverse criticism.

Dr. S. Manning-Perkins reported a case of separation of the rectus muscles in the abdomen, without hernia, which Dr. Warren thought was one which might be successfully treated by operation.

A most excellent supper was next on the program, and this appeared to be as much enjoyed as any part of the entertainment. After the supper, those who remained were treated to a most important and instructive paper by Dr. Jos. Chase, Jr., on the treatment of Naso-Pharyngeal Adenoids, — and those who missed hearing this lost one of the best, most practical, and helpful portions of the day's program.

After a brief discussion of this subject, adjournment was voted.

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

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

ANNUAL MEETING.

The Vermont State Homœopathic Medical Society in its fortieth annual session, convened in the parlors of the Pavilion at Montpelier, Wednesday, May 28, at 2 P.M., Dr. A. N. Logan, president, in the chair.

Records of last annual and semi-annual meetings read and approved. Report of Censors accepted and adopted.

The name of L. A. Phillips, M.D., of No. 165 Boylston street, Boston, Mass., was presented, and he was elected honorary member, and a vote of thanks and the society certificate were extended to him for his excellent paper.

The application of Dr. Cowan was, after due consideration, rejected, and resulted in the following resolution being presented and adopted:—

*Resolved*, that candidates for license to practise, and also candidates for membership in the Vermont State Homœopathic Medical Society, who are graduates from other regular medical colleges than those of our own school, shall appear before the Censors for examination and recommendation at the annual meetings, or semi-annual meetings, and affirm their intention to practise according to the homœopathic law.

E. L. WYMAN.

O. A. BEMIS.

J. M. VANDEUSEN.

The treasurer, H. S. Boardman, M.D., reported \$78.73 in the treasury.

The retiring president, A. N. Logan, M.D., then made a few practical remarks. Subject, "Duties and relationship of members and State Society, one to the other."

Election of officers for the year ensuing resulted as follows:

President, H. E. Packer, M.D., Barre.

Vice-President, E. L. Wyman, M.D., Factory Point.

Secretary, W. C. Tillotson, M. D., Lyndonville.

Treasurer, H. S. Boardman, M.D., Montpelier.

Censors, Drs. H. S. Boardman, Montpelier; W. B. Mayo, Northfield; M. D. Smith, Middlebury.

Auditors, Drs. W. F. Minard, Waterbury; J. F. Shattuck, Wells River; J. M. VanDeusen, Waitsfield.

Dr. Logan, on motion of the society, read Dr. L. A. Phillips' paper on "Uterine Fibroids."

#### SECOND DAY, THURSDAY, 10 A.M.

Dr. Logan in the chair.

After some discussion, it was voted to hold the semi-annual meeting in October, at Burlington.

Reports of Bureaus were then called for.

*Materia Medica.* Verbal reports by the following: Drs. Minard, Smith, and Packer, had found *strophanthus* a more reliable remedy in heart-failure than digitaline. Dr. Kirkland had found *convallaria* curative when there was considerable palpitation, with "brick-dust" deposit in the urine. Dr. Packer and others confirmed the curative effects of mullein oil in acute otitis, and noct. enuresis. Quite a number had used *passiflora* incar. for sleeplessness, in five drop doses, with good results.

*Obstetrics and diseases of children.* Dr. Minard presented a paper, subject "*Placenta Prævia*," founded on cases from his own practice. In the discussion following the above paper, the question came up, "How long is it safe to wait for the delivery of the placenta?" Deliver at once if possible, but no harm had resulted if it was not expelled for several days, was the experience of several of the members.

Adjourned to 2 P.M.

#### THURSDAY, 2 P.M.

Dr. Logan in the chair.

*Clinical Medicine* was called, but the members of the bureau being absent, it was voted to give the time to the consideration of diphtheria, as it was prevailing in Montpelier and Barre at the time, but nothing especially new as regards treatment was offered.

The following names were presented for membership: J. H. Lance, M.D., Montpelier; Edwin Kirkland, M.D., Bellows Falls; Mary E. Partridge, M.D., Bennington; and they were elected members.

**Surgery.** Dr. Fisk presented a paper on fractures and their treatment.

**Sanitary Science.** Dr. Wyman thought that a frequent cause of sickness was impure drinking water, and gave a simple test for organic impurities; to three drachms of water add three or four drops of *coccus cacti*  $\phi$ ; let stand a few hours; the amount of cloudiness indicates the quantity of impurity.

Voted to abolish bureaus, and adopt a list of queries to be selected by five of the members, after the plan of the New Hampshire State Society. The members selected for this year are Drs. E. L. Wyman, Factory Point; H. S. Boardman, Montpelier; J. F. Shattuck, Wells River; A. N. Logan, Woodstock; E. B. Whitaker, Hinesburg.

**Legislative Committee:** W. B. Mayo, M.D., Northfield; H. S. Boardman, M.D., Montpelier; C. A. Gale, M.D. Rutland.

**Delegates:** R. I. State Society, Dr. J. H. Jones; Mass. State Society, F. D. Worcester; N. Y. State Society, C. A. Gale; N. H. State Society, C. S. Bray; Conn. State Society, C. P. Holden; Maine State Society, S. S. Martin; American Institute, H. E. Parker, G. E. E. Sparhawk, J. H. Jones.

W. C. TILLOTSON, M.D., *Secretary.*

*WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The regular quarterly meeting of this Society was held at No. 11 Trumbull street, Worcester, Wednesday, August 13th, 1890. The meeting was called to order at 10.30 A.M., by the President, Dr. J. P. Rand, of Worcester.

Minutes of last meeting read and approved.

None of the censors being present, and no report having been received, Dr. Frank P. Todd's application for membership was laid over till the next meeting. The names of Dr. S. M. Cate of Harvard, Dr. J. T. Bishop of Orange, and Dr. George N. Towle of Barre, were proposed for membership, and referred to the Board of Censors.

The Bureau of Diseases of Women and Children, Dr. H. R. Brown, Chairman, presented the following program which was listened to with a great deal of interest.

1. A Case of Pressure Paralysis following Labor. Dr. A. E. Perkins of South Ashburnham.
2. Contagion. Dr. D. B. Whittier, Fitchburg.



3. Dysmenorrhœa. Dr. G. F. Forbes, of West Brookfield.
4. The Question of Version in Breech Cases Previous to Labor. Dr. G. R. Southwick of Boston.
5. Abortion. Dr. E. A. Murdock of Spencer.
6. Adenoid Vegetations in Posterior Nares. Dr. Carl Crisand of Worcester.
7. Cases from Practice. Dr. H. R. Brown of Leominster.

Dr. Whittier's paper excited considerable discussion, as he took quite decided grounds against the present idea of the bacterial origin of contagion.

Dr. Southwick's paper was listened to with a great deal of interest, as he gave some new and valuable suggestions in regard to the treatment of breech cases. He advised the careful examination of the woman two weeks before the probable date of confinement, and if it is found to be a case of breech presentation, version should be accomplished. Some cases of multiparæ, with soft, relaxed pelvis, may be left to nature, but if a primipara, with tight soft parts, the child weighing more than seven and one-half pounds, he would recommend version. Also contracted pelves.

At 4 15 the meeting adjourned.

E. D. FITCH, M.D., *Secretary*.

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#### GLEANINGS AND TRANSLATIONS.

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DIPHTHERIA AND ERYSIPELAS, Dr. Babtchinsky, *Jour. d'Hygiene*, St. Petersburg, *Lond. M. Rec.* The author's son contracted a serious form of diphtheria which threatened a fatal termination. Suddenly, and without apparent cause, the patient developed an erysipelatous eruption which seemed destined to determine death; but, as a matter of fact, in a few hours he began to mend, and soon after became convalescent. This observation encouraged the author to inoculate his next diphtheritic patient with the virus of erysipelas, and the same marked improvement followed. Since then he has practised these inoculations on a large scale, and in twelve out of fourteen cases the result was perfectly successful. Moreover in the two fatal cases the inoculation had been ineffectual; *i. e.*, sterile, and the author regards the failure in these two cases as convincing as the success of the others. In another instance six children belonging to the same family contracted diphtheria, and five of them were inoculated with the erysipelas microbe. These five escaped and only the non-inoculated infant died. The author calls particular

attention to the fact that in every case the inoculation only gave rise to mild symptoms, and the induced malady ran a short and uneventful course.—*Med. Abstract.*

**METHOD OF STEAM INHALATION.**—The February issue of *Babyhood* states that in an Edinburgh professional journal a simple and ingenious contrivance is mentioned, to admit of the continuous inhalation of steam fumes by patients suffering from diphtheria. This is nothing more than the fixing of an open umbrella to the bed, or suspending it from the ceiling, and throwing over this a large sheet, which, falling in a tent about the patient, will surround him with the atmosphere of steam. The steam is supplied by a pipe connection with a kettle or other boiling contrivance that passes beneath the tent. The suggestion is so admirable and feasible that we are sure it will be welcomed by many physicians, who are sometimes at a loss, in the absence of especially devised contrivances, to know how to effect with simple means the end desired in such cases.—*Coll. and Clin. Record.*

**THE FORCEPS — A DEATH TRAP.**—A correspondent of the *British M. Jour.* writes as follows: Last week I attended a healthy young primipara, assisting her when exhaustion was setting in, with the forceps. My hands had been soaked in sublimate solution, and the forceps smeared with carbolized glycerine. The uterus contracted firmly, and there was no oozing after delivery. In two days, fever, ending fatally, set in. I could not imagine how this patient became infected till I took the wooden handles off my forceps. Beneath the wood was a good coating of blood—dry, black, and dirty; there was plenty of the same stuff around the screws and in the screw holes; this I think, explained the septicæmia. The traction expresses this poisonous stuff, liquefied by soakage, and from the hands of the doctor, notwithstanding the early sublimate soakage, the patient is poisoned. We have got to the time of day when the handles should be metallic, and of one piece with the blades. I put my handles in the fire, and when I put the blades in position for the future will put a towel round the flats to protect my hands.—*Med. Abstract.*

**BROMIDE OF ETHYL ANÆSTHESIA.**—For nearly two years DR. E. HAFSTER employed bromide of ethyl as an anæsthetic, and during that time he has administered it to more than 200 patients (*Correspondenz-Blatt für Schweizer Aerzte*, March, 1890.) He believes it to be a safe and valuable anæsthetic for minor surgical operations. Merck's preparation is the best, according to the author, and its purity can be determined by the fact that if poured upon the hand it should evaporate rapidly,

and without leaving any residue; that if shaken with water and filtered, the filtrate should be neutral, and give no reaction with nitrate of silver; and that the addition of concentrated sulphuric acid should not cause a brown color to appear.

The author concludes his paper with the following summary:

1. Bromide of ethyl acts with great rapidity, and usually without a period of excitement; it is perfectly safe when used in small amounts, and there are seldom any unpleasant after-effects.

2. The best method of administration is to pour the entire quantity to be used (1 to 5 drachms) on an impermeable mask, which is placed close to the patient's mouth and nose.

3. In most cases the operation can be begun in from fifteen to twenty seconds after the first inhalation, though the duration of anæsthesia will be very short, and only suitable for minor operations, opening abscesses, etc.

4. There are a few patients, chiefly alcoholics, who cannot be anæsthesized by the agent.

5. There are no contra-indications to the use of bromide of ethyl employed in small amounts, and for short operations. — *Med. News.*

“MIND BLINDNESS.” — Two additional cases in which this curious symptom was observed have recently been recorded in the *Archiv. f. Psych.*, vol. xxi. In the first, recorded by Lissaur, a man of eighty had complained for a month of inability to find his way about, to tell his own position in a room, and to recognize objects, although his perception of light was scarcely impaired. Although he could not recognize objects by looking at them, he at once perceived and named them by means of tactile or auditory impressions from them. On examination, he was found to have absolute right homonymous hemianopia. He had some aphasia, and could not read, but he could write. Perception and discrimination of colors in this case were preserved. In the second case, recorded by Siemerling, the onset was sudden. At first visual memory only was impaired; but he soon failed to recognize objects, even when he touched, tasted, or heard them. On examination he was found to have absolute right homonymous hemianopia, together with amblyopia in the left field in each eye. Color sense was lost on both sides. There was also amnesic aphasia. In this case very great improvement occurred, the amblyopia on the left side improved, and color vision returned. In neither case was there any change in the fundus. The association of “mind blindness” with hemianopia, and occasionally with loss of color sense, has also been observed by Wilbrand, Charcot, Swazy, and others.

It is, however, very rare, while hemianopia is not uncommon; and Siemerling's case, where there was amblyopia in the left field, with complete loss of vision in the right, gives support to the hypothesis of Dr. Gowers, that it occurs only when the cortical lesion is double. — *Lancet*. — *Med. Abstract*.

TREATMENT OF CHLOROSIS BY RECTAL INJECTIONS OF DEFIBRINATED BLOOD. — Dr. Antiq, in a thesis before the Faculty of Medicine of Lyons, relates the results obtained by a novel method of treating chlorosis suggested long since by Tessier. The material employed is the blood of oxen, duly defibrinated. About 5 oz. of this is injected *per rectum* twice a day for a week. The treatment is discontinued at the end of that period for a week, and then recommenced. Care should be taken to warm the blood over a water-bath before injecting, and the patient should be directed to retain it as long as possible, any colicky symptoms being overcome by the addition of a few drops of laudanum. According to the author, this treatment is more rapidly and certainly successful than any other at present resorted to. The proportion of red corpuscles in the blood promptly increases, and the mucous surfaces regain their normal color. He attributes the rapid improvement that takes place to the fact, that the employment of defibrinated blood fulfils three indications — (1) restitution of the iron; (2) restitution of oxygen; and (3) restitution of the salts of potash and the chlorides. Dr. Huchard, commenting thereupon, mentions that, in a case of his own, he had succeeded in overcoming an anæmia which had resisted all medication. — *Rev. Gen. de Clin. et de Thérap.* — *Med. Abstract*.

BICYCLING FOR YOUNG PEOPLE. — Dr. B. W. Richardson discusses this subject in a recent issue of the *Æsclepiad*. He admits that since he first warned the public of the dangers of immoderate cycling, changes have taken place in the construction both of bicycles and tricycles which materially modify the old drawbacks. He is still, however, of opinion that cycling should never be practised by boys and girls, since it differs from other exercises in the fact that it molds the bodily framework, as it were, to its own mode of motion; and riders in course of time almost invariably acquire what he calls "the cyclist's figure," which is not graceful, and is not indicative of the possession of perfectly balanced powers. Of two things at least he is satisfied. They are that the temptation of competition is to an earnest and practised cyclist a "demon of danger," and that the systematic pursuit of cycling should never be fully commenced before the age of twenty-one. — *Med. Record*.

## REVIEWS AND NOTICES OF BOOKS.

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CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by John M. Keating, M.D. Vol. III. Phila. : J. B. Lippincott Company. 1371 pp.

In this volume we find many important subjects discussed, there being no fewer than fifty-one articles, by forty-eight authors. Considering the fact that many of the articles are upon closely allied subjects, it is worthy of note that there is so little repetition, a commendable result, doubtless due to careful editorial management. The text is divided into four parts. Part I. deals comprehensively with "Diseases of the Digestive System," including the pancreas and liver. The longest chapter in this part may be considered one of the most important in the book, since it deals with one of the commonest afflictions of children. It covers more than one-hundred pages, and is entitled, "The Diarrhœal Diseases, Acute and Chronic," by L. Emmett Holt, M.D., of the New York Polyclinic, etc. This article is typical of the conservatism of modern medicine, born of thoughtful investigation and a judicial estimation of experience. It is indicative of progress, or, at least, of changing views. In the light of advanced pathology and ætiology, for instance, the author feels justified in abandoning the use of the term "dysentery," as signifying a special form of disease, a few cogent reasons being given, although he retains the adjective, "dysenteric."

The following quotations will illustrate some of the author's views: "Those who consult these articles to find formulæ, will be disappointed. The day of composite prescriptions, containing half-a-dozen different ingredients, or more, is fast passing away. The administration in diarrhœa of mixtures containing an opiate, an astringent, an alkali, a stimulant, an antiseptic, and a ferment, (and many such are constantly employed), is not only unscientific, but also useless. In many of these time-honored formulæ, their value depends upon a single ingredient, or at most two, the others being very often positively injurious.

The routine use of certain complicated formulæ, because some writer has lauded them as 'good for diarrhœa,' cannot be too much condemned. Simple prescribing is everywhere desirable, especially so in children, and most of all in diseases of the gastro-intestinal tract, where unnecessary drug-giving is almost certain to do harm."

"In the sub-acute cases, drugs do not seem of very much value. They are vastly inferior to hygienic and dietetic measures. . . . The prevailing tendency in practice is to over-dose

these cases." Opium, bismuth, and brandy, with irrigation, figure prominently in the therapeutic measures recommended, but their indiscriminate use is heartily condemned.

"In the successful treatment of chronic diarrhoea, either in infants, or in older children, almost everything depends upon general management, hygienic and dietetic, and almost nothing upon drugs. These cases are generally very much over-dosed, greatly to their detriment."

This part embraces articles on functional and organic diseases of the stomach, intestinal bacteria and parasites, tabes mesenterica, hernia, obstruction, an excellent article on acute and chronic constipation, and a most interesting one on malformations of the rectum and anus, etc.

Part II. deals with "Diseases of the Genito-Urinary Organs," anomalies and malformations of these viscera, in both sexes, being well described, and excellent articles on acute and chronic Bright's disease, enuresis, diseases of the umbilicus, and of the male and female genitalia being included. As an addendum to this part is found one of the longest and best articles in the volume, by J. P. Crozer Griffith, M.D., of Philadelphia, on "Diseases of the Blood and Blood-Making Apparatus."

Part III. deals with matters surgical, such as plastic and minor surgery and emergencies in children, wounds, anæsthesia, and anæsthetics.

Part IV. is devoted to diseases of the bones, and articulations, to fractures, dislocations and deformities, curvatures of the spine, ankylosis, amputations, torticollis, etc.

The volume as a whole is a suitable companion to its predecessors, and fully meets expectations, while the work, as a whole, promises to be, when completed, one of the memorable achievements of modern medical literature.

**THE PRINCIPLES AND PRACTICE OF SURGERY.** By John Ashhurst, Jr., M.D., Professor of Surgery and of Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital, etc. Fifth edition, enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co. 1148 pp.

A work of such unquestionable reputation as Ashhurst's Surgery, having reached its fifth edition, needs only to have this fact announced to secure for it an enviably appreciative reception. For a single-volume work, it is an excellent exponent of the principles and technique of modern operative procedures. The recent splendid achievements in the surgery of the pelvis, abdomen, and brain, while fascinatingly brilliant, only serve to foster the idea that the evolution of surgery is not yet complete. But what further advances may be made is beyond the knowledge

of any author. It is enough for him who would make a reliable text-book, to present intelligibly and succinctly the principles and methods which have led to undoubted and successful progress, and which may still serve as guides in the further development of the science. Such a text-book is the one before us. It is as thoroughly abreast of the times as scholarly research, practical experience, and careful revision, can make it. It is necessarily condensed, but bibliographical references generously interspersed, greatly enhance its value. In general arrangement this edition is similar to its predecessors, but it has been substantially enlarged by the addition of new and essential matter. Notwithstanding the existence of somewhat numerous and formidable rivals, the intrinsic merits of this book will enable it easily to retain its well-earned laurels.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. In five volumes. Edited by Charles E. Sajous, M.D. Philadelphia : F. A. Davis.

“Many hands make light work,” and, so the hands be intelligently guided, the work will be well done. As far as numbers are concerned, the labors of the editor-in-chief of these five substantial volumes have been lightened by the help of over eighty associate- and assistant-editors, eleven of them being Boston physicians, and by over 160 corresponding-editors from all parts of the world, the names of several women being found among them. The severe epidemic of the winter interfered somewhat seriously with the work, but certainly no apology is needed for the, after all, slight delay of twenty days in getting the work out. On the contrary, all engaged in the making of the volumes should be congratulated on the marked success of their efforts.

While this year's issue is, in general plan, like that of 1889, certain changes are to be noted in every volume. Special departments have been created for certain subjects : as “Syphilis,” “Surgical Mycoses,” and “Thoracic Surgery.” Other sections have been modified by extension or condensation, as seemed most suitable. It is to be noted that hypnotism receives attention, while pathogenic micro-organisms, ptomaines and leucomaines, still play an important rôle in literature, and are subjects of careful and extended investigations.

The usefulness of the work is not confined to the physician, for the surgeon will find in vol. III. the latest word concerning brain, thoracic, abdominal, recto-anal, genito-urinary, orthopædic, and oral surgery, and other allied subjects. Each volume is indexed, and the last volume contains, as well, the unique general index.

Notwithstanding the too numerous typographical errors, giving evidence here and there of the hasty proof-reading not expected in permanent literature, the work will prove of the greatest value to one who would be cognizant of the year's progress in things medical and surgical. The full year which will elapse before its successor appears, will hardly prove too long for the thorough assimilation of its varied contents.

**PÆDOHYGEA: THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN, AND THE HOMŒOPATHIC TREATMENT OF THEIR COMMON DISEASES.** By T. C. Duncan, M.D., Ph.D. Fifth and revised edition. Chicago.

This book deals in quite a common-sense way with the general management and care of infants and children. It is not pompous, didactic, or theoretical, but good-naturedly instructive and practical. Its object is to help mothers to keep their babies healthful and happy, and to reach the highest and best development; and to indicate the best means of treating and caring for them, when suffering from the diseases common to childhood. Such works are often inquired for by families living at a distance from a physician, and in such a case this can be recommended as admirable of its kind.

**PRACTICAL SANITARY AND ECONOMIC COOKING ADAPTED TO PERSONS OF MODERATE AND SMALL MEANS.** By Mrs. Mary Hinman Abel. American Public Health Association. 1890.

This is the fifth of the now famous Lomb Prize Essays offered through the American Public Health Association and it is one of the most useful of the documents published by the Association. In fact very few books contain as much applied science with so little theorizing to the page, as does this one. Practical experience blended with the best wisdom science has to offer, here deals with the eminently practical subject of economical diet. Though the "bills of fare" may be specially arranged for those of moderate means, the facts concerning food—food values, technique of cooking, etc.—are such as to adapt the book to all classes. No housekeeper and no physician should be without the knowledge so interestingly presented in this little work.

**TWELFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF RHODE ISLAND, for the year ending December 31, 1889.**

This report, like its predecessors, contains a vast amount of statistical information of great interest and no little importance. In Part I. are given reports concerning the health of the towns for 1889; from physicians in relation to acute diseases; from town-clerks in relation to sanitary conditions and improvements; reports of health officers; and reference tables of all sorts. In



addition there are appendices, *a*, "Water Works in Rhode Island;" *b*, "Upon the Sanitary Condition of Watch Hill;" and, *c*, on "The Disposal of Sewage of Isolated Country Houses."

Part II. contains the Thirty-sixth Report upon the Registration of Births, Marriages and Deaths in 1888, consisting of ninety tables with accessory summaries, comments, and diagrams fulfilling all imaginable requirements. Also an appendix giving the "Nomenclature of Diseases or Causes of Death," with suggestions concerning certificates of death, and the laws of Rhode Island in relation to the registration of births, marriages, and deaths, and of divorce.

The usefulness of such a voluminous and satisfactory report for reference and study need not be pointed out. It certainly reflects great credit on the secretary of the board, Dr. Charles N. Fisher, of Providence.

STORIES OF A COUNTRY DOCTOR. By Willis P. King, M.D.  
Kansas City: Hudson-Kimberly Publishing Co.

Dr. King apparently has had, as boy and man, an intimate experience of the life and customs of the far West; and from this experience he has culled a group of very entertaining anecdotes. Each anecdote illustrates some odd and interesting habit or happening of pioneer life; weddings and barn-raising, school training and amateur nursing, the frontiersman's notion of the medical code, and of the proper thing in the way of a fashionable ball,—all these, and many more aspects of remote Western life are touched upon, lightly, but graphically. The result is a straight-forward and suggestive presentation of an existence and of characters very well worth "writing up." As a physician, Dr. King has well improved his privileges of familiar association with all sorts of peculiar and interesting people. Physicians whose lives are cast in widely different surroundings will find it an agreeable occupation for an idle hour, to contrast their experiences with his.

A THOUGHTLESS YES. By Helen H. Gardener. New York: Belford Co.

These short sketches are written with an evident and very earnest purpose, and in a clear, if sternly unornamented literary style. Their themes are sad ones, and the tales are obviously intended to arouse, perhaps to reform, rather than to amuse. One of them shows what miseries may follow a "love in a cottage" type of marriage; another, how theft may be a matter of heredity, and the actual sin far antedate the sinner; and the others teach lessons of like sort. As likely to inspire intelligent sympathy with the poor and the erring, the volume is to be commended; but there is about it a certain atmosphere of

fatalism and pessimism which, if absorbed, is fatal to effective sympathy or action. There is an unhealthy tendency to count the personal will at less than its value as a factor in moral responsibility; an emasculating tendency, which, if carried to its logical outcome, would make the world a mere hospital for moral incurables and irresponsibles.

J. B. Lippincott Company announce in press an important work on "Regional Anatomy in its relation to Medicine and Surgery," by George McClellan, M.D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy, Professor of Anatomy at the Pennsylvania Academy of the Fine Arts, member of the Association of American Anatomists, Academy of Natural Science, Academy of Surgery, College of Physicians, etc., of Pennsylvania, with about 100 full-page facsimile illustrations reproduced from photographs taken by the author of his own dissections, expressly designed and prepared for this work, and colored by him after nature, to be complete in two volumes of about 250 pages each, large quarto.

The object of the work is to convey a practical knowledge of Regional Anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy, in its medical and surgical relations. The illustrations are intended to verify the text, and to bring before the reader the parts under consideration in as realistic a manner as possible. Vol. I will be ready for publication about December 1st, and the second volume is expected to appear shortly thereafter.

### MISCELLANY.

—:o:—

NURSES in hospitals are rather apt to lay too much stress on the advantages received by the patients, and their duty of thankfulness but still it is the poor soldier who suffers most, from always having his causes to be grateful flung in his teeth. Witness the following true story:—

CHAPLAIN. — "So poor Hopkins is dead. I should have liked to speak to him once again, and soothe his last moments; why didn't you call me?"

HOSPITAL ORDERLY. — "I didn't think you ought to be disturbed for 'Opkins, sir, so I just soothed him as best I could myself."

CHAPLAIN. — "Why, what did you say to him?"

ORDERLY. — "'Opkins,' sez I, 'you're mortal bad.'

"'I am,' sez 'e.

"'Opkins,' sez I, 'I don't think you'll get better.'

"'No, sez 'e.

"'Opkins,' sez I, 'you're going fast.'

"'Yes,' sez 'e.

"'Opkins,' sez I, 'I don't think you can 'ope to go to 'eaven.'

"'I don't think I can, sez 'e.

"'Well, then, 'Opkins,' sez I, 'you'll go to 'ell.'

"'I suppose so,' sez 'e.

"'Opkins,' sez I, 'you ought to be wery grateful as there's a place perwided for you, and that you've got somewhere to go.' And I think 'e 'eard, sir, and then 'e died." — *The London Hospital.*

**AN OPENING FOR DENTISTS.**—An American missionary from India says that there is a chance in Madras and Bombay for a number of bright, skilled, American dentists. Madras is a city of 300,000 population, and has not a single American dentist. People sometimes travel from there to Bombay, nearly 1,000 miles, in order to have a tooth filled. There is only one good dentist in Bombay, and he refuses to fill teeth with gold, using a sort of cement that is not lasting. He charges \$7.50 for pulling a tooth.

*Mrs. Schmerz* (at breakfast): "What was it you were muttering in your sleep last night, Galen—about 'pairs' and 'three of a kind?'"

*Dr. Schmerz*: "Um—ah! I met Dr. Flush while I was out, and he told me some of his experience with twins and triplets. Must have dreamed about it!"

—*Puck*.

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### PERSONAL AND NEWS ITEMS.

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Drs. Sarah A. Colby and Esther W. Taylor have removed from 95 Falmouth street, Boston, to 204 Neponset Avenue, Dorchester District, Boston.

Dr. Martha G. Champlin, class of '86, B. U. S. of M., has located at No. 234 Dudley street, Roxbury District, Boston.

Dr. Mary Dorgan-Dakin, class of '60, B. U. S. of M., has located at No. 437 Columbus avenue, cor. Berwick Park, Boston.

Dr. G., of Connecticut, had gained a great local reputation for success in the treatment of children affected with worms. He used a distasteful compound of pink-root, wormseed, and the Lord knows what, but it brought the worms every time. One day he was called to treat a little girl, and as usual prescribed this mixture. The mother, tasting it, made a wry face and said: "Dr. G., I thought you were a homœopath." "So I am, but when I want to kill anything, I always give allopathic medicine," was the quick reply.

Dr. Wm. Tod Helmuth, on his return from Bar Harbor in September, will return to his former residence, No. 299 Madison avenue, New York.

Duplicate copies of back numbers of the publications of the Massachusetts Homœopathic Medical Society, may be obtained by any member of the Society on application to the Librarian, Dr. Horace Packard, 295 West Chester Park, Boston.

H. A. Gibbs, M.D., Lee, Mass. Residence, 45 Centre street; office, Oman's block, Main street; office hours, 9 to 10 A.M., 1 to 2, 7 to 8 P.M. Office hours at Sedgwick hall, Lenox, 3 to 4 P.M.

#### THE PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION AS KNOWN AT HOME.

At the late meeting of the American Medical Association, Dr. Wm. T. Briggs of Nashville, Tenn., was elected to its presidency.

That it may be seen what kind of men are honored and put in the lead by our old-school friends, we publish the following letter by Dr. J. P. Dake, a neighbor of the president elect.

"The American Medical Association has emphasized an intolerant and reckless spirit by the elevation to its presidency of Dr. Wm. T. Briggs, who in this city and surrounding country is well known for his devotion to self and his disregard of the professional standing and interests of other medical men. To show how willing he is to sacrifice the truth when it does not fit with his personal aims and his professional prejudice, I will mention a bit of history.

In the *Nashville Medical Journal*, owned by himself, Dr. Briggs published in several numbers, in the year 1872, a history or "Report on Tennessee Surgery." In the September issue of that year, he gave a summary of the cases of ovariectomy, mentioning each operator, and the result of each operation.

On page 149 of the *Journal* he said, 'Thus it will be seen that only twelve operations of ovariectomy have been performed on patients of our State.'

This statement was made notwithstanding there had been *thirteen* cases, the twelfth having been a case of my own, a report of which had been published in the *New England Medical Gazette*, months before. Aware that Dr. Briggs was

publishing a report on Tennessee surgery, I took pains to have a copy of the *Gazette* containing the report of my case put upon his desk, weeks before the appearance of the language quoted above. He must have known of the case and the happy result, not only from the printed report, but from the people about him. He would have been very deaf, or blind, or asleep, or singularly averse to all disagreeable impressions from without, not to have learned of the operation upon a woman whose attending physician he had formerly been, and whose family is as well known as any in the city of Nashville.

It was a plain case of inexcusable ignorance in a writer of history, or of suppression of facts for a purpose. The mention of my case would have shown the success of operators known as homœopathic physicians, and that would have hurt his prejudice and pride too much! The truth must be suppressed, and history belied in order to save the old school and himself from the confession that other kinds of practitioners can operate in surgery, and be highly successful.

Had my case appeared in his list, there would have been a lessened rate of mortality apparent. He reported twelve cases with five deaths, whereas it should have been thirteen cases and five deaths. But percentages of recovery and mortality in cases of ovariectomy are nothing — it is entirely *secundum artem* to make figures lie — when a hated homœopath would otherwise have some credit!

It is a sorry time for the truth in medical statistics when professional selfishness and bitterness are allowed to govern everything. And it is a sorry time for the American Medical Association when an unblushing falsifier of medical history, a corruptor of medical statistics, and a trampler upon the feelings and rights of his fellow physicians, can climb to its topmost seat.

Surely the millenium has not come to medicine yet — the lion and the lamb are not likely soon to lie down together — when such men are allowed to lead."

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## OBITUARY.

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Before beginning my address, I cannot help giving utterance to the sorrow I feel, that one whom I had hoped to meet here to-day can never again be seen at these gatherings. In the death of Dr. H. P. Hemenway I have lost a dear and valued friend and associate, and the homœopathic medical profession an honored and most useful member.

Dr. Hemenway, as one of my nearest professional neighbors and a practitioner with whom I frequently consulted, gained, by reason of his many excellent qualities, a strong hold upon my affections. I found in him a man of high character, and a physician of ripe and solid attainment. Thoroughly conscientious, and devoted body and soul to his calling, he was a man to inspire respect and confidence whithersoever he went. As the recipient of many kindnesses at his hands, I shall ever remember him with gratitude. Let us thank God that we have known him, and treasure our memories of him as long as life shall last.

I hope the necrologist will pardon this seeming invasion of his province. My deep regard for my departed associate impelled me to make some mention of what is a personal loss. — *Dr. H. A. Houghton, Pres. Mass. Hom. Med. Society, April, 1890.*

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FRANCIS WAYLAND HARTWELL, M.D., died in Salida, Colorado, Wednesday morning, August 20th. He was born in New Marlborough, Mass., in 1857, and graduated in the class of '79, at Boston University School of Medicine, having served as medical interne at the Massachusetts Homœopathic Hospital during the year preceding his graduation. After faithfully caring for an invalid brother who died from consumption, his own health broke down, and in 1884, in search of a congenial climate, he went to Colorado Springs, whence in 1886, he moved to Salida where, in spite of many difficulties, constant suffering and physical weakness, he was able quite continuously to attend to the demands of a considerable practice. On Friday, Aug. 15, he had a very severe hemorrhage from the lungs, from the effects of which he was unable to recover.

Dr. Hartwell leaves many friends in the East who will learn with sincerest regret of this sad end to a long and brave fight for health and usefulness.

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EDITORIAL.

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*PROFESSION OR TRADE?*

It has been the boast and the toast of medical men, since organizations of them first emerged from the shadow of the striped pole, that they belong to a profession, and do not practise a trade. "Tradesmen's methods" is their final phrase of condemnation for the unlucky ones among them who advertise openly, in columns frankly given up to advertisement. "Honor," and "glory," and "dignity," and "philanthropy" figure as the supporting angels of the shield of the medical profession, whenever at society banquets or in leading editorials that shield is held up to the public gaze. Anything suggesting the tainted atmosphere of the shop, is supposed, by the true physician, to require disinfection before it can be touched with the tips of the fingers. It is a very pleasant and soul-soothing assumption; and to enter into it lends a dignity and a prestige to the hand which grasps a medical diploma. But, beloved brethren, would it not sometimes pay us, as children of the disillusionized nineteenth century, to pause and inquire how much of this assumption has fact behind it, and how much is mere buncombe and bombast? Though Lent, which is popularly supposed to be the only appropriate season for such uncomfortable self-searching, be comfortably past, yet would it not be worth our while, for once, to face the Lenten inquiry, How many, among the great body of physicians of to-day, are professional men, in the old, high, fine sense of the word, and how many are, so to speak, gold-plated tradesmen? And when, after stern though reluctant scrutiny and

condemnation of a fellow-worker, here and there, we have settled that matter, suppose we turn the search-light inward, and inquire in just what degree each one of us is justified in classifying himself as a professional man, and in what degree the logic of his daily life classifies him as a tradesman?

What differentiates a profession from a trade? In one broad phrase, unselfishness. The tradesman goes into trade very frankly to make money, and for nothing else. The professional man is popularly supposed to move toward higher aims. There are popularly supposed to be objects which count, with him, above the filling of his private purse. Such, for instance, as the advancement, theoretical and practical, of the profession he has adopted; and the uplifting and regeneration of mankind. As a soldier pledges himself to sacrifice ease, and in extremity, life itself when his choice lies between these things and the doing of his duty, so the physician is supposed, rather than fail in *his duty*, to sacrifice ease, life, and supreme sacrifice in this our day and time!—the opportunity of adding an extra dollar or so to the treasure he is laying up upon earth. How far does the average physician, of to-day, meet this test? Which is to say, how far is he a professional man, as distinguished from a tradesman? The answer is by no means an all dishonorable one. To the honorable side of the answer goes the splendid fact that every discovery, mechanical or pharmaceutical, made by the physician of to-day, is, instead of being patented and disposed of, to what would often be the quick accumulation of a private fortune, given instantly and without price to the profession at large, to be utilized, so far as it will so serve, for the good of suffering humanity. Go, also, the noble stories of the men who, in the exercise of their merciful calling, ride with Custer to the battle of the Little Big Horn, and on that field give up their lives with him; of the men who outface, with little rest, without calculation of reward, the long epidemics of dreadful disease; in their lesser, but as noble degree, the stories of the country doctors, who at the call of their duty, leave rest and home for weary night pilgrimages through darkness and rain and frost. And goes many another story, not to be enumerated here, but sealed with the seal of that self-sacrifice which stamps a man worthy of his profession. When we think of these things, we are proud to join the cry

that medicine is not a trade. But what stories can be told on the other side? Stories of physicians, who, in dread of the odium attendant on frank and fairly paid advertisement, lose no opportunity for more occult and elegant advertisement. Who see to it that their every movement is chronicled in the "court" columns of society journals, with graceful, added reference to the delight of such-and-such a summer community at having so "well-known and successful" a physician in its midst. Who make themselves prominent in the social, and if necessity pushes, even the devotional interests of some fashionable church. Who never neglect to drop into a newspaper office and socially chat with the city editor over the symptoms and prognosis in the case of any prominent man they may number among their patients. Who mention on many irrelevant occasions, the ciphers each year is adding to the right of their cash account. Who clutch every post of fame and emolument within their reach, and condemn as "charlatans" unfit to share such posts, men who their equals in every particular, differ from them in therapeutic belief. Who habitually exaggerate or wholly misrepresent diagnoses, that greater glory may attend their "cures." Who make one visit a week to a charity case dying from diphtheria, and three visits a day to the millionaire *malade imaginaire*. Who do hundreds of other things which distinctly belong to the realm of trade, and whose doing marks them tradesmen, and tradesmen of none too honest a sort. These are the stories that can be told, and that it is occasionally salutary to tell, on the other side of the question. While they can be told, and the men of whom they can be told lose no caste from the telling, we must sprinkle with salt our every pæan over the absence of the trade spirit from the profession of medicine.

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#### EDITORIAL NOTES AND COMMENTS.

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HOPE ON THE TUBERCULOSIS QUESTION, and hope of the most rational and comforting sort, is given by Dr. T. Mitchell Prudden, in his unique and altogether admirable little book,—noticed on another page of our present issue—"Dust and its Dangers."

The hope offered lies not so much in the curability of consumption, though distinct progress in that line, the author reminds us, has of late years been made, chiefly through hygiene and diet. It lies in what the author heartily believes to be the almost absolute preventibility of consumption. He considers it well demonstrated, and offers strong reasons for his belief, that consumption itself is not hereditary, though the predisposition to it may be, and further, that it is contagious only by narrow and well-defined means. He believes, in a word, that only by the bacilli contained in the sputum, these having retained their virulence after the sputum has dried to impalpable dust, is the disease communicable, and not by any atmospheric influence, not even by direct inhalation of the breath of the consumptive, since in the breath bacilli do not exist. Thus the preventibility of consumption rests in a certain definite possibility: the complete destruction of the sputa while fresh; preferably by fire. At first glance this seems to be feasible; on examination it is found to be immensely difficult — something to be hoped for only in the future of patient education and resolute endeavor. When a consumptive patient is ill enough to be confined to the house, the matter of rendering his trouble non-contagious becomes hopefully simple. His reason and his conscience can be enlisted; he can be urged to expectorate *only* into the little paper cups which, cheap, convenient, easily obtainable, can be always at hand. With the burning of this cup and its contents the danger ends. An almost millennial difference in the safety from contagion of attendants and visitors, is obtained by the use of the paper cup in place of the cotton or linen cloths, handkerchiefs, etc., traditionally employed to receive the expectoration. This is instruction every physician can give and is solemnly bound to give and insist upon. And its fruits will be marvellous.

But the other hydra-headed, shocking danger — the danger, combat against which seems at first so hopeless — is that from the expectoration, here, there and everywhere on the public streets, in general conveyances, in theatres, churches, court-rooms, of consumptives not knowing themselves to be such, or not knowing in what inhuman wise they are involving their fellow-creatures in their own sad fate. Here again, intelligent, reiterated instruction on the part of physicians can do much.



It must be supplemented, in season and out of season by insistence,—constant, vociferous insistence if need be, until that mighty but so sluggish force, public opinion, can be aroused to take up the cry,—that those responsible for the cleanliness of public streets, conveyances and places of resort, do their duty much more thoroughly than now it is done. Let the public understand that the terrible disease which—in Dr. Prudden's admirable phrase,—not in "occasional and dramatic epidemics," but every day of every year, is causing the death of from one-seventh to one-fourth of the number of those who die, among us,—is a distinctly preventible disease, and in time it can be prevented. Let the public be trained to insist on such simple, common-sense measures as those which our author suggests: the banishment of carpets and draperies from public buildings; the employment of smooth-surfaced fabrics for upholstery purposes; a cleansing which goes farther than the "whisk of a broom or the flap of a duster;" the election, to municipal office, of men of brains and conscience, who have the city's welfare sincerely at heart, and not of "political tricksters and unjailed thieves";—let public opinion be aroused on these things, and the disappearance of consumption from our midst becomes a rational possibility. It is a hope full of inspiration. Work toward its realization is among the never-to-be-forgotten duties of every physician.

