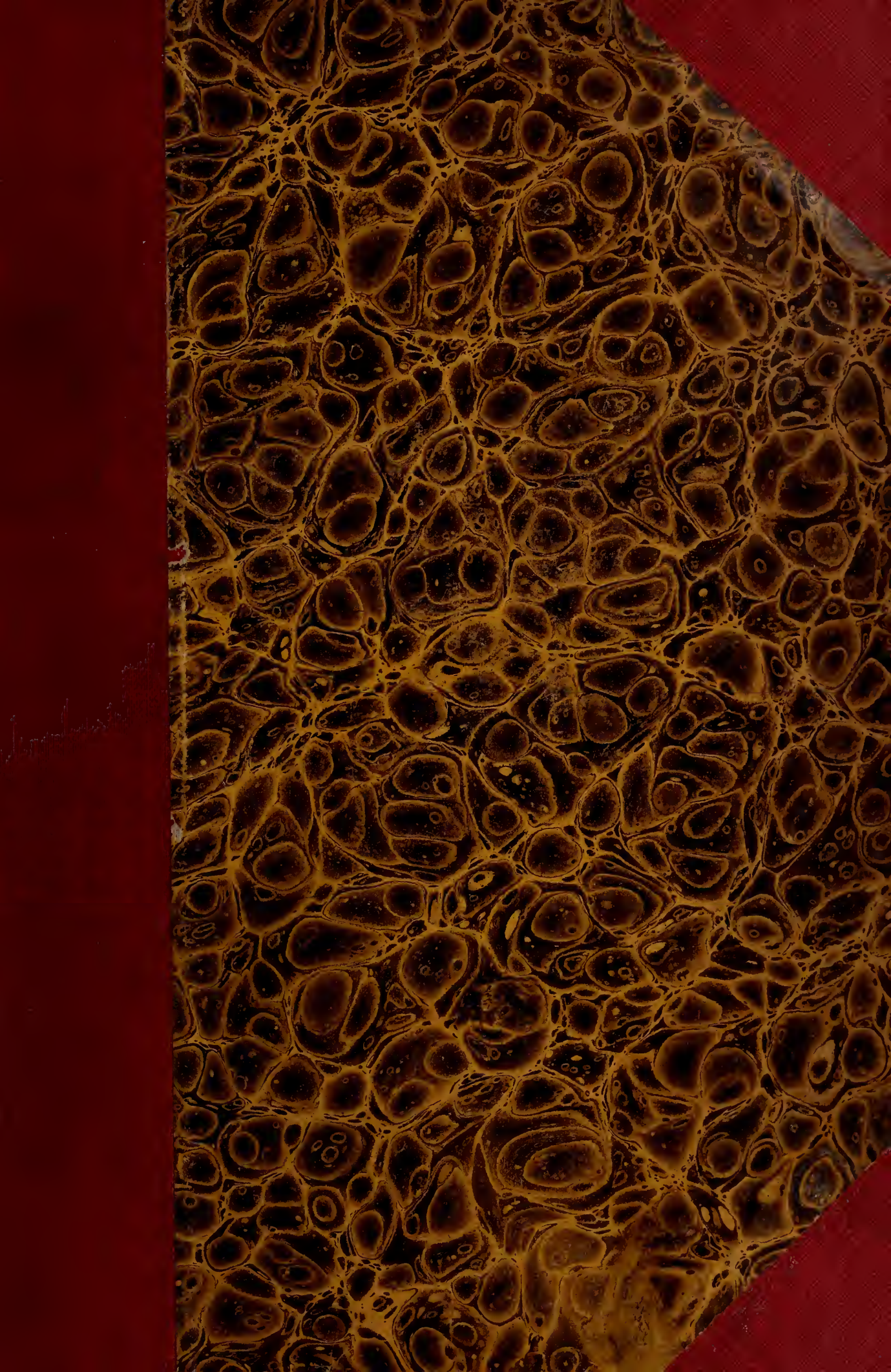

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ORIGINAL COMMUNICATIONS.

ARTERIOSCLEROSIS *

By Edward P. Colby, M. D., Boston, Mass.

Arteriosclerosis is a condition which mostly affects those who have passed life's meridian, although it may develop in those of earlier age. There are several causes predisposing to the condition, but probably the most prominent in point of number of victims is the habits of daily life. It is practically a disease belonging to civilization, more especially to modern civilization, although we lack data to decide whether it exists in savage life. There are a few other diseases which undoubtedly predispose to this condition, such as gout, rheumatism, acute infectious diseases, and to a certain extent syphilis, although there is serious doubt if arteriosclerosis and syphilitic endarteritis have so very much in common. Probably in advance of all other causes comes disobedience of the laws of hygiene. As a rule the patient has since the age of twenty-five or thereabouts led a sedentary life with almost no active exercise, and has continued the diet of days when he was active and quite likely athletic; as times got easy with him he even added more articles to his bill of fare, eating sweets and butcher's meats more than before because he liked them and could afford it. Alcoholic stimulants are usually credited with being a frequent cause, but observations made in Europe seem to indicate that its influence has been overestimated in this relation, however much trouble they may have caused in other directions. There is not much evidence that the tendency is inherited. More men than women are afflicted.