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A HINT ON CHLOROFORM ADMINISTRATION, given by the well known French surgeon, Dr. Alphonse Guérin, is included in a report of a session of the Académie de Médecine, in a late issue of the *Revue Homœopathique Française*. Dr. Guérin speaks with the enviable authority founded on his having administered chloroform in thousands of cases, without a single accident. He of course insists that air shall in all cases reach the patient in free admixture with the chloroform; and continues:

"There is a disease, well-known to us for many years, in which the inflammation of the nasal mucous membrane, especially of that part of it which covers the inferior turbinated bone, produces by reflex action on the larynx a spasm of the glottis closely simulating asthma. This reflex is identical\* with that which

alarms us in the first period of chloroformization. In this case the spasm of the glottis is quite evidently the result of a simple irritation. Whatever be the mechanism of this reflex, it seems to me indisputable that it is to it we must attribute the deaths from arrest of the heart's action, which occasionally take place at the very beginning of chloroformization. Acting on this conviction, I have, for many years had recourse to a practice which I believe a sovereign safeguard against death at this period of anæsthesia. The action of chloroform on the nerves which are the point of departure for this reflex action must be prevented. Accordingly, with two fingers of the hand which holds the sponge I hold the nose of the patient, in such a manner that the inhalation of the chloroform can be made by the mouth only. The disquieting and dangerous initial spasm can thus be completely averted. By this method the nasal mucous membrane is anæsthetized only at the same moment that the cornea and other tissues of the body are deprived of sensibility. This procedure seems to me vastly preferable to the injection of cocaine into the nasal fossæ, which has quite as many dangers as badly administered chloroform."

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THE ARSENICUM TREATMENT OF EPITHELIOMA is constantly receiving fresh testimony to its efficacy. We expressed our cordial interest in its possibilities when Dr. Mitchell first commended his method to the experimental attention of the profession, and we have, with unabated interest followed its growth in professional favor. A particularly striking instance of its successful employment is to be found in the latest issue of our much esteemed contemporary, the *Medical Era*. We take pleasure in reproducing it, as a spur to our readers' willingness to make trial, in their own practice, of a method of treatment which seems as useful as it unquestionably is gentle. The case is reported by Dr. W. E. Green, of Arkansas.

"While visiting Hot Springs, in October, 1889, I was asked by my friend, Dr. S. M. Work (old school), to see a case of epithelioma of the penis, and to give my opinion as to the advisability of amputating the organ. The disease was of several months' standing, and had been diagnosticated and treated as epithelioma by several eminent physicians. Dr. Work had excised the prepuce, the original seat of the trouble, and had given the patient a thorough course of anti-syphilitic treatment, but the disease reappeared at the point of cicatricial union, and was rapidly

spreading in every direction. I concurred in the diagnosis, asked the doctor to try the arsenical treatment, as recommended by Dr. Mitchell, for one month, and if at the end of that time there was no improvement, I advised that the organ be removed entire.

Upon my return home I sent him one ounce of the 2x trit. of arsenicum for local application, and one ounce of the 3x trit. for internal use, with a full explanation of the manner of using them.

In a personal interview that I had with Dr. Mitchell a few days before, he had given me a full statement of his experience in the treatment of the different forms of cancer by this method, and asked me to try it in some well-selected cases and report the results, all of which I promised to do.

I saw Dr. Work to-day, July 7th, 1890, and he told me that within two months the patient had entirely recovered, and had remained well ever since. He further stated that he had used the treatment in several cases of lupus, and that it had also proven curative in that intractable disease."

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## COMMUNICATIONS.

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### ALOE.

A SUMMARY OF ITS PATHOGENESIS DERIVED FROM A CRITICAL ANALYSIS BY  
DR. CONRAD WESSELHOEFT, BOSTON.

*[From a synoptical chart prepared by S. R. F. Lantsius-Beninga, M.D.]*

The following, like previous analyses made under the writer's guidance, was derived from *Allen's Encyclopedia*, for the reason that in preparing synoptical arrangements, it is easier for those who do this clerical work than to assume the responsibility of using the *Cyclopædia of Drug Pathogenesis*; this arranged in narrative form, requiring separation and classification,—a task which, being only the lesser of several unavoidable evils, and too difficult even for the experienced, cannot well be entrusted to beginners.

Another reason for the present use of Allen's work, in general, grows out of the present writer's purpose of testing by the method of critical analysis, the value of higher and highest solutions.

At work for many years in demonstrating the fatality of mysticism in our ranks, the writer nevertheless believes that justice demands a demonstration which, as he is now convinced, can be furnished readily by the method of critical analysis introduced by him, and this constitutes another reason for using Allen's work containing provings of high and low dilutions, tinctures and of the crude substances, these *furnishing the necessary material for comparison of results*. Ever since conducting the provings of curare and of xanthoxylum in 1884, (vide Publications of the Massachusetts Homœopathic Medical Society. Vol.

VIII.) this has been the writer's purpose; out of it came the plan proposed in 1886 and followed by many since that time.

If the analyses and discoveries thus far published by the writer and his associates, do not strike readers as useful for therapeutic work, they are indebted to us for demonstrating the errors to which all provings hitherto have been subject. It was the conviction of the existence of such errors which led to the publication of the *Cyclopædia of Drug Pathogenesis*.

What was once suspected is now well-known. The numerous synoptical charts prepared by the writer, by Dr. Sutherland and numerous others, have shown that provers of high potencies often furnish the largest symptom-lists, but that these are badly lacking in *concordance*, which should be the characteristic mark of a reliable proving by a number of provers. If these provers are of a less nervous disposition, they have no results to record as shown by the empty spaces of the charts.

Neither does it follow that provers of appreciable doses have long symptom-lists; some do, some do not. But it is not difficult to demonstrate that those who record anything, agree, and furnish useful records.

Though all provers mentioned in Allen's work furnished material for the summary below, only that which agrees was retained, while that which is insignificant, vague, and nonconcordant, was omitted.

Comparing Allen's pathogenesis of aloes with that of Dr. Hughes, there is no essential difference which could invalidate the practical usefulness of the summary below. The provers contributing to Dr. Allen's pathogenesis of aloes are also to be found in the *Cyclopædia of Drug Pathogenesis*, except provers, L. S., A. B. I., Williamson and N. I., unless they are there under some other designation; and if actually omitted it has been for good and sufficient reasons. Dr. Hughes' work on the other hand contains a few names which are not in Dr. Allen's work, such as Cullen, A. W. Woodward, Pereira, and others whose remarks are of two general a nature to deserve the name of provings, so that nothing is lost or gained by omitting them from the analysis.

The word "chart" has called forth remarks which at various times have shown that the subject is not understood or that it was misinterpreted. For the purpose of analysis any synoptical arrangement of the material to be examined is of great advantage, and one who has never made use of it can express no intelligent opinion about it. When our material is so disposed as to afford an opportunity of taking a bird's eye view of the whole subject, call it a chart or whatever one will, the reader at a glance arrives at a knowledge of the general

value of the material, which he would not obtain in any other way; just as the explorer of a new country loses no opportunity of ascending the highest accessible points, instead of toiling through dark forests, bogs and tangled underbrush, much of which could have been avoided, had a clear general view been obtained. Beginners are earnestly advised to make use of synoptical charts, which may be dispensed with later. As for the quantities and doses proved, we learn with accuracy from the work of Dr. Hughes that the provers named by him, being also those named in Dr. Allen's work, tested doses varying from the first decimal trituration or dilution to doses of one to thirty grains of the crude substance—circumstances which are imperfectly communicated in Dr. Allen's work.

By spreading our chart before us we learn *e. g.*, that No. 3 (L. S.) records very few symptoms, and J. M., a girl testing the tincture, records no effects, while No. 5 (A. B. I.) yields a long list of symptoms from olfactions of the 30th, which from its profuseness alone is often a nonconcordant record of commonplace sensations, while the provings of the tincture by the same person (A. B. II and III) are much more concordant and intelligible.

In summing up the results of provings, there is a condition which should not be lost sight of, *viz.*, the comparison of values; that is to determine whether provers using different language, mean to express the same or different pathological conditions; that is, to distinguish whether provings are concordant or different, ambiguous, vague and useless.

For the present there is no other way but to adhere to the time-honored arrangement according to parts of the body.

As in previous analyses, the provers yielding appreciably concordant effects will be stated in numbers corresponding to Allen's Encyclopædia; in pursuing this course absolute accuracy is impossible, congruence of expression being rare and untrustworthy. *The concordance of meaning of the different provers is chiefly to be relied on as furnishing a useful pathogenesis.*

The following may serve as an explanation of the manner in which analytical results are obtainable. As different provers naturally express the same symptoms in different words, the concordance of meaning, however, being perfectly evident, this may for the sake of clearness and brevity be condensed into one phrase containing the meaning of the whole.

Besides the method of contracting concordant statements into one phrase, there is another method which suggests itself. In stating groups to which various provers have contributed concordant effects, either the words of each prover may be stated separately, which however would consume unnecessary

space, or the principal symptom may first be stated, and then the modifying statements taken from the several provers contributing to the concordant group may be subjoined; there-upon the numbers of provers contributing to the group may be given, as has been done in the summary, and illustrated by the following example:

*Peevishness* is an expression common to the majority or all, (2, 3, 4, 7, 8), while the modifying phrases such as disinclination to mental labor, irritability, ill-humor, discontentedness, unhappiness, etc. are the concordant, though varying expressions of the provers.

Absolute accuracy is unattainable also, because various analyzers might differ somewhat in their interpretation of concordant symptoms, some admitting a symptom as concordant, which others would reject; they would therefore also differ in stating the numbers of provers furnishing the analyzed group. Hence, it will be admitted that it is better for each practitioner to analyze his *materia medica* for himself, as he himself would differ in some of his details from a number of others, as these would differ from each other. This proposition will be accepted as soon as the profession determines the best method to be employed in analysis.

These preliminaries, it is hoped, will aid in understanding how the following summaries were obtained. Outwardly it appears like those epitomes which are so common, but of which we have no way of knowing how they were made, or why just these and no other symptoms were selected. In these analyses on the other hand, the method of obtaining them has been fully explained, and there should be no doubt in the mind of the reader, that every group below recorded is the result of comparison of all provings made, and of the selection of that only which agrees, while all discordant, incongruent symptoms are left out.

#### SYMPTOMATOLOGY OF CONCORDANT AND CONGRUOUS EFFECTS OF ALOES.

##### MIND SYMPTOMS.

Serene good humor; happiness; contentedness (1, 6, 8, 22).\*

Peevishness, moroseness, compression of head; disinclination to mental or bodily labor; irritability; ill-humored, discontented and unhappy, (2, 3, 4, 7).

Cannot endure visits of people; anthropophobia (4, 7).

NOTE. Possibly this may be a curative effect, as strongly corroborated by prover No. 6, whose annoying amorousness, etc., was changed by aloes to quiet contentedness, joyfulness, absence of habitual sleepiness, and return of inclination to work.

Anxiety starting; also with ebullition of blood; timorousness; restlessness (12, 14, 17, 19, 20).

## HEAD.

Pressing downward, outward; dull, accompanied by stitches, dull pain and flickering, (2, 4, 6, 8, 12, 20, 25), or confusion with pressure, dull pain, (2, 4, 7).

Headache with vertigo, paroxysmal, periodic (8, 12, 14,) or with congestive beating, throbbing, (12, 14, 17, 25).

The parts most frequently effected were the forehead and vertex; less frequently, occiput, and temporal region.

The conditions under which the pains occurred were uncertain and varying; after eating, while walking, and the heat of the sun are each mentioned.

## EYES.

Nos. 1, 2, 4, 6, 7, 8, 13, 20, 27, furnish eye symptoms, but these are all associated either with the head, mental symptoms, or with those of the digestive organs. There is no agreement between them as eye-symptoms.

## EARS.

Similar remarks apply to the ear symptoms, which are furnished by (1, 2, 4, 6, 7, 14, 15, 20, 27), such as twinging, crackling, numbness, rustling, drawing, clicking, throbbing, explosive clashing.

## NASAL MUCOUS MEMBRANE.

Nosebleed, inclination to, or occurring now and then, (2, 6, 7, 20).

Coryza, fluent with soreness, sneezing, burning, vertigo; (7, 8, 14, 27).

## FACE.

Symptoms are furnished by (1, 2, 4, 5, 6, 7, 8, 14, 20, 27). No. 7. who proved the tincture, reports, sickly pallor, then heat and dry lips, vesicles upon lips with swelling and scurf or redness, cracking and dryness of lips, (7, 8, 14, 20).

## MOUTH AND ITS PARTS.

Congruent symptoms are furnished by (1, 2, 6, 7, 11, 15, 20, 21.) These are: bitter, nauseous taste; sour eructations; no appetite, soreness of tongue, of the inner cheek; redness and dryness of the tongue. Carious teeth are painful; sticking pain, or the edges of teeth seem sharp, (5, 7).

## PHARYNX AND THROAT.

Furnished by (1, 3, 4, 5, 6, 7, 8, 9, 11, 15, 20, 27), between whose records there is appreciable agreement. Thus there is

scraping, provoking cough, hoarseness, and dryness, rawness and soreness, with cough on swallowing. (1, 5, 7, 11, 15, 27). Pressure, fulness, sense of swelling, pain arising from stomach, on swallowing ; both of these groups occur in back part of fauces, (pharynx) or palate, (3, 4, 6, 7, 8).

The seat of the above symptoms is the back part of fauces (pharynx) and palate. The conditions of their occurrence is on awaking and on swallowing.

#### GASTRIC SYMPTOMS.

Nos. 1, 2, 4, 6, 7, 8, 11, 12, 13, 14, 15, 17, 20, furnish the gastric symptoms with a great degree of concordance. The most marked effect : great or increased appetite. Hunger preceded in only two cases by diminished appetite, and loss of appetite (for meat), (1, 4, 6, 7, 8, 11, 13, 17).

Thirst (for beer) on awaking at night, or with dry mouth, (1, 7, 15, 20).

Nausea in two instances (1, 12). Eructations are much more frequent ; copious, either acrid, easy, of wind, or bitter ; immediately after drug, (2, 6, 12, 14, 17) accompanied or preceded by pressure, fulness in the stomach.

The epigastric region, and next the umbilical region are the principal seats of sensations.

The conditions of occurrence, as far as recorded, are on waking ; after breakfast the pressure is relieved by expulsion of flatus.

#### ABDOMEN.

Painful aching of whole abdomen ; stitches, twisting, cutting, griping, below ribs (hypochondria), about umbilicus, epigastric region, often with shivering, great distention, discharge of much flatus, hot, offensive ; its discharge relieves pain, which is pressing upwards into chest, or in the sides (hepatic, splenic regions), or downward ; or preceded by rumbling in abdomen ; before stool, or with flatulence accompanying stool, which is pappy and copious, (1, 2, 3, 4, 6, 7, 8, 11, 12, 13, 14, 17, 20, 25, 27).

Conditions : The abdominal symptoms appear in the morning, accompanied with desire to bend double, which relieves. Aggravations occur after vinegar and after eating. Better in the air.

#### STOOL AND RECTUM.

Only Nos. 16, 19, and 21, out of the twenty-seven provers have no records. The congruity and concordance between the twenty-four others is marked, and they agree in the following :



The pains in the anus are sticking and cutting, but more frequently there is burning and soreness in the anus and rectum. Much loud rumbling in the abdomen often precedes stool. The stool which follows is soft and pappy, or liquid and very copious, generally easy, or the stool is first hard, then loose; in many provers preceded by urging and gurgling (rumbling) in the bowels. The stools are apt to be frequently repeated. Again, the urging is followed by copious discharge of gushing flatus, frequently hot. Or, frequent urging to stool while urinating and passing flatus, during which the stool is liable to escape. With or without stool, several provers record burning, heat and soreness of rectum, painful and bleeding piles, (much blood with stool).

The conditions are that stools occur soon after meals. The time of occurrence is determined by the time at which the dose was taken; the tendency, if any thing, is to the occurrence of stools in the morning.

#### URINARY ORGANS.

Increased urgency to urinate; must go quickly; can hardly retain it, (awakes early to urinate). Furnished chiefly by (Nos. 6, 7, 8, 10, 14). The urine is more copious, and generally pale after stool, (6, 10, 17), or frequent, deep yellow, lessened or not increased, (7, 13, 27). Several record copious, cloudy urine, also burning in neck of bladder on urinating. The time of occurrence recorded is afternoon, at 2 and 5 A. M. (6, 7).

The symptoms were furnished by (Nos. (5,) 6, 7, 8, 10, 11, 13, 14, 15, 17, 18, 19, 20, 27).

#### SEXUAL ORGANS.

Pollutions in sleep, erections, drawing in urethra, increased desire, (4, (5,) 6, 7, 13), menstruation returns after absence of three months; abortion, (copious blood, slime, pressing drawing in uterus), menses copious, profuse, long lasting, six days and too early. (Concordance in 14, 20, 27). (Whole number furnished by 4, (5,) 6, 7, 13, 14, 20, 27).

#### RESPIRATORY ORGANS.

Scraping in the throat, dry cough, husky, raw voice; feeling like coryza, chilliness, (1, 2, 7, 27), wheezing; "hæmoptysis, restricted respiration," (3. 14. 20.) The expression used by the last two provers denotes that the source is identical, and that they are not independent (corroborative) observations.

Again morning is mentioned twice as time of occurrence.

#### HEART AND PULSE.

Pulse very low and weak, or diminished four to seven beats in a minute; or oppressed, with coldness through the legs, (7, 17).

In the majority of records there is increase of heart's action ; palpitation ; in bed, heart beats quicker ; frequently gives a very strong beat, shaking the whole body, (with pain in præcordial region to scapula.) Pulse fuller and accelerated. (8, 12, 13, 14, 20).

#### THE CHEST.

Nos. (2, 4, 7, 8, 25), furnish symptoms which are all comprised in the expression, constriction, stitches, pressure, chiefly in the right of the chest, toward the nipple, and shoulder, interrupting respiration on moving after stooping.

#### NECK AND BACK.

Nos. (2, 3, 10, 14, 19, 20), agree in heaviness, pressure, stitches in sacrum and lumbar regions, on moving, rising in the morning, and are associated with the abdominal and gastric symptoms in connection with which they are of value.

#### UPPER AND LOWER EXTREMITIES.

Sensations in these regions were only experienced by four provers, and their records are too vague and general to be of use.

#### SKIN.

Symptoms were recorded by (1, 4, 8, 20, 25). Of these (4, 8), record pimples on forearm ; under the chin. The whole body of No. 25. itches. The cutaneous veins of No. 1 disappear, while in No. 20 they were distended.

#### FEVER.

(These should be compared with those of the heart and pulse.) (Nos. 1, 2, 4, (5,) 6, 7, 8, 14, 20), furnish the following concordant effects : Chilliness and coldness ; shivering and coldness with abdominal griping, and during stool, (2, 8).

Fever with violent thirst ; heat in various parts, especially in the face and scalp, (20).

Chilliness, shivering, creeping down the skin of the back ; cold hands, feet and legs, which prevents sleep, (1, 2, 4, 6, 7, 8.) Also chills after eating, evenings and on rising.

#### SLEEP.

Symptoms are recorded by (1, 2, 6, 7, 8, 17, 25), and may be summarized thus : wakefulness in the evening and before midnight or early waking, 3 to 5 A. M. (6, 7, 25). Loud yawning, sleepiness, indifference, (7, 8). Dozy sleep mornings or at mid-day, cannot rouse himself ; during sleep visions chase each other ; or confused dreams ; crowded thoughts, (he sleeps badly ; mentally excited.) (7, 8, 25).

## A RESUMÉ OF SENN'S "SURGICAL BACTERIOLOGY."

BY CARL CRISAND, M.D., WORCESTER, MASS.

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

Although I am not a bacteriologist, I have been very much interested in the study of Senn's book, and in compliance with the request of the chairman of the bureau of surgery, Dr. P. R. Watts, I submit the result of my gleanings to the mercy of the society. The author takes up first the study of the transmissibility of a predisposition to certain diseases; secondly, the transmissibility of the essential cause of disease; and finally presents an almost unbroken chain of convincing arguments, proving the inoculability of certain diseases. As no attempt at classification of diseases is made in the book, we will make none in the following abstracts, but simply follow the author to wherever he may lead.

Minute anatomical defects in the blood vessels, lymphatic glands and vessels, connective tissue, etc., may render these structures unfit for resisting the invasion, localization, and destructive tendencies of floating pathogenic microbes which are in the air, the water and the soil. In many persons inoculation with a pure culture of tubercle bacilli would be perfectly harmless; in some it would produce a local latent tuberculosis; while in others, rendered susceptible by preceding hereditary or acquired causes, it would produce a rapid destructive dissemination of the disease, causing death.

Transmission of the essential cause of a disease can be more easily demonstrated than the transmission of a predisposition.

The study of intra-uterine life, with especial attention to the transmissibility of disease from mother to offspring by means of transmigration of bacteria through the placenta, has been carried on very extensively in Europe. Lebedeff reports the case of a woman, who, eight days after recovering from erysipelas gave birth to a premature child which died ten minutes after it was born. Fehleisen's streptococcus was found in the lymphatic vessels, in the diseased skin and in the umbilical cord, but not in the placenta. Infection must have reached the child through the placental circulation.

Sangalli discovered anthrax bacilli in the blood of a fœtus of a woman who died of a carbuncle.

"One of the strongest evidences of direct transmission of pathogenic microbes from mother to offspring through the foetal circulation was furnished by Johne. An eight months' fœtus was taken from a cow, the subject of advanced tuberculosis. No microbes were found in the placenta or the uterus, but in the

lower lobe of the right lung of the foetus was found a nodule, the size of a pea, containing four caseous centres. The bronchial glands were the seat of tubercular adenitis. The liver contained numerous miliary tubercles and all the lesions presented under the microscope the characteristic histological structure of tubercle."

Extensive experiments made on animals prove syphilis to be a microbic disease which is most frequently transmitted from mother to offspring.

"It still remains a disputed question whether pathogenic micro-organisms can exist in a healthy body without giving rise to disease." It has been definitely established by abundant research, that they are perfectly harmless as long as they remain in the circulation, and that they do not manifest their pathogenic effect until they become localized.

With regard to the source of infection Pettenkoffer divided the pathogenic bacteria into endo- and ecto-genous; the endogenous coming from within the body, as syphilis and tuberculosis, and the ecto-genous coming from without; but this classification cannot stand long, since artificial cultures of both classes have been produced outside of the body. "Even in the most marked cases of so-called auto-infection, the microbes must have entered the organism at some previous time from without, and all such affections are in every sense of the word ecto-genous processes. In surgery it is of special importance that the endogenous origin of infective diseases should be no longer recognized, and that their cause should be sought for outside of the body."

"Bacteriology has rendered the term 'miasma' obsolete. All infective diseases are now traced to an organic contagion. All infective diseases, in the strict sense of the word, are contagious."

"Tyndall has shown that floating microbes not only enter our bodies, but are arrested there and remain in them," and that no matter how heavily laden the inspired air may be, after it has passed through the lungs it is optically pure and perfectly free from organic or inorganic particles. "Karth examined the expired air of phthisical patients and failed to find the bacilli." So long as the sputum and excreta of patients suffering from infectious diseases remain in a moist condition too heavy to be floated about in the atmospheric air, the bacteria and spores which they contain can do no harm, but when they become dry they are carried about in the air currents, enter the respiratory tract and set up their specific diseases. There is always greater danger of sepsis from without a wound than from within. "The superficial layer of the soil contains most of the disease germs and spores,

as they are deposited upon it from the air, and carried into it by water which contains them."

#### LOCALIZATION OF MICRO-ORGANISMS.

"Every surgeon has had frequent opportunities to observe cases in which a slight subcutaneous injury was followed by a destructive inflammation, an inflammation not produced by the trauma but by the localization of the pathogenic microbes in the tissues altered by the injury." The patient may have appeared to be in ordinary health up to the time of injury, but immediately after localized tuberculosis sets in it becomes regional and finally complete dissemination takes place. It must be conceded that the sustained injury furnished the impetus to the disease process, and that without the injury, which caused certain tissue changes, the latent tuberculosis would have remained in the system unnoticed. No micro-organisms can flourish in the body until they find a favorably prepared soil, and it seems an established fact that all inflammatory processes furnish the necessary soil. It has been proven by experiments upon animals, that microbes have a predelection for inflamed areas, and that they will swarm to such places. On this ground it may be explained that pulmonary tuberculosis always follows either bronchitis, congestion, pneumonia, or some other inflammatory process in the lungs. So long as tuberculous affection is confined, for instance, to the ankle joint, the patient's health will be improved and life prolonged by removal of the offending member. But if the disease has spread from the ankle up into the body, amputation of the whole limb would avail nothing. The above arguments may be summarized as follows: "Localization of pre-existent micro-organisms in tissues prepared by injury or disease takes place, provided that the necessary conditions for their growth are present."

#### LOCALIZATION OF MICROBES IN ANTECEDENT PATHOLOGICAL PRODUCTS.

"Antecedent pathological products may serve the same purpose in the body as a trauma in the determination of localization of pathogenic microbes." For instance, tubercle or anthrax bacilli may be found to exist in the same subject with the pneumococcus, and the action upon the tissues of either one would furnish a favorable soil, just as an injury would, for the development of one micro-organism or the other. It is certainly true that pneumonic foci furnish a favorable soil for the localization and growth of the bacillus of tuberculosis. "Schnitzler has observed and carefully studied a number of cases and finally came to the conclusion that syphilitic ulcerations of the larynx may pass into

tubercular, as the syphilitic ulcers furnish a good culture soil for the bacillus of tuberculosis." "In many instances of recurring suppuration, years after the primary injury or disease, we have reason to believe that the microbes were introduced with a foreign body"—a bullet for instance—"or became encapsulated in the granulation tissue during the healing process, and remained there in a latent condition until by some accidental cause the surrounding tissues had undergone changes favorable for their growth."

#### PHAGOCYTOSIS.

This is a name given by Metschnikoff "to designate the destruction of microbes within the organism by leucocytes and fixed tissue cells." It seems an established fact in pathology that the leucocytes have the power to destroy a certain amount of micro-organisms, and thus is explained the retarded effect of inoculations even with pathogenic microbes. "In infectious diseases, in which the phagocytes do not protect the system from progressive and rapid infection, death is inevitable."

#### ELIMINATION OF PATHOGENIC MICRO-ORGANISMS.

"In all infective processes in which life is not destroyed and the products of inflammation do not find their way to the surface spontaneously or by treatment, the microbes are removed with the excretions as dead foreign bodies, or are eliminated through some of the excretory organs in an active state."

The milk of women in normal health contains no micro-organisms; but in such patients whose bodily temperature is increased by puerperal processes, or who present evidences of septic conditions, micrococci are always present in the milk. These cocci must enter the milk through the blood which receives them from a wound or abrasion in the genital tract.

#### ANTAGONISM OF MICRO-ORGANISMS.

"One of the most recent achievements in bacteriology is the discovery of the antagonism which exists among certain pathogenic micro-organisms. That such antagonisms exist has been demonstrated by cultivation and inoculation experiments. These investigations have an important practical bearing, as future research may not only show the way to secure immunity from infection by pathogenic microbes by prophylactic inoculation with harmless microbes, but may likewise establish a system of rational treatment by inoculations of cultures of antagonistic bacteria for therapeutic purposes."

#### INFLAMMATION.

During the past fifteen years our ideas of inflammation have changed very materially. It is no longer viewed as a disease.

"Many heretofore obscure inflammatory lesions are now known to have been caused by definite, specific microbes. Modern pathology has established the fact that the condition called inflammation is a restorative process, which has for its object the repair of injured tissues, or the neutralization or removal of the primary microbic cause. From a scientific and practical standpoint, all inflammatory affections can be divided into two classes: 1. Simple or plastic inflammation; 2. Infective or destructive inflammation."

#### SIMPLE OR PLASTIC INFLAMMATION.

"A simple or plastic inflammation is a regenerative process, induced by trauma or disease, in which the tissues are in an aseptic condition, and the products of tissue proliferation are transformed into normal permanent tissue."

#### INFECTIVE INFLAMMATION.

"The characteristic features of this form of inflammation are that it is caused by the presence of specific microbes, and that the products of the inflammatory process do not undergo transformation into tissue of a higher order."

#### SUPPURATION.

In reply to the question "can suppuration be produced by chemical irritants?" an undecided answer must be given. Some very skilful experimenters have repeatedly produced abscesses by the subcutaneous injection of turpentine and croton oil, or even indifferent substances as milk or olive oil. Other pathologists, equally skilful, have failed to verify the results of their confrères, and consequently claim that suppuration never takes place without the presence of micro-organisms. It certainly is difficult to accept the theory of spontaneous generation, for all our knowledge of life thus far tells us that like begets like and that we cannot expect life out of a lifeless and microtically pure substance. It is possible, however, for a sterile fluid when injected into the subcutaneous tissues to set up a simple inflammation, thereby attracting pre-existing micro-organisms in the system to the local lesion and consequently indirectly to produce the suppurative process, but not through any inherent pyogenic property of its own, because it possesses none.

In suppurative affections of the skin the pores and sweat glands play a very important part. Serous cavities, as for instance the peritoneal and pleuritic, form a very interesting field of study for the bacteriologist. In empyæma or suppurative peritonitis the pus-microbe can always be demonstrated.

"Purulent arthritis, in an intact joint, is always caused by localization of pus microbes in the synovial membrane, where their presence excites a purulent inflammation."

Osteomyelitis is another microbic disease produced by the localization of pus microbes in the medullary substance and surrounding structures.

"Mechanical, chemical and thermal influences, if microbes are excluded, do not produce suppuration."

"If suppuration followed any of these causes, it was not without the admission of microbes."

"Chemically pure substances may be microbically impure; even some disinfecting agents are, it appears, not always free from microbes."

"As causes of suppuration the following microbes can be enumerated: staphylococcus pyogenes aureus, albus and citreus; streptococcus pyogenes, and in foul abscesses also the bacillus pyogenes foetidus."

"Inoculations with staphylococcus and streptococcus have, injected in large quantities, produced local suppuration, or death by general infection."

"The pus microbes must, in the face of frequent occurrence of suppuration, have a wide diffusion through nature."

"Pus microbes can enter the organism through the respiratory passages, intestinal canal and skin. Entrance is most frequently effected through the skin."

"Staphylococcus and streptococcus are most frequently found in pus."

#### GANGRENE.

Gangrene may be produced, first, by an excessive number of microbes in the capillary vessels obstructing the circulation of the blood; secondly, by the chemical action of the ptomaines upon the tissues, or, thirdly, by specific inflammation increasing so rapidly and to such an extent as to impair and suspend nutrition of the parts by preventing the afflux of arterial blood, or the reflux of venous blood." For these reasons no one variety of microbes can be the sole cause of gangrene. Gangrene has been produced artificially by the inoculation of secretions from gangrenous parts.

#### SEPTICÆMIA.

"Although some of the best pathologists have been diligently investigating this subject for years, we still remain in the dark concerning its true etiology, and its relation to other infective processes. True sepsis is looked upon as a general infection from some local source, unattended by any gross pathological changes. Some writers have claimed the difference between



septicæmia and pyæmia to be a quantitative and not a qualitative one, while others maintained that pyæmia was a specific disease *sui generis*, and that it was in no wise related to sepsis. They resemble each other so far that both are caused by micro-organisms." Like diseases previously spoken of septicæmia has been produced in animals by inoculation.

The very fact that the severity of the symptoms in many cases of septicæmia is out of proportion to the amount of micro-organisms present in the system, has lead pathologists to the conclusion (which is supported by laboratory and clinical research) that another agency besides the microbes is the cause of the disease. It is thought to be a putrefaction or fermentation from the inoculation of some putrid substance producing a septic intoxication, which is more deadly in its action than the microbes themselves.

#### PYÆMIA

Pyæmia is not considered a disease *per se*, but caused by an "extension of a suppurative process from a primary seat of infection and suppuration in distant organs by the transportation of emboli infected with pus microbes through the systemic circulation." Besser, of St. Petersburg, was unable to discover any difference between the microbes of suppuration and those of pyæmia. Pyæmia is very prone to follow suppurative inflammation of the medullary tissue in bones. Pyæmia does not usually follow the introduction of pyogenic microbes directly into the veins, except when they meet a blood-clot, which becomes located in the capillaries, clogging them up and thus forming a new site for infection. "Pyæmia must therefore be looked upon as a serious and fatal complication of suppurative lesions rather than an independent specific disease."

#### ERYSIPELAS.

"The contagiousness of erysipelas has been recognized for centuries, and on this account early attempts were made to include it among microbic diseases."

Some authors claim that it is always caused by the introduction of the specific erysipelas microbe through an abrasion of the skin or mucous surfaces. "Death following erysipelas is caused by the introduction into the blood of ptomaines in sufficient quantity to produce fatal intoxication, or by the entrance of cocci into the circulation, which seldom takes place, or it results from complications incident to the disease or occurring independently of it."

#### ERYSIPELOID.

This is the name given to a new infective dermatitis, which in many respects resembles erysipelas. "It attacks usually the

fingers and exposed portions of the hands and is most frequently met with in persons who handle game or dead animals, as cooks, butchers, fish dealers and tanners. The affection starts from some minute abrasion of the skin, as a bluish-red infiltration, which slowly advances in a peripheral direction. The inflamed parts are the seat of a burning, smarting sensation. While the skin at the point of infection returns to its natural condition and color, the zone of infiltration becomes larger as it continues to spread until the disease appears to exhaust itself in from one to three weeks. The infectious material is contained in decomposing animal substance. The general health is not affected and the temperature remains normal." Dr. Senn has made cultures of the microbes of erysipeloid and produced the disease upon himself.

#### TETANUS.

"Although the infectious nature of tetanus was suspected for a long time, it is only quite recently that the real microbic cause was discerned almost simultaneously by Nicolaier and Rosenbach." The author gives a number of cases reported by other physicians, also very exhaustive accounts of experiments made by the leading pathologists upon animals, which go to prove the origin of the disease to be microbic.

#### TUBERCULOSIS.

"Of all the microbic diseases tuberculosis is of the greatest interest and importance to the surgeon. Of the greatest interest because the tubercular lesions which come under his care are more clearly understood from a scientific standpoint than most of the other surgical diseases, and of the greatest importance on account of their great frequency. That a large class of diseases which were grouped under that indefinite and vague term, scrofula, in the text-books of but a few years ago, have been shown by recent research to be identical with tuberculosis, etiologically, clinically and anatomically."

"Schuchart and Krause found the bacilli in various lesions which had formerly been regarded as scrofulous affections." Inoculation of discharges from so-called scrofulous sores produces the same effect as when lupus tissue is used and the identity of lupus and tuberculosis is no longer a debatable question, for the products of the two affections are the same. Inoculation from lupus always produced a local tuberculosis in adjacent lymphatic glands, and later a general miliary tuberculosis. The lupus tissue always contains tuberculosis bacilli." Patients suffering from lupus are frequently attacked by and die of tuberculosis of other organs, and the prevalence of tubercular affections among

relatives suffering from lupus, shows a hereditary predisposition. Boeck has made the statement that of sixteen cases of lupus three die subsequently of pulmonary and general miliary tuberculosis. Koch, in his paper on the etiology of tuberculosis, states that he produced a pure culture of the bacillus tuberculosis from a case of lupus, which resembled in every respect the culture obtained from recognized tubercular lesions, and with the fifteenth generation from the source, one year after the first cultivation, he inoculated five guinea pigs by subcutaneous injection, and produced typical tuberculosis in all of them."

"That most cases of chronic inflammation of the lymphatic glands are in their origin, course and final termination, cases of local tuberculosis has been satisfactorily shown by clinical experience, inoculation and cultivation experiments."

Under the head of "Inoculation Tuberculosis," the author mentions a great many observations made by eminent men in the profession, and cites a number of clinical cases from his own practice and that of other physicians, which go to prove that it is an infectious disease under certain favorable circumstances. Consequently the surgeon should exercise the greatest care in making skin grafts and in the treatment of open sores and wounds.

"Tuberculosis of the bones is an exceedingly frequent affection in children and young adults. Its favorite location is in the epiphyseal extremities of the long bones, although it is frequently met with in the short bones of the carpus and tarsus, and some of the flat and irregular bones, as the ribs, scapulæ, ilium and vertebræ."

Tuberculosis of the joints frequently follows the same affection in the shaft of the bone. "A single tubercular nodule on the surface of the synovial membrane may lead in a comparatively short time to diffuse tuberculosis over the entire surface of the membrane by local diffusion of the microbe, in which the movements of the joints play an important part."

Tuberculosis of the joints may heal spontaneously by the formation of granulation-tissue which does not undergo degeneration, but transformation into connective tissue. The chances for the patient after an operation on tuberculous bones and joints are not very flattering as a rule, on account of the great possibility of dissemination and generalization of the disease through the opened capillaries in the surrounding tissues and the numerous veins in the bones. "Wartman has collected from the practice of different operators 837 cases of excision for tuberculosis. Of this number 225 died. Of the fatal cases, in 26 death followed the operation closely, and resulted from acute tuberculosis, probably induced by the operation."

"Tuberculosis of the sheaths of muscles is now recognized as a distinct form of the disease. There are three distinct varieties of tuberculosis of the peritoneum recognized among pathologists and clinicians:

"*a.* As a part of general diffusive tuberculosis."

"*b.* Extension of an adjacent tubercular process to the peritoneum; and

"*c.* As a primary tuberculosis."

"Spontaneous recovery from tubercular peritonitis is exceptional, and operative interference is indicated the more, as it would seem that in many cases tuberculosis of the peritoneum is a primary affection, and the source of general infection."

Tuberculosis of the mouth is a form of the disease which is becoming more and more recognized among physicians. Many cases which have heretofore been diagnosticated as carcinoma were not carcinoma but tuberculosis, as the culture inoculation proved.

Senn considers it a settled fact that the tuberculosis bacillus produces no suppuration, but simply an inflammation, unless pus microbes are present through a secondary infection. The contents of a tuberculous abscess are not pus, but the product of degenerated granulation tissue which surrounds the abscess.

"That the bacilli do not grow in a tubercular abscess has been definitely settled by Schlegtendal. He examined 520 specimens of pus from tubercular abscesses and found bacilli present in only 75%. The walls of the tubercular cavity contain the typical structure of the tubercular lesion, and the primary and essential cause of the inflammation, bacillus tuberculosis."

It seems difficult to conceive how anyone can disbelieve the fact that tuberculosis is of microbic origin. All the great physicians of Europe and America have accepted it as a fact and base their treatment largely upon it. The discoveries of Koch and his collaborators have revolutionized our ideas of the pathology and etiology of this dread disease. The almost innumerable experiments with cultures and inoculations prove beyond all peradventure that tuberculosis is a microbic disease, and consequently highly infectious.

During the past year and a half I have had frequent opportunities of having the sputum of suspicious cases examined by our bacteriologist, Dr. J. P. Rand, of this city, and the results have been exceedingly gratifying in every instance from a diagnostic point of view. Although the appearance of all the specimens was about the same microscopically, his skill and penetrating lenses soon separated the infectious from the harmless ones, thus enabling me to give a positive diagnosis and prognosis.

I believe that it is impossible in the incipient stages of

tuberculosis and allied affections of the lungs to make a correct scientific diagnosis without a careful microscopical examination of the sputum.

#### ANTHRAX.

As early as 1849 Pollender discovered in the blood of animals infected with anthrax, fine rod-like bodies; and the contagiousness of anthrax has been recognized since the beginning of the 18th century.

"In order to cause death of animals by inoculation of the bacillus of anthrax, the pure culture of the anthracic blood must be injected into the subcutaneous tissue, into the circulation, or the virus may be transmitted by inhalation or by feeding."

Some animals are much more susceptible to the infection than others, and some are immune.

Inoculations made with attenuated (weakened) cultures protect the animal from disease, and "a still greater immunity is obtained by inoculating a second time with material which has been less weakened." On the other hand the addition of certain substances, e. g., lactic acid, intensifies the virus even after it has been considerably attenuated. "W. Koch states that in animals and man the bacillus can enter the organism through one of the following three routes: (*a*) Through the skin. (*b*) Gastro-intestinal canal, and (*c*) Respiratory passage."

"There is but little doubt that the fatal termination in cases of anthrax is due to the presence of ptomaines which are formed in the body in consequence of the action of the bacilli upon certain complex combinations in the organisms."

#### GLANDERS.

Although this is a disease more commonly found among cattle, horses and sheep, it does not spare man from its baleful invasion. Its most common point of entrance is through an abrasion of the cuticle.

#### GONORRHOEA.

"In no other disease has suspicion of a specific infective cause been so general and entertained for so long a time as in gonorrhoea," and to-day there is probably not an enlightened physician in the world who does not believe in its microbic origin. We will, therefore, not comment upon the numerous and laborious experiments which have been made to establish this fact.

"In serous cavities, gonorrhoeal pus produces, as a rule, a circumscribed abscess. Haab, of Wiesbaden, showed that the micro-organism found in gonorrhoeal pus and the secretion of purulent ophthalmia are identical. It is never found in the simple inflammatory catarrhal form."

## SYPHILIS.

"The infectious microbic nature of syphilis is so evident that no one for a moment would dare to question it, and yet, with all modern improvements for bacteriological research and the prevalence of this affection at all times and all over the world, it is strange that, so far, it has not been possible to furnish positive and convincing proof of the existence of a definite specific micro-organism in all syphilitic lesions, and to demonstrate its etiological relation to the disease."

## THE ALLEGED MICROBIC ORIGIN OF TUMORS.

"All malignant tumors in their clinical behavior have so many things in common with infective swellings, that it does not appear strange that the microbic nature of sarcoma and carcinoma has been suspected for a long time, and that during the recent studies which the modern science of bacteriology has made, the subject has been studied by the most improved methods of investigation."

"Micro-organisms have been found in the tissues of superficial carcinoma and in secondary carcinoma of internal organs; also in lympho-sarcoma."

Scheuerlein claims to have produced inoculation-cancer in ten bitches; but thus far other equally eminent pathologists have failed to verify his experiments.

Such unprecedented progress and discoveries in the field of bacteriology have been made within the past decade of years that we stand in perfect amazement before the mountain of facts before us and wonder what the future will reveal to our bewildered eyes. Senn's work is remarkable for the lucid style in which it is written, for its frankness with which both success and failure of all experiments made by himself and other pathologists are recorded, and for the clinching firmness and positiveness with which it establishes, beyond all possibility of doubt, all *facts* brought to light by the author and many other eminent men in the profession who are working in this comparatively new field.

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*MEDICINE IN SURGERY.*

BY DR. C. S. PRATT, SHREWSBURY, MASS.

[Read before the Worcester County Homœopathic Medical Society.]

Since the rise and progress of homœopathy, the treatment of cases by internal medication, which had before been considered purely surgical, has been a source of surprise and delight to those who love true science. Our method of proving drugs to their ultimate effects, and our accurate knowledge of their local action,

tend in this direction. As in olden times, scrofula, and other dire complaints, fled away at the touch of the king's hand, so warty growths, fistulas, abscesses, carbuncles, cataracts, tumors, and even the dread cancer, have disappeared on contact with our royal remedies.

Time will permit me to speak of but a few of the varied applications of homœopathic medicines in surgery, and that in not a very systematic manner.

#### CHILBLAINS.

This may seem a trifling matter to treat gravely, but they are no joke to those who suffer from them. Ten or twelve cases have been given puls. 3x, and all reported to me immediate relief. It was given at bedtime, a few drops at a dose. One gentleman who claimed to have been tormented so that he could not sleep for hours, night after night, was cured, for that winter, by two doses.

#### BOILS AND ABSCESES.

If seen in an early stage, before pus has formed, bell. 1 x, internally, and fl. ext. bell. externally, will nearly always abort them. A young man came to me with two large boils on his wrist and arm. Within an hour of the first dose of bell. the pain and throbbing was much less, and within two days all pain and swelling had gone.

Mr. M— complained of swelling, heat, and throbbing pain on the side of his left knee. It enlarged rapidly and grew red. There were the usual constitutional disturbances which accompany the formation of a large abscess. The bell. treatment began its quieting work at once, and within a week, without any pus forming, the knee was well. Think what a difference between these cases and the old method of promoting suppuration, having exhausting discharges, lancing, and tardy recovery.

#### SORES.

An old gentleman 78 years of age, consulted me about a sore on his leg, which he said had troubled him more or less for years. He had seen a physician occasionally for the previous two years, but with no permanent good results. The leg from the knee to the ankle was literally black; there was an open sore on the ankle, about the size of a silver dollar. On the leg there were large patches of thick scabs, from which oozed a sticky fluid. After trying salves, washes, and various medicines, with no very good result, I prescribed lachesis for the black leg, and graphites 3x for the scabs with sticky fluid, using no external application of any kind. In less than two months the skin was as smooth and healthy as it ever was, only a little dark colored, which some

more lach. cured shortly. Though so old, this man has worked haying and gardening for four years since, with no return of his trouble.

A child five years of age came under my charge for scrofulous ophthalmia. Photophobia, lachrymation, agglutinated lid, ulcers on the cornea, severe pain and swelling of the lids made an aggravated case. A famous oculist in New York had seen the child several times and prescribed various washes and tonics. The improvement in the main symptoms was but little, and the child was considered in a hopeless condition by its parents. Two small bottles of sulph. 3x pellets enabled the girl to play, learn to read, see the world once more, and, in fact, cured her.

#### CARBUNCLES.

Nearly all of these painful, long-lasting, exhausting, 60-horse-power boils can be nipped in the bud by the use of bry.

A man 65 years of age started a large carbuncle on the back of his neck; in four days, by the right use of bry., the pain, soreness, and swelling were gone; had grown steadily better from the first.

A man about 35 showed me a carbuncle on his neck, about the size of a hen's egg, unbroken, tense, and painful. Bry. and hep. sulph. 1x brought this to a close; unbroken, painless, and and flat, in about a week.

A lady, about 60 years of age, had a carbuncle fully six inches in diameter, covering the whole of the back of the neck. This is about the largest size, and certainly in this case could have been no larger, unless a piece of neck could have been tacked on, to accommodate the growth; nevertheless, it made up for it by its depth. The specific gravity of the urine was 1040. One-tenth gr. doses of hep. sulph., as recommended by Ringer, and later our 1x trit., did remarkably well for the case. Not seeing it soon enough for the abortion treatment to work, it was a month before the patient could be discharged; some time more before the tenderness had disappeared. Since this article deals mainly with such internal medicines as are effective, I need not enlarge on strapping, chloride of iron method of cure, etc.

#### TONSILLITIS.

This painful affection, if seen in time, can generally be rapidly cured and indeed aborted, as it often under ordinary treatment ends in suppuration, by the use of guaiacum 1x and 2x. Chronic tonsillitis can generally be greatly modified, if not cured by baryta carb. 6x.

#### ORCHITIS.

A young man recovering from measles was attacked by a severe inflammation of the left testicle. This I set right for him



in three days with puls. 3x internally, and externally fl. ext. of bell.

A gentleman about 40 had suffered for years with enlargement of the left testicle. It was lanced years before it came under my care, and had discharged a thin unhealthy matter at intervals. Puls. 6x and hep. sulph. 6x brought it down to very nearly its normal size, stopped the discharge and soreness, so that up to ten months from the time he was discharged it had given no trouble.

#### TUMORS

The cutting pains of fibroid tumors of the womb can be greatly lessened, and at times stopped entirely by the use of calc. iod. 2x and 3x, and the progress of these growths can be checked, and their size decreased by the daily use of the same means.

About three months after the birth of a child, a lady consulted me for a painful tumor of the breast, which she believed to be a cancer. It was about the size of a large cocoanut. The surface of it looked red and angry. The pains reached to the arm and down the side. It was very hard. It went away never to return under calc. iod. 3x and hep. sulph. 6x.

Three weeks after the birth of a daughter, a lady asked me to examine a tumor in her breast. Found a hard, painful bunch, with no signs of suppuration. Dr. Nichols, who has since passed away, recommended me to try hep. sulph. 6x. Within a week it disappeared like the frost touched by the sun.

A small tumor on the upper lip of a little girl readily yielded to cal. iod. 3x.

A tumor about the size of a walnut on a baby's eyebrow, is reported to be growing steadily less under its use, and I think will at the present rate soon be wholly gone.

#### FISTULAS.

A lady about 40 years of age had a fistula in ano, with two openings. A thin inodorous discharge was present, and occasionally one-half of one buttock would inflame and threaten suppuration, and indeed it had to be lanced to let out a large accumulation of pus, more than once. Silica 6x and hepar sulph. 6x so aided the case, that for more than two years it gave no trouble.

#### HÆMORRHOIDS.

A number of specimens of this painful trouble have met prompt relief by the use of sulph. 6x, æsculus 3x, nux vom. 6, and hamamelis. I have found a wash of calendula, hydrastis, and bella. an excellent one. But nothing has done so much

good locally as ice water. It seems to me that excision is generally unnecessary, and that homœopathy has nowhere shown its real power more plainly than in its treatment of hæmorrhoids.

#### ERYSIPELAS.

If bell. is well indicated it has rarely failed to give complete satisfaction to me. But no other medicine has produced such good results in my hand as 20-drop doses of tinct. chlorid. ferri, quelling the whole trouble in two or three days. It should be repeated hourly if necessary.

#### SEPTICÆMIA.

An old lady, while using a knife to chop up some meat for a cat, cut the middle finger of her left hand. Blood poisoning set in, and the hand and arm became later on dark and swollen. Nothing cured till lach. 7 was given, though too late to hinder a stiff joint.

A woman about 88, while moving a trunk, scraped off a little skin from her arm. The arm became terribly swollen, green, yellow and black. All that I prescribed did no good, and she died in about three days.

#### HERNIA

A young man of about 18 sent for me one day to see if I could relieve him of a strangulated scrotal hernia. The intestine had passed down into the right side, and the whole mass was inflamed, and enlarged to the size of the fist or larger. The patient was vomiting frequently, and in great pain. As I could not reduce it by taxis, I raised his hips and gave nux 3x and bell. 3x internally, and then left him, but returned in about four hours, and was delighted to find that the whole mass had gone back into place, with a snap, just as I drove into the yard.

A physician told me of being called to reduce a strangulated inguinal hernia, which two good doctors had been working over for many hours. He succeeded when he had reduced the inflamed mass by a hot saturated solution of chloride of ammonium, and received the grateful thanks of the patient.

Dr. Geo. M. Taylor, in the *New York Medical Times*, Feb. 1888, elucidates what seems to be a feasible and painless method of reduction of all kinds of strangulated and incarcerated herniæ. He claims that all cases may be reduced, even if adhesions are present, and the severest inflammation. The patient is placed on his back, his hands are clasped on the crown of his head, and he is instructed to hold them rigidly in same position, and to press on his head. By this position the lateral walls of the chest are drawn widely apart. The base of the chest is distended, and there is a corresponding increase in the width of

the epigastric region. The upper region of the abdomen has become more roomy and will contain more. As no vacuum is possible it follows that the contents of the abdomen are shifted upwards, the lower part of the abdomen is sucked inward and upward. By this position the factor of gravity, which is an important one in causing and continuing rupture, is entirely removed. In place of pressure toward the point of rupture, some degree of traction is now produced inward and upward from the seat of rupture, and any adherent portion of the intestines will be acted upon. A beginning of reduction has thus been made. This position invites the fluids of the sac into the abdominal cavity. With the sides of the chest distended and immovable they cannot take part in respiration. As the diaphragm moves up and down to let in and drive out, in the adult, about 30 cubic inches of air with every breath, so that extent are the contents of the abdomen drawn upwards 17-20 times a minute. The whole force of this traction falls on the imprisoned intestines as the only opposing point. By placing the hand on the abdomen reflex irritation causes deeper and more rapid breathing on pressure with each respiration. This pressure may be made to determine the direction of the internal traction. Now draw the feet up so as to touch the buttocks, raise the hips till the thigh and trunk are in a straight line, inclining from the knees to the shoulders, the head and feet remaining on the same level. Now gravitation acts in the aid of, instead of against the reduction of the hernia. The intestinal mass is, as it were, hung at the hernial neck, and gradually separates the hernial adhesion. Additional tractive force can be brought to bear by placing the hands just above the symphysis pubis, and pressing steadily downward. This causes a traction on the interior or sound segment of the imprisoned intestine. As the intestine is elastic under longitudinal strain, tension narrows it at its entrance into the canal, and even within it. Dr. Taylor claims that in the usual way we are working from the wrong side to bring about a painless, safe reduction. By far the larger part of the contents of the sac are fluid, which have become increased by non-circulation, and prone to decomposition. This causes the danger to life. As the contents of the sac are at a higher hydrostatic level than those of the abdomen, a spontaneous transfer of the fluids of the sac into the cavity below takes place and the sac follows. The solid matter and the rest soon follow, and the reduction is made. Relief is almost immediate, though hours and even days may follow before complete reduction takes place. This method of disposing of a dangerous and painful condition like rupture, appear to me to be worthy of careful consideration and trial.

The opportunity for the use of internal medicine in surgical cases is so vast a subject, that I have but touched upon it, and that mainly from my own experience, and cannot in this paper relate any more of the almost numberless cases for which it may be practically the only treatment.

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NOTES ON MINOR SURGERY.

BY P. R. WATTS, M.D.

[Read before the Worcester County Homœopathic Medical Society.]

In attempting to present before this Society a paper upon Minor Surgery, it is my purpose, not to exhaust the subject, but simply to emphasize certain details in its practice which, I believe, are too lightly considered; and to review, to some extent, the methods now in vogue. Too much emphasis cannot be put upon the importance of care and thoroughness in the little details of surgery. Many a surgeon can skilfully amputate a breast or perform a herniotomy, who cannot dress a sore finger or make a poultice for a jammed toe. Many a "big gun" will perform an ovariectomy, and leave the after-treatment to unknown assistants. Without doubt the best results are obtained in the long run by those operators who themselves apply the dressings, and who see in person that all the minutè details of treatment are thoroughly carried out. Many lives are doubtless sacrificed because the surgeon, after a brilliant operation, contentedly sits down, and pays no more attention to the case.

Next to a requisite knowledge of anatomy, and a thorough acquaintance with the operation in hand, the one thing that perhaps conduces more than anything else to good results, is *cleanliness*. We are told that "cleanliness is next to Godliness," and there are many operators who evidently think that it is far superior. All schools and denominations agree that this is a cardinal point. But going a step further we find ourselves in the realm of bacteriology — and surgical bacteriology at that — where all is confusion. We find the agnostic, the pessimist, bacteriological infidel, each with his own distinct views. But the microscopist, working steadily on, is gradually bringing order out of chaos, and ultimately we may hope to know positively the exact relation of the microbe to surgical disease. Listerism, or perhaps I should say antiseptism, is practised at the present time by the large majority of physicians and surgeons to some extent, and I have observed that some physicians who ridicule the germ theory, make use of the germicides.

Briefly, the antiseptic method is as follows: The parts must be shaved, and cleansed with an aqueous solution of carbolic

acid, 1 - 20. All sponges and instruments should be kept in a solution of the same strength. The carbolic steam spray of Lister is used, but to a limited extent, many surgeons declaring they have seen injurious results follow its use. The wound is sprinkled with pulverized iodoform, then covered with "protective," a dressing impermeable to carbolic acid. Over this is placed several layers of either carbolic or iodoform gauze, and over all a Mackintosh. The roller is then applied, which with drainage tubes, antiseptic ligatures, and sutures, complete the dressing. This process is varied in different localities and by different operators, but the principle remains the same. The bichloride of mercury has, to a large measure, supplanted the use of carbolic acid.

In washing the parts preparatory to operating, the bichloride is now usually employed, and the parts then bathed with a solution of iodoform. For drainage, soft rubber tubes or decalcified bone answer every purpose. The bone tubes, after serving their purpose, are absorbed, thus making their removal unnecessary. Silver wire, antiseptic silk, catgut, whale tendon, and silk-worm gut, are used for sutures, and with the exception of the silver, for ligatures. Silk-worm gut and whale tendon, I have never used, but the whale tendon seems to be remarkable for the rapidity with which it will do its work and then disappear, and on the other hand, silk-worm for its strength, and power to withstand absorption.

If all the claims for silk-worm gut be true, it would seem unnecessary ever to resort to the silver wire, its strength and durability being equal, while the pain attending its removal would be absolutely *nil* compared with the silver wire.

It often occurs in both surgical and medical practice, that it becomes necessary to employ a deodorizer, simply to give a little peace to the patient. Coffee is always at hand, and works usually very satisfactorily. To obtain the best results, the coffee should be stirred occasionally while on the stove. Chlorine is considered a good deodorizer, and is, at the same time one of the best disinfectants. A simple manner in which to obtain it is to add potassium chlorate to hg. cl. Platt's Chlorides are easily obtained, and familiar to all. Helmuth speaks of the value of ozone. "It can be released by placing a stick of phosphorus in a cup filled with water, and allowing one end of the phosphorus to remain uncovered."

A word on anæsthesia is always in order. Most of the members present have, no doubt, given anæsthetics many more times than it has been my lot to do, so I shall try to give the opinion of those of large experience. Prof. Helmuth always gives this rule to his class with a good deal of emphasis :

"Never administer chloroform to a patient in the upright position, and always allow a little air to enter the lungs at the same time." Prof. Doughty thinks chloroform is unsafe and with a very few exceptions should never be used. Certain it is, that it is much more dangerous than either ether or nitrous oxide gas; and of all anæsthetics the best is none too good. If I ever lose a patient under anæsthesia, I want to be able to tell the jury it was "Squibbs" preparation that killed him. Amyl nitrite and ammonia should be kept near at hand in case of an emergency, and if possible, a battery should always be available.

There are a large number of "ether cases" in the market, but after repeated trials the surgeon usually goes back to the towel and newspaper. He can depend on that.

The plain rubber cone has met with considerable favor, but an excellent one (perhaps the best) was recently invented by Dr. E. A. Fisher, of Worcester, a member of this society. It is ingenious but simple. It is a modification of Packard's Ether Inhaler, sold by Otis Clapp & Son, but is easier to handle and the anæsthetic is distributed much more evenly.

Many times in performing small operations on children it becomes necessary to employ some form of local anæsthesia. I have usually found the ether spray sufficient, and with its use have had no difficulty in removing fish hooks, glass, and other small articles from the tender flesh of small boys. If a raw surface is to be dealt with cocaine works admirably. On one occasion I removed quite a large growth from the back of a lady's neck by using the hypodermic injections of the four per cent. solution, although I am not at all certain she would have suffered pain without it. In a case of paraphimosis, I succeeded in cutting quite a slit in the prepuce with but little pain, and the patient was but three years old.

Let us keep ourselves and everything connected with a sick room and surgical case absolutely clean, and if antiseptics is followed, whatever may or may not be the virtue of germicides, our success will, I believe, be more pronounced.

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MORE DYSPEPSIA IN ENGLAND THAN IN AMERICA. — Doctors say that Americans rush too much and eat too fast, but when they are asked for figures they can't show 'em. On the contrary, the English, who never rush, and who eat as though they had all day to a meal, suffer with dyspepsia 28 per cent. more than Americans, and the average age at which business men die is five per cent. below the hustling Yankee. — *Herald of Health*.

WHY IS NOT THIS FAIR PLAY? — In Gratiot County, Mich., there are thirty "regulars" and only three homœopaths. The board of pension examiners of this country is composed of two of the homœopaths and only one "regular." The County Medical Society protests against this state of things. We think it a poor rule that won't work both ways. A homœopathic senator did it with his little hatchet. — *Amer. Med. Jour.* — *N. A. Jour. of Hom.*

## GLEANINGS AND TRANSLATIONS.

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THE PROPER PLACE FOR FOREIGN STUDY FOR AMERICAN MEN.—Human beings are so much like sheep in their habit of following where their predecessors have led that it seems almost useless to attempt to divert their course from the clinics of Vienna or Berlin to those of London, Liverpool, or Edinburgh; yet anyone who has studied both on the continent of Europe and in England must have been impressed with a number of advantages possessed by English study over those offered in still more foreign lands. Very few medical men in this country recognize that the city of London, with its many millions of inhabitants, must possess a corresponding number of cases of disease and injury, and that the number of its hospitals, the thoroughness of its teachers, and the character of the people, all tend to aid in the pursuit of instruction in the cure of disease. There are other advantages, too, which are even more important. First and foremost is the fact that we all use the same language, and call things by the same names; second, the *materia medica* list is closely allied to our own, and the preparations are almost identical; third, the disease-processes seen in England resemble those seen in America more closely than do the diseases of other parts of Europe, and we can study morbid conditions in our own race instead of in races possessed of different temperaments and habits, as well as food and drink.

The advantage of the mother-tongue is inestimable. Very few Americans who do not possess German blood know enough of the German language to understand the terms used by a rapid lecturer in the Fatherland, and, if they do not, they lose that which they chiefly desire, namely, the minute points of the subject before them. The average American going to one of the Continental clinics receives most of his instruction from docents, or other instructors of a comparatively low grade, simply because he is one of hundreds who throng, not only around the chief, but overflow to the subordinates; while in England, notably in London, the number of eminent men is so great, and the percentage of foreign students so small, that each and every one can sit at the feet of the teacher whose writings are known everywhere in the civilized world. While the student in Berlin or Vienna becomes imbued with the views of a single individual governing a given course, in London he may go from hospital to hospital and obtain different views, and in consequence become a man of broader ideas and greater resource. The fees at the various hospitals are no higher than in Germany, and the student has the privilege of being in the healthiest city in the

world, and eating food resembling that which he receives at home, instead of placing himself in the notoriously bad surroundings of a Continental *pension-loge*, and living on food which only a Teuton can withstand.

So infinite are the advantages of London as a medical centre to Continental centres that it seems almost absurd to sing its praises, were it not that so many of our countrymen fail to go there, and the establishment of a post-graduate course, with Jonathan Hutchinson at its head, renders our lack of recognition of our own Fatherland the more culpable.—*Med. News.*

LUNATICS IN CHINA.—In China acts of homicide or murder committed by lunatics are rare. In that country the iron-hand of justice works inexorably, and the plea of insanity is not admitted as a mitigation of punishment. A laborer was recently sentenced to death in the usual manner appointed for the crime of parricide, while the relatives, who had neglected to inform the authorities that the man was insane, were each sentenced to receive a hundred blows with a stick. According to Western ideas this punishment of lunatics is cruel, but there can be little doubt that the severity adds largely to the protection of the public, as is evidenced by the rarity of crime by lunatics in China. There are few lunatics so mad as to be altogether deficient of self-control, and the knowledge possessed by all Chinese that, whether mad or sane, they will be punished for any crimes they may commit, acts upon all as a deterrent. In England they have gone to the other extreme. The slightest evidence showing that a man or woman's mind is unhinged upon certain points is considered sufficient to shield them from the consequences of any crime they may commit, even when that crime is perpetrated with an amount of cunning and forethought sufficient to show, beyond doubt, that the person committing it was perfectly aware of wrong-doing, and was sane enough to adopt every precaution against discovery.—*Weekly Med. Review.*

CHLOROFORM IN THE ALBUMINURIA OF PREGNANCY.—Dr. A. W. Griggs, of West Point, Ga., states that he is in the habit of administering chloroform in doses of from twelve to twenty drops in sweetened water, four times daily, in cases of pregnant women in whose urine there is a great amount of albumen, and who have general anasarca. The result is almost invariably a marked diminution of the albumen and subsidence of the anasarca; he also believes that the occurrence of puerperal convulsions is prevented. This practice is said to have originated with Dr. H. V. M. Miller, of Atlanta, twenty-five years ago.—*N. Y. Medical Journal.*



**ARTIFICIAL FEEDING FOR INFANTS.** — All are agreed that the important difference between cow's and human milk is the excess of casein that it (the former) contains, and that it forms a too firm and insoluble clot. Hence the various devices designed to modify the solidity of the casein clot, and to adapt cow's milk to the delicate requirements of infants and invalids. I am quite familiar with the methods generally in use for this purpose, but have now come almost exclusively to employ that which it is the object of this brief paper to describe. It is as follows:

Put four tablespoonfuls of rice into three pints of water, and boil half an hour; then set aside on back of range to simmer during the day, water being occasionally added by the cook to maintain the original three pints. At night strain through a colander and place on ice. When cold a paste is formed. Three tablespoonfuls of this paste are added to each nursing-bottle (half pint) of milk, and fed during the next day, a fresh supply of rice-paste being under way in the meantime. Should there be constipation I use farina, prepared in same way, and used in the same proportion. Rice is astringent, farina laxative.

From a series of careful experiments with these pastes I am convinced that the hydrated starch granules interpose themselves between the particles of casein, and prevent the formation of solid clots. By this process we do not dilute the cow's milk, but, on the other hand, soften it, and add a constituent, carbohydrate, in which, compared with mothers' milk, it is weak. No fear may be had but that starch thus treated and administered will be digested by a child of three, or even two months. My success with this preparation has been such that I offer it to the profession with great confidence. — Dr. G. B. Fowler, in *Med. Record*.

**WHERE TRAVELLING IS NOT ALTOGETHER PLEASANT.** — Travellers on the Eastern Bengal Railway have placed before their eyes on entering the stations of the road, a placard containing the following cheerful information: "Passengers are hereby cautioned against taking anything to eat or drink from unknown persons, as there are many who live by poisoning travellers. They first of all court acquaintance with passengers in a *sarai* or some other place, and then gain their confidence on the plea of being fellow-travellers going to the same place. When they reach a place convenient for the purpose, they poison the water or food of the passengers, who become insensible, and then they decamp with all their property. They also at times poison the passengers' water when being drawn out of wells, or sweetmeats brought from the bazaar, or food when being cooked." — *Med. Rec.*

AN ANTISEPTIC FOR MIDWIVES. — The Paris correspondent of the *Pharmaceutical Era* writes that the Academy of Medicine has formulated the following antiseptic powder to be dispensed to midwives, upon their order in writing.

Corrosive sublimatè, 3.8 grs. ; tartaric acid, 15.4 grs. ; five per cent. solution of indigo-carminè, 1 drop. Mix and dry. Each powder to be dissolved in one quart of water, must bear the regulation orange-red label, with the words "Corrosive Sublimatè. Poison." — *Med. News*.

ACTION OF COD-LIVER OIL. — "MM. Gautier and Mourgnes, in a recent communication to the Academy of Sciences, discuss at some length the reasons why cod-liver oil is superior to other fats as a therapeutical agent, and arrive at the following conclusions: 1. It is more easily assimilated, owing to its containing free fatty acids and some biliary matters which render its emulsion specially easy when it comes in contact with the pancreatic juice. 2. It is rich in phosphates, phosphoric acid, lecithin, and phosphorus in organic combination; the phosphorus, especially in the last-mentioned form, is very readily assimilated to form protoplasm, and thus nutrition is greatly stimulated. The small amounts of bromine and iodine being also present as organic compounds exercise a beneficial influence on the general metabolism. 3. The alkaloids present — butylamine, amylamine, morrhuine — and morrhuic acid stimulate the nervous system, increase the amount of sweat and urine, and act as nervine tonics." — *British Med. Jour.* — *N. Y. Med. Jour.*

AS TO SMOKING. — Sir Morell Mackenzie concludes an article in the *New Review* on smoking, with a little practical advice. A person should never smoke, he says, except after a substantial meal, and if he be a singer or speaker only after and not before using his voice. Let him smoke a mild cigar or a long stemmed pipe charged with some cool smoking tobacco. If he will smoke a cigarette, let it be smoked through a mouth-piece which is kept clean with ultra Mohammedan strictness. Let him refrain from smoking pipe, cigar or cigarette to the bitter, and it may be added, rank and oily end. Let the singer who wishes to keep in the perfect way refrain from inhaling the smoke, and let him take it as an axiom, that the man in whom tobacco increases the flow of saliva to any marked degree is not intended by nature to smoke. If he is strictly moderate in indulgence — the precise limits each man must settle for himself — he will get all the good effects of the soothing plant without the bane which lurks in it when used to excess.

A NEW METHOD OF INDUCING NATURAL LABOR.—Women with narrow pelves can only pass through a natural labor when the foetus is in a less advanced stage of development. Prochawnick and Swiacky tried successfully to produce such a state at the normal end of pregnancy by placing the mothers during the last two months of their pregnancy on a diet similar to that prescribed for diabetic patients. Breakfast, a small cup of coffee, with 25 grammes *zweiback* (twice-toasted bread); dinner, all sorts of meat, fish, with hardly any gravy, eggs, some green vegetables, salad, cheese; supper, the same, with 40–50 grammes bread and some butter; fluids daily, 300–400 ctm. red or Moselle wine. The articles not allowed are water, soups, potatoes, pastry, sugar and beer. Of three cases treated by Prochawnick, one had a conjugate diameter of 10.8 ctm. She was twice delivered by version and perforation, and three times by premature delivery, and all children died. In the second, conjugate diameter was 10.4 ctm.; in the third, 10 ctm. Artificial premature delivery had been performed in all of these, but all the babies were lost. All three women were put upon the prescribed diet, and their deliveries were easy and required no artificial aid. The babes looked emaciated, were of light weight (2350, 2400, 2250 grammes), but of normal length (50½, 51, 52 ctm.). The bones were fully formed and hard, the skull normal, with the exception that its bones could be shoved one over the other; the amniotic fluid was scanty. All the babies did well, and increased rapidly in weight and strength. After their natural deliveries the mothers were put upon more nourishing diet, especially carbohydrates and milk; two of them were able to nurse their babes. Swiacky tried the same diet on four women with narrow pelves (conjug. were 9¼ down to 6½ ctm.), and reports the same successful issue, and recommends its trial in similar cases.—*Deut. Med. Wochenschr.*—*Hahnem. Monthly.*

BISMARCK'S REGIMEN.—The details of Prince Bismarck's present dietetic regimen, says the *British Medical Journal*, may be interesting to those interested in the treatment of obesity. He says: "I am only allowed to drink thrice a day—a quarter of an hour after each meal, and each time not more than half a bottle of red sparkling Moselle, of a very light and dry character. Burgundy and beer, both of which I am extremely fond, are strictly forbidden to me; so are all the strong Rhenish and Spanish wines, and even claret. For some years past I have been a total abstainer from all these generous liquors, much to the advantage of my health and my 'condition,' in the sporting sense of the word. Formerly I used to weigh over seventeen stone. By observing this regimen I brought myself down to

under fourteen, and without any loss of strength — indeed, with gain. My normal weight now is one hundred and eighty-five pounds. I am weighed once a day, by my doctor's orders, and any excess of that figure I at once set to work to get rid of, by exercise and special regimen. I ride a good deal, as well as walk. Cigar-smoking I have given up altogether; it is debilitating and bad for the nerves. I am restricted to a long pipe, happily with a deep bowl, one after each meal, and I smoke nothing in it but Dutch Knaster tobacco, which is light, mild, and soothing. Water makes me fat, so I must not drink it. However, the present arrangements suit me very well." — *Med. Rec.*

INDIGESTION. — For indigestion the external application of something warm, a piece of flannel, or anything to keep the stomach warm and promote a supply of blood is sometimes a great benefit. In taking hot water internally, it is best to sip it by spoonfuls, waiting a moment after each for an eructation of the gas disengaged by the hot water from the fermenting contents of the stomach. — *Dietetic Gazette.*

HOT ENEMATA IN TYPHOID FEVER. — Following the suggestion by Professor I. T. Tchüdnovsky, Dr. Theodor K. Geissler, of St. Petersburg (*Vratch*, No. 22, 1890), has undertaken an experimental inquiry into the action of hot enemata on patients suffering from enteric fever. In all, five cases (males, aged from fifteen to twenty-nine years) were selected for the purpose, each experiment lasting eight days, and being divided into two periods of an equal duration, during one of which the patients received daily (at 11 A.M.) an enema of one quart of water at 108.5° F. The essential results of the researches are as follows: (1) Hot enemata manifest a very favorable influence on the intestinal tract in typhoid fever. In cases of diarrhœa they markedly diminish the frequency of stools and improve their quality, the fœces becoming less fluid. The injections also relieve abdominal pain, and produce a beneficial action on constipation when present. (2) Immediately after an enema the bodily temperature, as a rule, slightly rises. When examined an hour later the temperature proves to be the same as, or even lower than, the temperature before the enema. (3) In the long run the injections seem to promote defervescence, or, at least, the transformation of a continuous fever into a remittent or intermittent one. (4) Immediately after an enema the frequency of the pulse commonly somewhat decreases, to increase at the end of an hour. At the same time the pulse becomes firmer and fuller, its diastole less pronounced, and the cardiac contractions more vigorous.

(5) The respiration usually quickens, but becomes slower in an hour or two. (6) The blood pressure distinctly rises. (7) The daily amount of urine increases, while the specific gravity sinks. (8) The enemata are invariably perfectly well borne, the patients being rather pleased with them, and a sensation of well-being always follows. As a rule, the injection is retained by the patient from twenty to thirty minutes.—*London Med. Recorder.—Med. News.*

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#### REVIEWS AND NOTICES OF BOOKS.

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**A CYCLOPÆDIA OF DRUG PATHOGENESIS.** Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part XIII. London: E. Gould & Son; New York: Boericke & Tafel.

In this fascicle, "the beginning of the end," we are brought face to face with sulphur, after which the story must be a short one. No fewer than twenty-five drugs, with the alkaloids and a glucoside derived from four of them, here present their pathogenetic records, many of which are pictured with a vividness that photographs itself upon the memory. Sabina, salicylica, sambucus, sanguinaria, sanguinarinum, secale, sepia, silica, spigelia, spongia, stannum, staphisagria, stramonium, daturinum, strophanthus, and sulphur are the most familiar names among those presented. Spigelia, spongia, and staphisagria have but little to say for themselves, considering their clinical reputation, while sabina, salicylica, secale, sepia, silica, stramonium, and sulphur (uncompleted) have records which furnish most interesting reading. The fascicle, like all its predecessors, gives shining evidence, in its preparation, of most conscientious, painstaking and scholarly intelligence.

**PHILOSOPHY IN HOMŒOPATHY.** By Charles S. Mack, M. D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of the University of Michigan. Chicago: Gross & Delbridge. 174 pp.

This interesting little book is a collection of ten essays, lectures, etc., by Prof. Mack, the more important of which have appeared in periodical literature within the last two years, but are here presented in permanent form. The author's essay, "Similia Similibus Curantur," has been revised and is now entitled "Homœopathy." Our favorable estimate of this commendable essay is only confirmed by a perusal of it in its present form. An address which we have not hitherto called attention to, consists of answers to seventeen questions propounded by

students in the non-homœopathic Medical School of the University of Michigan. This, like the other contents of the book, is characterized by solidly logical argument. Prof. Mack believes that similia is the only *law of cure*, or that homœopathy is the only system of curative medicine. His definitions of "law" and of "cure" are essential points in his argument, and if one accepts his premises one is compelled to follow him to his conclusions. The reasonableness of the book, its consistent logic, and the evidences of deep and sound conviction, commend it to one desirous of knowing the reason of a thing, and should command for it a wide-spread popularity.

TUBERCULOSIS, OR PULMONARY CONSUMPTION. — ITS PROPHYLAXIS AND CURE BY SURALIMENTATION OF LIQUID FOOD.  
By W. H. Burt, M.D. Chicago: W. T. Keener. 233 pp.

In these days of agnosticism, skepticism, pessimism in regard to things medical, and of especial uncertainty in regard to things medical, it is refreshing to read a book by an author whose enthusiastic belief, positive assurance, and decided convictions are evident on almost every page. Such a book is the one before us; and we can hardly imagine the mind that will not be affected — according to its temperament — by a perusal of it. The "Introduction" is in itself notable. We are told that after an experience of eight months the author is encouraged to "announce that the *suralimentation* of liquid food is not only the *greatest* of all *known prophylactics*, but that it will *actually arrest and cure tuberculosis*, . . . ; it will enable the physician to cure more than fifty per cent. of the patients that would have to die, with the best methods known to medical science up to the present date." Then follows a series of aphorisms relative to the importance and physiological functions of water, among which we read that water forming "over three-quarters of the human body . . . it follows, therefore, that over three-quarters of our food should be water," — a statement, the logic of which may possibly not be convincing to all.

Other examples of these aphorisms are as follows: "Water, to the amount of six pints, is required daily, to meet the water loss by the kidneys, skin and lungs, to sustain the normal adult body in health; and twice that amount in wasting diseases." "Water drank copiously at our meals does not dilute the gastric juice, but greatly assists digestion."

Pathology is not considered in the volume, but a few words are given on the subject of the ætiology of tuberculosis. Dr. Burt considers the "bacillus theory" "beautiful but impractical," . . . a "silly and unscientific craze," and predicts "that

in ten years it will be discarded as a delusion." He replies with an emphatic "NO" to the query, Is consumption contagious? heredity being in his estimation the explanation of the enormous frequency of tuberculosis. He declaims against the prevalence of the doctrine of the contagiousness of phthisis, claiming that it "is working a great evil in the outside world." He concludes that "instead of bacteria being a cause of disease, *they are only the effects*, and are one of God's greatest blessings to man," being "*true scavengers*" wherever found.

Among prophylactic measures Dr. Burt argues that "the absolute prevention of people predisposed to consumption to marry" should be enforced by an act of Congress. Figuring prominently in prophylactic and curative treatment we find exercise, fresh air, proper clothing, cool baths, altitude of habitation, occupation, diet, etc., in addition to water. (This would seem to dilute the water somewhat.) A long list of remedies with their "indications" is given, and at the end of the book we find a description and illustration of the author's "Pneumatoscope." The work is that, to put it mildly, of an enthusiast, and one whose conclusions would not seem always to be founded in accepted scientific premise. But certain facts which he teaches, and especially the central fact of the usefulness of water in tuberculosis, will be all the more strongly impressed on the reader's mind for the vehemence of their statement; and they are very well worth impressing, and worth learning and remembering.

DUST AND ITS DANGERS. By T. Mitchell Prudden, M.D. New York and London: G. P. Putnam's Sons. 16mo. cloth. 75 cents.

This "little book" of 111 pages, which can be read easily in less than two hours, is not one to be judged by its size, unless one uses inverse ratio. It tells in simple, direct phraseology the important facts connected with dust; its inorganic and more especially its organic constituents are described and the dangers attending dust inhalation are vividly portrayed. The author's theme really is that "consumption" is an infectious disease (not an inherited one), that it is transmitted in dust, that it is contracted by inhalation (given the antecedent susceptibility to it), and that *it is most distinctly preventable*. Methods of prevention are suggested, and the position taken is fortified by facts and statistics. It is profoundly to the interest of every physician and every layman to know how consumption may be prevented, and such knowledge can be pleasantly acquired by reading a copy of this little work.

A TEXT-BOOK OF COMPARATIVE PHYSIOLOGY. — By Wesley Mills, M. A., M. D., D. V. S., Professor of physiology in McGill University, Montreal. New York : D. Appleton and Co. 636 pp.

In the GAZETTE for December, 1889, attention was called to the unique and excellent work on "Animal Physiology," by Prof. Mills, its characteristic features being especially commended. These features are the introduction of the associated doctrines of evolution, of embryological facts, and of comparative physiology and morphology to the elucidation of problems in human physiology. The comprehensive view, the added interest, the thorough satisfaction which this rational method gives to the study of physiology, must obtain for the book a most favorable reputation. The present work on "Comparative Physiology" differs from its predecessor chiefly in being "specialized" in regard to the domestic animals. For instance, in the sections on the "digestion of food," and "locomotion," one finds much in this work that is not in the other; while "voice and speech" naturally demand less attention in this book than in the first. The same arrangement of matter, and method of treating the subject, obtain in both works, and whatever is said in praise of one applies equally to the other. The praise can be warm and comprehensive.

ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION. Third edition, revised and enlarged. By Charles B. Nancrede, M.D. Philadelphia : W. B. Saunders. 388 pp.

This is an ideal book of its sort for the student to possess, for, by the arrangement of the text in the form of questions and concise answers, essential points are presented to the mind as they cannot be in larger descriptive text-books, and one can refer to a given point with less searching. To make the work more complete and useful, thirty wisely selected colored plates have been inserted. The book is also profusely illustrated by 180 wood-cuts. These plates and illustrations, though considerably reduced in size, are clearly defined and well finished. The work makes no pretension to filling the place of the well-known text-books, but it is admirably adapted to its purpose, — that of rapidly reviewing the essential points of macroscopic and microscopic anatomy, and aiding in the practical work of dissecting.

THE FIRST REPORT OF THE BOOTHBY SURGICAL HOSPITAL gives many interesting particulars of an institution which, though less than two years — in fact but eighteen months — established, is already well and favorably known to the profession. The hos-



pital is pleasantly situated on one of the quiet, uptown squares which, built about a green park, recall certain quarters of older London. It offers many advantages to those dreading the publicity of a large and general hospital; it is conducted, so far as is practicable, on the basis of a home; and all operations there performed are under the strict aseptic and antiseptic precautions with which Dr. Boothby's name has long been so closely associated, both in teaching and practice. In the fifteen months of its existence, ending on the 30th of June past, 164 patients were admitted,—144 operations performed,—with a mortality record of but four deaths; one each from tuberculosis, pyæmia, shock, and non-septic peritonitis. The operations have been of great variety; including excision of polypi of cervix, uterus, urethra and rectum; laparotomies for hysterectomy, nephrectomy, ovariectomy, etc.; tonsillotomy, urethrotomy, and many others. There is a training school, in connection with the hospital, whence physicians may obtain competent nurses for private cases. The report offers many brief reports of unusual and interesting cases treated, with remarks on methods employed.