The symptomatology varies somewhat according as the chief trouble is general, or more or less focal, and as to the stage of the disease when the case is first seen. As a rule the physician is first consulted for some one or more of the sequelæ or secondary symptoms or those of focal sclerosis. Probably the most uniform and constant symptom is vertigo; this is most likely to be present during the day-time, or rather while sitting or standing erect, being relieved on lying down. This change is probably the result of

*Read before the Boston Homœopathic Medical Society, November 11, 1909.

change in the hemostatic pressure in the cerebral vessels and is most prominent in the cerebral type. Also in this type there is often a mental slowness, not at first noticed by the patient, or if noticed not acknowledged, any little difficulty of this nature being attributed to an attack of indigestion. At first the person may seem not to have heard a question asked, but a careful observation will show that there is a lack of quick comprehension. When once aroused the mind may work regularly, and even for some time improve in its activity; herein it differs from the mental weakness of neurasthenia where the mental weakness is quite directly in proportion to the duration of the effort. This mental torpor increases by giving a physical stupor; the patient sleeps a great deal during the day, but is apt to be a poor sleeper at night—this again is probably the result of position. Digestive trouble of greater or less severity has usually appeared by this time. Whether or not this is the result of disordered nervous control, or is more direct in its origin, it is the common symptom which first brings the patient to one, and is a most perplexing symptom as affecting diagnosis. There is the accumulation of gas in the abdomen, the distress either before or after eating, the constipation, coated tongue, all of which are common to neurasthenia, hysteria, and other morbid conditions, and which, if one is not on guard, do not suggest arteriosclerosis. The radials, or temporals, or both, may or may not be found stiff (always using two fingers, preferably one finger of each hand). In the early stage this may be only a diminished compressability; in most cases the blood pressure is high.

I would here caution you against placing too much reliance on the sphygmomanometer. In the hands of anyone but an expert it seems to be endowed with more possibilities for mistakes than any other diagnostic instrument; I certainly prefer my fingers. For many years the tortuosity of the temporals was considered a reliable measure of the condition of the arteries, this is not now esteemed so highly.

In the treatment of this disease there must at the outset be some variation depending upon the urgency of focal symptoms. The first demand in treatment, no matter whether the sclerosis is general or focal, is to control and limit the diet. Nearly all the patients have been for a long time, and are still, taking more proteid food than they can physiologically dispose of, and this is very likely an important factor in the origin of the trouble, certainly in its continuance. For a time beef, mutton, lamb, and veal should be practically prohibited; clear soup may be allowed in moderation as it does not contain much beside flavoring anyway, but the flavoring should not be stimulating spices. Fruit of the citrus group may safely be taken early in the day, but always without sugar: in point of fact sugar should not be used at all until improvement is well established. Alcoholic stimulants are prohibited where it is safe, which is not always nor in all stages, for there are patients who have for years been in the habit of taking wine in moderate

quantities with their dinner; they might be in just such a condition that a sudden cessation would be unfavorable, therefore it should be removed gradually, and the lighter wines substituted for stronger beverages; the wines of Moselle and the Rhine are the least injurious. Intestinal and gastric fermentation are present in the majority of all cases, and very much help to perpetuate the main trouble by their toxic products. Aside from the usual selected remedy I have seen much good follow the use of buttermilk, or what is still better, the milk prepared from "Lactone" tablets. The proper preparation of this requires some little care on the part of the housewife. When the kidneys are involved there is a strong temptation to put the patient on an exclusive milk diet, but this is not always good policy as milk carries a large percentage of lime salts, and this is one of the things we wish to avoid. In my sclerotic cases I always limit even buttermilk to one pint a day for the reason mentioned.

A large proportion of sclerotics are, or have been, heavy smokers, and this of course must be attended to. I suspect the insomnia may be made worse by sleeping in ill-ventilated rooms, particularly those cases where the insomnia is in the first hours of the night; I fancy that in some cases tent life would be generally useful. We have seen that the greater number of these individuals have been leading a sedentary life for at least a dozen years, and know that they suffer from insufficient exercise; exercise they must have, but how much? This is a more important question than it seems. A man who has once been active but for fifteen or more years has led a sedentary life, has a muscular system which has undergone deterioration from which it cannot readily recover after the age of fifty, and any unwise effort to develop muscular tissue carries with it some danger to the heart or vessels; exercise should therefore begin in a small way, and never be carried to the extreme limit in elderly men. The amount of water taken should be abundant, but not excessive. It is of importance that it be pure and taken in small draughts, as irrigation of the stomach may temporarily increase the blood pressure.