The September CENTURY concludes "The Anglomaniacs," but very inconclusively, and with a turn of ill fortune which we feel that neither the manly hero nor the well-meaning little heroine at all deserves. In the Jefferson autobiography, a noble and well-deserved tribute is paid to Boston's well-beloved actor, William Warren. There is a mystical and pathetic little love-story, by Anne Page; the most noteworthy bit of verse is Mrs. Wheeler-Wilcox's "September," which is a very living, wholesome and richly-colored sonnet. New York: The Century Co.

The POPULAR SCIENCE MONTHLY for August has a first instalment of a most thoughtful and convincing article by Edward Atkinson, on "Common Sense applied to the Tariff Question;" a very solid plea for a conservative reform of our present schedules. Prof. Huxley has a paper on "The Lights of the Church and the Light of Science;" Mr. Werner, a surprising account of the African pygmies; and there are interesting articles by Dr. Kraus, Elisée Recluse and others. New York: D. Appleton and Co.

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THE JEWS IN LONDON.—The idea that Jews are as a class a healthier people and have a lower death rate than others will receive a violent shock from recent London statistics. There are 46,000 Jews in London, and during last year one-third of them received poor relief; one-half the Jews belonged to the regular pauper class, and one-half of all the Jewish funerals occurring in the metropolitan area were pauper funerals. Children under ten years of age made up 81% of the total deaths registered by metropolitan synagogues, while the proportion of deaths under ten among residents of the country at large is only 41%.—*Weekly Medical Review.*

## MISCELLANY.

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A MORE IMPORTANT CASE.—Hackman: "Is the doctor at home?"  
Bridget: "Yes, sir; he's out in the back yard killing a chicken."  
Hackman: "Call 'im in, I've got bigger game."—*Dixie Doctor*.

If you want to prevent your instruments from rusting, immerse them in a hot solution of carbonate of potassa, thirty grains to four ounces, and they will not rust for years, not even when exposed to a damp atmosphere.—*Hom. News*.

"Does this hurt you?" said the dentist, as he gouged at the teeth of his customer.

"It would," replied the customer, wincing, "if I were not a Christian scientist."  
—*Clinical Reporter*.

A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.—According to the *Moniteur Thérapeutique*, local anæsthesia can be readily induced by simply discharging the contents of two or three syphons of aerated water upon the part. The anæsthesia thus induced is said to last about five minutes.—*Med. Record*.

THE PROGRESS OF CREMATION.—Cremation seems to be making rapid progress upon the Continent. The crematories at Milan, Gotha and London all report an increase in the number of incinerations, while that in Paris heads the list with 532. A cremation society has recently been organized in Stockholm.—*Weekly Medical Review*.

NOTHING SHARP TO CUT WITH.—Young Father: "Blamed if I know what's the matter with the baby, Doc., but she cries all the time."

Doctor: "Perhaps she has been cutting her teeth."

Young Father: "I don't believe it, Doc.; she ain't had a knife or anything sharp to play with since she was born."—*Judge*.

IT WASN'T HIS TOOTH.—Countryman to Dentist: "I wouldn't pay nothing extra for gas. Just lug her out. Never mind if it does hurt."

Dentist: "Well, you are plucky, sir. Let me see the tooth."

Countryman: "Oh, 'tain't me that's got the toothache; its my wife. She will be here in a minute."—*Dental Register*.

WIFE (affectionately): "How is your rheumatism this morning, John, dear?"

Husband. — "Pretty bad, my dear; pretty bad."

Wife. — "Why don't you try the mind cure?"

Husband. — "There ain't any thing the matter with my mind. It's my joints, dear — my joints."—*The Medical Summary*.

IN the *China Medical Missionary Journal* Adele M. Fields reports an examination of twelve hundred Chinese for the color-sense. Of six hundred women, only one was color-blind—for green; of six hundred men, nineteen were color-blind, and four of these were sons of the green-blind woman. The examinations were made with Thomson's arrangement of Holmgren's test. The results obtained among the men give the proportion usually ascertained in such examinations.—*N. Y. Med. Jour.*

THE DEADLY COLD BED.—A writer in *Good Housekeeping* says: "If trustworthy statistics could be had of the number of persons who die every year or become permanently diseased from sleeping in damp or cold beds, they would probably be astonishing and appalling. It is a peril that constantly besets travelling men, and if they are wise they will invariably insist on having their beds aired and dried, even at the risk of causing much trouble to their landlords. But the peril resides in the home, and the cold 'spare room' has slain its thousands of hapless guests, and will go on with its slaughter till people learn wisdom. Not only the guest, but the family often suffer the penalty of sleeping in cold rooms, and chilling their bodies, at a time when they need all their bodily heat, by getting between cold sheets. Even in warm, summer weather a cold, damp bed will get in its deadly work. It is a needless peril, and the neglect to provide dry rooms and beds has in it the elements of murder and suicide."—*Druggists' Circular*.

**HE SHOULD HAVE BEEN TOLD.**—Old Doctor Bilgus had been attending a patient without benefit to the latter, and it was decided to employ another physician. "We'll have to call in another doctor," the patient's father said to Bilgus; "James is getting no better; he's in a high fever"—"Why didn't you tell me he had a fever?" broke in Bilgus; "I've got just as good fever medicine as any other doctor."—*Judge*.

**WHILE** cross-examining Dr. Warren, a New York counsel declared that doctors ought to be able to give an opinion of a disease without making mistakes.

"They make fewer mistakes than lawyers," responded the physician.

"That's not so," said the counselor; "but doctor's mistakes are buried six feet under ground, and lawyers' are not."

"No," replied Warren, "but they are sometimes hung as many feet above ground."—*Montreal Legal News*.

**THE USE OF BUTTERMILK IN VOMITING.**—Dr. Stanley M. Ward writes in the *Therapeutic Gazette* that he has found fresh buttermilk very serviceable in relieving vomiting of various forms, even at times the vomiting of pregnancy. The remedy is administered ice cold, in doses of about half a teaspoonful repeated every fifteen or twenty minutes. In the case of children with cholera infantum he has often succeeded in quieting the stomach by interdicting everything else and using a few drops of fresh ice-cold buttermilk at intervals varying in length according to the severity of the case.—*Med. Record*.

**I. BURNER YEO**, of London, in *British Medical Journal*, makes some interesting observations on food for the sick. He says among other things, "I will ask you at the same time to consider the use of 'buttermilk' as an invalid food, not so largely used in this country as in Germany, but calculated, I believe, to be of service in many cases of gastric difficulty. It is highly acid from the presence of lactic acid, and it contains the casein of milk in a very finely divided form. I have known dyspeptic patients to live upon it in comfort for considerable periods at a time, taking only a little thin water biscuit besides."—*Dixie Doctor*.

**IN THE OFFICE OF THE WRONG SPECIALIST.**—A physician whose specialty was skin diseases one day saw a patient enter his office. "Strip off your clothes!" commanded the physician. "But, doctor!" expostulated the patient. "No buts!" exclaimed the doctor, who was quick-tempered; "do as I bid you." The patient doffed his clothes and stood naked before the dermatologist, who, examining him closely, remarked: "My good sir, I can detect no affection of the skin in your case." The patient smiled, and replied: "True, doctor. I came to consult you in regard to my eyes."—*Cincinnati Lancet-Clinic*.—*Med. Review*.

Major Culpepper—Doctor, I'm knocked out, am feeling very poorly this morning.

Dr. Wyse—Take a pill, and follow it up with quinine.

Major—Oh, I never could endure blue mass.

Doctor—Well, a dose of castor oil, then.

Major—Ugh! Impossible!

Doctor—Hum! I don't know—take a—take a good stiff julep—plenty of mint and whiskey.

Major—Anything you say, doctor; anything you say! (*Rings the bell.*)—*Puck*.

**THE IODOFORM TREATMENT OF BURNS AND SCALDS.**—Two indications prevail, to stop the pain and antiseptics; iodoform responds to both, and has the advantage, as Mosetig-Moorhof has shown, that the bandage may remain untouched for one or two weeks, which is a great comfort to the patient. Iodoform also hastens granulation. The blistered skin is removed, and the wound cleansed with antiseptic cotton moistened with a solution of one-half per cent. sodium chlor. On the wounded surface Scheff then applies several layers of dry iodoform gauze; over it a layer of gutta-percha paper, which prevents any adhesion of the cotton which might become stiff from the secreta, and the whole is held firmly by the usual bandage. The cotton can be changed whenever necessary, while the iodoform gauze remains untouched for one or two weeks. For the face, he recommends an iodoform vaseline salve, 1 to 20, covered with a rubber-paper mask, which must be renewed daily. He never witnessed any poisoning from this mild treatment.—*Monatshfte f. Dermatol. Hahnemannian*.

IN the *Russkaia Meditsina*, No. 19, 1887, p. 330, Dr. Prokopy Popoff of Minu-sinsk, in writes that he has most successfully treated upwards of three hundred cases of toothache from dental caries by administering one-twentieth per cent. solution of potassium permanganate in the form of a mouth wash. The following is the formula: Potas. permang., 3 grains; aq. destil. or fontanæ, i (Russ.) fl. pound, misce. One tablespoonful to be taken in the mouth every half hour, and to be held therein on the affected side for several minutes. The most agonizing pain is said gradually to disappear in a few hours. The wash acts, besides, as an excellent deodorizer. — *N. Y. Med. Times.*

A fellow who swallowed a drachm  
Of poison grew cold as a clachm,  
And when somebody said,  
"I don't believe he is dead,"  
The corpse quietly shputed, "I achm!"  
And since then they say that his ghost  
Each night walks around his bed-phost,  
And it scares all the folks  
Who aren't used to such jolks,  
Clear out of their senses almost.

— *Chicago Herald.*

TREATMENT OF POST-PARTUM HÆMORRHAGE.—Dr. Driska reports his method of treating post-partum hæmorrhage, which he has without exception found trust-worthy, and in proof of its value states that during the last seventeen years he has had thirty cases of central placenta prævia without a single death. In this number he does not include those *in extremis* when he arrived and who died without further hæmorrhage. The method is as follows: After completely emptying the uterus (in central placenta prævia *by accouchement force*) he seizes the uterus with one hand and with the other places two or three pieces of ice, the size of a walnut, in the uterus and the upper part of the vagina, and retains them there for some minutes. He selects ice of glassy hardness, transparent and clear. He holds the uterus compressed for fifteen minutes, although it almost never tends to expand. The great difference in temperature, about 70° F. (with hot water it is only 21°), and the compression from without and within, cause extreme irritation of the contractile elements of the uterus. The bleeding stops at once and permanently. — *Berlin Klin. Wochensch.*—*N. A. Journal of Homœopathy.*

## PERSONAL AND NEWS ITEMS.

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DR. S. M. CATE has removed from Salem to Harvard, Mass.

DR. C. E. AMES has removed from Whitman to Stoughton, Mass.

DR. B. G. CLARK has removed to 162 West 122d Street, New York City.

DR. E. A. SEARS has removed from Malden to 170 Moody Street, Waltham, Mass.

SARAH M. HOBSON, Ph. B., M. D., class '90, B. U. S. M., has located in Saco, Maine.

CLIFTON D. BRIGGS, M. D., class '90, B. U. S. M. has settled in Takoma, Washington.

DR. O. W. ROBERTS, formerly of Ware, Mass., has located at No. 24 Thompson Street, Springfield, Mass.

A homœopathic physician is wanted at Kissimmee, Florida. Information concerning the location may be obtained of Dr. J. J. Shaw, Plymouth, Mass.

TO LET. — October 1st. A very desirable stand for a physician in the centre of a rapidly growing city of nearly 17,000 inhabitants, eight miles from Boston. The place has been occupied by a homœopathic physician for the last twenty years. For particulars apply to X. X., care of Otis Clapp & Son, 10 Park Square, Boston.

# THE NEW-ENGLAND MEDICAL GAZETTE.

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## EDITORIAL.

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### *MUNICIPAL CARELESSNESSES.*

It would sometimes seem to the exasperated hygienist, that municipal governments resolved themselves into Societies for the Dissemination of Germs. How not to do it, hygienically speaking, seems, not infrequently, to be the life study of aldermen and councils : and the study is fruitful in disastrous results. Irony apart, there is something as astonishing as appalling in the carelessness of public health, manifested by the average city government in countless details of its routine work. It is only when a general epidemic of some disease of dreaded name is pending or threatened, that the average municipal official ceases completely to ignore the connection between the sanitary condition of a city and the health of its inhabitants. New York has long offered illustration of these melancholy facts, and of late, Boston's turn has come. Last year a prominent medical society publicly called attention to the deplorable condition of our streets ; this year our merchants have done the same thing, in terms that admit of no compromise. Our grievances are many, and their items are startling ones ; and our grievances are the more irritating that they could as to many of their items, be so easily remedied by a little foresight and a little energy on the part of the authorities. For one instance : What conceivable purpose is there in choosing mid-day as the time in which to collect ashes and garbage? At mid-day the world is out and afoot ;

the evil smells carry their offence if not their dangers to hundreds of sensitive nostrils; the germs which inevitably mingle, in greater or less degree, with the dust-clouds arising from emptying rag-bags and dust-bins, find easy and fatal lodgment in the too susceptible organism of many a passer-by. Nothing could be simpler, as has a hundred times been insisted upon, than that all such collections be made before six A. M., and thus a real peril, as well as a most exasperating annoyance, safely avoided. It is amazing, too, how largely the whited sepulchre sort of satisfaction with fair appearances obtains our city over. Until very lately, in the case of one famous hotel, its front looked upon a broad, beautiful and daintily-kept thoroughfare, while its back gave upon a narrow alley, rarely free from stagnant leavings of the last rains, and in wet weather a fathomless slough of Despond; while, from the hotel's kitchen-windows, rained down continually vegetable parings, half-picked bones, over-ripe fruit and the like, to be transmuted in their moist lodging-ground, into a witches' broth which must have been sweet odor in the nostrils of the genii of zymotic disease. This especial case has very lately found remedy; but doubtless it could be matched even in its own quarter of Boston. Yet another source of menace to public health, is the continual, reckless, never-ending excavations of the principal thoroughfares; until it would seem as if nearly everything available must by this time have been "laid underground," with the lamentable exceptions of the corporations who insist upon, and the officials who permit such continual disturbance of soils rich in danger-germs. In a world where conscience and not pocket sat enthroned, wholesale excavations of public thoroughfares would be permitted only in such seasons of the year as travel over those thoroughfares was at its minimum, and after honest warning to all travelers of the risk to be run in breathing the tainted air. Still another, and for the present, final count in our indictment, is the "Solomin of a procedin'," as a new but beloved friend of fiction would put it, of watering our city streets with water drawn from an absolute sink of corruption into which, for unnumbered years, the city's sewage was emptied, and which must still be an absolute treasure-house of zymosis. To draw from this Augean well, and sprinkle our streets withal, is an apotheosis of municipal

carelessness and ignorance, before which one bows the head. It offers a most immediate and practical theme for discussion to our medical societies, and for thorough ventilation before a too easy-going public, so far as a hearing can be obtained through the daily press.

Municipal carelessnesses and municipal death-rates are cousins-german. This fact cannot be, in public or private, too strongly insisted upon by the physicians whose true business should lie quite as much with the prevention of disease as with its cure.

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#### EDITORIAL NOTES AND COMMENTS.

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A THREATENED INJUSTICE of a very grave character is called to our attention, in the case of the State Homœopathic Hospital for the Insane, in Middletown, New York. As is well known, this hospital, self-supporting, admirably conducted, clinically successful, has long been the pride of the homœopathists of the State of New York, and one of their standing arguments for the claims of their system of medicine. These facts, coupled with the well-known "state of mind" of the old-school physicians of New York over the passage of the protective, "separate board" bill, may help to explain the attack—for such it is—lately made on the liberties of the Middletown Hospital by the Commission in Lunacy. This august body has lately decreed that instead of the free admission from any part of the State, limited only by the capacity of the hospital, of all those insane persons whose friends desire for them homœopathic treatment, patients shall hereafter be admitted from six counties only, without especial warrant from the Commission. Moreover, no private patient, even from the counties named, is hereafter to be admitted without the permission mentioned. Thus is aimed a very direct and perilous blow both at the revenues and at the clinical interests of the hospital. Its arbitrariness is to the last point exasperating; its animus seems unmistakable. All friends of homœopathy, all friends of fair play, must raise against it a cry of protest. This has already been done, and emphatically, by the New York State

Homœopathic Medical Society, as the subjoined resolutions, passed at its October meeting, testify :

WHEREAS, The recent laws relating to the transfer of the county insane provide for restricting the admission of cases to the Middletown Homœopathic Hospital to the consent of the State Commission in Lunacy; and

WHEREAS, The Middletown Homœopathic Hospital was founded and is maintained for the purpose of affording homœopathic treatment to insane patients residing in any part of this State, for whom such treatment is desired; and

WHEREAS, It is understood that orders are being made by the State Commission in Lunacy for transferring insane persons to the Middletown Homœopathic Hospital without regard to this important, eminently desirable, and humane provision; therefore,

*Resolved*, That we respectfully request the State Commission in Lunacy to refrain from transferring any cases to the Middletown Homœopathic Hospital, except those for whom homœopathic treatment is requested, in writing, which request and reasons therefor are to be satisfactory to the Trustees of said hospital.

*Resolved*, That in case patients are ordered to be transferred to the Middletown Hospital in disregard of this request, the committee on medical legislation of the State Homœopathic Medical Society is hereby instructed to endeavor to secure such legislation as shall provide for the free and full transmission of patients, and those only, both pay and county, from any part of this State for whom homœopathic treatment is desired.

*Resolved*, That the committee on medical legislation of the State Homœopathic Medical Society is hereby instructed to secure such amendments of present laws as shall provide for the admission of one or more homœopathic representatives to the State Commission in Lunacy.

*Resolved*, That homœopathic physicians are hereby requested to notify said committee on medical legislation regarding any existing difficulties, of whatever nature, by which those who desire the admission of cases from any part of the State to the Middletown Homœopathic Hospital are prevented from so doing, whether on account of overcrowding thereof or for any other reason.

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“ANOTHER DUNCE” is not an ideally friendly title to pass on to an esteemed contemporary; but the GAZETTE, crushed and smarting under a heavy burden of censure and scorn, must positively lighten that burden by sharing it with one to whom a part of it comes addressed, so to speak. In other words the GAZETTE has received a letter. It is a letter so typical of its sort, that, no indication that it was written in fraternal confidence being observable in its contents, the GAZETTE feels moved to publish it *verbatim et literatim*. It is, as we have said, a typical letter; proving triumphantly how much easier is vituperation than argument, and how common a thing it is to “call names,” where one cannot controvert facts; also, we fear, that



this style of communication, public and private, is far too much in vogue among exactly that class of "thinking men" to whom the writer alludes. With this class, there has been from the dawn of an old, old controversy, a tendency to confuse personality with opinion, to fancy they have disposed of a man's arguments when they have called the man a mongrel, or an apostate, or a hypocrite, or a dunce, and to raise a cry to be "let alone," as under personal assault, when their utterances are challenged or their errors exposed. It is not a virile attitude; it is not an adult attitude; it is an attitude which is popularly supposed sacred to pinafore days and the offended infancy which "won't play." It is a spirit which, as we have said, is so typically illustrated in our correspondent's letter that the temptation to publish it becomes irresistible. Furthermore, O now more than ever esteemed contemporary, the Other Dunce, of the Era! it is, as also we have said, a cowardly comfort to unload upon your stalwart shoulders, half of the burden of reproach under which we totter. And finally, here is the letter:

TRENTON, N. J., 9 mo., 29, 1890.

*Editor New England Medical Gazette, Boston, Mass.*

DEAR SIR,—Having been a reader of the NEW ENGLAND GAZETTE for years, and frequently noticing your unnecessary comments regarding "High Dilutions," and in the present number so uselessly spending time and space that the subscribers care but little about. I would say, I would not and could not regard your opinion as the Embodiment of Homœopathy, similar to another Dunce in "The Era." Why is it, you cannot let those alone, who do not think as you do. They are not bound to anything. They are no servile tools. They are thinking men.

Very truly, etc. ———

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SPECIALTIES, NOT SCHOOLS, is a point of view worth taking, now and then, when looking for a solution of an old problem.

In a conversation a prominent homœopathic practitioner of this neighborhood related an interview with old-school physicians, who discussed in an amiable and frank manner the merits

of the schools and the obstacles in the way of union, among which were enumerated various objections to "sectarianism" on the part of the "allopaths," and to class-legislation on the part of the "homœopaths."

The latter having asked the writer for an opinion, the interesting conversation was interrupted and hence with permission of the readers of the GAZETTE the opinion will plead for a little space in that journal.

If ever another opportunity to discuss the relation of the "schools" should occur, it would be well to affirm that there is a very simple philosophical solution to the situation. There is neither need nor use of a difference, or indeed of the existence of two "schools," but there is a necessity in the natural order of things for differences in the mode of using medicines in disease. These differences are based upon *special methods*; they are not schools, but *specialties in therapeutics*.

What are called homœopathy and allopathy are only, and have only a right to claim to be, specialties by the side of other specialties, and the adherents of each have the indisputable right to cultivate their specialty regardless of the opinions of those of the other.

Homœopathy is not a sectarian antagonist, or if it ever claimed to be it should take the advanced ground of renouncing such a position; but it should with all means at its command defend its claim to a place among specialties (methods) in therapeutics.

This idea should take the place of the argument concerning "sects" or "sectarianism," "exclusion," etc.

It is easy to recognize different modes of studying and using drugs in disease, and it is proper, natural and of the utmost importance to science and humanity, that such methods of special use of drugs or medicines should be cultivated and developed as far as possible, in order that ultimately each may rest on its own merits based on experimental research. On this ground there is no offence committed in calling them schools; to designate each specialty as a sect, is harmless enough, but it implies that each is founded on a belief rather than upon knowledge, and hence the word sect is inappropriate.

C. W..

## COMMUNICATIONS.

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## ACUTE GLAUCOMA.

BY A. B. NORTON, M.D., NEW YORK CITY.

[*Read at the Semi-Annual Meeting of the Homœopathic Medical Society of the State of New York, Brooklyn, October 1st.*]

Glaucoma is "the expression of a disturbance of equilibrium between secretion and excretion, with increase in the contents of the eye, and increased tension."—*De Wecker.*

## PATHOLOGY.

Different authorities attribute glaucoma to either one of the three following conditions or to them all combined, viz., 1st. A hypersecretion of the inflamed ciliary body. 2d. Impeded outflow caused by pressure of the enlarged ciliary body upon the periphery of the iris, or 3d. From impeded outflow from the vitreous chamber by enlargement of the lens. Owing to this diversity as to the initial cause, the pathological changes are imperfectly understood, but the following conditions have been sufficiently often noticed to be placed under this heading. An inflammation and enlargement of the ciliary body in the early stages which later becomes atrophied. The iris which at first is slightly inflamed, becomes as the disease advances adherent to the cornea, thus partially blocking up the flow of the aqueous to the canal of Schlemm, and finally the iris may become atrophied. The entire surroundings of Schlemm's canal are infiltrated with cells. The optic nerve is at first somewhat inflamed, while in the advanced stages the nerve fibres are shrunken with hypertrophy of the intervening connective tissue, together with hypertrophy of the pial sheath of the optic nerve and the lamina cribrosa. The choroid and retina become atrophied in the later stages from pressure. The retinal vessels become degenerated and the walls of the arteries thickened. The vitreous shows externally an increase of consistence, and internally liquefaction.

## SYMPTOMATOLOGY.

In about one-half of all cases of glaucoma, careful inquiry will elicit the history of prodromal symptoms, recurring at longer or shorter intervals for a period sometimes extending over months or years, and seeming to result from mental or physical fatigue. These premonitory symptoms consist of increased tension, premature recession of the near point (a higher degree of presbyopia than the age of the patient would indicate), the appearance

of haloes around a light and periodic dimness of vision, while in some cases the pupil may be dilated and sluggish, the field of vision contracted and the retina hyperæmic.

These prodromal symptoms may occur from time to time, the intervals between the attacks becoming shorter and shorter, until suddenly an attack of severe pain will usher in the onset of acute glaucoma. This is apt to occur at night and is often the result of some sudden excitement or great grief. An examination will reveal a part or all of the following symptoms. The lids somewhat swollen may be œdematous. The conjunctiva reddened, possibly chemosed; scleral vessels injected and enlarged, eyeball protruded, lachrymation, photophobia. Cornea hazy, and may have lost its sensitiveness to touch. Iris discolored, pupils dilated and inactive, greenish reflex from the pupil. Aqueous, cloudy. Anterior chamber shallow. Vision impaired. Eyeball hard. Field of vision contracted. An ophthalmoscopic examination will be difficult to make on account of the haziness and generally inflamed condition of the eye, but should show a pulsation of the retinal arteries, which are diminished in caliber, while the veins are large and full; excavation of the optic disc, and there may be extravasation of blood.

An analysis of the chief symptoms of glaucoma proves instructive as well as interesting, and hence is detailed. One of the first symptoms is the diminution of the range of accommodation, and although glaucoma is a disease especially found in elderly people in whom we would naturally have presbyopia, still it is much greater than should exist at that time of life, and is due to the increased pressure causing greater tension upon the choroid and suspensory ligment of the lens, thereby keeping the lens flatter.

The halo around light appears like a rainbow with the colors of the solar spectrum, the usual arrangement being with the violet end inwards and separated from the light by a non-luminous space, with the red end of the spectrum outwards. This arrangement is probably due to the refraction, because this is the arrangement in hyperopic eyes and is reversed in myopia, (the majority of cases of glaucoma occur in hyperopic eyes.) Priestly Smith considers the iridescent vision to be due to an exaggeration of the latent physiological chromatic aberration of the eye, while Donders considers it due to a diffraction of the rays entering the eye, owing to the opacity of the cornea. The halo seen is always circular in shape, and its size, and breadth of each colored ring increases the further the light is from the eye.

The increased tension is best determined by palpation with the index fingers of both hands applied to the upper lid of the closed eye, when the eye is turned downwards. It is customary

to determine three grades in the variation of the tension, either above or below normal, and are designated by the signs T+ or — 1, 2, 3. A marked increase in the hardness of the eye is noted as T+1, a greater increase but still admitting of some dimpling of the eyeball is noted as T+2, but an eye that admits of little or no impression is noted as T+3. This system of notation, while but relative and varying with different examiners is sufficiently accurate for all practical purposes, as the difference in the degree of hardness is of less importance than the demonstration of the fact that hardness exists. Instruments called tonometers have been devised for measuring the tension, but experience shows that no more delicate information can be obtained from their use than by the *tactus eruditus* of the skilled surgeon. To determine the tension when but one eye is affected, it should always be compared with its fellow. The normal tension of the eye is noted as T<sub>n</sub>; this is apt to vary under certain conditions; a large eye is apt to yield more than a small one; the elasticity of the sclera may be increased or diminished by disease, and is more elastic in youth than in old age, and hence the tension would be greater than in an old person. The palpation should always be made when the eye is turned downwards, as it varies when made over the cornea from that made over the sclerotic.

The haziness of the cornea is peculiar in that it is quite uniform and most intense towards the centre of the cornea. The seat of the opacity is the parenchyma of the cornea, with some dotted appearances of the surfaces; the opacity soon disappears upon the return of the tension to the normal. The cause of the opacity seems to be, according to the investigation of Fuchs, an œdema of the cornea which takes place through the nerve channels. Others have attributed the haziness to a disturbance of the nutrition of the cornea brought about by the pressure, and still others claim it is due to a compression of the cell elements of the cornea, thereby changing their relations.

Anæsthesia of the cornea is usually present in chronic cases and may be found to a greater or less degree in acute cases; this is due to a paralysis of the corneal nerve fibres resulting from the distention and pressure upon them by the increased amount of fluid in the nerve channels and the infiltration around the same.

Dilatation of the pupil together with inactivity is usually present. The dilatation is not always circular, and when of an oval shape is believed to be due to a greater amount of adhesion of the iris to the sclera at that point. There are several theories as to the cause of the dilatation, none of which have been satisfactorily demonstrated as yet, it is most probable, however, a

result of some vascular constriction of the vessels of the iris. The greenish reflex from the pupil is dependent upon the haziness of the cornea and aqueous humor, combined with the physiological haziness of the lens.

The shallowness of the anterior chamber is due to the increased pressure from the vitreous pushing forward the iris and lens.

The haziness of the humors is a very slight, diffuse haziness, and is due to an increased amount of fluid in the eye.

Dilatation of the anterior ciliary veins is the result of compression of the *venæ vorticosæ* causing a damming up of the blood, which then has to pass off through the anterior ciliary veins.

Enlargement of the anterior ciliary arteries is due to an impeded entrance of blood.

Pulsation of retinal veins is a phenomenon occasionally found and is not a true pulsation, as the arterial wave cannot be transmitted through the capillaries, but is due to the external pressure upon the veins produced by the incoming arterial wave and transmitted to the vein through the vitreous humor. It also may be occasionally noticed in a normal eye when an artery crosses over a vein and the pulsation is then sent direct to the vein.

Pulsation of the arteries of the optic disc. The physiological pulsation of the retinal arteries is so slight that it is not recognizable except in extremely rare instances, but it may often be produced in the normal eye by pressure on the globe with the fingers. In glaucoma, the increased tension causes a stoppage of the blood at the optic disc, and extra force is required to push it forward into the retina, which is done by the next systole of the heart. This pulsation disappears after an iridectomy is performed. The pain of glaucoma may be very slight or it may be the most intense ciliary neuralgia, and is due to pressure upon the ciliary nerves.

Contraction of the field of vision, is one of the most characteristic signs of glaucoma. The contraction is first seen at the inner (or nasal) and later at the lower, then the upper, and lastly at the outer side of the field; thus showing that the temporal side of the retina, then the upper and lower are first affected, and is probably due to the fact that there is less blood and nerve supply to the temporal than to the nasal side of the retina, and in consequence the result of increased pressure would be first noticed at the temporal side. It has also been shown by Leber that the periphery of the retina receives its nerve supply from the centre of the optic disc, and as it is these central fibres that are first and mostly affected by the excavation of the

disc, the contraction of the field may be the result of the excavation.

Excavation of the optic disc. The cupping of the optic disc in glaucoma involves the whole of the nerve, is very abrupt at the edge, the vessels are lost sight of as they pass over it and the nerve has a greenish appearance. It is due to the increased pressure upon the lamina cribrosa, which gives way, is pushed backwards, and finally passes into an atrophic condition.

#### ÆTIOLOGY.

Glaucoma averages about one per cent. of all eye cases. Its frequency varies somewhat in different countries, and the sex seems to cause little or no difference. It is especially a disease of advanced life and is *very* rarely found under the age of forty. Usually affects both eyes although rulably one eye is further advanced than the other. Chronic glaucoma is more frequently met with than acute, the proportion being about three to one. Heredity seems to have some influence. Hyperopia is found to exist in about 50 to 75 per cent. of the cases, and is considered by some to act as a cause of glaucoma owing to the excessive thickness and prominence of the ciliary muscle in hyperops, and also to the shallowness of the anterior chamber, owing to the more anterior position of the iris and lens in hyperops. Trigeminal neuralgia is in some cases a precursor of glaucoma and is also considered as an exciting cause, as in animals, irritation of the fifth nerve will induce a temporary increase of the intraocular pressure. Irritation of the fifth nerve from decayed teeth will cause glaucoma in some cases. Convulsions, hysteria, anxiety, excitement, grief and mental depression have been recorded as causing glaucoma. Gout may predispose to it. Climacteric changes and other disorders causing a vascular turgescence may cause it, as intoxication, indigestion, strain of the eyes, sleeplessness, fever, etc. Atropine has often been the cause.

#### COURSE.

Acute glaucoma is as a rule extremely sudden in its onset and will often run its course to complete blindness in a few days and sometimes in a few hours; occasionally a case will be met with in which the disease has been very slow in its attack, and in these there has been usually no pain or inflammatory symptoms directing attention to the eye, so that careless people will often allow of an almost total destruction of sight before seeking a physician.

#### PROGNOSIS,

depends upon the time it has existed before coming under treatment; if seen within a few hours after its onset the use of

eserine and our homœopathic remedies will often cut short an attack and vision be restored, but even in any stage, treatment either medicinal or operative should be expected to save the existing vision with more or less improvement.

#### DIAGNOSIS.

Acute glaucoma should present no especial difficulty in its recognition, as its symptoms are so characteristic that they should be appreciated by any careful observer. When you find an inflamed eye with dilated pupil, intense ciliary neuralgia, haziness of the cornea, rapid loss of vision, etc., your attention should at once be directed to the tension and glaucoma be suspected. In glaucoma simplex, where there is no inflammation, pain, etc., it may be confused with atrophy of the optic nerve, but the duration, tension, excavation of the disc, etc., will at once clear up the diagnosis.

#### TREATMENT.

This should vary according to the stage of the disease; taken in the premonitory stage where the patient suffers from only occasional attacks of temporary blindness, pain, etc., while in the interval the vision is good, we may look for benefit from the use of remedies. The only local remedy to be considered is either the sulphate or salicylate of eserine, which is usually employed in the strength of a half per cent. solution and may be instilled into the eye as often as every hour or even oftener, and should in itself speedily cut short an attack. Even in some cases of acute glaucoma, if used early and often, the necessity of an operation may be postponed, if not permanently avoided. In all cases the use of eserine should be early, *very early*, hence we believe it best in cases once having had a premonitory attack, that the patient should be supplied with the eserine with directions as to its use that no time should be lost. The action of the eserine is by causing contraction of the iris, it is drawn away from the iritic angle and the filtration passages opened, it also by constriction of the vascular system of the eye diminishes secretion.

#### IRIDECTOMY.

The introduction of this operation for the relief of glaucoma was empirically made by von Graefe, in 1857, and is still the operation for this disease. Iridectomy has been the means of saving useful vision in thousands of patients who would otherwise have been hopelessly blind. While iridectomy is the most valuable remedial agency extant for this disease, still it is not infallible, as in some cases or forms of glaucoma even this



operation will not check the disease. In operating, the previous use of eserine is advisable, as it renders less liable accidents from sudden relief of the tension, and it has also been advised by Arlt and others, that it be used in the sound eye as well, for the mental anxiety caused from the dread of an operation has been considered not infrequently to have been the cause of an attack in the good eye. Ether should, as a rule, be used in this operation, as thorough anæsthesia cannot be obtained from cocaine in a glaucomatous eye. The incision should be made entirely in the sclera, the iridectomy large, and care taken that the escape of the aqueous be very gradual, and that no remnants of the iris remain in the wound.

Sclerotomy has been strongly advocated by DeWecker, but it has not seemed to have met with the hearty support of the other authorities. In certain cases, especially, the hæmorrhagic form of glaucoma, sclerotomy may with advantage take the place of iridectomy. The writer has had the best of results from this operation in a few instances. Other operative procedures have been suggested for the relief of glaucoma, but thus far have not proved worthy of notice.

#### REMEDIES.

The results from the use of internal remedies in glaucoma seem to me somewhat problematical, chiefly because the reports of cases cured by remedies alone, seem sufficiently unreliable to warrant a question as to the diagnosis. In the majority of cases recorded, where no operation was made, the local use of eserine was employed as well as the remedy, and in consequence it is unscientific to give the credit to the remedy alone.

Aconite may be of service at the commencement of an acute attack when we have much heat, redness and burning pain in the eye, together with fever and other symptoms of the drug generally.

Belladonna may occasionally be indicated in severe throbbing pains aggravated by noise and light, together with the flushed face, etc.

Bryonia is a remedy to which much credit is given. The eyes feel full. Sharp shooting pains through the eye and head. Eyes sore to touch and on moving them. Halo around the light.

Cedron may relieve a severe shooting pain over the eye.

Colocynth has a severe cutting pain in and around the eye which is relieved by pressure.

Gelsemium is one of our principal remedies in this disease and is perhaps more frequently used than any other, and yet there seems to be no especial characteristic symptoms upon which it is given, hence we come to the conclusion that its use

has depended upon the fact that clinically it has proven its value, as many favorable results are recorded from its use.

Nux vom. has been used more in the later stages of the disease when atrophy of the nerve is present, the morning aggravations, and the other symptoms of nux.

Osmium is a remedy that has proven of value in the hands of some, and from its symptoms should be given a more thorough trial. It has sudden, sharp, severe pains in and around the eye. Dimness of vision, objects seem in a fog. Halo of various colors around a light.

Phosphorus is useful after an iridectomy and in some cases is of value early. Halo around light. Objects appear red.

Prunus spinosa has a very severe pain in the eye as though it were being pressed asunder, sharp, shooting pain in the eye and side of head.

Rhododendron has severe periodic pains in the eye aggravated before a storm.

Spigelia will also often relieve the sharp, shooting pains in the eyes and head of glaucoma. The pains are worse on motion and at night. Among other remedies we would note apis, eserine, merc. and thuya.

CASE. I. Mrs. B—, aged fifty-six years, came to me Oct. 10, 1885, to have her eyes examined for glasses, stating that for three or four months had noticed that she could not see as well with her glasses as formerly. Examination gave O. D.  $V = \frac{1}{3} + 1$ . D.  $V = \frac{1}{3}$ . O. S.  $V = \frac{1}{3}$ . dif.  $+ 1$ . D.  $V = \frac{1}{3}$  slight difficulty. Has been wearing  $+ 3$ . 25D. for near vision, but now requires  $+ 4$ . 50D. States that she has suffered from more or less headaches of late, with occasionally neuralgic pains around the eyes. Says that at times vision seems to be very much poorer than usual for a day or two, and at these times cannot see to use the eyes at all. In answer to the question, says that she has noticed colors, especially red, around the light at times, but had supposed it was due to biliousness or something of that kind and had paid no attention to it. Has had sickness in the family for the last six months causing her a great deal of physical fatigue as well as worry. Had been in the habit of reading aloud for hours at a time. Ophthalmoscopic examination reveals a slight dilatation of the retinal veins, arteries normal. The slightest pressure on the eyeball produces a pulsation of the retinal arteries. The pupil slightly dilated and  $T + 1$ ?. The diagnosis was made of prodromal glaucoma. The patient forbidden all use of the eyes, was advised to get as much rest as possible, combined with moderate exercise in the fresh air, and placed upon a nutritious diet. Eserine sulphate one-half per cent. solution, was prescribed to be instilled into each eye every two hours and gelsemium given.

Oct. 14th. Reported as feeling better in every way. Vision was found to be  $\frac{1}{2}$  dif. with +1D. O. U. Pupil contracted. Tn. Headache and pain is better yet has still seen the red color around the light at times. The eserine was ordered to be instilled but twice a day and the remedy continued.

Oct. 24th. Still improving, none of the colored vision since the last date, and other symptoms disappeared. Tn. Eserine to be used once a day and the remedy repeated.

Nov. 20th. Seems to have been all right since the last date, and can now read as well as ever, she thinks, with her old glasses, but +3. 75D. are clearer and easier for near vision and were ordered for her. Distant vision the same as Oct. 14th. Patient was discharged at this date without further treatment, except that a solution of eserine was given her with directions to use it upon the return of any of her symptoms and to report at once.

Jan. 8, 1886. Mrs. B. returned with the report that she seemed to have been all right until four days ago, at which time the death of her daughter was followed by a return of the halo, dimness of vision and very severe pain in the eye which was inflamed. The eserine was at once used with a relief of her symptoms, and now beyond a slight irritable condition of the eye with an occasional ill-defined halo and some headache, seems to be all right. She was seen a few times after this until wholly recovered, and since which time has had no recurrence of the symptoms. In this case, I believe had it not been for the use of the eserine together with the remedy, that this lady would have continued to have these premonitory attacks, until the sudden grief from the loss of her daughter would have resulted in an onset of acute glaucoma with probably more or less destruction of sight.

CASE II. Mrs. W., aged seventy years, was first seen on July 31st, of the present year, when she gave the following history. Four days ago she began to have very severe pain in the eyes and extending into the top of the head, with poor sight in the right eye. Could ascertain no prodromal history. Says the attack seemed to have come on suddenly one night. Has one daughter that had glaucoma in both eyes a few years ago and was relieved by an iridectomy. Has been under a severe physical and mental strain, caused by serious sickness in her family, which a few days later resulted fatally. Examination gave O. D. V= fingers at eight feet with +14. glass V= $\frac{1}{100}$  O. S. V= $\frac{1}{100}$  +14. V= $\frac{1}{2}$  dif. Pupil dilated, cornea hazy. T+2. Conjunctiva congested, lachrymation. Ophthalmoscopic examination could not be made on account of the haziness of the cornea. Diagnosis of acute glaucoma was made and an iridectomy to be

made at once was advised. In the mean time eserine sulphate half per cent. solution was to be instilled into the eye every hour and gelsemium given internally. The eye the following day was about the same, but vision was reduced to the counting of fingers at seven feet. An iridectomy was then made under cocaine, with no pain from the operation. This patient made a very quick recovery, and on August 15th, two weeks after the iridectomy, all inflammatory symptoms had subsided and the eye was apparently as well as ever, with a vision of  $\frac{1}{8}+14$ ,  $V=\frac{1}{8}$  and two letters of  $\frac{1}{5}$ .

These two cases are merely detailed as illustrating the most favorable results that may be expected from the treatment of cases of acute glaucoma when taken early, and not as displaying any especial skill in the treatment or brilliancy of operation. In all cases of glaucoma it may be considered as favorable results to prevent further loss of vision, than that which exists when the patient first comes under treatment. My records, like those of all oculists, will show many other favorable cases where the disease has been checked and vision improved, but not to such an extent as in these, because not seen as early. In the first case the operation was avoided because the disease was simply in the prodromal stage when first seen, and the treatment undoubtedly prevented an attack of acute glaucoma. The result in that case we believe may be considered as extremely favorable, and yet probably no more so than should be had in any similar case, *i. e.*, seen at the same early period.

In the second case the condition had progressed to such an extent, that we believe had the iridectomy been delayed while trying other treatment, no such favorable results could have occurred, as I think the improvement after the operation was unusually good, and was simply due to the fact that the operation was made early.

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WHILE travelling in Virginia some time ago with a doctor, we came upon an old colored man who was standing by a mule hitched to an old two-wheeled vehicle. "Dis mule am balked, boss," said the old man, "an' I'll jis' gib a dollah to de man dat can start 'im."

"I will do it for less than that, uncle," said the doctor. He took his case from the carriage and selected a small syringe, which he filled with morphia. He went to the side of the mule, and quickly inserting the syringe in his side, pushed the contents into the animal. The mule reared upon his hind legs, and, giving an astonishing bray, started down the road at a break-neck speed. The aged colored man gave a look of astonishment at the doctor, and, with a loud "Whoa!" started down the road after the mule. In the course of ten minutes we came up to the old man, standing in the road waiting for us. The mule was nowhere in sight.

"Say, boss," said the darkey, "how much is that stuff you put in dat mule?"

"Oh, about ten cents," laughingly replied the doctor.

"Well, boss, yo' kin squirt twenty cents' wuf in me right away. Heah am de cash. I must ketch dat ar mule."—*Buffalo Commercial.*

**ÆTHUSA CYNAPIUM.**

A SUMMARY OF ITS PATHOGENESIS, DERIVED FROM A CRITICAL ANALYSIS.

BY CONRAD WESSELHOEFT, M.D., BOSTON.

[From a Synoptical Chart prepared by Dr. Frank H. Pritchard.]

## INTRODUCTORY REMARKS.

The following summary has been derived from *Allen's Encyclopedia*, Vols. I. and X., (used on account of its convenient arrangement according to parts of the body) carefully compared with the pathogenesis found in the *Cyclopædia of Drug Pathogenesis* (Part I., p. 136). This like many other provings is open to doubt regarding the authenticity and reliability of recorded effects. First we are informed by Dr. John Harley. (See also *Brit. J. of H.* of Jan. 1835, p. 51.) that *æthusa* is an inert plant, a statement which, while it does not agree with results of provings of Hartland, Petroz and the toxicological records, is not therefore disproved. Dr. Hughes omits the poisonings as unsatisfactory evidence. No doubt that author with his better opportunities is the best judge; and yet, what Allen's work offers under the head of toxic effects (t) compares concordantly with the other provers; such concordances have been utilized in the appended summary, to the exclusion of non-concordant effects.

With Dr. Hughes we must agree that where a number of provers of considerable doses could record no effects (Harley, Allen, and properly E. H. I.) the other records thereby become invalidated, and hence Dr. Hughes, without rejecting such provings merely places them in a class designated by less conspicuous type. We should lose little or nothing by leaving them out altogether. But then many other less potent substances of our *materia medica* have been accredited with startling and powerful effects; *e. g.*, *spongia*, *sepia*, *silica*, *lycopodium*, *notrum mur.*, *cactus*, etc. These would at once be discovered to be founded on very slender evidence out of an abundance of conflicting testimony. That *æthusia* has served as a subject of analytical study must be the excuse of its publication.

The difficulty of arriving at any certain conclusions is increased by the absence of any definite statements as to the preparations used. There are enumerated in Allen's work, Vol. I., seven sources, and Vol. X., five more, whence symptoms were derived. No. 1, (Nenning) who in accordance with the most objectionable usage dating to the beginning of homœopathy, does not state the dose or preparation used by him. No. 2 is Hartlaub, who includes toxic effects. No. 3, Petroz, who states neither dose nor preparation. No. 4, Didier, whose

collection of toxic effects is introduced as a proving, and which in many respects is probably derived from the same source as No. 7, that is, from a collection of toxic effects. No. 5, Roth, includes cases of poisoning. No. 6 is Bigler, who records the effects of the third decimal administered to a patient.

In the following summary Nos. 2, 4, 5 and 7 will be taken as standards when they agree, and the other sources as indirectly corroborative.

#### SYMPTOMS OF THE MIND.

Transports of rage, fury, frenzy, hilarity, loquacity and facetiousness, sadness, retiring tearful as in nostalgia, sensitive, slow of intellect, stupid, or delirium (sees rats); anxiety, fright, dejection, unconsciousness, (3, 4, 5, 7); crossness, fretfulness, apprehensive, serious, (1, 2).

#### HEAD.

Confusion, vertigo associated variously with pains in forehead; headache periodical, tearing, throbbing; sleepiness, flushes, beating, sticking, oppression; green vomiting (2, 3, 4, 5, 7).

The pains are chiefly in the frontal region, associated with pain in the stomach and abdomen. No regularity as to time and conditions.

#### EYES.

The eyes glisten, are fixed, staring; pupils dilated; lifeless look; excoriation around eyelids; agglutinated lids, (1, 2, 3, 4, 5, 7).

#### EARS.

Stitches (piercing from without inward); stopped ears. No. 3, reports sticking pains relieved by pressure, (1, 3, 4, 5).

#### NOSE.

Only two provers who agree, have coryza with copious or viscid secretion; sneezing, in the morning and in open air.

#### FACE.

Only two (3, 7) record noteworthy effects; (Tired expression, or that of anxiety and anguish. Puffiness or circumscribed swelling changing its place).

#### MOUTH AND TEETH.

Sticking, shooting pains, like shocks; and sensitiveness of the teeth (decayed), (1, 3, 4). Dry mouth and throat; difficult swallowing; jaws fixed; spasmodically shut so that nothing can be introduced. Salivation, taste sweet, insipid, salty (or like onions). Slow speech, (1, 7).

## THROAT.

Dryness, hawking ; redness, burning ; pain and difficult swallowing, or inability to do so. The symptoms are marked and with evident concordance, (1, 3, 5, 7).

## STOMACH.

Symptoms are recorded by (1, 3, 4, 5, 7). Those recorded by No. 7 are strongly corroborated by the four other provers. Loss of appetite ; thirst ; violent vomiting, painful, greenish, and copious ; milk is vomited by children ; also vomiting of bloody mucus. Frequent heat and pain in the epigastrium, with nausea and deep-seated pain, (described by others as burning, rising into chest, and as violent, (4, 5, 7). Tearing pain in œsophagus ; pain in stomach and abdomen followed by nausea with violent vomiting, (3, 5, 7).

Eruclations of ingesta, (1, 3, 5). Nausea, (1, 2, 5, 7). (After drinking.)

## ABDOMEN.

Symptoms are recorded by (1, 3, 4, 5, 6, 7). The record of No. 1, (Nenning) is verbose and contrasts in this respect with Nos. 2 and 6 ; the former furnishing no abdominal symptoms, No. 6 only a few uncorroborated ones. No. 7 is distinct and corroborated by the rest ; tense abdomen, bloating (5, 7) ; sensitive in the hepatic region ; severe pain in abdomen ; griping, flatulence, or with profuse vomiting, weakness, anguish (colic and diarrhœa), diarrhœa obstinate ; slimy, bright yellow or greenish fluid mixed with much bile and with much tenesmus.

Stitches, digging, griping in children, (aching) (1, 4, 6, 7).

The regions most affected are the abdomen generally ; umbilical region and hypochondria are mentioned.

## STOOL AND RECTUM.

Symptoms are furnished by (1, 3, 6, 7), which are partly concordant as follows : diarrhœa, soft stools, or first soft then hard, of partly digested food, or of thin, bright yellow, greenish fluid mixed with much bile, with severe tenesmus, (1, 7), constipation, hard stool, (1, 3, 6), (No. 6 being observed in a patient after the third decimal).

## URINARY ORGANS.

Symptoms furnished only by Nos. 1 and 3, agree only in increase of urine. One prover records urine pale like water ; another, copious, red, dark urine with cutting pain in the bladder, frequent urging to urinate.

## SEXUAL ORGANS.

Symptoms are furnished by one prover only (Petroz) who

records stitching, itching, and pimply eruption on female genitals, and watery menstrual blood.

#### RESPIRATORY ORGANS.

Symptoms recorded by (1, 3, 4, 5, 7). Dry cough (1, 3, 4), with paroxysms of short, anxious, difficult respiration, or hoarse and sibilant. Extreme oppression; symptoms appearing after dinner and while lying down, (1, 4, 5, 7).

#### CHEST.

Symptoms recorded by (1, 3, 4, 5, 7). The concordant effects are: stitches (and burning), painful, dull, under left breast; under sternum.

#### HEART AND PULSE.

Palpitation violent; resounding in the head, with vertigo, headache, restlessness. Pulse rapid, hard, weak, frequent irregular, imperceptible, (3, 5, 7).

#### NECK AND BACK.

Symptoms furnished by Nos. (1, 3, 4, 6), are not very concordant, but may be summed up as follows: stitching, tearing, shooting, chiefly in right side of neck, (relieved by friction with hot whiskey). Paralytic weakness in back on turning, rising, moving in bed, (3).

#### EXTREMITIES

In general. Coldness of the extremities, numbness, tremors, (5, 7).

#### UPPER EXTREMITIES.

Symptoms as furnished by Nos. (1, 3, 4, 6), are too vague and commonplace to agree. This applies particularly to Nenning's profuse record, while those of No. 6 (Bigler), obtained from the third decimal on a patient, (numbness of the arms, etc.) would but for this serious objection, corroborate these of No. 3, (Petroz) who records formication in the fingers, contraction of forearm, and No. 3 would confirm No. 1, who frequently mentions "paralytic" pains in the most profuse but indefinite manner.

#### LOWER EXTREMITIES

Symptoms are recorded and are to be judged as of the same value as those of the upper extremities.

#### SKIN.

Symptoms furnished by (1, 3, 5, 6), do not agree and are vague and indefinite in their non-concordance. The whole body



is of a bluish-black color, (5). Was this before or after death or in the course of a case of poisoning? This would be of value in the light of No. 6, whose record was obtained from a patient (treated with the third decimal) who had, in one day, appearance and disappearance of reddish-blue spots on trunk and left leg, causing fear of an attack of "spotted fever."

May we be spared such superfluities in future.

FEVER.

Recorded by (1, 2, 3, 5, 6, 7). The first four provers agree in shivering, coldness, external and internal. Horripilations, general perspiration. Cold extremities, general heat of body, no sweat.

The whole body is afflicted, entering the room aggravates the chill, chill also in the afternoon.

SLEEP.

Symptoms furnished by (1, 3, 7). Somnolence, falls suddenly into deep, stertorous sleep. Restless sleep during the first hours of the night. Great disposition to slumber, prevented by frequent starting and excessive agitation. (7 corroborated by 1 and 3).

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LINES TO THE "GAZETTE," CONCERNING CULLEN'S  
"MATERIA MEDICA."

BY J. HEBER SMITH, M.D., BOSTON.

*Dear Gazette:*—"There is no new thing under the sun," said one of old. It is not strange that the Chinese venerate their ancestors nearly to worship. We owe the dead so much! Our boasted knowledge is the sum of their experience, the reward of their toil. Of some generations indeed, it might be truly said that "they were like potatoes, the best part of them under ground." But how shall we liken this generation of physicians? It is a thrifty vine that climbs ambitiously, but when the pruning-knife shall be laid to the branches, it will be seen how much new growth must be lopped away as unfruitful. Errors repeat themselves. But no less do truths, which, though long lost to sight, come again and again, like golden fruit. Nothing is ever wholly lost. All things partake of the essence of nature, changeable, but not destructible.

We do well, then, to read the fathers in medicine, and put to the test of their writings the somewhat over-confident claims of the present generation of physicians. We approach an old book with feelings akin to veneration. The ravages time has

made with its vesture, only make its soul shine more transparently through the stained pages, even as the face of age grows transfigured before dissolution. Then it is, too, that we trace lineal types of feature before unnoticed, not in the aged alone, but in antique books as well. In the books, as in the aged, there are qualities that belong only to those fitted to survive,—pith, brawn, vitality!

The month of June is to the busy physician a season of repose, as a rule, more than all the other months in the year. I have improved a few of its leisure hours in the society of ancient authors, and herewith send you an extract that may be of interest. It is from the *Materia Medica* of William Cullen, published over a hundred years ago, which Hahnemann translated into German, and from reading which he drew the inspiration of his career as a drug prover. The quotation may possibly seem to open a "fire from the rear" on those who claim especial virtues for cinchona in gall-stone colic, and even blow a live coal in the ashes of other days. It is not brought forward to detract from the claims of any to originality in therapeutics, but rather, to show that the same objections, among others, offered in the past thirty years against the pseudo-specific relation of cinchona to this malady were urged over four generations ago.

Cullen says: "In Dr. Haller's collection of Dissertations, there is one on the use of the bark in jaundice. I will not absolutely deny the use of the bark in this case. We might say, that other astringents have been used for the same purpose. But now we know that jaundice very often depends on stones in the biliary ducts, which pass slowly through; so that the medicine given at the time of their falling out, etc., has imputed to it the virtue of curing the disease. It is not easy to see how medicines of this kind should promote the passage of such stones, and at any rate, from the author of the Dissertation, we cannot be certain of the effects of the bark. He seems unacquainted with the possibility of the accidents above mentioned, and joins with the bark a farrago of other medicines, some of which, perhaps, are more adapted to the cure of the disease." He adds in a foot-note, "Besides, he gives the bark in too small quantity to produce any effect."

Cullen's ingenuous argument successfully throws the net over an adventurous error in practice, while the spirit of this age of truth-loving has lent its light-bearing shaft to put out its remaining vitality through the "clinical test," made repeatedly under the conditions recognized as pre-requisite by the general body of medicine.

ADDRESS DELIVERED AT THE SIXTH ANNIVERSARY MEETING OF THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

BY DR. D. N. BANERJEE.

*Mr. President and Members:*— It is a matter of great pleasure on my part that this Charitable Dispensary has now reached the seventh year of its most useful work. I am at the same time glad to state that all the members, both here and in foreign countries, very kindly continue to show their great interest in and sympathy for this little institution, but I am sorry to inform you that I applied on the thirty-first of May, 1889, to the Financial Secretary to the Local Government, that all articles which may be required from foreign countries, as well as the gifts of the foreign members for the use of this Charitable Dispensary may be imported free of duty, but I have been informed that the local government is unable to sanction the exemption of dutiable goods, and our kind-hearted Lieutenant-Governor, His Honor Sir Stuart Bailey, to the great misfortune of this institution regrets in view of the *established policy* of the government that he is unable to recommend this proposal to the consideration of the government of India. In the face of this order, I beg that the government of India will show their good feelings for this most useful institution, by kindly granting my petition. We, who are the most loyal subjects of the Empress of India, always pray for justice, sympathy and kindness equally with other subjects without any distinction, but to our great misfortune, neither kindness nor sympathy is vouchsafed on certain occasions to us, I therefore pray that our most kind-hearted Lieutenant-Governor, His Honor Sir Stuart Bailey and His Excellency, Lord Landsdowne, the Viceroy and Governor-General of India, with their respective members of the Councils will kindly take this simple case into their kind consideration, and will show sympathy and coöperation.

It is with great regret that I beg to announce the premature death of Babu Isham Chandra Dutt, M. A., which melancholy event took place on the sixth of May, last. Babu Isham Chandra was a very kind-hearted and amiable member of this Institution, and always expressed his high opinion of its usefulness amongst wide circles of friends. He was one of the professors of the Midarform College and his loss has been seriously felt by this Charitable Dispensary.

It is with great pleasure that I beg to inform you that Babu Herendra Nath Dutt, M. A., a gentleman of high family and education, has kindly accepted the post of honorary secretary in place of Dr. S. Dey. Dr. Dey discharged his duties with

satisfaction and credit till last year, but ill health permits him to resign the honorary services, which loss is seriously felt by this Institution. Dr. Dey again grants a monthly subscription in addition to his gift of valuable homœopathic books, and I pray that he may soon recover his health and vigor. Mr. Dutt has not only accepted the post, but has very kindly granted a sum as annual subscription for this Charitable Dispensary, and is also trying his best to raise funds for securing its permanency. I hope at the same time, that all persons interested in this Institution and all lovers of this art of healing, both here and in foreign countries, will kindly put forth their helping hand to extend the sphere of its usefulness in other directions.

Now my friends and well-wishers of this Charitable Dispensary, and the public in general, both here and in foreign countries, let me ask you again to fulfil my earnest desire to establish a hospital and a library in connection with this Charitable Dispensary, and earnestly pray that every one will come forward with his mite to help me in this undertaking. Let all the homœopathic physicians come forward, and if we could induce all of them to do it, we would have accomplished our cherished dream.

Lastly, I beg to appeal for funds in aid of this Charitable Dispensary, to the people of my country and of Europe and America. The appeal is timely and wholly worthy of the generous response of a public never backward in generosity, when asked to help forward a worthy object. How worthy this Charitable Dispensary is to carry on its successful work up to the standard of its more than noble ideas, will be evident to every thoughtful reader of this report in which the appeal is made; and I hope that all lovers of healing art will show their appreciation by responding to the present appeal, and I pray that the members of this Institution may enjoy peace and health.

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IN a recent case in Philadelphia the judge ruled that in the oath required by a witness, kissing the bible was not necessary to render the oath valid, that it was in fact, a relic of idolatry, and should be abolished. There are a good many of these relics of idolatry clinging to the forms and ceremonies of life with no meaning, pernicious to health, and which should be abolished. The old duty Bible upon which the oath is taken has been pressed to the lips of hundreds in every grade of life. Lips filthy with disease leave their poisonous imprint where, a few moments after, the poison can be transmitted to the pure lips of innocence, tainting the body with a loathsome disease. The custom of holding some sacred object in the hand, while taking the oath is of Pagan origin, and is continued simply because judges have never thought of the utter uselessness of the action and of the absolute indecacy and danger of its being observed. One reason why in the Catholic Church the priest partakes of the wine for the people, instead of the cup being passed from one to the other, as in other churches, is undoubtedly that the symbol is just as well carried out, and in a much more cleanly manner. — *Med. Times.*

## CASES TREATED AT THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF J. P. SUTHERLAND, M.D.

[Reported by F. P. Batchelder, House Physician.]

During the quarter ending Sept. 30, 1890, eighty-five patients were treated in the medical department of this hospital. A few of these cases are of considerable interest, and are accordingly here briefly presented.

Of this number of cases (35) thirty-five, were cured; (16) sixteen, improved; (10) ten, not improved, not treated, etc.; (21) twenty-one remaining. There were fourteen patients remaining July 1, 1890.

Three patients have died. One of erysipelas, which appeared (23) twenty-three days after an operation for ovarian tumor, a cyst weighing forty-one pounds being removed. The patient was about sixty-six years of age, and deplorably lacking in vitality, and despite constant care lived but a short time after being transferred to the medical department. When the dressings were removed on the eighth or ninth day after the operation, the wound appeared to be in a perfect condition, and indications pointed to a satisfactory recovery. The erysipelas spread gradually over the abdomen and down both lower extremities. In considering the etiology, the late appearance of the disease must be born in mind. A hasty conclusion of ordinary septic infection is not permissible.

Another of atheroma of the aorta, with dilatation of the heart and fatty degeneration, and intestinal nephritis.

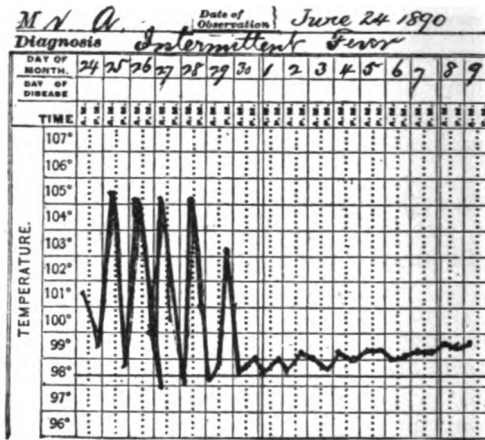
She had been in the hospital since June 15, 1890, and was sick for eight months preceding that. The most marked symptoms and physical signs were: very weak, irregular pulse; arms and limbs often cold and clammy; much pain in left side and shoulder; heart-sounds weak and distant, force of beat diminished; area of dullness increased; apex beat a little to the left of its normal position; digestion more or less impaired. Urinalyses revealed the earlier stages of nephritis, (probably interstitial).

Post mortem examination revealed in addition, atheroma of the aorta in small patches located around the coronary arteries and in the first portion of the arch; and the beginning of fatty degeneration in the walls of the left ventricle. It confirmed the diagnosis of nephritis, which was interstitial.

The third death occurred in a patient who had been in the Hospital but a few days. So far as symptoms and physical examination went, no absolute cause of death could be found, and no post mortem was granted.

Two cases of intermittent fever are worthy of notice.

I. Mr. A—, aged forty-one; occupation, mechanic. Entered June 24, 1890. Present illness was caused by exposure to



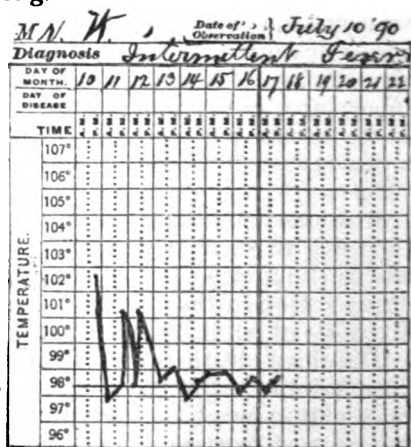
rain and dampness for many hours on June 6th. This was followed by chill, fever, and sleeplessness. From this time he has had a chill every night, followed by fever and profuse perspiration; thirst before, during, and after the chill; greatest at the latter time. At times some tenderness in splenic region. He had been in good health before present trouble, and

had never suffered from any similar one. He received various remedies until June 28th, when he was given two grains of quin. sulph. three times a day.

The chills had occurred daily until this time, when the last chill occurred. The medicine was continued, and at the end of the quarter the patient passed into the hands of present physician. The treatment was the same for a few days, when the medicine was discontinued.

Patient discharged July 9th, having had no chill for eleven days. Up to present time there has been no return of any trouble, and he is well and strong.

II. Mr. W—, age, thirty-two; German; occupation, stone-cutter. Had been sick eight days. Presented a history of one attack of intermittent fever in 1880, while in Germany, and two within two years while in this country. Had been having considerable fever for several days; much pain in splenic region; tongue coated white. It soon became evident that this was a case of intermittent fever, as on July 12th, he had a severe chill, fol-



lowed by fever, with some thirst, then perspiration. He was given quin. sulph., two grains, four times a day. No change was made in treatment for several days, except that diet was gradually increased. Discharged July 18th, cured.

*Remittent Fever.* Three cases.

I. Dr. H—, admitted July 21, 1890. The trouble commenced with chilling of the feet on the 18th. The next morning bilious vomiting set in, lasting till 2 P.M. First chill at 4 P.M., followed by much pain and some fever. Second chill, 20th, at 2 A.M. At 8 A.M. another one, followed by much pain in limbs, etc., with high fever. Another at 8 A.M., July 22nd, with some vomiting and high fever.



The next day he received quin. sulph. two grains, every three hours. The fever subsided on the 24th, and he had much desire for food; bowels in excellent condition.

On the 26th he received chin. ars. 3x. two grains every three hours, instead of the other medicine. Increased diet. Great improvement. Patient discharged July 28th, cured.

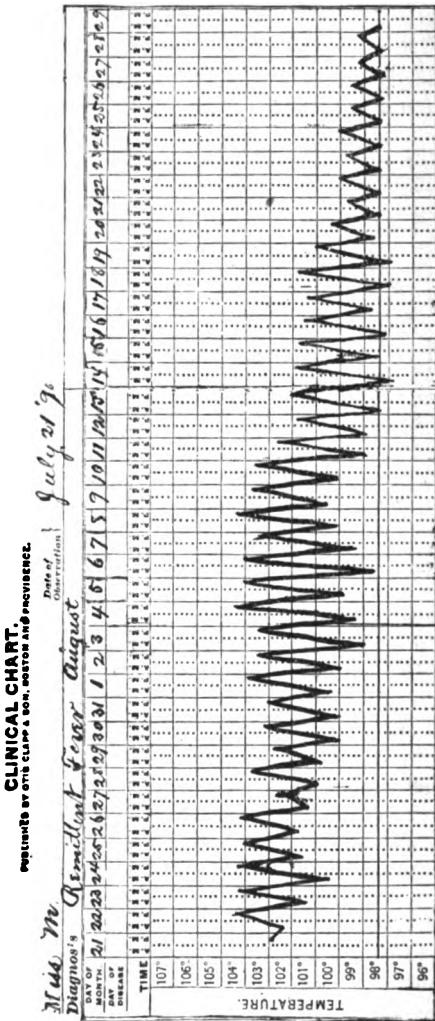
II. Miss M—, age, twenty-eight; occupation, domestic; born in New Brunswick. History of excellent health until July 16th, when the present trouble began with a severe headache lasting till the next day, when she began to vomit, continuing to do so on the 18th also.

On the 19th she began to perspire greatly at night, followed by a severe chill.

The 20th she received and took fifteen quinine pills from her attending physician, and five more the morning of the 21st, just before she came to the Hospital. Vomits occasionally; tongue coated white with a red tip. Stools loose from the use of cathartics. No tenderness of abdomen. Head hot; face red; pulse full and bounding. She was given bell. 2x, with a milk and gruel diet.

For several days the skin remained hot and dry; the loose stools continued, as a rule painless, with no tenderness of the abdomen. Slight enlargement of the spleen. Later the skin

became moist and at times there was profuse perspiration. From her entrance to the Hospital till she was discharged, painlessness was a marked feature of the case.



Gelsemium was the remedy oftenest indicated. Arsenicum and phos. ac. ranked next. Patient discharged Sept. 13th, cured.

[Special attention should be given to these cases of intermittent and remittent fevers. Only those which have recovered are here reported, several others remaining under treatment at the expiration of the summer term of service. It is believed that such cases are increasing in number in Boston and vicinity, and particularly in cases of remittent fever, such as Miss M's., careful observation is necessary to differentiate them from (typhoid) enteric fever. It is believed, by the writer, that many cases of "typhoid fever," so-called, are simply continued remittents; and that reported brilliant cures of "typhoid fever" in a week or two, are cures of (or recoveries from) remittent and not enteric fever. Limited space will not allow discussion of the differential diagnosis, but

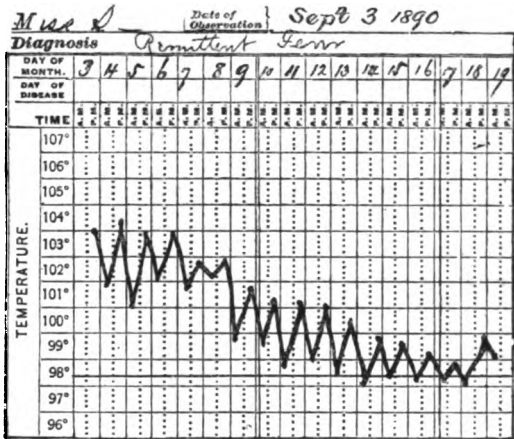
attention to the subject is earnestly entreated. J. P. S.]

III. Miss S—, age, twenty-six; occupation, domestic; admitted Sept. 3, 1890. Present illness commenced Aug. 29th, with headache, and some nausea and vomiting. The latter continued till Sept. 1st, and was attended by much perspiration.



No diarrhœa or tenderness of abdomen. A short, hacking cough commenced Sept 2nd; no expectoration followed. Tongue coated white. No thirst. Pain in lower part of left side of chest on coughing. Respiration normal, aside from slight exaggeration.

When she came to the Hospital she had no pain; the skin was very hot and dry; pupils dilated; much fever; (see chart). Bell. 1x was given. Gradually the cough ceased and perspiration was very great, particularly at night. Sleepless. Gelsemium 1x was given and continued till convalescence began. Her improvement was gradual, but constant, and she was discharged Sept. 19th, cured.



*Chlorosis.* Two cases.

I. Miss L—, age, twenty-six; came to the Hospital June 12, '90, with a history of chlorosis of four years' duration. Allopathic treatment had brought no relief. Under the treatment of the visiting physician there was some improvement up to July 1st. When she came to the succeeding attending physician, a physical examination revealed marked anæmic murmurs in right jugular vein only; spleen and liver normal in size. The catamenia have been very irregular, sometimes appearing only after an interval of six to seven months. Appreciable doses of ferrum proto-carb. were given daily, with a generous diet.

Soon a marked change was noticed; the chlorotic hue began to disappear, the lips were redder, and the blood on microscopic examination was nearer a normal condition. When first examined, the red blood corpuscles were diminished in number, *irregular in form, almost colorless*, and did not tend to collect in rouleaux. The white corpuscles were also diminished in number. The blood seemed to be chiefly "liquor sanguinis." That is, the cellular elements were sadly deficient and irregular in form, as was easily demonstrated by pricking the finger and examining the drop of blood thus obtained. At subsequent examinations

a perceptible change was noticed, and finally the blood was found to differ but little from the normal condition.

Patient discharged cured, July 22nd.

II. Miss C—, age, sixteen. Admitted Aug. 18, 1890. Face of a chlorotic hue; lips pale; appetite poor and capricious; bowels constipated. Menses appeared at fourteen, never regular; several months have elapsed since they last occurred. Marked anæmic murmurs in the jugular veins and at base of heart. Microscopical examination of blood showed that the red corpuscles were diminished in number, normal in form, color too pale, tend but slightly to collect in rouleaux. White corpuscles diminished in size and number.

Treatment consisted in a nutritious diet, with milk taken between the regular meals, and appreciable doses of ferrum proto-carb. In one week there was a very perceptible improvement both in the patient's appearance, the cheeks, lips, tongue, gums, etc., presenting the hue of perfect health, and in the microscopical appearance of the blood. The same treatment was continued, and patient was discharged cured, Sept, 8, 1890.

Patient reported Oct. 8, 1890, that the catamenia had appeared and was nearly normal in all respects, and bade fair to recur at regular intervals.

#### *Acute Rheumatism.* Five cases.

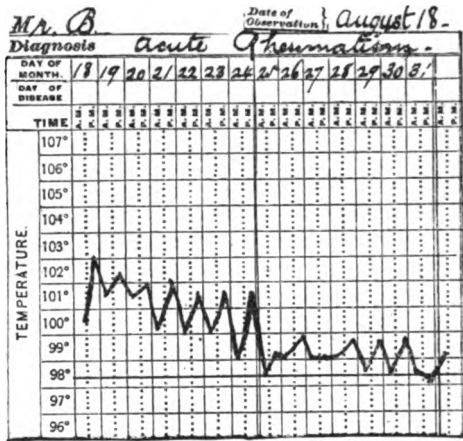
I. Mr. M—, age, nineteen; occupation, rubber worker. Admitted June 30, 1890. Duration of disease five days.

History of a previous attack one year ago lasting three months, with involvement of the larger joints and some metastasis. Present attack induced in part by checked perspiration. There is much pain in shoulders, wrists and hands, with but little swelling or redness. Marked mitral systolic murmur heard at apex of heart. Area of dulness not increased; apex beat a little to left of mammary line. Considerable fever, restless and sleepless. Acon. ix was given and the affected parts wrapped in wool sprinkled with sulphur. Later bryonia ix. was given and there was some improvement.

This continued, and after the fever had subsided, some farinaceous food was given in place of the diet of milk and gruel. In a very short time the fever returned with more pain, etc. At this time cimicifuga was best indicated and was prescribed. The diet was again milk and gruel. A second time the fever subsided and a similar diet was tried as on a previous occasion. The result was a rise in temperature and a return of pain. Cim. and bry. failed to give any permanent result, which was effected by the use of colchicum ix., and he left Aug. 25, 1890, cured.

II. Mr. B—, age, 41; book-keeper. Admitted Aug. 17,

1890. Duration of present illness, three days. He had suffered from three attacks previously, lasting respectively, six, four, and seven weeks. During the last attack there was some pain in cardiac region, but he knew of no endocarditis at the time. Aug. 14, '90, he began to have severe pleuritic pain near the heart and extending around the chest in either direction, with pain in the arms and legs, and later, swelling and redness of the joints of wrists, fingers and ankles. Pain and other symptoms worse from motion. Slight mitral systolic murmur. Acon.  $\text{ix}$ . every hour for three hours, then



colch.  $\text{ix}$ . every hour for three hours, continued in rotation.

Under this treatment the condition soon improved, and all traces of endocarditis disappeared. Patient was cured and discharged Sept. 1, 1890.

III. Mr. McI—, twenty-three years of age. Came to the Hospital, Aug. 16, 1890, with considerable swelling of left wrist-joint (œdematous in character, pink in color), and also of middle toe of right foot, all attended by much pain. He received apis  $\text{3x}$  and a light diet.

The wrist improved well under this treatment, but the toe was found to be but little better, and an abscess formed from necrosis of one of the phalanges. The inflammation in wrist wholly subsided, and when patient was stronger he was transferred to the surgical department for operation, Aug. 30th.

IV. Miss K—. Admitted July 21, 1890. History of two attacks of rheumatic fever, the first when fourteen years old. Present trouble commenced with soreness in limbs, and the appearance of a bright red spot several inches in diameter in the left anterior tibial region. Soon red spots appeared over several of the joints in each foot. Much pain and stiffness relieved by motion. There was considerable burning of the affected parts, temporarily relieved by the use of hamamelis lotion. Restless; sleepless; loss of appetite. Milk diet and bell.  $\text{ix}$  were prescribed.

On the following day rhus tox.  $\text{3x}$ . was given, and continued till a cure resulted and patient was discharged, Aug. 5, '90.

V. Mr. M—n, twenty-nine years of age; clerk. Admitted July 28, 1890. The present trouble commenced in June, and after a week, the severity of the trouble subsided, and he resumed work, but soon had to stop, and had been growing worse ever since. The soreness and pain were in the arms, shoulders, hands, and back, and he was inclined to lie very quietly.

About four years before he had an attack lasting several months. Distinct mitral systolic murmur; apex bent in sixth inter-costal space. Bry. ix.

This treatment was modified by the use of acon. ix. at night and bry. ix. by day.

Improvement was very slow, and colch. ix. was substituted for bry. with excellent results. Improvement was steady and permanent.

Discharged, cured, August 8, 1890.

[The routine prescription of bryonia for certain forms of rheumatic fever is altogether too firmly established. In all probability colchicum will very frequently not only take its place, but actually eclipse it in the rapidity with which it will remove the pain, fever, etc., of acute rheumatism. Bryonia has often disappointed the writer, even when it seemed well "indicated." Readers are referred to the pathogenesis of colchicum. — J. P. S.]

*Metrorrhagia.* Two cases.

I. Mrs. Y—, age twenty-seven. Entered hospital as a surgical patient, and left August 8, 1890, since which time there has been almost continual flowing, bright red, and not clotted; face pale; china ix. Hot milk, gruel, and Bush's beef. Under this treatment, with a gradual increase in diet, the patient fully recovered, and was discharged September 1, 1890.

There has been no return of the trouble since.

II. Miss B—, age sixteen. Duration of disease previous to admission, seven months. Admitted August 8th, 1890. patient corpulent, and of phlegmatic temperament. She began to menstruate at twelve; very irregular since. The flowing for the past seven months has been constant but not great in amount, except at the time for monthly periods. Previous treatment had been allopathic, with curretting of endometrium, all to no purpose. The treatment was a proper diet, with the administration of calc. carb., 3x.

The pelvic organs were normal in condition and position. Urine scanty (ten oz. in twenty-four hours), high colored; s. g. 1032, and contained numerous small hyaline casts.

Under the almost continuous exhibition of calc. carb. 3x, with the occasional use of bell., sabina, or china, (in the ix), as the case required, a complete cure was effected, and patient went away October 2, 1890.

*Case of Interstitial Hepatitis, with Nephritis.*

Mr. H—, aged 39, came to the hospital August 16, 1890, having been sick one year; with a history of more or less illness for several years preceding. In July, 1889, he had severe trouble with stomach and bowels, attended by vomiting, diarrhœa, and fever. He recovered so as to be able to work some. After a time a tumor made its appearance in right lumbar region, attended by considerable pain. In January, 1890, the enlargement was very marked, extending some into the adjacent regions of abdomen. July 28, 1890, he had a severe headache, congestive in character, followed by vomiting and diarrhœa, which continued for several days, when the former ceased. The pain in right lumbar region was constant all this time. As the diarrhœa decreased, the enlargement became more prominent.

The liver was somewhat enlarged, extending below border of ribs. Examination of the urine revealed a condition of probable pyelitis, and evidences of interstitial nephritis (not acute). Patient was given a diet of milk and light farinaceous food, with phosphorus as a remedy. Gradually the disturbances of the digestive tract were corrected; the tumor in the right side became isolated and distinguishable from the liver, and diminished greatly in size. There was but little diminution in the amount of pus in the urine, and only a slight decrease in the number of hyaline casts present. The patient continued to improve under this treatment, and was given a more liberal diet.

Discharged September 17, 1890, much improved, and able to do light work. It is worthy of remark that he came to the hospital with a diagnosis of "interstitial hepatitis," the renal disorder being discovered while under observation and treatment here.

*Case of Hysteria.*

Miss L—, aged seventeen, had been well until four years previous to her entrance to the Hospital. At that time she fell on the ice, with somewhat serious results to back; menses first appeared about that time, and she began to have severe hysterical attacks, after the lapse of a few weeks. These would last from two to eight hours, and were worse at the monthly periods. She is well nourished, has a vigorous appetite, and sleeps well. For six weeks there has been a tendency to walk lame, as if left hip was diseased, and she was apparently unable to stand erect. Fears of hip-joint disease, of spinal trouble, and of paralysis had been entertained. Slight anæsthesia of left leg was discovered, but there was no tenderness over the spinal column, and thorough examination under ether failed to reveal organic disturbance in pelvis or elsewhere. Her disease was

therefore considered a simple neurosis, and subsequent observation confirmed the diagnosis.

When she entered, July 14, 1890, the menstrual flow was well established. The following day she had one of the hysterical attacks; it was not preceded by an outcry. There was rolling of the head from side to side; eyelids closed; lower jaw fixed; arms, legs, and body in constant motion, with no true convulsions, until the lapse of two or three minutes, when there was a single tonic convulsion lasting about one minute. Gradually she came out of this.

Three similar attacks occurred after this, at intervals during the first two weeks of her stay in the Hospital.

She was given nutritious food, cod-liver oil at intervals, cold sponge baths, with douches over spine followed by friction, and ignatia *ix*. As she became stronger, she took daily exercise with chest weights, and at the time of her discharge, Aug. 15, 1890, she could walk erect, was strong and cheerful, had gained in weight, and was free from hysterical symptoms.

#### *Case of Eczema.*

Mrs. F—, aged seventy-two, came to the Hospital Aug. 6, 1890. She had been suffering for years with this trouble and at the time she came to us, had large crusts all over and around the ears, on the abdomen, in the groins and some on the legs. The pain, burning and discomfort were almost unbearable, especially at night.

She had been under skilful homœopathic treatment for some time, and had taken various remedies; therefore it was decided to try the efficacy of a proper diet, with hygienic measures; a simple placebo being used as a remedy.

The effect was astonishing,—and suggestive. At the time of her discharge, Oct. 9, 1890, the crusts and scales, which had been so numerous, had almost wholly disappeared and the skin had taken on a healthy appearance. The distressing sensations had vanished, sleep and appetite were satisfactory, and she was considered cured.

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EFFECTS OF CLOSE SHAVING. — A writer in the *Medical Classics* looked through a microscope at a closely-shaved face, and he reports the skin resembled a piece of raw beef. To make the skin perfectly smooth requires, he says, not only the removal of the hair, but also a portion of the cuticle, and a close shave means the removal of a layer of skin all around. The blood-vessels thus exposed are not visible to the eye, but under the microscope each little quivering mouth holding a minute blood drop protests against such treatment. The nerve-tips are also uncovered and the pores are left unprotected, which makes the skin tender and unhealthy. This sudden exposure of the inner layer of the skin renders a person liable to have colds, hoarseness and sore throat. — *Medical Times.*

*WHAT WAS IT?*

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

On September 20, 1890, there came to my office a lady thirty-two years of age, who had trouble with her throat. Complained of it hurting her to swallow, and to talk as well. There had been complete aphonia for more than two months, and even whispering was very painful. It was very difficult to understand what she desired to say. A careful examination of the larynx was made with the laryngoscope; and of the posterior nares with the rhinoscope, and nothing abnormal was discovered. I looked upon the case as one of nervous trouble, bordering on nervous prostration, and prescribed phos. 3d. At the same time I informed her that I could not detect the slightest trouble with the vocal organs, and that from the appearance of her throat she ought to be able to talk without any trouble.

At the end of one week she returned without the slightest appearance of any improvement, and phos. was changed for ignatia 3d, and on giving it to her I told her that she had better try to talk some; but she whispered that it hurt her so that it would be impossible, and in fact, all her communications thus far this day had been made in writing. She was informed that if she should place her hand down at her side, and not raise it for a month, that she would not be able to move it at the end of a month, or at least, not without some difficulty. This she readily admitted as a possible result of a want of use of the arm. I then spoke to her in rather an imperative manner, telling her to sit down in the chair and engage in conversation with me; saying, if you do not, you will not be able to do so bye and bye, when you desire; for you have deliberately laid your voice upon the shelf, thinking that you cannot use it, when there is no real occasion for it, and if you continue to do so, when bye and bye you desire to use it, you will not be able. I further told her that I wanted her to answer my questions, only by responses in a loud tone of voice. I then asked her, "How do you do?" to which she answered in a loud tone of voice, the voice being a little husky, which readily cleared up on farther talking with her. She was recommended to continue talking in all communications that she wished to make, and not to allow herself to whisper on any account. Five days later she called at my office, saying that when she arrived at her home, she felt perfectly well; and told her friends what a wonderful doctor she had met in Boston. She was recommended to continue the ignatia once in three hours for the present. She was recommended to brace up, to put the best foot forward, and never allow herself to feel for a moment that she was sick.

This case is not presented with the idea that any wonderful cure has been wrought, but to show that a proper diagnosis was made, and the result of the instruction proves that it was nothing more or less than a case of hysterical aphonia.

The girl was poor, in unfortunate circumstances, alone in the world, earning but very small wages, and everything surrounding her depressed and discouraged her. Had she consulted a Christian scientist, the result might, and probably would have been the same; for this reason, the difficulty was more in her mind than it was in any physical defect. The thing which seemed the most singular to the writer, was the fact that before she had taken a dose of the last medicine prescribed, she felt perfectly well. The continuation of the effect was undoubtedly occasioned by the exhilaration of meeting her friends, who were all astonished to hear her talk. The writer has long felt that the result of many, if not all, of the irregular means, such as faith cure, Christian science, and the laying on of hands, are associated with a similar condition of mind, and in such cases, it only needs that a person of determination and strong will, deal with the patient, to lead them out of this abnormal frame of mind, to see that they are well. The question will probably be asked in regard to those cases of acute sickness, in the beginning, where the patient suffered great pain, and after the pain, exhaustion, and the patient gradually settled down into a frame of indisposition. In such a case we would diagnose that the immediate cause of trouble had passed, and that the patient was left with an aberration of mind which kept him from assuming a natural condition in life; not that there was any disease left, but an abnormal state of mind, which it is the physician's duty to relieve, by giving the proper advice. What shall be the nature of the advice given, will depend upon the character of the case; all cannot be treated the same way. Much will depend upon the ability of the physician to take in the true nature of the case, and what directions will be necessary to give, in order to meet its demands.

There can be no doubt that many of those who practice what is termed Christian science have succeeded in bringing about a favorable result in similar cases, and there can be no objection to our bringing about a similar one, without any Christian science attached. All the science connected with it is a little common sense on the part of the physician, and the power on his part to inspire it in his patient.

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A LAW of the State of New York requires midwives to report to a physician or health officer all cases of ophthalmia observed by them in infants. — *Medical Era.*



## SOCIETIES.

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*MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

The semi-annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, Boston, Wednesday, Oct. 8th, 1890.

The meeting was called to order by the president, James Hedenberg, M.D., at 10.30 A.M.

After the reading and approval of the records of the Annual Meeting, and the reading of the records of the meetings of the executive committee, the following candidates were elected to membership:—

Henry Rich Higgins, M.D., Allston.

Annie M. Gannon, M.D., Boston.

James Krauss, M.D., Malden.

Nehemiah B. Ford, M.D., Boston.

Samuel Lewis Eaton, M.D., Newton Highlands.

Geo. S. Adams, M.D., Westborough.

Wilhelmus B. Robinson, M.D., Shelburne Falls.

Anna M. Chipman, M.D., Boston.

D. A. Babcock, M.D., Fall River.

Homer Brooks, M.D., Haverhill.

S. R. F. Lantzius-Beninga, M.D., Boston.

G. E. White, M.D., Sandwich.

## REPORT OF THE COMMITTEE ON SURGERY.

Horace Packard, M.D., Chairman.

The following list of papers was presented, and gave rise to interesting discussion:

I. Treatment of Fracture of the Patella. Winfield S. Smith, M.D.

II. Fracture of the Patella. John J. Shaw, M.D.

III. Appendicitis, with Report of Cases. Horace Packard, M.D.

Discussion. — Dr. Scales related a case of transverse fracture of the patella, in which he used a board extending from the ankle to a point just below the hip, fastening this to the limb by strips of adhesive plaster all the way up and down, to overcome muscular contraction; no bandaging was done, and the result was excellent. The patient was kept in bed sixty days.

Dr. Lougee, speaking of appendicitis, thought there were two sides to this question, as to all others. Believes that a great many cases can be pulled through without operation. Has had many cases, no deaths, and no operations. There is one excellent remedy for obstruction in cæcum, etc., and that is thuja.

Depends upon thuja, cold water and opium. Believes that ninety-nine out of a hundred cases treated this way will recover.

Dr. Warren mentioned a case of appendicitis which presented no pain until the case was well advanced, and inquired if Dr. Packard had ever met with such cases. In reply to a question by Dr. Lougee, said that in this case there was no perforation.

Dr. H. L. Chase has had several cases of appendicitis, and they have died. In one case the autopsy revealed a peanut in the appendix. In this case there was no operation, and probably an operation, with the light of present knowledge, would have saved the patient.

Dr. Bell has known two cases of appendicitis recover. One under bell., the other under magnes. phos.

Dr. Jos. Chase mentioned a case in which the severe pain was restricted to the epigastrium, and aggravated by pressure in right iliac region; it proved to be a case of appendicitis, and recovered under thuja.

Dr. Horace Packard closed the discussion. He said Dr. Lougee's acknowledgement of having had many cases showed the wide spread prevalence of appendicitis. Fortunately his cases recovered without operation, but he should certainly urge operation in all cases of undoubted appendicitis. In regard to pain, it is an established fact that when deep pressure is made, a focus of tenderness will be found one and one-half to two inches above the anterior superior spinous process, on a line to the umbilicus.

The appendix seems more intolerant of foreign bodies than other parts of the intestinal canal.

Does not believe that a peritonitis is ever set up without perforation.

#### REPORT OF THE COMMITTEE ON OPHTHALMOLOGY AND OTOTOLOGY.

L. Houghton Kimball, M.D., Chairman.

I. Reflex Disturbances arising from the Ocular Muscles, with Case. John H. Payne, M.D. Comments, F. C. Richardson, M.D.

II. A Case of Basilar Fracture of the Skull, extending through the tympanum, with recovery and restored hearing. Howard P. Bellows, M.D.

III. A Case of Orbital Cellulitis and Abscess. L. Houghton Kimball, M.D.

Discussion — Dr. F. C. Richardson mentioned several cases of functional neuroses, including migraine, and in one case profound mental depression, bordering on melancholia, which had been greatly relieved by attention to existing ocular defects.

Dr. J. H. Payne spoke of a case of chronic diarrhœa, apparently due to eye-strain, which was cured by operation.

There being no further discussion, the Society went into business session.

On motion of Dr. I. T. Talbot, it was voted, after some discussion, that

“The executive committee be instructed to arrange for the fitting celebration of the semi-centennial anniversary of the formation of a Homœopathic Medical Society in the State of Massachusetts, such celebration to take place Tuesday, Dec 23rd, 1890.

On motion of Dr. A. J. French, it was voted that “Dr. I. T. Talbot be invited to act with the executive committee in preparing for such celebration.”

At 1 P.M. the members repaired to Hotel Thorndike, where one hundred and sixteen spent a very pleasant hour at table, after which Dr. Horace Packard delivered an extremely able and interesting oration, entitled “Homœopathy; its Present Relation to the Old School,” for which he received the thanks of the Society.

The meeting was again called to order at Steinert Hall, at 2.30 P.M.

#### REPORT OF THE COMMITTEE ON MATERIA MEDICA.

C. Wesselhoeft, M.D., Chairman.

Drug Analyses, C. Wesselhoeft M. D., and J. P. Sutherland, M.D.

Dr. Wesselhoeft presented analyses of three drugs with explanatory remarks, and these, with the exhibition of sample “charts” by Dr. Sutherland, rendered the report extremely interesting, as well as instructive.

#### REPORT OF THE COMMITTEE ON GYNÆCOLOGY.

N. W. Emerson, M. D., Chairman.

I. Laceration of the Cervix Uteri. Martha E. Mann, M.D.

II. A Case of Double Uterus, with Stenosis of Right Segment, and Retention of Menstrual Fluid. Horace Packard, M.D.

After brief discussion of Dr. Packard’s case, the meeting adjourned at 5 P.M.

F. C. RICHARDSON, M. D. *Rec. Sec.*

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THE SOUTHERN HOMŒOPATHIC MEDICAL SOCIETY, of which Dr. E. Lippincott is president, will hold its seventh annual session in Birmingham, Alabama, on the 12th, 13th, and 14th inst. An unusually pleasant and profitable session is anticipated, many distinguished guests having signified their intention of being present and taking part in the proceedings.

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular meeting of the Boston Homœopathic Medical Society was held at No. 5 Park street, Thursday, Oct. 2d, 1890, President Charles Farnsworth, M.D., in the chair.

The minutes of the last meeting were read and approved.

Resolutions upon the death of Dr. Hemenway, of Somerville, were read by Dr. Houghton. Drs. Boothby, Sturtevant, and Sherman also testified to the high character and standing of the deceased. It was voted that the resolutions be accepted, and a copy of them forwarded to the family of the deceased.

Horace Pierce Hemenway, M.D., was born in Rochester, Vermont, November 17th, 1829.

Two years later his family moved to Barton, in the same state. His father was a merchant, and at one time occupied a seat in the state legislature.

Horace was educated at the St. Johnsbury, Vt., and Lebanon, N.H., academies, and when out of school helped his father in the store.

The elder Hemenway removed to Charlestown, Mass., when the son was seventeen years of age, and soon after, the latter began the study of dentistry, completed his course and practised his chosen profession for eight years, when failing health compelled him to abandon in-door work, and he accordingly entered the Harvard Medical School, from which, in due time, he graduated.

He began the practice of homœopathy in Somerville in 1862, and for twenty-eight years ranked among the most successful physicians of his beautiful city and vicinity, having a large and remunerative practice.

He had a kind heart, a generous nature, and a sympathizing disposition. Thoroughly conscientious and devoted, body and soul, to his calling, he was a man to inspire respect and confidence in his patients and fellow beings.

He was a member of the Franklin Street Congregational Church, and was greatly beloved and esteemed by his co-workers; was a member of the Somerville School Board; was elected a member of the American Institute of Homœopathy in 1867; was a member of our State Homœopathic Medical Society, and one of its ex-presidents, and was first Master of the Soley Lodge of Masons.

His death occurred on the sixth day of March, 1890, after a short illness from cerebritis.

Your Memorial Committee offer the following resolutions on the death of our brother and associate:—

*Whereas*, God in his infinite wisdom and goodness has deemed it best to remove from the scenes of his earthly cares and labors, our friend and associate, Horace Pierce Hemenway, M.D.; and

*Whereas*, the departed has so nobly and faithfully fulfilled all the duties which befell him as a Christian citizen, as a husband and father, and in his professional life; therefore, be it

*Resolved*, that we, members of the Boston Homœopathic Medical Society, do hereby express our deep and heartfelt grief in the loss of our friend and brother, and that we extend to the sorrowing family our profound sympathy; and be it further

*Resolved*, that these resolutions be incorporated into the minutes of this Society, and a copy sent to the afflicted family.

H. A. HOUGHTON,

I. T. TALBOT,

A. H. CARVILL.

It having been found necessary to make a change in the place of meeting of the Society, the matter, after some discussion, was referred to the Executive Committee. It was voted by this committee to meet on the first Thursday of each month at the college building on East Concord street.

Following the business meeting a very interesting paper was read by Dr. Emily A. Bruce upon "Opium, its Uses and Abuses," of which the following is an abstract:—

This is a subject of great importance, and it is too much neglected. Having been brought socially and professionally into close relations with victims of the opium habit, and having attended Dr. Ball's Clinic in Paris, she has had frequent opportunities to observe these unfortunate beings.

The subject should appeal to us not only from a scientific point of view, but upon humanitarian grounds, since hundreds of millions of human beings are degraded by a passion for this poison. What concerns us more nearly still is the fact that a considerable portion of these unhappy wretches belong to our own profession, the estimate being that about 32% of the victims of the opium habit in civilized and enlightened countries are physicians, and that 90% relapse.

In Europe and America it is among the better classes that the abuse most prevails, and the names of many eminent men are upon the list. DeQuincy heads the list in this long procession. His usual supply for a night's debauch was a quart of laudanum. Wilkie Collins, Bulwer Lytton, Coleridge, and many others not less illustrious, belong to this category.

According to recent official statements three tenths of the entire population of China, estimated at 400,000,000, are addicted to opium smoking.

The opium poppy is a plant of Eastern origin. Its introduction into Europe is of comparatively recent date. Germany was the first European nation to undertake its cultivation, and there the domestic production has almost supplanted the foreign article. France in 1871 had from sixty to seventy thousand acres of land devoted to poppy culture; the opium produced being as rich as the best Smyrna in morphine, and much less liable to adulteration. It yields from fourteen to twenty per cent. of morphine. None of the varieties produced in India are equal to those of France and Smyrna.

Its hypnotic properties have been known as far back as the time of Homer. Grecian and Roman physicians of that epoch used it. It is, however, to Arabian physicians, and at a later date to Paracelsus and Sydenham, that the drug owes the reputation it has at present. This reputation has been greatly augmented in the present century by the discovery of its alkaloids, of which there are at least fifteen. Of these, the first discovered, in 1804, was narcotine. Twelve years later morphine was given to the world, and since then others have been added, one by one, of which only six are of much importance.

Many theories have been proposed to account for the varied and sometimes contradictory effects of this complex drug. Two which differ greatly are those of Rabateau of France, and Hughes of England. The former bases his theory upon the predominance of different alkaloids in different doses.

Hughes claims that all the phenomena of its action can be explained by the hypothesis of a general paralyzing power.

The spread of the opium habit is greatly encouraged by the indiscriminate use of narcotizing patent medicines. One observer estimates that about twenty-five per cent. of those who use them habitually, become addicted to the opium habit sooner or later.

The use of morphine by hypodermic injections was instituted by Dr. Wood, which practice has inaugurated the abuse that has ended in a veritable disease.

It is not by the hypodermic method alone that the disease is induced. In a recent number of the "Popular Science Monthly," Virgil Eaton gives statistics with regard to physicians' prescriptions. He has examined many thousand prescriptions left at the pharmacists' to be filled, and finds more than one-sixth of all examined contained opium, or one of its derivatives; of those refilled, more than one-half; of those filled the third time, over sixty per cent.; and of those filled the fourth time, seventy-eight per cent. contained some element of the drug.

Considerable doses of opium or morphine may be taken for a long time without seriously compromising the health. It is

only when the system is kept continually under its influence, in large doses, that its characteristic symptoms are induced.

The successful treatment of morphinism is difficult, and when the patient is cured there is great danger of a relapse, since the will is so enfeebled that he readily yields to the temptation which rarely fails to fall in his way.

There are two methods of cure, the sudden and the gradual. The former is only safe in institutions where assistance is always at hand, as the effects of sudden privation are often alarming, and sometimes quickly fatal. There may be collapse, acute mania, even delirium tremens, and always extreme debility. In cases of threatened collapse, an injection of morphine will remove for a time the alarming symptoms. For insomnia, paraldehyde and sulphonal are effectual; the former in three drachm doses is a powerful hypnotic, and the latter safe and reliable in most cases.

When the gradual method is resorted to, the physician establishes a gradual scale of reduction, and follows it out relentlessly. During the painful period of deprivation, it is necessary above all things that the patient should be fortified with a regimen of easily-digested food, together with stimulants and sedatives, and be strictly confined to bed.

As stimulants, coffee, or hypodermic injections of caffeine, warm baths and massage to relieve nervous excitement, also chloral hydrate by rectal injections; bell. gels. valerian are also useful. But more important still is that there should be absolute calm about the patient, and absolute isolation has been advised.

A modification of the gradual method has been sometimes employed, but in this way acute neurasthenia is pretty sure to set in after the first and greatest reduction. The dose is reduced at once to a small fraction of the original amount, and that fraction divided into small doses, and gradually diminishing until none of the drug remains. Unfortunately, in these cases, the feeble solutions are more painful at the moment of injection and more likely to cause unpleasant after-effects in the form of abscesses, etc.

The chief use of opium in the allopathic school to-day is to palliate pain, induce sleep, check diarrhoea and cough, and as a curative in eclampsia and diabetes. At present, the newer hypnotics are beginning to encroach upon its long occupied realm, and may in time do much to diminish its abuse.

With us, few remedies are more rarely employed, but it has its uses; is used in lead colic, typhoid and intermittent fever when certain symptoms are present, relieves the night sweats of phthisis, etc.

There are a few other cases where even a faithful homœopath should use this remedy for its palliative effect; as during the passage of renal and hepatic calculi, after calc. carb. 30x and other recommended remedies have failed to relieve, as they usually do; in some visceral inflammations, as an ingredient in the inevitable cataplasm; and in the late stages of painful and hopeless disease, common humanity would counsel it.

It is gratifying to learn that our importations of crude opium have considerably diminished within the last three or four years, but the same is not true of opium used for smoking. Statistics show that

In 1867 our importation of crude opium was	. 135,305 lbs.
Prepared for smoking,	. 50,551 "
Total, . . . . .	. 185,856 "
In 1887, crude opium, . . . . .	. 568,263 "
Prepared for smoking, . . . . .	. 66,232 "
Total, . . . . .	. 634,495 "
In 1889, crude opium, . . . . .	. 391,563 "
Prepared for smoking, . . . . .	. 96,678 "
Total, . . . . .	. 488,241 "

Showing a decrease of 146,254 lbs. in two years.

There are apparently three good reasons for this favorable state of things.

1st, The introduction of new and less dangerous hypnotics; 2d, the increasing public sentiment against its too free use by physicians; and last, but not least, the growing influence of our school.

DISCUSSION followed. Dr. Boothby thought the subject of greater importance than that relating to any other drug. He had always stood on conservative grounds, but thinks it tremendously abused in homœopathic practice. Other drugs could be used to relieve pain. Considered it injurious to administer it after an operation, to compel a patient to sleep. It disturbs the nutritive process, and prevents the system resenting the inflammatory process. He only uses it in the last stages of disease and some cases of abdominal pains (cramps), and then only when homœopathically indicated. Does not believe in using it in peritonitis.

We are responsible for our patients, physically and morally, and we have no right to give our patients opium to save a few hours' pain.

Dr. French considered it a two-edged sword, but sometimes it was indispensable. In one case of intussusception of bowels,



and another, the passage of a stone, where intense pain was present, he had given medicine with no effect; he finally resorted to opium, and kept the patient under its influence twelve days; then the bowels relaxed, and the patient got well. He did not feel that he was responsible if the patient formed the opium habit; he was called upon to cure, or relieve pain.

Dr. Houghton thought opium was to pain what religion was to the dying. He believed in giving morphine hypodermically, whenever he thought it necessary; he did not feel justified in waiting for remedies to act when the patient was in severe pain. He relieves pain, then cures, if he can.

Dr. Halsey considered it unfortunate when we were obliged to use opium and thought by spending a little time the right remedy could be found. He had been educated in an allopathic college, and had spent a year in the hospital, and had there learned to fear its use. He had seen a case where he felt death to be due to the opium given, although administered in small and decreasing doses.

Dr. Sherman had a case of colic where he used calc. and nux. all one day, until the family intimated that something must be done, so he gave opium, and thought he had committed an unpardonable sin, until he learned that other homœopaths gave it. He had now learned to give it with more caution than formerly, but knew of no other drug that would relieve pain like it, and thought it very useful.

Dr. Hedenberg cited a case of typhoid fever where there was profuse hemorrhage; gave twenty drops of laudanum to constipate the bowels; repeated the dose three or four times during the twenty-four hours; kept her so for a week, and she recovered.

The meeting then adjourned.

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

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HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN  
MASSACHUSETTS.

The regular quarterly meeting of the Society was held at Cooley's Hotel, Springfield, Wednesday, Sept. 17, 1890, President H. A. Gibbs, of Lee, in the chair. The minutes of last meeting were read and approved. The resignation of Dr. S. Alvord, of Chicopee Falls, was accepted, and the application for membership of Dr. J. H. Allen, of Rockville, Conn., presented. The meeting was then placed in the hands of Dr. G. H. Wilkins, of Palmer, chairman of the bureau of Hygiene and Sanitary Science.

The first paper was presented by Dr. H. A. Gibbs, at the special request of the chairman, upon "Dangers from Cow's Milk, and How to Avert Them." Recent investigations have proved cow's milk to be a fertile promoter of disease, and consequently too great care cannot be taken with that valuable food. The best of care should be taken of the cows, particularly regarding cleanliness, kindness, and food. Good ventilation is necessary for good milk. Children should receive fresh milk night and morning. Many interesting examples of the transmission of disease through cow's milk were cited. The law now requires a certain per cent. of solids in milk, and the Doctor believed that the state and local authorities should thoroughly inspect the milk supply. Sterilization will kill all germs, and minute directions for the process were given. The paper elicited considerable discussion, the "one cow's milk" theory being thoroughly debated. Dr. O. W. Roberts mentioned an epidemic of diphtheria which had occurred in Enfield, and which was thought to have been caused by diseased milk.

After dinner, Dr. J. P. Rand, of Worcester, reported a fatal case of peritonitis. The case was almost unique in its approach. The Doctor closed his paper with some pertinent questions, which the members failed to answer.

The third paper, by Dr. N. W. Rand, of Monson, was upon "Hygiene of Infancy." The Doctor thoroughly covered the ground from the birth of the child, through dentition, not failing to pronounce a curse upon candies and cookies.

In the last paper, Dr. G. H. Wilkins went over the ground of "Deodorizers, Antiseptics, and Disinfectants," showing what changes had taken place during the last few years, and giving the latest and most approved methods of each.

The attendance upon this meeting was the best for many months, and the live questions were thoroughly and ably discussed.

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

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#### REVIEWS AND NOTICES OF BOOKS.

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A CLINICAL STUDY OF DISEASES OF THE KIDNEYS. By Clifford Mitchell, A.M., M.D. Chicago: W. T. Keener. pp. 431.

If there is anything especially needed by the medical practitioner of to-day, it is a thorough knowledge of the relations existing between the urine and the health of the individual excreting it. This is a subject too much neglected, and any writer who

brings new facts to light, or introduces new methods of studying the subject, or even attracts the attention of students and practitioners to its importance, has done a work of very practical value. It is one of the triumphs of modern medicine, probably unequalled except by a few surgical procedures, that not only can renal diseases be accurately diagnosed by intelligent urinalysis, but disorders of many other parts of the body, as well; in fact without a urinalysis the diagnosis of many conditions cannot be correctly made. This point is emphasized in the work before us.

In regard to the book itself, it might be said that its object is to show the thoroughly practical bearing of systematic chemical analysis of urine and microscopical examination of its sediment on the diagnosis, prognosis, and treatment not only of renal diseases but of many others. The book is written from the standpoint of clinical medicine, and not so much for the expert chemist or microscopist as for the student and practitioner of medicine. The relation of urinary analysis to diet is dwelt upon at considerable length, and in considering the treatment of kidney diseases, diet, exercise, climate, psychic and other influential agents are discussed with as much discrimination as are the medicinal agents upon which so much reliance is ordinarily placed.

Special mention must be made of the numerous diagnostic and reference-tables included in the text. Such tables are apt to be too rigid and limited, but when judiciously used are most helpful, and will save many hours of time to the busy physician. This tabular (chart) arrangement is even occasionally applied to "leading remedies," "suggestions" being generously credited to Prof. A. W. Woodward.

The author's somewhat abbreviated style is adapted to the wants of the busy physician to whom elegance of diction is of less importance than directness and brevity. The book has no competitors; there is nothing just like it in homœopathic or other literature, so it can hold its field unrivalled; and we doubtless are justified in confidently predicting for it a wide and thoroughly deserved popularity.

**MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY; ITS BY-LAWS, LIST OF MEMBERS, AND STATISTICS.** Prepared by the Committee on Registration and Statistics. 1890.

The indefatigable committee on registration and statistics, of our Massachusetts Society, here present a vast amount of useful and condensed information. With this volume on his shelves, the homœopathic physicians of Massachusetts scarcely need ask a question about its representative society; all such

questions being here anticipated. Local societies are also represented in brief accounts of their present officers, places and times of meeting, etc. All homœopathic institutions are also noticed. The volume, as a whole, reflects the greatest credit upon its energetic and painstaking compilers.

THE FAMILY HOMŒOPATHIST. By E. B. Shuldham, M.D. London: E. Gould & Son.

This little book might almost be a vest-pocket companion, in point of size, and certainly it might be a library ornament, in tastefulness of coloring and general make-up. It gives very concise and useful counsel as to the homœopathic medicines to be used, and the general treatment to be adopted by patients living so far from a physician as to be practically self-dependent. A very brief sketch of the history of homœopathy, and another, as brief, of the rules of hygiene to be observed in every-day life, complete a commendably helpful little work.

#### PERSONAL AND NEWS ITEMS.

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SARAH M. HOBSON, M.D., has removed from East Brighton, Vt., to Saco, Me.

MARY E. NUTTER, M.D., has removed to 1417 East 30th street, New York City.

FLORELLA ESTES, M.D., Class '90, B. U. S. of M., has located at 125 Washington street, Dover, N. H.

DR. FRED'K F. MOORE has been appointed surgeon to the Cardiff Coal and Iron Company, and is located in Cardiff, Tennessee.

DR. CHAS. DEADY, whose practice is confined exclusively to diseases of the eye and ear, has removed to 59 West 49th street, New York City. His hours are 9 to 1.

The announcement is made that Mr. E. W. Runyon has lately purchased a half interest in the firm of Boericke & Schreck, San Francisco, and the house will hereafter be known as Boericke & Runyon.

The Civil, Military and Naval Departments of the British Government are supplied with the Fairchild Digestive products, and the Fairchild preparations for the predigestion of milk, etc., are especially preferred in India.

A COPY of Dr. Lydston's lecture on "Sexual Perversion," concerning which many inquiries have been made, can be had by any physician enclosing postage for the same, to its author, Dr. G. Frank Lydston, Opera House Block, Chicago, Ill.

STANLEY'S recent Emin expedition was equipped entirely with Fairchild's Digestive Ferments in preference to any others, and in the recent attack of gastritis from which Mr. Stanley suffered, he was entirely sustained upon foods previously digested with Fairchild's Extractum Pancreatis.

DR. GATCHELL has had, in the trenchant columns of the *Era*, so much practice in exposing humbugs of one sort and another that such exposure seems to be second nature with him. At all events he has just been doing something very noteworthy in that line, in convincing the city of Chicago, which was all agape over the "mind-reading" miracles of Alexander Johnstone, that said miracles were mere, though clever charlatanry. Dr. Gatchell duplicated, with ease and certainty, Johnstone's most wonderful feats, explaining as he did so, their *modus operandi*. The Chicago papers give much space and enthusiastic commendation to the *exposit*.

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EDITORIAL.

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*THE LATEST NEWSPAPER MILLENNIUM.*

Such is modern newspaper enterprise, that it is no longer to professional journals, but to the daily press that the physician must turn for the latest thing in science. The reporter, like the poor, is always with us; and so that the matter be novel, he is quite as obligingly willing to convey to his public the latest thing in surgery and bacteriology, as the latest thing in executions or marine disasters. Since, again, original sources being closed to him, he is quite as willing to weave his tale from key-hole observation or servants' chatter, the afflicted scientific discoverer is perhaps not to be blamed for counting it the lesser evil to admit the reporter early to his confidence, and so exercise a certain control over the latter's exuberant fancy, rather than allow that fancy to play the mischief with his facts before those facts can be made public. Since, through modern newspaper intervention, the secrets of all hearts are made known at a rather earlier epoch than scripture prophesied, it is natural enough that the millennium should dawn several times in the course of the year; for the Very Latest is, in journalism, necessarily the Very Finally Best. The millennium has so dawned, within the past few weeks, in the heralded discovery, by Dr. Koch, of the antidote to the bacillus of tuberculosis. It is a discovery which will be hailed by the masses with a like

pathetic rejoicing to that which rose so tumultuously, and died away so mournfully, when Brown-Séquard discovered the elixir which made old men young. There is perhaps not a family, the civilized world over, — taking family in a large, ramifying sense, — which would not greet this discovery as something directly and personally related to their interests; something that may lift a burden of dread from one dear to them, or which, earlier found, might have preserved to them a life whose going took with it much of life's sunshine. It is a discovery so mighty in its bearing on human life and happiness that, once certainly made, the whole earth might pause for one moment of its rushing career, to cheer the discoverer. Has it been made? According to the newspapers, Dr. Koch says he is satisfied that it has. According to the newspapers, he has satisfied his Emperor that it has, and that juvenile Father of his People is to give him every facility for experiment, on a huge scale, the Empire over, and is to lend his influence that the Reichstag may vote huge sums for carrying on the work. According to the newspapers, Dr. Koch's own experiments and those of the physicians working under him have produced phenomenal results, bringing about improvement in chronic and advanced cases, in the course of a single day. It is very unfortunate that Ananias and Sapphira did not die without issue; and therefore we cannot accept these and other newspaper statements quite without reserve. What we can guess to be tolerably accurate, is that Dr. Koch, a careful and conservative experimenter, has good hope that he has found, at last, that seeming impossibility, — a germicide which will destroy the bacillus, and spare the patient. At first thought, it seems a trifle odd, and unpleasantly so, that Dr. Koch should keep rigidly to himself the secret of his formula for making the "lymph of a pale yellow color" that he personally deals out to would-be experimenters. But as he has worked in the past in a spirit of large and truly scientific unselfishness, we are bound to trust his word that his discovery will be given to the world, fully and unreservedly, so soon as it is somewhat more firmly established. Meanwhile he is, perhaps, wise to guard it from those who would discredit it and him in their careless preparation and use of the lymph, inevitable failure with it,

and easy condemnation of its uselessness. The success of germicides in the past, — Pasteur's now familiar work hardly having received full credence and sanction of the profession, even to-day, — has not been such as to wake any very fervent confidence in this, the latest and incomparably most desired one. But the world and the profession will wait, with very great interest, to see what comes of it.

NOTE. — Since the above was written, there has been given us — still and always through the daily press, — a translation of Dr. Koch's extended article in the *Deutsche Medicinische Wochenschrift*, on the subject of his discovery. We append a few extracts from this translation, calling attention especially to the symptoms produced in the "proving," being so startlingly like those of the malady it claims to cure; a text which, if accurate, needs no sermon to supplement it:

"When taken into the stomach, the curative matter proves to have no effect. It must be applied subcutaneously by means of a valveless syringe. In thousands of cases, he says, where it has been used for subcutaneous injections, not a single abscess resulted. When the curative matter is applied to a patient the usual course is to inject it under the skin of the back, between the shoulder blades and in the proximity of the loins. The experiments show that human beings are much more susceptible to the effect of the new substance than are guinea pigs, which have been largely used in the course of the investigations. Two cubic centimetres of the fluid applied to a guinea pig produced little, if any, apparent effect. Twenty-five hundredths of a cubic centimetre, however, intensely affected a healthy full grown man who was subjected to experiment.

"Professor Koch experimented with the fluid upon his own body and describes the effect. He injected twenty-five hundredths of a cubic centimetre of the fluid under the skin of his upper arm. Three or four hours after the injection was made he experienced a contraction of the limbs and a marked feeling of lassitude. At the same time he felt a desire to cough, together with difficulty of breathing. These symptoms increased rapidly, and, in the fifth hour, he experienced an unusually violent rigor. The shivering lasted for nearly an hour and was accompanied with nausea and vomiting. The temperature of his body rose to 39.6° centigrade. After a period of twelve hours the symptoms began to abate, the temperature of the body declined, and on the following day resumed its normal degree. The heaviness of the limbs and the feeling of lassitude, however, continued for some days, during which time the point on his arm at which the injection was made continued to be painful and remained red.

"The experiments so far conducted show that the lowest limit of effective strength of the fluid in a healthy human body is one-hundredth of a cubic centimetre. When this amount is applied to a healthy human subject it produces little or no reaction. The same result follows when fluid of this strength is applied to diseased persons who are suffering from other than tuberculous affections; but in persons affected with tuberculosis the same quantity produces a strong general and local reaction. The general reaction consists of an attack of fever, which usually begins with shivering, the temperature of the body rises to 39° and in some instances even to 41° centigrade. At the same time pains in the limbs are noticeable. The patient coughs, experiences much irritation and great exhaustion. Some patients also suffer nausea and vomiting. In some cases there is noticed a

slight icteric (jaundice like) coloring or exanthema resembling measles on the chest and neck. The symptoms just described begin to manifest themselves four or five hours after the injection of the curative substance. They last from twelve to fifteen hours. The patient is not much affected by the attack induced by the fluid, and after it is over feels comparatively well; even better in fact, than before the injection. The reaction produced in the internal organs, especially the lungs, when the curative substance is injected, is not, of course, open to observation apart from the increased expectoration and cough. Tuberculous affections of the glands, latent tuberculosis of the bones, doubtful skin tuberculosis, etc., can by the use of this fluid be easily and certainly diagnosed. Moreover, in cases of lung or joint tuberculosis which have apparently passed off, it will be possible by the use of the new substance to ascertain with certainty whether the morbid process is really and absolutely ended.

“Professor Koch expresses the belief that his remedy will certainly prove a cure for incipient phthisis. Whether, however, the cure will be final and definite has not, he says, been clearly proved. The curative properties of the new remedy, Professor Koch declares, are of still greater importance for diagnosis. What the fluid kills is not the tubercular bacillus, but the tubercular tissue. This fact indicates the well-defined limits which the efficacy of the remedy will be able to reach. In other words, it can only influence living tuberculous tissue. It has no effect whatever upon dead tissue, such as decayed caseous matter, necrotic bones and the like. More than this, it produces no effect upon tissues which have already been killed by the application of the remedy. It is quite possible that such dead tissues may still contain living tuberculous bacilli. These may then be either expelled with the necrotic tissue, or it may be that under special circumstances they may again invade adjacent living tissues. It follows, therefore, that tuberculous tissue that is still living must first be made to decay. When this has been accomplished every effort must be made to remove the dead matter by surgery. In cases where this method is impossible and secretion can only slowly proceed by the self-help of the organism threatened, the living tissue must at the same time be protected by continual applications of the remedy, so as to guard against the re-migration of the parasites.

“Patients with pronounced tuberculosis of the lungs have proved far more susceptible to the remedy than those suffering with surgical tubercular affections. Consumptives have, in almost every instance, manifested a strong reaction on greatly reduced doses. Consumptive patients who are still fairly strong, reach increased doses much more quickly, and favorable results follow with corresponding rapidity. As a general rule, the coughing and expectoration are increased somewhat after the first injection. Then they become gradually less, and, in the most favorable cases, will ultimately wholly disappear. In the case next experimented upon under the direction of Professor Koch, the expectorations gradually lost their purulent property, and assumed a mucous character. The number of bacilli expelled usually decreases only when the expectorations begin to assume the mucous appearance. The bacilli then disappear entirely for a time, but on occasion again appear until expectoration totally ceases. At the same time the night sweats cease, the patients begin to look better, and to increase in weight. Patients who have been treated in the early stages of phthisis have all been freed from morbid symptoms within from four to six weeks, when they may be regarded as healed.

“In all cases, he emphasizes the necessity of early treatment. Only in incipient stages of disease, he declares, can the remedy fully develop its efficacy.”



## EDITORIAL NOTES AND COMMENTS.

A VERY NOTEWORTHY FESTIVITY will be the celebration, on December 23d, by a banquet at Hotel Vendome, of the semi-centennial of the Massachusetts Homœopathic Medical Society's organization. We gladly give space, herewith, to the circular issued by the committee having the affair in charge, and urge it upon homœopathic physicians everywhere, to lend their personal aid, and if possible their presence, to make the occasion the brilliant and memorable success its significance deserves. Upward of a hundred replies have already been received, and the outlook is most bright and promising.

"In December, 1840, three physicians assembled in this vicinity and formed the Homœopathic Fraternity. As its numbers increased and its circle widened, it was called the Massachusetts Homœopathic Fraternity. Later it received the name of the Massachusetts Homœopathic Medical Society, and in 1856 it was incorporated by the legislature of the State. It is fifty years the present December since this beginning of the Society, and it seems fitting that its semi-centennial anniversary should be marked in an appropriate manner. When we consider that within a few years the State has established a homœopathic insane hospital at Westborough, which contains over five hundred patients; that it has in the last year given \$120,000 for the enlargement of our Massachusetts Homœopathic Hospital; that a single legacy has this year been given exceeding in amount \$150,000, and which will be used for the support of the hospital; that the city has contributed a large site of land on which to erect a homœopathic dispensary, and that generous donations have been given therefor; that five hospitals have been established in various cities in the State, in which both homœopathic and allopathic treatment are equally provided; that a medical school has been established in connection with Boston University which has proved very successful, and has added large numbers of well educated physicians to our ranks; we have many causes for gratitude and rejoicing.

"The Committee propose, therefore, that on the 23d of December, 1890, the nearest time practicable to the exact

anniversary, a banquet shall be held at the Hotel Vendome, in Boston, to which shall be invited not only the members of this society, but some of the most distinguished physicians in our ranks, together with such public men as have shown by their acts a warm interest in the progress of homœopathy, and those friends who have taken prominent parts in founding and sustaining its institutions. Will you join in such celebration and banquet? The funds of the Society are not such as to allow it to pay the whole of the expenses; but it can assume that of invited guests, while to others the cost will be \$3.00 per plate. The seating capacity of the banquet hall is limited, and it will be necessary to have immediate response from those members who wish to be present, as to the number of tickets they desire for themselves, or their intimate friends. These responses should be sent at once to the Secretary of the Committee, J. Wilkinson Clapp, M.D., 10 Park Square, Boston.

“Let the occasion be one worthy of the cause.

Very respectfully,

JAMES HEDENBERG.	H. A. HOUGHTON.
A. J. FRENCH.	WALTER WESSELHOEFT.
J. K. WARREN.	EDWARD P. COLBY.
J. WILKINSON CLAPP.	D. B. WHITTIER.
F. C. RICHARDSON.	JOHN P. SUTHERLAND.
HERBERT C. CLAPP.	I. T. TALBOT.
HORACE PACKARD.	

MALARIAL BOSTON is not a pleasant phrase in the ears of those proud dwellers at the Hub, who wish to regard all the unpleasantnesses of life as belonging exclusively to the spokes of the Universe, so to speak. But malarial Boston is, at the present writing, a sadly truthful phrase. Thanks to the lofty disregard, in many important particulars, of municipal sanitation, to which we alluded in the last issue of the GAZETTE, malarial influences, whose very existence in Massachusetts air has sometimes been challenged, seem domesticated here in our very midst, to be met every day, easily recognizable, emphatically mischievous. There is not a Boston physician, of extended practice, we venture to state, who has not treated, within the past few months, several cases whose diagnosis was malaria,

past doubt: cases of well-marked, periodical chill, fever and sweat, and varying in severity from a few hours' daily discomfort, to a perilous onslaught of remittent or intermittent fever, the former hardly distinguishable from typhoid, or less to be dreaded. Naturally and happily those terrible forms of malaria which demand climatic dangers in addition to the malarial germ for their full development — the cerebral and renal forms, doing their work in a few hours and hopeless from the outset — are not to be feared in our latitude. But the malaria which is among us is quite mischievous enough to warrant very serious investigations into its etiology, and prompt, spontaneous and concerted action, in the matter of prophylaxis. Treatment of malaria too, becomes for Boston physicians a matter of other than theoretical interest; and a symposium on the subject, bringing to confession the miserable sinners who believe that moderate doses of quinine, in a first attack of unmistakable malaria, afford the speediest and safest means of cure, might show our Southern brethren, that the malaria-quinine question is susceptible of discussion considerably north of Dixie. The attention of our local medical societies is earnestly called to the matter.

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NEWS FROM MELBOURNE is always welcome news, and homœopathy everywhere may count on taking encouragement from listening to it. This is pre-eminently the case with the report of the Melbourne Homœopathic Hospital, for the year ending June 30, which is now upon our table. In the last year, the phenomenal prosperity of this institution shows triumphantly how deep a hold homœopathy has, upon the confidence and esteem of the people of Australia, and shows, as well, how genuinely this esteem is merited. Private donations of the most generous sort have been supplemented by public donations; a very satisfactory bit of news being that the "Increased Hospital Accommodation Committee" of the city, gave, from its general fund, three thousand pounds to the Homœopathic Hospital toward extending its sphere of usefulness. The unknown and most princely good genius of the hospital, who gave the new wing, as chronicled by us, last year, continues his

benefactions: for instance, "when the Board of Management were calling for tenders for the supply of bedding and linen, the other day, this donor had desired his guarantors to step in and inform the Board that he would defray the cost of providing these also."

The clinical statistics are of a brilliantly satisfactory character. Typhoid fever cases, as in former years, immensely predominated. 417 cases of this disease were treated, as against 408 last year, with the magnificently encouraging showing of a mortality rate decreased from the ten per cent. of last year to 6 1-2 per cent. The total number of cases treated in the Hospital was 651, with a death-rate of 8 per cent., as against 11 per cent. last year.

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"A DOCTOR'S WAGES, — faith, if anything stands for them at all, it must be the 'unknown quantity' of algebra!" Thus, the Doctor to himself, as he plods, as "wet, wet, and weary," as the hero of the old Scotch ballad, — and, it is to be feared, considerably crosser, — through the keen and slippery sleet, on Christmas eve. The Doctor is not absolutely sure it is not Christmas morning. He has a dark and dismal suspicion that the car, jangling and jingling its way cheerfully out of sight in the dim perspective of the storm-darkened street, is the midnight car, and the last one which that Society for the Encouragement of Profanity, as the Doctor fervently qualifies the West End Railway Company, is likely to send out for a time that he shudders to estimate. So the Doctor pulls up the collar of his ulster, and plunges his free hand deep into its comforting pocket; and so, doggedly sets himself to his long walk. It is a very lonely walk; and no suggestions of the happy season anywhere present themselves to lighten its loneliness. The only light visible, apart from those which glow dully in smoky gas lamps, or flare from the high top of the electric poles, is the light in the window of a police station. The very gin shops have put up their shutters. The storm and the Doctor have the night to themselves.

He had not thought, when Douglas, his pet student, had sent

that imploring telephone message for help, that the case would be such a long one. But things had come to a rather bad pass before Douglas was sent for; they usually do, thinks the Doctor, when old women's traditions are drained dry before science is called on. One life had been slow to cross the border that parts Here from—Whence? The other life had drifted too fast and willingly toward the border that parts Here from—Whither? It had been a slow fight and a hard. But the Doctor had left in the poor, unclean room whose door had just closed behind him, a pale mother safely asleep, with a living baby on her arm. Douglas had stood with him, for a moment, at the open door, to catch a breath of the cold and clean night air before going back to the stuffy room, and his long night-watch. It had been for the lad the first of those hand-to-hand fights with death, so familiar to the profession of which he had seen, hitherto, little else but the bright student side. He had borne his part pluckily; but it had been a hard pull, and his boyish face looked oddly old, and grave, and pale, in the wan storm-light. "Doctor," he said as they parted,— "Doctor, a doctor earns his wages, doesn't he?"

It is these words of Douglas' which have furnished the Doctor with the text of the midnight meditation with which he is beguiling his lonely homeward tramp. "A doctor's wages!" he says to himself, "Bless the lad, he believes a doctor gets 'em, as well as earns 'em, does he? Wonder what he'll think when he's been at it thirty years longer! What are a doctor's wages, anyhow? Money? Fame? Advancement in science? Human confidence and affection? Well, and how many of 'em does he get paid?"

Money? Well, occasionally, but precious little of it! The Scripture says that all a man hath he will give in exchange for his life; but doctors meet rather oftener than occasionally, a man who swears over giving a hundred dollars when once his life is safe, and the bill goes in. What with downright charity cases, and the common business honesty that won't let a doctor make one more visit than he knows to be necessary, and the fashionable 'beats,' whom we're all cowards enough to keep on our lists rather than incur their ill-will and abuse,— a doctor

doesn't stand much chance of a fortune. Specialists may coin drachmas, — magnificent creatures who

‘Fit a gum larynx and celluloid tongue,  
And exsect the spleen and resect the lung.’

and who are never called till their check is made out and signed. Their heirs and executors may swell with pride, when their wills go to probate! But we plain, every-day doctors, who only have to wrestle with such easy, commonplace, every-day things as typhoid, and rheumatism, and consumption, — who ever heard of one of *us* leaving a fortune? If we can keep our life-insurance premiums paid up, we appoint a Thanksgiving Day!

Fame? Nonsense! Fame, too, is for those lucky dogs, the specialists! Let us, with watching and, — I was going to say prayer, but it is as well to keep to the facts, — coax back a croupy baby from death's door, and when the grandmother comes, next week, she will say she has often cured such cases with three cents' worth of goose-grease. But nobody's grandmother ever cut anybody open, and sewed 'em up again. Such glory as the profession has to spare belongs to the doctors who can do *that*.

Advancement in science? Sometimes we hope so. And again what we thought a new star proves only an *ignis fatuus* above the old, old marsh of ignorance; and nature beckons us only to laugh through the keyhole of a closed door.

Human affection? Sometimes it seems as if a doctor gained affection in inverse ratio to his power to serve. Do what your patients wish, and how they love you! Do what your patients need, and all their prejudices and their ignorance, and their laziness, rise up and cry scorn upon you.

A doctor's wages! When Douglas has tugged along in harness a quarter of a century or so longer, he won't indulge in such imaginative flights of speech any more. He —"

The Doctor pulls himself up short in his pessimistic soliloquy. He has been growing slowly conscious that the sleet has ceased, and that the air, though shrewd, is kindlier. He realizes suddenly that it is not wholly because of the widening, better lit streets to which he has come, that his way is lighter. He lifts his eyes from the icy walks over which he has been guiding

himself, and sees that the clouds have broken, and are flying before a shifting wind. Through such a cloud-rift, there looks one great, shining star. It reminds the Doctor, whimsically enough, of the star he helped the children, last night, to dust with diamond-powder for the tip-top of a Christmas tree; and he says to himself, with a start — “Faith! It is Christmas Morning!”

And the star and its associations work oddly with the Doctor's meditation. Other factors come into the question; factors that do not bear such sharp defining. The Aurelian saying of one of to-day's best philosophers, that with any profession, though the wages of the trade may be small, the wages of the life may be incalculable. And what was the anthem they were practising in the church across the way, last night? . . . .  
 “Rejected of men, . . . and they esteemed him not.” And what was the text of Highsoule's Christmas sermon, last year? Something about the servant not expecting to be above his Master?

The Doctor's key turns in the home lock. There is a low-burning light in the hall. He can see through the half-closed door that the library fire has been lately replenished. On the table he glimpses a certain low and squat brown tankard. There is a soft stirring on the landing above; and the Doctor has his suspicions that the vow of marital obedience taken some quarter-century before, has been violated, for the thousandth time, in the way of keeping forbidden midnight watch.

Despite all these pleasant sights and sounds, the Doctor stands yet a long moment on the windy doorstep, and looks musingly up at the shining of the Christmas star. “Lord!” says the Doctor to himself, “what a coward and time-server a man is, after all, to ask of any noble and useful life, “Does it pay its wages!”

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A LONDON physician has a patient who has a defect in his speech of a most singular character. The patient, a lad of ten, and English by birth, is unable to speak his native language, but articulates a jargon which can not be understood. He was examined by many doctors, none of whom could decide whether he spoke the same thing twice in the same way or not. The assistance of the phonograph was called in, and the lad, in the presence of several gentlemen, was asked to speak the Lord's prayer and the alphabet. When a comparison was instituted between the various cylinders containing the record, it was found that there was no variation in the spoken words, and that it was quite possible for the language which the boy speaks to be understood by simply learning the various sounds. — *Medical Times*.

## COMMUNICATIONS.

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*THE ABUSE OF MEDICAL CHARITY.*

BY CHAS. L. NICHOLS, M.D., WORCESTER, MASS.

*Read before the Hughes Medical Club.*

One marked difference between civilized and uncivilized life lies in the care of the poor and sick. The American Indian left his aged or infirm father, brother or wife, to perish by the way-side, while his more enlightened successors vie with one another in employing their millions for the erection and endowment of the hospitals and homes for the poor and diseased.

But wherever and whenever the claim of the weaker and less fortunate has been allowed by his stronger and more successful fellow-man, — then and there we find medical charity stands in the foreground.

This is partly because the life of the physician is a constant demand for sympathy, and partly that so many of the cases demanding charitable aid result from sickness, and hence come first to the notice of our profession.

In the Greek civilization, the Asclepion, or first hospitals, were open to all, rich or poor, and the recompense was in proportion to the ability of the applicant. In the later Roman cities, with the more systematic and judicial mental training of the day, came a more careful oversight of the populace, and the physicians went among the poor, instead of waiting for their application. Dury, in his *History of Rome*, details at considerable length the careful division of the cities into sections, each with its dispensaries and attendant physicians, as well as the board of overseeing physicians, with rank and emoluments in due proportion.

During the Middle Ages, when civilized life was almost blotted out, and physicians were utterly unknown, the Roman hospital and dispensary were kept alive, with the spark of classical learning, in the monasteries, until the cities reasserted their power, and recognizing the value of these relics of a nobler humanity, transplanted them into their stronger soil, where they have increased a hundred-fold.

Among the benefits arising from these forms of charity, those accruing to the physician are very great. No medical school is capable of the proper instruction of its students, without the abundant clinical material which hospitals and dispensaries can furnish; while to the young practitioner who enters upon his life work with the untried tools of his *materia medica*,



and his unskilled powers of diagnosis, and an untrained judgment, the opportunities afforded at the dispensaries of a simple and not too varied series of cases, with a most trustful class of patients, is invaluable. As his medical life opens out, and his interest in any particular branch of medical work centres itself, it is to the hospitals and dispensaries that he at once turns for material, either for the study of special classes of cases, or for the trial of novel operations, or forms of treatment, before heralding to the world the discoveries intended for mankind. It may be asserted with perfect safety that three-quarters of the great men in the annals of medicine have attained their greatness directly through the agency of the hospitals and dispensaries.

Turning now to the sick poor for whose benefit these charities are primarily intended, we see equal advantages.

A clean, quiet room, with such surroundings in regard to temperature and ventilation as few of the finest homes can possess; food suited to the malady, prepared and served with reasonable, often tender, care; trained and skilful attendance at all times, with preparation for every emergency; these are benefits such as can be fully appreciated only by those who are brought to see all sides of the picture, as is the lot of the physician.

In addition to this, the watchful care of physicians whose medical lives are just being formed, and whose every faculty is on the alert in consequence, and the counsel of the best medical skill in the city,—and these, too, without price, or with such an inadequate recompense as would bring it within the reach of the poorest; facts like this show the benefits to the poor of the present hospital system, and also show why the belief is growing among all classes that the hospital is a better place for the most successful treatment of the sick and injured, than even the most convenient home.

But as is the case in most of the problems of modern life, grave evils are found to develop in this system of medical charity, with the increase in the size of the municipalities. Let us look for a moment at the charities of Glasgow. Here is a city of about 511,000 inhabitants. It has fourteen hospitals, containing 1325 beds, and four dispensaries for out-patients. In 1888, the total number of patients treated was 110,500, about one to every five persons in the city. But here we find that during this year over \$50,000 was contributed toward the support of these charities by the workingmen, in return for which, in several of the hospitals, in addition to the medical attendance given their fellow workmen, they were allowed to have representatives on the governing boards.

In Edinburgh the picture is not so bright. With 229,000 inhabitants, there are nine hospitals with 1,003 beds, and five dispensaries, in which 103,095 persons were treated during 1887, I repeat, that this states the number of *persons* treated, not the number of visits, or prescriptions made. The yearly expense of these charities is about \$250,000 in addition to that furnished by the city, and over one-half of it is furnished by private yearly subscription.

Liverpool, a city of over 600,000, has sixteen hospitals, with 1,157 beds, and five dispensaries, and in 1888 treated 213,974 persons; while in London the hospitals and dispensaries, 160 in number, cared in 1887 for 77,000 in-patients, and 1,447,000 out-patients, at an expense of \$3,500,000.

The most superficial study of these figures, which err on the side of being too small, shows us that two evils are inevitable, — overcrowding of the hospitals and a pauperizing effect on the patients.

To the patients, the results of over-crowding are faulty diagnosis and wrong treatment, with the consequent loss of valuable time to the person, both as a workingman and a sick person, and an unnecessary increase of suffering, with a possible aggravation of the disease to the point of incurability.

To the physician, the result of over-crowding is a complete nullification of all the benefits which should reward him for his sacrifices of time, skill and physical strength. He can hardly avoid becoming careless and superficial in his attention to the cases brought before him; he must become physically exhausted, and hence be prevented from giving special attention and careful study to any of the patients under his eye.

An article by Dr. Robert Bridges, at one time out-patient physician at St. Bartholomew's Hospital, gives one an idea of the rapid work required in such a position. He says "it is not unusual for a casualty physician (as they are called in the outer hospital dispensary), to see 150 patients in less than two hours." He then states that in three months he saw 7,735 patients, (of which number 5,330 were new cases), and within the year, 30,940 cases. In calculating the rapidity with which he could work, Dr. Bridges finds that in examining 148 patients he spent three hours and ten minutes; these were male patients, for he says, "with all I could do to enforce laconism, . . . I yet found that an average female case lasted one-fiftieth of a minute longer than a male case."

As for the benefit obtained by himself, he took notes of seventy cases imperfectly, and of the nature of recorded observations, rather than of results of the treatment, and concludes that the only advantages possible to attain, are a

knowledge of the physiognomy of disease, and a rapid discrimination of pathognomonic signs hard to acquire in private practice. The treatment was correspondingly crude, for of 7,000 treated in the first quarter, 750 received cod-liver oil, and over 1,942 a favorite mixture of quassia and iron, which he claims to have prescribed as frequently as possible, in consideration of its strong taste, cheapness, and innocuous properties. The price of this remedy is 1½ d. per patient. Another mixture which vied with this in cheapness and popularity for general use was the h. m. s. cum m.s., the ingredients of which were sulphate of magnesia, sulphuric acid, syrup of poppies, and a little mint tea, the expense amounting, in this case, to eight-tenths of a penny per patient. This paper was not published in jest nor in anger, but presented as a fair statement of the daily work of the out-patient physicians at the larger hospitals in the large cities, in order to illustrate the evils of this over-crowding, and to call public attention to a needed reform.

But still another evil, and a greater than that of over-crowding, greater because more far-reaching in its consequences to the coming generations, as well as the present, is the pauperizing effect of this gratuitous treatment in the numerous competing hospitals.

The tendency of modern charity is to self-help and self independence, and so great an evil has this hospital competition become, that the Charity Organization Society of London, after considerable agitation of the subject for a few years past, has at length obtained an investigation of the metropolitan hospital system before a committee of the House of Lords. It is impossible to say what will be the outcome of this investigation, for already an immense array of facts has been accumulated on both sides of the question, but enough has been brought to light on this side of the subject to make everyone ask for a speedy solution of the problem in the direction, at least, of a more thorough, careful and individual treatment of the cases presented for treatment. The legitimate objects of all medical charities are threefold.

1st. To give to the deserving poor skilful and reliable medical and surgical care.

2d. To assist physicians in their studies by more abundant clinical material, capable of classification and comparison.

3d. To bring to public notice some particular system of medicine or special form of treatment, by showing the results in such hospitals or dispensaries.

That the legitimate objects can be carried out fully and freely without the unfortunate hospital competition which so inevitably leads to pauperism of the patients, and the extreme

over-crowding also incident thereto, must be granted by all, although opinions regarding the methods of attaining such results may be at variance.

On the continent and in England, the high ratio of population, the low wages of the majority, and the large fees of physicians are the main causes which render these evils possible. In America we are yearly approaching the same position, and it behooves us to consider the question in every light, and deal vigorously with it before it becomes the weighty problem now agitating in London.

I bring this subject before you to-night, because all, or nearly all, are directly connected with the dispensaries, and have therefore an excellent opportunity to personally investigate the conditions here mentioned, and at the same time have an influence in checking their progress.

The remedies suggested are many but may be included in two classes. 1st, the more thorough sifting of applicants, and 2nd, provision for payment of a small fee.

Dr. Rentoul, of Liverpool, who is thoroughly posted on this subject and has gathered a large amount of information upon it, advocates "The formation of a public medical service in every town, that all the medical men in that locality be attached to it, and that they should give advice to the wage-earning classes on a ready-money plan, according to a fixed tariff. In combination with this there should be for those of the same class, who might be unable to afford the cash payment, provident dispensaries supported by the weekly contributions of benefited members, by annual subscriptions, and by donations of honorary members." This plan is suggested from the point of view of the medical man and is mainly directed to the reduction of the number of charity applicants, and at the same time to remedy the injustice done by hospital competition, and to avoid the interference with the work of the general practitioner, many of whom suffer severely by the present state of affairs.

The suggestions of the Charity Organization Society of London, are more comprehensive and far reaching, but still aim at the two classes of objects above mentioned.

It is proposed by this organization, that the charity cases at the dispensaries and out-patient departments (for it is in these that the abuse mainly exists or at least arises) be carefully investigated by an officer specially selected for the purpose, that the free dispensaries be replaced by provident dispensaries as rapidly as possible, and that all be organized under a central board of management, with equal rights to cases and to the funds contributed.

This reform of the out-patient departments means the retention

in the dispensaries of all cases of grave illness, unusual cases required for medical instruction, and those in undoubted need of charitable medical relief; it limits the number of out-patients cared for by each medical officer and refers all other and unsuitable cases to the general practitioners, the provident dispensaries or the provisions of the poor law.

With ourselves, while such a plan could not be carried out, and indeed would hardly be admissible, certain modifications of it will put off the beginning of this great evil and help to postpone for a long time, the unfortunate results we have seen to exist in the older communities.

By personal investigation of the cases which come before us, or by the aid of the Associated Charities, we can detect imposture either in the way of unnecessary medication or in the necessity for charitable medical aid; by insisting on smaller clinics, we can do more careful work and obtain more satisfactory results both for the sick person and for our professional progress, and by remembering that dispensary and hospital cases are not merely medical entities but are flesh and blood to be influenced in their lives and those of their descendants, perhaps, by our encouragement or neglect; by such means, we can induce in these public institutions a healthier and nobler competition (one of good results and not of numbers.) We can increase still more the influence already attained by homœopathy as a leader in such reform, and above all, we can lift up those who, broken by sickness and its necessary burdens, are ready to become paupers and dependents, to the plane of self-help and self-dependence and thus realize the noblest aim of modern charity, which teaches the poor to help themselves.

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*TWO CASES OF UTERINE FIBROID TREATED BY MASSAGE.*

BY JAMES R. COCKE, BOSTON, MASS.

CASE I.—In January, 1889, Mrs. H——, of Hartford, aged thirty-one years, came to me for massage treatment. She had previously been examined by one of the most eminent surgeons of Boston, who pronounced her case one of subperitoneal, uterine fibroid of large size. He was opposed to surgical interference, but advised treatment to be directed to the restoration of her general health. As a means to this end, she was recommended to try massage.

Examination of the abdomen showed a nodular hard immobile mass which extended about one inch above the umbilicus, and on either side, nearly to the crests of the ilia. In addition to this there was a large amount of ascitic fluid present. I learned

from the patient that she had been aspirated two or three times for relief.

Pressure in the right inguinal region showed that tenderness existed. The patient was decidedly neurasthenic, and suffered from indigestion and constipation. The enlarged abdomen interfered considerably with locomotion, and the function of respiration. Skin of patient presented an anæmic hue. Heart's action was also enfeebled. The patient was given both passive and active movements, and thorough manipulation of the bowels, which soon relieved constipation; other symptoms remained about the same.

Her attending physician now advised that she should again be aspirated. This was done at her home in Hartford, and I learned from the lady that about eighteen pints of fluid were withdrawn, after which she again returned to Boston, receiving four or five treatments per week.

In addition to general massage, the tumor was manipulated in the following manner: I began at the summit of the tumor, grasping it with both hands, and gently pétrissaged in a rotatory manner from the outer borders of the tumor towards the median line. After eight treatments the tumor felt much softer at the summit, and was somewhat movable. She was treated in this manner for about four months, with the result that the tumor diminished to about the size of a foetal head. Her health was greatly improved and tenderness of right inguinal region entirely removed. The patient was then sent to the seaside and did not return to me for five months. When I saw her in November following, the abdominal cavity had filled with fluid, and tumor increased in size, reaching nearly to the umbilicus, and was hard and immobile. The physician in charge again recommended aspiration. She, dreading the operation, procrastinated, but continued the massage.

Jan. 1, '90, a profuse watery diarrhœa came on, which lasted for two days. After this, examination showed that the ascites had entirely disappeared. The massage treatment was continued regularly up to March 1st of the same year, at which time the tumor was reduced to the size of a large orange.

Since March 1st, she has visited me at the beginning of each month, and, while here, has received two or three treatments. The tumor has continued to soften and decrease in size, and there has been no return of ascites.

CASE II. Maggie C—, aged 38, unmarried, seen first, February, 1888. She stated that she had suffered from a tumor for ten years, for which she had been treated by electricity with no relief. She informed me that she was then examined by a surgeon, who said that she was suffering from a uterine fibroid,

which could not be removed, owing to the many peritoneal adhesions. She suffered greatly from abdominal tenderness, and had also a very profuse metrorrhagia. On palpating the abdomen there could be distinctly felt, a hard, firm mass, which occupied the hypogastric, right and left inguinal regions. Its superior rounded border reached upwards to within an inch of the umbilicus. Above this point the abdominal walls were very tense and tympanitic.

I massaged the abdomen three times per week; after the third treatment the tense abdominal walls were much relaxed. She was advised to live upon a very simple diet.

The latter part of March, the tumor was found to be softening at the lateral borders, and her catamenia became regular and have remained so. Treatment was continued until June, the tumor softening somewhat, but the size was not appreciably altered.

Patient was called away from the city and did not return until December. I now found the tumor in the same softened condition as in the previous June. During the three subsequent months, tumor continued to soften and diminish in size. The treatment was again interrupted by her occupation, for some months.

She again resumed treatment and continued up to the first of last June. At this time the induration had completely disappeared. There could be distinctly made out a somewhat elastic membranous structure. She then went away for the summer. On Oct. 12, an examination was made, and the tumor was found harder than in June previous, but smaller, and presenting the feeling of a somewhat elastic body about the size of a pomegranate.

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*SOME VIEWS OF CONTAGION.*

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

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

The average mind is largely influenced by tradition. People in general prefer to do their thinking by proxy, readily accepting without discriminating investigation, affirmations made in some previous period and handed down as facts to subsequent time. Let him beware, who would have the temerity to refute them; opposition and opprobrium will be his portion and "crank" his title.

However, to the thoughtful mind, with advancing years, comes a disposition to discard undemonstrated phenomena,

accepting that only which is proven by experience and substantiated by reasonable evidence. In this light, many theories if not rejected altogether, require restatement, and are thus made to assume at least rational and tangible forms, which if less mystifying, and therefore less interesting, have more to recommend them to people of practical minds.

Medicine, like theology, has suffered much at the hands of those for whom traditions have a weight and authority well nigh absolute. This is exemplified in a marked degree, along certain lines, to one of which I would call your attention today.

In speaking of contagion, I shall not discuss its nature, but present a phase of the subject hitherto largely disregarded, either through indifference, or more probably, subserviency to medical tradition.

As I understand the advocates of the germ theory, bacteria are the specific contagion; that they enter the system by the breath or stomach conveyed by agencies immediate or remote; a hypothetical susceptibility of the system being present, the result is, specific disease.

Their only basis for this claim is the *presence* of bacteria. Their existence I do not deny, but when alleged as the casual factor of disease, transmitted by such methods and flourishing under laws identical with those of the vegetable world, my experience will not allow me to treat the proposition seriously.

Microscopists have surfeited the world with a "diet of worms," germs, microbes, and what not, till it cries, "Hold, enough" or as the Frenchman put it, "got plentee."

It is calculated that in breathing city air two minutes, we dispose of 2,000 bacteria, and from the air of our houses in winter, 4,500 pass down our throats. Should we chance to be in a hospital ward for the same length of time, 90,000 will pass to their destiny, unless perchance, some finding not their convenient little bedroom, return to seek more inviting fields. They are almost constantly tickling our palates in the food we eat, and the liquids we drink. Turn your microscope on butter, cheese, delicious yeast bread, vinegar, and beer for examples. The possibilities of germ life in that mystic realm *unseen*, who can feebly conjecture?

It is enough perhaps, for our present mental equilibrium, to know that "the woods are full of 'em." Possessed of intelligence worthy larger proportions, countless in number, insatiable in appetite, they move with malice aforethought to the accomplishment of their work.

The marvellous power of the human body to resist the encroachment of disease producing agents is instanced constantly; but along comes this rapacious microscopic villian and presto!



literally in a breath, the work of our destruction is begun. The potentialities of this one adventurer are so great, that the contemplation of invading myriads possessed of the same fell purpose, may well appall the stoutest heart.

Is it anything but a miracle that we still live? Are we not indeed, monuments of sparing mercy? I realize as never before, the significance of words uttered by a man in my boyhood, who, when interrogated as to his physical status, always returned the cheerful answer, that he was a living dead man. It seems as if Dr. Isaac Watts, versifying on our moral turpitude, must have had a foreshadowing of present theories regarding our physical status, when he writes,

How strong in our degenerate blood,  
 The old corruption reigns  
 And mingling with the crooked flood  
 Wanders through all our veins.  
 Conceived in sin, (O wretched state)  
 Soon as we draw our breath  
 The first young pulse begins to beat  
 Iniquity and death.  
 What mortal power, from things unclean,  
 Can pure productions bring?  
 Who can command a vital stream  
 From an infected spring?

The only comfort concerning these hordes is the fact, that they are extremely fastidious in their choice of location; seeking only our vulnerable spot, of which they are the sole arbiters. Disappointed in finding this, they turn with unabated ferocity, and devour each other. But alas, our serenity is only short lived, for Phoenix-like there arise from their ashes, swarming millions, possessed of an Alexandrian disposition for more worlds to conquer.

But to treat the matter soberly. Let us take a typical disease, and ascertain to what extent this popular theory of contagion is tenable. If scarlet fever appears in a given place, it is at once adjudged alarmingly contagious. Instances where it is sporadic, limited to the individual attack, no matter how unsavory the place, how unfavorable the environments, or how intimate the association with others, pass unheeded, and the evidence is *nil*. If forsooth, a child has scarlet fever, who in common parlance, has been exposed, it is accepted as *prima facie* evidence of germ invasion. Note in contrast, the inattention given to the fact, that hundreds under similar conditions, and those subject to most intimate and continuous exposure, escape. An absence of systemic susceptibility is the explanation offered for this immunity, but the immunity is too general, to make the proposition tenable. This susceptibility is predicated upon a so-called favorable soil present in a depraved and impaired vitality.

My observation has been, in conjunction with others who have had superior opportunities for judging, that the person in health as far as that condition can be determined, is a prey to contagious diseases at least as frequently as the enfeebled.

Observe the immunity of those suffering from neurosis, and anemia, from acute sickness; also that of many children who demand the most vigilant care of the physician to bring them through the period of childhood, under the baneful influences of heredity, mal-nutrition, mental and nervous disorders.

I have this year commenced a tabulation of cases of scarlet fever and diphtheria treated, embracing environments and results, with the view to determining the number of persons who contract the disease, under circumstances most favorable for their inception. I propose to continue this process of investigation, as I consider it one of the most practical methods of demonstration.

Crocq says, "Today physicians show too much confidence in the work of the laboratory, and too little in clinical facts; physicians of the younger generation, while searching for the microbe lose their cases."

The number of cases that have fallen to my care this year, are in themselves insufficient, I admit, to prove anything conclusively, pro or con, but as additional to the cumulative evidence of twenty years' experience and study, they are important. I regret the omission of such tabulation in past years, as it would present a potent array of facts.

Case I. Three children of the family had constant association with the fourth, the patient, before any attendance and were not restricted afterwards. No precaution employed, either medical, by fumigation, or change of sanitation. None of the other children contracted the disease.

Case II. Conditions and results nearly identical with first case.

Case III. Two children in the family suffered exposure, through the sick one, as playmates and bed-fellows, through the period of sickness and convalescence. No preventives employed. Remainder of family continued in usual health.

Case IV. In this family of two children, one had escaped the disease, but the parents were anxious for his future safety, and desired to take extreme precaution. I allayed their fears by calling attention to his exemption in the face of continued exposure. My expectations verified. The child remained well.

Case V. Similar to Case IV, save that mother was anxious that the other child in the family should contract the disease. This end was sought by every possible means of exposure, but failed.

In cases above cited, all patients presented unmistakable symptoms of genuine scarlet fever. The other children in each family were subject to every possibility of contagion. No prophylaxis used. All cases sporadic. Whence the contagion?

My experience with diphtheria has been nearly identical. I cite only two cases, both the severest that I have attended for years. One occurred in a family occupying three rooms which were virtually one; sanitation miserable. I found a total disregard of hygienic safeguards, the patient ejecting the secretions of the mouth and throat indiscriminately, upon its clothing, bed clothes, floor, into dishes in common use, on to handkerchiefs which were replaced in the owners' pockets, and subsequently used by them. Members of the family shared the patient's bed, and ate and drank out of the same dishes, without cleansing. In the midst of all this distress, the mother was confined. None of the family contracted the malady, and contrary to all expectation, the patient made an imperfect recovery.

The other case occurred in a family where everything possible was done, both medically, and by nursing. Excellent sanitation, and cleanliness in general. No isolation of members of the family while caring for the sufferer. During the last two or three days, when the disease had attained greatest malignancy, two nurses were in constant attendance, not even leaving the room while sleeping till the death of the patient released them. Under these circumstances of intimate exposure, no one contracted the disease.

These are representative cases, and confirm an honest skepticism as to contagion in general. In the first instance, one member of the family was a sickly child. The mother passed through the puerperal stage, during which period, greatest liability to infection is claimed.

In the latter case, the mother, who had care of the child much of the time, together with another of the household, were sufferers from neurosis, for years, while one of the nurses was in delicate health — excellent subjects for contagion, according to conventional standards.

Some time ago, exhaustive papers on scarlet fever, were read before the Clinical Society of Chicago, from which I make brief extracts not simply because the authors' experience tallies with mine in some particulars, but because they are men of great ability and experience.

Prof. Hawkes says, "Acknowledge as we are compelled to do, comparative ignorance of the exact nature of the external influences causing the sum total of the morbid phenomena which we call scarlatina, acknowledging, that the same influences cause different symptoms and conditions in different individuals

exposed to it, it must certainly seem absurd to attempt to direct therapeutic efforts against these unknown influences. They must be directed not against this *unknown thing of unknown origin*, but against the positive, known and ever present evidences of constitutional derangement, presented by the patient ; the totality of symptoms."

Dr. Holmes, writing of a severe epidemic which he passed through, said, "While the whole world is watching Koch and his cholera germs, and Pasteur with his hydrophobia inoculations, a disease is lurking in our midst, annually sweeping off scores of our little ones, while but little is known of its real nature, and still less of its successful treatment.

"As to defective drainage and bad sewerage, my experience shows that there are as many and as fatal cases of scarlet fever in the homes of excellent sanitary arrangement as in the hovels of the poor. I am just skeptical enough on the subject of bad sewerage as a cause of disease, to venture the assertion, that in the cases reported by Dr. A. it played but little part. My reason for so thinking, is that the majority of *facts* are against the *theory*."

Prof. Lanning said of scarlatinous eruption, "What I am about to say, I do not claim to be absolutely true, but simply what study of the disease led to believe.

I do not believe in this eruption is to be seen or found any special poison, pigment or anything of the kind." That the exfoliated epidermis is a receptacle, and therefore vehicle, of poison, is further refuted in the researches of a continental microscopist, who states in substance, that he found no germs, or living organisms, on them. Hyperæmic spots were visible on their surfaces, but no evidence of poison, as inoculations of animals with them developed no scarlatinous disease, so far disproving the statement that the "scales" are a casual factor in the propagation of it.

As regards Boards of Health, an effort should be made to restrain them in their unwarrantable restrictive rules and measures, which are alien to humane treatment, cause unnecessary alarm, and impose exactions unfulfilled by friends of the sick, and not allowed by the attending physician. These boards issue circulars to the effect that scarlet fever is highly contagious, chiefly at the period of desquamation ; although no reason is given for this, neither is any proof presented of contagion in scarlatinous excretions, that the virus becomes adherent to clothing, books and furniture, being conveyed great distances in these articles, and retaining its malignancy for many months. It might be pertinent to ask, why not for years ? Who will set a limit to its animate existence ?

The public has a right to demand substantiation of all these assertions, especially, as the inconsistency is patent to the most casual observer; inasmuch as convalescents are allowed to resume relations with the world two weeks after desquamation, while the doctor and nurse, most successful vehicles of distribution, mingle freely in society at all times. The physician and nurse, by their intimate relations with the patient, suffer most direct exposure.

Immediately, the physician passes to the treatment of other children, without the thought, or certainly without the act, of disinfection, nor would he admit any necessity of such measure if questioned as to his conduct, and the nurse follows in the same line, only with less assurance.

Passing by general instructions given by these guardians of the public health, I would call attention to one or two of the more specific directions:

The isolation of the patient, and its one attendant. The prohibition of all members of the family from attendance on public assemblies, and visitations of any kind. A complete incarceration, in fact, in the place where, according to the accepted notion, the contagion is most imminent. Parental instinct and wisdom will not submit to the edict that forces the care of their offspring to the sole keeping of another, and which, if the mother is nurse, compels absence from her household, and its requirements.

In the average family the enforcement of this rule is well-nigh impossible, and with the poor, utterly out of the question.

In some communities, the houses are placarded with large red letters, that the place and its inmates may be shunned as the plague, as if infection were any more likely to proceed from the laity than from the physician and nurse.

As these boards have supreme dictation in such matters, and the public take their cue from them, it is of practical importance that these regulations should be the outcome of an impartial and careful investigation of all the bearings of the question, that the public may not be burdened and alarmed with restrictions unnecessary and impossible of enforcement. Furthermore, the state imposes a fine of not less than a hundred dollars, for a violation of the same. No man willingly pays such money, or willingly appears before the public as a criminal.

The profession should seek to quiet in the minds of the laity, and in some of their own number as well, unjustified apprehension and alarm.

I recognize the ease and comfort of following in the beaten path of public opinion, rather than brave it, even with the aid and companionship of facts, but thirty years' experience in the

practice of medicine has not taught me subserviency of opinion. From my standpoint, the bacterial origin of disease cannot be accepted as a principle in medicine. A system making such magnificent claims, eventuating in such positive and unique results, but which, under fearless and rigid examination, fails of verification in so large number of cases, would in any other field of operations, be relegated to the Shades.

The man who forms his ideas and regulates his conduct by some other man's theory, is merely an imitator. The studious and conscientious physician will deduce from his own experience conclusions which, when confirmed by subsequent practice, will settle into convictions. These no man, however eminent, shall refute unchallenged.

*A CASE OF BASILAR FRACTURE OF THE SKULL, EXTENDING THROUGH THE TYMPANUM, WITH RECOVERY AND RESTORED HEARING.*

BY HOWARD P. BELLOWS, M.D., BOSTON.

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

During the night of the eighteenth of November, 1889, there was brought to the Newton Cottage Hospital a young man, perhaps twenty-five years of age, who was prostrated by a severe blow upon the head. His employment was that of brakeman, and while standing upon the top of a freight car, he had been struck, in the darkness, by a bridge under which the train was passing. He had fallen senseless upon the car, and had thus been carried for five miles, when the train was stopped at the most convenient point to the hospital, and he was conveyed thither. Upon arriving there, he entered walking, but dragged his feet heavily and clumsily in doing so. His appearance was dazed, and he answered no questions. Blood was oozing from the left auditory canal, and the scalp from the left mastoid process to the occiput was slightly swollen and ecchymosed. Upon the surface of the body no other marks of injury were to be seen. He was placed in bed, an arnica compress was applied to the head, and arn. and bell. administered internally in alternation.

The case came under the care of Dr. S. A. Sylvester, who was then in attendance upon the hospital, and by him I was summoned in consultation. We met early in the forenoon following the injury. The patient was restless, gave no answers, muttered incoherently, but exhibited no especially abnormal symptoms as to temperature, pulse or reaction of pupils. There

was no vomiting. Slight oozing of blood from the left ear continued, and the nurse reported a considerable quantity of a straw-colored fluid which had run from the ear during the night. Upon carefully cleansing the canal with dry absorbent cotton, there appeared no lesion of the walls of the meatus, but the drum-head was swollen and ecchymosed, of dull leaden or purplish-red color, flabby in appearance, and exuding blood. Although plainly ruptured, the alteration which it had already undergone made it impossible to define the exact line of rupture. The condition of the ear as to hearing could not be determined, of course, without the patient's cooperation. The diagnosis was probable fracture of the base of the skull; which diagnosis was afterwards confirmed. The prognosis, on the whole, was unfavorable, and especially so as regarded hearing upon the side injured. The treatment, so far as the ear itself was concerned, consisted in carefully letting it alone, except to gently cleanse and dry the external canal from time to time with absorbent cotton properly wound upon the end of a carrier, and to exclude the air by a loose wad of cotton placed in the meatus. Above all, while in that condition, syringing was to be avoided. The diet was to consist of milk. Internally, the arm and bell. were continued.

I was again called by Dr. Sylvester to see this patient on the first day of December, twelve days after the injury had been received. The history of the case in the meantime had, briefly, been as follows: the mental condition remained clouded, and for days alternated between periods of intense excitement, and times of quiet repose, when he usually slept. The excited periods were especially liable to occur at night, and would last sometimes for hours. He would then be very noisy and delirious, and frequently required the straight jacket on account of his strength and violence. The temperature, pulse, and pupillary reaction were reported never to have varied markedly from the normal. A thin, bloody discharge continued from the ear in varying quantity, until the fifth day, when its character became again more bloody. At the same time bloody mucus was expectorated, doubtless coming from the post-nasal region, the hemorrhage occurring through the Eustachian tube. The following day the aural discharge became more purulent, and so continued, but bland in quality. The canal was still kept carefully cleansed by the use of dry absorbent cotton alone. Pus also appeared at this time in the angle of the left eye, and the left nostril became somewhat obstructed. Drooping of the eyelid was noticeable upon the second day, and continued, but no other paralysis was discernible. The urine at first had to be drawn by catheter, but not after the second day. The bowels

were moved by enemata. Nourishment had consisted of milk, which was usually taken, as was also the medicine, without the exercise of force. The remedies which had been used at various times were *arn.*, *bell.*, *gels.*, *stram.*, *acon.*, and *ignat.*, according to the indications which had arisen.

My visit, therefore, on the first of December had relation almost solely to the condition of the ear, which for a day or two had appeared to be very painful, especially when cleansing was attempted. At the same time the meatus became almost occluded, and was red, swollen, and heated at its orifice. I found that the trouble was due simply to a small furuncle which had formed just within the orifice, upon the floor of the meatus. This had already reached its height, and its discharge had commenced. This I facilitated, and directed that the outer portion of the meatus be smeared for a few days, after cleansing, with a mixture of vaseline and dry boric acid, to prevent, if possible, any recurrence. Of course the condition of the meatus at the time of this visit, made any satisfactory examination of the deeper parts impossible.

I was again called by the doctor to see this case on the thirteenth of December, a second period of twelve days having elapsed. During this time, the patient's general condition had improved, nourishment had been forced, and his mind had so far cleared that it was possible to converse rationally with him. I therefore tested his hearing upon the injured side, and to my surprise found it, by my watch, to be  $\frac{3}{4}$ . All discharge from the ear had ceased, the rent in the drum-head had closed, and the local inflammation had greatly subsided, but still not sufficiently for the line of rupture to be discerned. There was no more evidence than upon the first examination of there having been any lesion of the walls of the meatus itself. Upon questioning the patient about his hearing previous to the accident, he stated that his left ear, the one in question, had already sustained an injury in consequence of a fall last summer, and although he had given it no attention, he had ever since been conscious of partial deafness upon that side. The left eye was still opened only partially, and with difficulty. For this, the doctor applied the Faradic current locally, and administered gelsem. I advised the use of *kali mur.*, when opportunity presented, with reference to the aural condition.

Four days later I again tested the hearing of the left ear, and found it about the same. I then began the process of inflation, and increased the hearing distance to  $\frac{1}{2}$ . This was to be repeated daily. Four days after this, upon the nineteenth of December, I saw him for the last time. Upon the injured side the hearing distance was then  $\frac{1}{4}$ , and the patient stated that the



hearing was fully restored to the condition existing previous to the last injury. Upon the opposite side, the hearing was normal. With the exception of a little dizziness upon beginning to move, the patient made no complaint of the condition of his head. He was discharged from the hospital on the twenty-fourth of December, with instructions to visit the Dispensary in Boston, and continue there the middle ear inflations.

The point of chief interest in this case is the fact that although a fracture of the temporal bone existed, and there appeared to be a discharge of cerebro-spinal fluid, such fluid certainly did not come from the labyrinth, as it is usually supposed to do; neither could the fracture have extended through the petrous portion of the temporal bone, involving the labyrinth, as it usually does. In either of those cases, the deafness would have been complete and permanent. On the other hand, it was obviously not a simple fracture of the walls of the meatus, with ruptured drum-head. It seems to me probable that in this case, the seat of fracture, so far as it came into relation with the organs of hearing, was simply across the roof of the tympanic cavity.

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#### ADENOID VEGETATION IN THE POSTERIOR NARES.

BY CARL CRISAND, M.D., WORCESTER, MASS.

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

We cannot overestimate the responsibility resting upon us in watching over and caring for the health of the children who are placed in our charge. Do not tell the anxious mother that catarrh in its various forms, or a cough, will wear away without doing any harm; you ought to know better. Do not tell her that discharging ears will get well without treatment. The discharge may stop after a time, but not until it has produced a perforation of the tympanum, or at least a thickening of this delicate membrane, impairing the hearing to a greater or less degree. If the child has a constant profuse discharge from the nose, breathes through his mouth, snores at night, and is fretful and restless, do not tell the parent that it is all caused by the enlarged tonsils, which can be easily seen, for you do not know until you have examined the naso-pharyngeal cavity. This part of the body is sorely neglected by parents and physicians alike. I do not know what the proportion is of children who suffer from adenoid vegetations in this cavity, but venture to say that, among mouth-breathers at least, it is certainly between twenty-five and fifty per cent.

Adenoid vegetations in the posterior nares are found almost

exclusively in infancy and childhood. They may exist independently of, or accompanying hypertrophy of the tonsils. In the majority of cases there is a co-existence of these two conditions. In infants it is almost impossible to see these growths, on account of the difficulty of making a posterior rhinoscopic examination, but in children from seven to eight years of age, or more, where the rhinoscopic mirror can be used, they can be easily seen. It may be necessary to anæsthetize young children a little, before a satisfactory examination can be made with the index finger. These growths are usually sessile, rarely pedunculated, located just above the soft palate, on the vault and posterior wall of the pharynx, and sometimes extending into the posterior nasal orifice; but are never found on the upper surface of the palatal curtain.

Children affected thus are frequently treated for snuffles or catarrh on account of the discharge, and the difficulty of breathing, which is never absent, and is worse at night. They are always mouth-breathers. They cannot keep the mouth closed and breath through the nose on account of the obstruction in the posterior nares. Snoring is a constant symptom. Nursing infants frequently stop nursing to take breath, and when the growths increase in size, the little sufferers become fretful, and sometimes refuse to nurse, because they cannot breathe and nurse at the same time. They lose flesh, and the face looks drawn and pinched, and in older children it oftentimes assumes a half idiotic expression, caused by the mouth being open all the time, and by the formation of deep furrows from the *alæ nasi* down to the corners of the mouth. In consequence of not breathing through the nose, this organ soon becomes changed in its external appearance, the bridge flattens, making a "pug-nose." The levator *alæ nasi* muscles are not brought into requisition as in natural respiration, and consequently the nostrils remain small and undeveloped.

The chest also suffers. It becomes flattened, and the lung capacity is much reduced. The labored breathing oftentimes becomes distressing, especially at night and when the child has a cold. Deafness often ensues as a natural result of the pressure of these growths upon the Eustachian tubes, and the child is soon looked upon by the teachers at school as dull and stupid, and his playmates make a laughing-stock of him. The child not only looks dull, but also feels so. At school he complains of a dull, frontal headache, and is languid and tired after a little exertion; it is hard for him to study, and consequently he falls behind in his classes. All this is changed when the offending growths are removed. The child takes a new lease of life; he loses his idiotic appearance, looks bright and intelligent,

breathes and sleeps naturally. He awakens refreshed in the morning, the tongue and throat are not parched and stiff as formerly. He now makes good progress in school. One would hardly imagine that these growths can cause as much mischief as they really do; but after careful observation of a number of cases before and after the operation, and knowing the great relief which a surgical operation brings to the patient, I desire to enter a plea in behalf of these helpless little sufferers.

As long as the nasal canal and the naso-pharyngeal cavity remain unobstructed by growths or hypertrophy of the mucous membrane, and there are no enlarged tonsils, the child will keep his mouth closed, and breathe per via naturalis. The rule then should be, when we find a child breathing through the mouth, keeping it open all the time, and snoring at night, to carefully examine the naso-pharyngeal cavity.

Local applications, sprays, washes, and gargles are perfectly useless. Internal medication I have not tried, and therefore have no pet remedy to extol. Complete removal is the quickest and most rational treatment, and therefore I consider experimentation with remedies simply a waste of time.

You will find that some patients will continue to snore at night and breathe hard in the day-time, even after the removal of the tonsils. Look for trouble higher up in the pharynx, and you will surely be rewarded by finding adenoid growths. Their removal is quite easy. After thoroughly etherizing the patient, an assistant holds him on his knee, facing the light; the surgeon takes a chair in front of him. After placing a mouth-gag between the teeth, pass the index finger behind the soft palate, and detach the growths with the finger-nail; ordinarily they are quite friable, and easily removed. There are various instruments made for this operation, but after one has become well acquainted with the normal state of affairs, it becomes an easy matter to detect and remove abnormalities without them. As a rule, there is not much hæmorrhage, but if there should be, it is best to check it with hot water, or some other hæmostatic before proceeding with the operation.

I forgot to mention the highly-arched hard palate, as an effect of mouth-breathing. You will readily see the philosophy of it. By constantly breathing through the mouth, the atmospheric pressure which comes upon the hard palate through the nose is lessened, and the pressure from below is increased. Consequently the palate becomes highly arched. By removing the obstruction, the natural atmospheric pressure from above is re-established, and the palatine arch is lowered.

I have tracings which show the improvement which has taken place in the course of a year in a boy about nine years

old. They are tracings made from plaster-of-Paris casts, which were taken May 30th, 1889, a few days before the operation, and August 6th, 1890. This patient had been unable to breathe through the nose for several years, snored terribly when asleep, and presented all the characteristic symptoms of adenoid vegetations in the posterior nares. He slept so quietly the first night after the operation, that his parents became alarmed and went to his bed several times to see if he were breathing at all. In this case both tonsils were removed at the same time with the adenoid vegetations.

In the cases which I have operated upon, recovery has been very rapid. Improvement in breathing and general health began as soon as the effects of the operation were over.

I have endeavored to give, as briefly as possible, the characteristic symptoms, complications, and their dangers to health, and the treatment of this much overlooked condition found in so many children, and I trust that my brethren in the profession will, in the future, give more careful attention to these cases which are so amenable to treatment, and in the great majority of instances afford such satisfactory results.

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*THE DISEASES OF WOMEN INDUCED BY THE PREVAILING  
MODE OF DRESS.*

BY HORACE PACKARD, M.D., BOSTON.

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

It is a matter of extreme surprise that at this period of the world's history, a mode of dress among women, at once antagonistic to the most elementary principles of health and hygiene, coming down to us from the dark ages, and productive of the most pronounced discomforts to the wearer, should be the popular costume amongst females of all classes. My observation leads me to believe that this evil exists to a wider extent in this country than in the countries of Europe, especially among the lower classes. Peasant girls come to America strong and robust, with a frame untrammelled by tight clothing. Usually, however, but a short time elapses before they conform to the popular custom and their waists are speedily encased in corsets and their feet are clothed with high heeled boots. In the higher walks of life, the girl is scarcely out of her childhood before the mother encircles her waist with corsets and as she merges into full womanhood, good care is taken that her "form be preserved," by keeping her laced down to a waist measure of 18 or 22 inches. If the developing form has escaped the bonds and reached a

measure of 28 or 30 inches, then a system of compression is adopted and by gradual steps the derelict figure is reduced to the proper dimensions and becomes again "a thing of beauty and a joy" to all except the owner.

Can a custom be imagined more abominable than this! We stand aghast at the stupidly foolish custom of the Chinese women, but the deformed feet which result therefrom are as nothing compared with the widespread devastation wrought by the custom of dress now in vogue among the women of this country, and to some extent in other lands.

At the time of Catherine de Medici and Elizabeth, nearly four hundred years ago, the wearing of stays, corsets or busks as they have at various periods been termed, reached its limit. To reduce the waist to even more wasp-like proportions, an iron cuirass was invented and with it the wearer succeeded in bisecting the body to such an extent, that death resulted in not a few cases.

The ills of women constitute a ponderously large part of the professional work of the physician. "Womb troubles" and "ovarian troubles" multiply *ad nauseam*. Nervous prostration, anæmia, chlorosis and disturbances of the digestive tract are painfully common.

In examining the reports of hospitals, I find that a large percentage of the patients are women. In the Massachusetts Homœopathic Hospital about  $\frac{5}{8}$  of the patients treated are women.

It is no doubt true that ill health among women is due in part to indoor, sedentary life, and the vicissitudes of childbearing; but it is equally true that these domestic and maternal duties would be borne with far less detriment to health, if the body were free and untrammelled by corsets, and heavy skirts hanging about the waist.

The popular ideal of what the female form should be is, on analysis, an extremely ludicrous one. The woman of full habit has the middle portion of her body, which should be of nearly the same circumference as the chest, reduced to its smallest diameter by tightly laced corsets; this results in abnormal protrusion of the abdomen; the breasts which should form with the neck, a line of beauty are pushed upward beneath the chin and form a projecting shelf; to make this grotesque outline of the body more complete, a pad known as a bustle is hung over the back.

True, all women cannot hope to possess the divine grace of form shown by that wondrous work of art the Venus de Milo, but every woman can clothe her body with healthful garments arranged in such a way as to hide or smooth over natural defects, rather than bring them into greater prominence.

In this address it is not my purpose to indulge in a tirade against corsets, but to show that *any* constriction of the body, whether by corsets, waists, or skirt bands is productive of serious results.

By actual experiment it has been shown that the garments of women, who consider themselves loosely dressed, exert a pressure of thirty-five pounds about the waist, while in those tightly dressed it rises to from sixty to eighty-five pounds. As a result of this pressure, continued over a period of months and years, the muscles of the abdomen, loins and back become thinned. The stiff steels and bones with which corsets and some waists are supplied act as a splint about the body, and give it support, thus leaving the muscles, which are designed for the poising of the body, at rest; and as a result they undergo atrophy in exactly the same way that the muscles of the arm or leg become atrophied after being encased in a splint for weeks. Women who have been accustomed to wear a stiff supporter about the body complain, on leaving it off, that they feel "all falling to pieces," "cannot hold themselves up," etc., and hence conclude that corsets and stays are good for them. These complaints form the very best evidence that such garments are pernicious in their effects, for they show that those large, broad muscles about the abdomen, loins, and back have become weak and useless from long pressure and disuse. How very few women have what is termed "a good carriage!"

It is *impossible* to maintain a graceful poise of the body either in standing or sitting if the back has been (to use a nautical term), hugged by weak muscles and stooping shoulders.

It is scarcely necessary to allude to the part that the strong abdominal and loin muscles should play in parturition. The difficult and delayed labors which make child-bearing a dread to civilized women, form a sad comment upon the physical inferiority induced by errors in dress.

No great amount of compression above the waist can exist without obstruction of the circulation through the pelvic organs and legs. The arterial circulation through those parts is not materially affected on account of the strong impulse with which the blood is forced through the abdominal aorta, but with the more sluggish return of the blood through the compressible and thin-walled veins, there is venous stasis, abundant evidence of which we see daily in the numerous cases of varicose veins in women, and chronic congestions of the pelvic organs. This is brought about, not always by direct pressure of the clothing, but through displacement of the liver and other abdominal viscera. The extent to which the liver is dislocated by tight corsets is scarcely credible. Of necessity, any encroaching force

exerted upon the yielding abdominal wall equally about the whole circumference, must result in a concentration of the abdominal viscera toward the spinal column, just where the great blood vessels which supply the parts below are located. When the concentric compression has reached the degree beyond which it can not further proceed, the force resolves itself into an upward and downward pressure, *i. e.*, in the directions of the least resistance, pushing up the diaphragm and forcing downward the pelvic floor. The encroachment upon the diaphragm modifies the respiration in the most positive way, *viz.*, what is known as abdominal respiration is practically suppressed and the breathing becomes thoracic. So marked has this aberration become in women, that it has been popularly conceded that thoracic respiration is the natural thing, and is a provision of nature for the supposed encroachment upon the diaphragm in the advanced months of pregnancy. That such a deduction is erroneous is shown by the accompanying tracings of the pneumograph, which are samples of many, all of which agree. These tracings are borrowed from "Experimental Researches Respecting the Relation of Dress to Pelvic Diseases of Women," by J. M. Kellogg, M.D., (see transactions of the Michigan State Medical Society, 1888). They are made by an instrument similar in principle to that used for taking tracings of the pulse—the sphygmograph. The first half of each tracing represents the rise and fall of the chest at each respiration, the second half, the rise and fall of the abdomen.



COSTAL.

ABDOMINAL.

The costal and abdominal breathing of a woman who has been accustomed to wear tight clothing from girlhood.



COSTAL.

ABDOMINAL.

Tracing from a Scotch woman who has never worn corsets. The difference is obvious.



COSTAL.

ABDOMINAL.

The breathing of a reformed corset wearer.



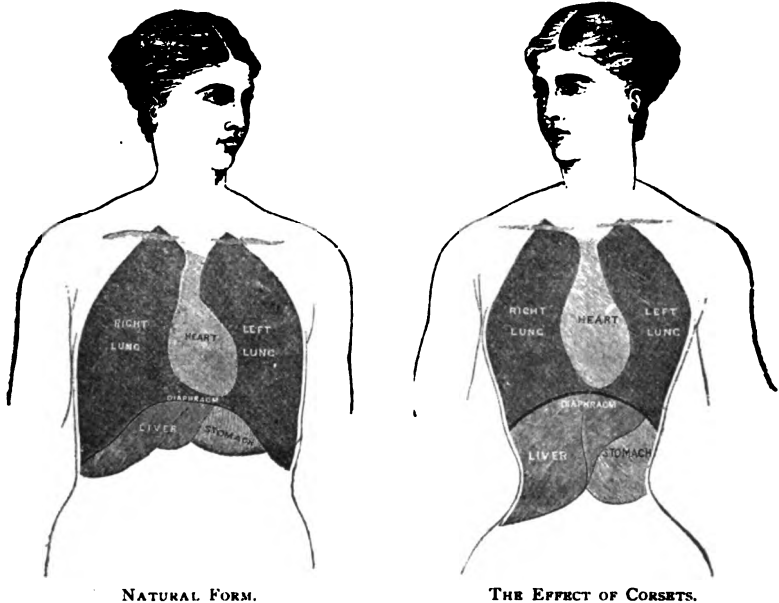
COSTAL.

ABDOMINAL.

Tracing from a woman a week before confinement. This shows that notwithstanding the existence of pregnancy near full term, the breathing is still abdominal. From these observations, but one inference can be drawn, viz., that abdominal breathing is the natural respiration for woman, and if other than this exist, it is from bad habits induced by improper clothing. The result of years of superficial, costal breathing, in place of the deep, full respirations of abdominal breathing, is oxygen starvation. How potent a factor this must be in paving the way to anæmia, dyspepsia, menstrual irregularities, neuralgia and insomnia!

When post mortem examinations have been made upon the bodies of confirmed corset wearers, a deep furrow has been found crossing the right lobe of the liver. This deformity is so obviously the result of tight corset wearing, that a liver so affected has come to be called a "corset liver." It has been observed in a large number of necropsies upon the bodies of both sexes, that gall stones occur three times as frequently in females as in the males. While we cannot assert that improper habits in dress are the cause of this great dissimilarity, yet it is a significant fact, that forty per cent. of the women so affected were corset wearers. It does not seem an extravagant claim that tight clothing about the waist must of necessity seriously impede the functional activity of the liver. With a well corseted waist, the right lobe of the liver is pushed down until it reaches the pelvis, and the nearly horizontal position of the whole organ has been changed to nearly a vertical one. (See illustration.)





NATURAL FORM.

THE EFFECT OF CORSETS.

With the crowding downward of the pelvic floor, referred to above, the pelvic organs are also pressed down. The uterus, ovaries, and Fallopian tubes are all movable organs, within comparatively wide normal limits, but if pushed beyond those limits, the ligaments which normally support them lose their tone, and as a result, "womb troubles" follow, in the shape of anterior and posterior displacement, chronic congestion, neuralgia, menstrual irregularities, and all the retinue of "female troubles," which beset the women of our race.

It is not an easy matter to change all this. The human mind is slow to adapt itself to innovations, especially innovations which seek to overthrow established usages centuries old. Our duty, however, is plain. We should allow no opportunity to pass to teach those who consult us the correct principles of dress. These can be summed up in a few words, viz.: a costume which shall not impede free muscular activity of the whole body nor obstruct the circulation of the blood in the least. This involves the discarding of corsets, and all constricting bands about the waist. As a substitute for the barbarous mode of dress now in common use, I have found the system originated by Lady Haberton, of England, several years ago, (lately brought prominently before the public by Mrs. Miller), most nearly approaching the ideal. As a waist, for a substitute for a corset, nothing

has given me so much satisfaction as that made by Mrs. O. P. Flynt. To obtain satisfactory results, this waist should be made without bones, and fitted for each individual as carefully as a tailor makes a fine coat.

In closing, I wish to present a summary of the effects upon the body of corsets and tight clothing :

Local inflammation of the liver (corset liver) ; gall stones and biliary colic ; wandering liver ; protuberant abdomen and enteroptosis ; prolapse and flexions of the womb ; lateral curvature of the spine ; anæmia, chlorosis ; dyspepsia ; diminished lung capacity, and oxygen starvation ; intercostal neuralgia ; weak eyes ; Bright's disease.

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"The Corset Question."—*New York Medical Journal*, Nov. 5, 1887.

"A Scientific Attack on the Corset."—*The Medical Record*, Nov. 17, 1888.

"Experimental Researches Respecting the Relation of Dress to Pelvic Diseases of Women."

"Voice, Song, and Speech."—*Brown & Behrike*.

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"STATUS PRÆSENS." \*

BY WILLIAM TOD HELMUTH, M.D., LL.D., NEW YORK.

The doctors of this era are inflated,  
With the morphologic mystery of life,  
And the biologic questions now debated,  
Originate most devastating strife.

Bacteria we know are protoplasmic ;  
The saprophytes eat carrion like crows ;  
While leucocytes, with attitudes gymnastic,  
Assist our wounded surfaces to close.

We can murder or can culture the bacillus,  
We can shoot the micrococci as they fly ;  
The germs of typhoid fever cannot kill us,  
With the antiseptic lotions we apply.

With laryngoscopic lenses we examine  
Every ulcerated gullet, and we spray  
The i-so-mer-ic ptomaine propylamine,  
Which frightens inflammations all away.

With illuminating lanterns in the stomach,  
We criticise each gastric working cell,  
While electric dissolution of a hummock,  
In the name of Apostoli we can tell.

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\* Read at the dinner tendered by the Kings County Homœopathic Medical Society to the New York State Homœopathic Medical Society, Sept. 30, 1890.

If the pulmonary structure be invaded,  
By the tubercle-bacillus, then we smile;  
For phagocytes will never thus be raided,  
They're conquerors and cannibals the while.

With Institutes Pasteuric to delight us,  
We smile e'en at our hydrophobic pains,  
We select the rabid animal to bite us,  
Then inject the latest culture in our veins.

With objectives, and with sunlight well reflected,  
We can recognize trichinæ in our pork;  
Can sterilize our milk as best directed,  
By Arnold, of fair Rochester, New York.

With the fissure of Rolando now to guide us,  
Through cerebral convolutions we can bore;  
Can extirpate whatever is inside us,  
And complacently can live on, — as before.

If the homœopathic law be universal,  
And the doctors all this knowledge can apply,  
Then the subject needs at present no rehearsal,  
*Mankind upheld by science cannot die.*

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## SOCIETIES.

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### WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of this society was held at the Bay State House, Worcester, Nov. 12, 1890. The meeting was called to order at 10.30 A.M., by the president, Dr. J. P. Rand, of Worcester. In the absence of Dr. E. D. Fitch, the secretary of the society, Dr. Carl Crisand was elected secretary *pro tem*.

Minutes of the last meeting were read and approved.

The treasurer's report for the past year was read and accepted.

The Board of Censors reported favorably upon the application of Drs. F. P. Todd, of Danielsonville, Conn.; S. M. Cate, of Harvard, Mass.; J. S. Bishop, of Orange, Mass.; and Geo. N. Towle, of Barre, Mass., and they were elected to membership.

The following officers were elected for the ensuing year:— Dr. G. F. A. Spencer, president; Drs. Lamson Allen and E. A. Fisher, vice-presidents; Dr. E. D. Fitch, secretary; Dr. Carl Crisand, librarian; Board of Censors, Drs. C. L. Nichols, J. P. Rand, P. R. Watts.

After the elections, the meeting was given over to the "Bureau of Diseases of the Brain, Skin, and Organs of Special Sense," Dr. Geo. S. Adams, Chairman.

The following interesting program was presented, almost every paper arousing considerable discussion:

1. Solanum Carolin. in Epilepsy. H. E. Paine, M.D.

2. Heterophoria. E. L. Mellus, M.D.
3. General Paralysis. Geo. O. Welch, M.D.
4. Nitric Acid in Acute Mania, with Syphilis. Geo. S. Adams, M.D.

Drs. M. B. Flinn, (old school), W. E. Cole, (eclectic), of this city, and Dr. George J. Searle, (homœopathic), of Marlborough, were introduced to the society and invited to take part in the discussions, which they did with considerable enthusiasm.

Dr. E. L. Mellus' remarks on Heterophoria were particularly interesting and instructive. He explained the various forms and causes of this condition, and their treatment. Instruments were exhibited which are used in determining the form and degree to which this condition of the recti muscles of the eye exists. He cited a number of cases of epileptic convulsions from his own and from the practice of other prominent eye-specialists, which have been absolutely cured, and others which were very much benefitted, by correcting the existing heterophoria, either by the use of proper glasses, or by a simple operation on one of the recti muscles. He advises very strongly to have the eyes of every epileptic patient examined by a reliable oculist.

Voted, that the Secretary be authorized to suggest to the daily press that he is authorized to furnish them with all the information in his power, as soon as possible after such meeting.

Dr. Adams reported his results with a tincture made from the common "cockscornb," *celosia cristata*, used in dysmenorrhœa. His attention was first called to it when practising in North Carolina in 1877-78, where the colored people grew it for the treatment of dysmenorrhœa, using it in the form of a tea.

Dr. Allen proposed the name of F. P. Glazier, M. D., of Hudson, Mass., for membership.

The meeting adjourned at 4.30, P.M.

CARL CRISAND, M. D.

*Secretary pro tem.*

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord street, Thursday evening, Nov. 6, 1890, at 7.45 o'clock. The meeting was called to order by the president, Dr. Chas. H. Farnsworth.

The records of the last meeting were read and approved.

A committee consisting of Drs. Sherman, Liberty, Packard, and Boothby, was appointed to prepare resolutions upon the death of Dr. William P. Cross, of South Boston.

Grace Marrin, M. D., of Boston, was proposed for membership. The place of meeting for the society was again brought forward for discussion, and Drs. Baker and Defries were added to the committee appointed at the last meeting to decide upon an accessible place for future sessions.

The scientific session followed, the society listening to an interesting talk upon Physical Culture, by Miss S. Francis Rowe, of the Emerson College of Oratory.

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

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## REVIEWS AND NOTICES OF BOOKS.

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A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. Southwick, M.D. Second edition. Boston: Otis Clapp & Son.

The two years which have passed since the first appearance of this excellent work, have sufficed to place it among the standard works on its chosen theme. Practitioners and students alike have learned to appreciate its exceptionally admirable characteristics; such, for instance, as its conciseness, its exceeding practicality, its catholicity of thought and teaching, and its introduction of its readers, not only to all that is newest in the field of gynæcology, but to the sources from which such facts are drawn. So rapid is the progress made in this sphere of medical work, that in even a brief two years substantial additions to Dr. Southwick's book have been called for and been made. Some of the changes are thus enumerated:

Some of the text in the old edition has been omitted in the new, and much new material in the shape of new applications, new remedies, and a few more indications, a few more clinical cases, and new references to publications which have appeared since the former edition was published. More definitely, the book is enlarged by a hundred and twenty-five pages, which are a little larger than in the former edition. There are more than twice as many illustrations as in the old edition, some of which have been specially prepared by the zinc-etching and half-tone processes. The photographic illustrations of the cervix in the first edition have been omitted. Annotations have been kindly contributed by Profs. Conrad Wesselhoeft, J. Heber Smith, L. L. Danforth, (N. Y. Homœopathic College), and B. F. Betts, (Hahnemann College, Philadelphia). Tait's operation on the perineum is fully described, with four illustrations. The chapter on endometritis has been enlarged, and considerable attention given to the diagnosis and treatment of gonorrhœa in the

female. The treatment of erosion of the cervix has been described in more detail. The treatment of uterine displacements contains numerous additions. Uterine myomata (uterine fibroids in the former edition) have been more fully described, and a great deal of new material introduced regarding treatment and its relation to various operations. Considerable new material is introduced in the chapter on uterine cancer. New statistics of vaginal hysterectomy are given, with additional hints on palliative treatment. There are new and fully illustrated chapters on Massage in Gynæcology, and Electricity in Gynæcology.

There is every reason to believe that the present edition is but one of a long series which will be called for by the book's steady and deserved growth in professional favor. It is needless to add that the press-work, like that of the first edition, is beyond criticism.

**A TREATISE ON DISEASES OF INFANCY AND CHILHOOD.** By J. Lewis Smith, M. D. Philadelphia: Lea Bros. & Co. Seventh Edition. 1890. 900 pp.

With every new edition Dr. Smith's standard work grows more valuable, and can hardly fail to grow more popular. Among the diseases treated of in this, and not in the former editions, we may mention conjunctivitis, icterus, sepsis, umbilical diseases, hæmatemesis, melæna, sclerema, œdema, and pemphigus of the new-born; epilepsy, tetany, appendicitis, typhlitis, and perityphlitis. Dr. O'Dwyer's operation for intubation is described at much length, and with admirable clearness. The recent discoveries as to the bacterial origin of disease are embodied in the text, which is brought thoroughly up to date, and contains much new matter which adds greatly to the usefulness, though not inconveniently to the bulk of the book. Dr. Smith's admirable style is well known, and his large experience in his chosen specialty makes his work as authoritative as it is interesting.

**DISEASES OF THE EYE.** By Edward Nettleship, F. R. C. S., Ophthalmic Surgeon to St. Thomas' Hospital; Surgeon to the Royal London (Moorfields) Hospital, etc. With a Supplement on Examination for Color Perception. By William Thomson, M. D., Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. Duodecimo, 500 pages, with 164 engravings, test-types, formulæ and color-blindness test. Cloth, \$2.00 Philadelphia: Lea Brothers & Co., 1890.

This is the Fourth American from the Fifth English Edition, the last appearing in 1887.

We note very few changes since the publication of the last, and have therefore little to add to our favorable notice of that date. The author claims to have thoroughly revised it, but we look in vain for reference to insufficiencies of the recti muscles and their relation to asthenopic symptoms, a fact now well established. A mere passing allusion is made to insufficiency of the internal recti in myopia, but none whatever to the same condition in emmetropic eyes.

The book has always been a favorite one with students, as the fact of this Fifth Edition will testify. It is of convenient size, of clear print and good paper, of moderate price, and therefore sufficiently complete to meet the requirements of a non-specialist.

J. H. P.

RAILWAY SURGERY. By C. B. Stemen, A. M., M. D., LL. D.  
J. H. Chambers & Co.: St. Louis.

The author states, in the introduction, as a reason for writing the book, that there are two organizations of railway surgeons in the United States, besides a national society, and that there are over 25,000 surgeons engaged in this specialty. However fully this justifies the compiling of a book on this subject, it is a sad commentary on the railroading of this country. The annual destruction of human life on railroads is something appalling — it is safe to say far in excess of that from any other mechanical cause incident to modern civilization.

As to railway surgery in itself, there can be no question but that emergencies arise of a nature not met elsewhere, calling for superior skill, ingenuity and rapidity of thought and action. In so far the experience gained by years of service on the great railways of the Middle and Western states must prove of the highest value to the novice. As far as the treatment of fractures, crushed limbs, bruises, burns and scalds, concussions, etc., are concerned, there seems no call for a separate treatise under the guise of "railway surgery." These subjects as here treated are inferior to our best works on surgery. It cannot be hoped to equal or supplant such works as Erichsen or Clevenger on spinal concussion in a general work of this kind. In fact, outside the few pages of hints for handling the wounded and extemporizing litters, splints, etc., there is nothing new in the book. Illustrations are scattered through the book without reference to the text in many instances, and are repeated apparently without other reason than to occupy space and make pictures. Why on page 50, a large atomizer is shown with the information that its use is *inferior* to the irrigator, the reviewer fails to see. Again on page 39, the Allis inhaler is shown and with it the statement that the author has abandoned all inhalers for a good towel folded in the form of a cone.

H. P.

**DISEASES OF THE EYE AND EAR.** By C. H. Vilas, A. M., M. D., Professor of Diseases of the Eye and Ear in the Hahnemann Medical College and Hospital, Chicago, Ill. Boericke & Tafel: Chicago. Pages 117 and Index.

The author of this little book has in his preface disclaimed any effort at originality, and has thus disarmed us at the outset of our chief weapons of criticism, yet we can not help wishing that, emanating as it has from a homœopathic source, it had included more of the essence of that distinct line of treatment. His remarks on the application of medicinal substances to the various diseases savors quite as much of allopathy as of homœopathy.

The plan of the work is a division of the eye subjects into thirteen sections grouped anatomically. Each section subdivided into a description of the various diseases peculiar to it, and his treatment of the same, preceded, in Sections I. and II. by general remarks as to hygiene, the use of mydriatics and myotics, bandages, etc., and ending with a description of errors of refraction and their treatment by glasses. The same remarks apply to the sections dealing with the ear.

The book is serviceable as an epitome of larger and more pretentious works, and as such may commend itself to those with whom time for study is limited.

J. H. P.

**THE SURGEON'S HANDBOOK.** By Francis M. Caird, M. B., F. R. C. S., and Charles W. Cathcart, M. B., F. R. C. S. P. Blakiston, Son & Co.: Phila.

An astonishingly large amount of valuable surgical knowledge has been crowded into this little book of 250 pages. It naturally savors of English methods largely to the exclusion of others; *e. g.*, O'Dwyer's method of intubation of the larynx is dismissed with a single paragraph, and the valuable method of treating fractures of the lower leg by suspension is hardly mentioned. The authors' teachings regarding anæsthetics are not in accordance with our American ideas. Here, by common consent, ether holds the first place, as the safest and best for general use. In this work chloroform is placed first and ether recommended, when the former is contraindicated. The reviewer is convinced in reading the book, that the authors are faithful students of surgical literature, but have not an extensive practical experience. As a whole, the work is an excellent one and is recommended for students and general practitioners. The type is necessarily small for the purpose of compactness, but the publishers work is well done and the book is provided with flexible covers, and is of convenient size for the pocket.

H. P.



**HOMŒOPATHIC DOMESTIC PRACTICE.** By Egbert Guernsey, M. D. Eleventh Edition. Philadelphia: F. E. Boericke. 650 pp.

No later work has ever supplanted Dr. Guernsey's now classic one, as an authority in domestic practice. To its honorable record of so many years, new praise is almost an impossibility. The present edition has been so thoroughly revised as to well adapt it to the needs of the present time.

**TRANSACTIONS OF THE FOURTEENTH ANNUAL SESSION OF THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.** 1890.

The wide-awake, up-to-date reputation that attaches to all things Western, finds capital illustration in the prompt appearance of and varied and valuable papers embodied in this latest volume of the transactions of our confrères of the very far West. Everything in the report goes to prove the highly satisfactory condition of the society: the many applications for membership; the substantial balance in the treasury; the universal and interested participation in the discussions. Papers of especial note included in the volume are Dr. Worth's "Malaria in the Lying-in-Room," and Dr. Burritt's "Neurasthenia in Relation to the Diseases of Women."

**THE PATIENT'S RECORD; FOR THE USE OF PHYSICIANS AND NURSES.** Compiled by Agnes S. Brennan. New York: G. P. Putnam's Sons, 1890. Price, \$2.00.

The physician or nurse who wishes to possess an exact and detailed record of an especially interesting case, without the time-destroying labor of "writing it up," will feel the moderate sum to be well spent, which, in the purchase of this book, secures the fulfilment of such reasonable desire. Its hundred generous-sized pages provide for the recording of at least twenty cases of long duration; its broad columns, with their explicit headings, make the noting of date and time, pulse, temperature, condition of urine, nourishment taken, medicine prescribed, etc., a matter of but a moment's labor; with the result of a thorough record of the case which is a permanent possession, and invaluable for after comparison and statistical tabulation. The book is a venture exactly in the line of modern scientific accuracy. It deserves most cordial commendation and wide popularity.

**INFLUENZA AND COMMON COLDS.** By W. T. Fernie, M.D. London: Percival and Co.

The immediate inspiration of this little volume seems to have been the late lamented visit of "La Grippe"; but added to suggestions as to how best to meet this especial and very formidable

enemy, are directions for the treatment of those every-day annoyances called common colds, which so often baffle the physician far more than more dignified troubles. The history as here given, of past influenza epidemics is interesting and suggestive. The treatment recommended both for "La Grippe" and for common colds, seems chosen from both old and new school sources, and includes castor-oil and quinine on the one side, and aconite, bryonia, eupatorium, etc., on the other. Directions for reducing temperature by wet packs and compresses are minutely given, and the hints on diet and on precautionary measures in general, are uncommonly well worth remembering.

A TREATISE ON HEADACHE AND NEURALGIA, INCLUDING SPINAL IRRITATION, AND A DISQUISITION ON NORMAL AND MORBID SLEEP. By J. Leonard Corning, M.A., M.D. Second edition. New York: E. B. Treat. 259 pp.

Perhaps the most prominent feature of this work is the author's advocacy of endermic medication, or the utilization of the analgesic effects of a few well-known remedies. This is discussed theoretically and practically, being illustrated by cases drawn from practice. The *modus operandi* is original and is fully explained. The entire therapeutics of neuralgia is briefly reviewed, diet alone being omitted. This omission is perhaps to be deplored, considering the general excellence of the work, and the usefulness of proper diet in the cure of the neuralgic habit and of insomnia. The present edition of the work contains an interesting appendix on the influence of eye-strain in the production of headache, by Dr. David Webster, of New York. This addition increases the value of a book which, even without it, has earned for itself an enviable reputation.

"THE TWENTY YEARS OF BOSTON UNIVERSITY" is the title of an interesting brochure, giving a brief *résumé* of the foundation and growth of that now great and highly influential institution. College history, as President Warren truly says, is a matter easily enough forgotten, where students, and even instructors, come and go so rapidly with the changing years. The facts here re-stated, which comprise a summary of the objects and resources of the University as a whole, and of each of its separate schools, should be welcome reading to those, and they are now numbered by thousands, who are bound to the institution by ties of affectionate association. The fifteenth annual report of the President is incorporated in the pamphlet. Boston: University Office, 12 Somerset street.

OTIS CLAPP & SON'S PHYSICIANS' VISITING LIST for 1891 easily holds its place at the head of desirable memorandum

books for the homœopathic physician. All the admirable features of former years are retained, and an improvement made in the additional width of the space allowed for the record of the patient's name. The binding is, as always, handsome and substantial, and the mechanical work of the best. Boston: Otis Clapp & Son.

THE MEDICAL NEWS VISITING LIST for 1891 is, as in former years, published in four styles, varying with the number of patients provided for, and with the fact of being dated or undated. It contains a surprising amount of condensed general information on very practical themes, such as Poisons and Antidotes, Diagnostic Table of Eruptive Fevers, etc. A thumb-letter index can be had, if desired, which greatly facilitates instant reference. Philadelphia: Lea Brothers & Co.

LINDSAY & BLAKISTON'S PHYSICIAN'S VISITING LIST for 1891 has for forty years won favor with the profession, and with such a record needs no detailed commendation. It has memoranda on all the usual subjects, is of compact form and light weight, and is very durably bound. Philadelphia: P. Blakiston & Son.

The November CENTURY continues the deeply interesting series of "Prison Papers," with "On the Andersonville Circuit," by J. T. King. A delightful *genre* story, with illustrations as quaint as its text, is "A Legend of Old New York," by Anna Eichburg King. There are several noteworthy bits of verse, among them Arlo Bates' "The Return of the Dead," and Whitcomb Riley's "Bereaved." New York: The Century Co.

THE POPULAR SCIENCE MONTHLY for December appeals to the especial interest of physicians, with Dr. Kisch's thoughtful and philosophical article on "The Sensations of Pleasure and Pain." The leading editorial unsparingly condemns the class of novels, numerous of late, which show immoral life as the direct result of free thought. Among other interesting papers are Dr. Handfield-Jones' "What is Individualism?" John Murdoch's "Dress and Physique of the Point-Barrow Esquimaux," and many others. New York. D. Appleton & Co.

THE CENTURY MAGAZINE announces for its twenty-first year a rich variety of good things, of which we hope to give more detailed account later. Among them may be noted papers on "The Gold Hunters of California;" a new tale by Frank Stockton, "The Squirrel Inn," which he describes as a "story of the crooked course of love, in a crooked house;" and stories of "The Personal Traits of Lincoln," by Messrs. Nicolay and Hay.

## MISCELLANY.

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LEPROSY now exists in almost every part of the world. Its ravages are particularly violent in the Sandwich Islands, in Japan and China, in India, Palestine, Brazil, Norway and Sweden. There is no civilized region of the globe where isolated cases may not be found. In 1870 there were said to be 120,000 cases of leprosy in India, and under native rule there, up to 1815, lepers were buried alive. In the Sandwich Islands there are now over two thousand cases of leprosy known, and many more suspected. The spread of the disease threatens the extinction of the entire Hawaiian race. In each country where it exists the history of its spread is the same. The history of the Arcadian lepers is a perfect illustration. Starting from a single case, brought to the land in some chance way, the presence of the disease is unnoticed until its virus is fairly in the veins of a generation. The segregation and imprisonment of lepers is then ordered, but it seems almost impossible to stay the slow creeping of the disease among the people. — *Medical Era*.

The secular press has a hard time struggling with medical terms; a paper recently reported that a doctor lost a patient from "fluxion, valvulus and imagination of the bowels," which the medical man will immediately recognize as meaning flexion volvulus and invagination. — *Medical Era*.

The women of this country spend seven million a year for cosmetics to paint their cheeks, but the men spend seven hundred million to paint their noses. — *Medical Era*.

## PERSONAL AND NEWS ITEMS.

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JOSEPH EMMONS BRIGGS, M. D. has settled at 293 West Chester Park, Boston, Mass. Office hours, 2 to 4.

Dr. N. R. Perkins, formerly of Winchendon, Mass., has removed from Brockton, Mass., to Milton, Mass.

H. L. CLARKE, M. D., has removed from New Bedford to No. 35 Court Street, Westfield, Mass.

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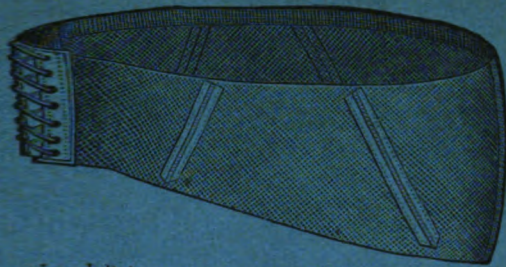
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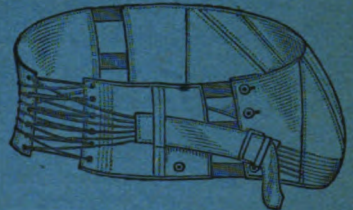
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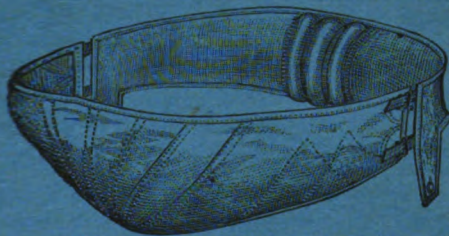


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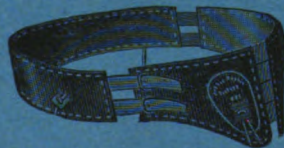


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