As to remedies in our materia medica those applying directly to sclerosis are not many, but secondary results multiply them materially. For systemic sclerosis in those who are old enough to be entitled to the disease, nothing fits the case better than that "old man's remedy," secale. Both from its symptomatology and from its known action on the circulation in the brain and cord it seems to be well adapted; at advanced age the central nervous system feels the strain and causes symptoms akin to secale. For sclerosis earlier in life, general in extent, and mostly due to actual transgression instead of original sin, there is no drug better than chloride of gold and sodium; this has the advantage of being equally applicable for the basic condition, and for the consequent errors in metabolism which continue and aggravate the original condition. It is so often the case that a serious state of the kid-

neys calls for immediate relief, that we are for a time obliged to partly ignore the underlying trouble to save the life of the patient; but we should not forget that there is an underlying trouble. The usual remedies for nephritis are demanded. In those instances—which by the way are quite common—where the left heart is hypertrophied and there is much cardiac perturbation, the demand is well met by the barium salts, particularly the idodide. Arteriosclerosis is essentially a connective tissue disease; at least there is where the chief lesion lies. As I have been watching the action of barium for the past twenty-five years I have become more and more impressed with its control of connective tissue change, even extending to ectodermic glia tissue. The cardiac symptoms of barium are well known by all homœopathic physicians. The property just mentioned makes it a valuable substitute for potassium iodide. To those who insist on giving strychnia in every case of over three weeks standing, let me beg such to hold their enthusiasm until the patient is well and strong enough to live through it. I honestly believe I have seen more people live in spite of strychnia than on account of it. A case such as was presented in the first part of the paper reminds one of opium, and there are stuperous and mentally weak cases where it does much good if given in minute doses; it helps to improve metabolism and overcome constipation. Some patients notwithstanding dulness and a sort of mental mist are very irritable and unreasonable, quick to show wrath; a few doses of anacardium will often work a very gratifying change. Electricity is rapidly coming to the fore and some remarkable results are being reported from use of high tension currents; it has the advantage of not interfering with other treatment. I often suspect that if we took as much pains to measure results after using medicines as after using electricity, our confidence in remedies would be considerably enhanced.

In concluding an already too long paper I would say: whenever a case presents of a person past fifty with persistent, or often recurring vertigo, mental slowness, and inconsistent neurasthenic symptoms, and a careful examination shows no marked error in organs of special sense, and no organic error in renal or hepatic regions, examine very closely for signs of sclerosis in the arteries, inquire minutely if the habits of life would be productive of such. One word in correction: in sclerosis in the very young it has been claimed that heredity is an important factor. Our resources are medicine, electricity, and hygiene, but the greatest of these is hygiene.

Discussion by Dr. Edw. E. Allen.

"There is just one point that I should like to emphasize in the treatment of this disease, and it seems to me that it is plainly to be reasoned out when we take into consideration that it is an inflammation in the spinal cord, with a great amount of congestion there, and that right here the thing to do is to rest the patient. I mean by that to rest the patient and make him rest, put him on a Bradford frame, if necessary, and bind

him down for a certain number of hours each day, and keep the spine as rigid as it can be made, preventing it from bending.

"Supplementing that, of course, the thing for us to do as homœopaths is to get as good a remedy as we can, and I want to recommend gelsemium as the one that I have received the best results from."

Dr. N. M. Wood said that nutrition is one of the main elements in the after-treatment of this disease, and said that fifteen of twenty minutes' use of the electric baker is very beneficial because it brings the blood supply to the surface and nourishes the muscles.

Dr. Allen said that he had used the electric baker but found that wherever it was used too frequently furuncles appeared on the skin, especially around the hair follicles, and for that reason he had to stop using it.

Discussion by Dr. J. P. Sutherland.

"The treatment of arteriosclerosis embraces everything in the way of hygiene, sanitation, diet, pharmacotherapeutics and electrotherapeutics. No two cases are alike, and each case has to be treated on its own individual merits.

"I have devoted a little time within the past two or three days to thinking about this subject, and thought I would like very much to look up some of our text-books to find out what they had to say about it, and was surprised to find they had so little to say on the *treatment* of arteriosclerosis.

"In thinking of arteriosclerosis it has occurred to me to classify it in one of the three divisions of disease that I not infrequently make use of. One class consists of the cases that tend inevitably to recovery, the so-called infectious and self-limited diseases. Another class tends just as certainly to dissolution, such as pernicious anemia and malignant diseases. There is still another class which is very numerous which does not tend either to spontaneous recovery or certain death. It rather tends to dissolution, and unless arrested in some way it may lead to the death of the patient. I look upon arteriosclerosis as belonging to this class of diseases. It is more or less curable, certainly preventable, and I think much can be done for it if taken hold of in time."

Dr. Sutherland then read extracts from various authoritative books on the practice of medicine in regard to the treatment of this condition to show how little help was to be obtained from them in this particular case.

He laid particular stress on the abstinence from meat, giving reasons for his opinion. In conclusion he demonstrated to the Society a "Tycos" sphygmomanometer as the latest improvement in these now commonly used instruments.

THE TREATMENT OF PNEUMONIA.—During the past few months two articles have appeared of importance in the treatment of pneumonia. The first of these was one by Floyd and Lucas, giving their results obtained from the use of leucocytic extract in which they followed the method introduced by Hiss.

The second paper by Dr. Leary, of Tufts College, describes his success in treating pneumonia by vaccines.

The former paper gives a mortality of 12 per cent., the latter of 17 per cent. Of course, at the present time the number of cases treated each month has been so small as to render the statistics of uncertain value. If, however, as may well be the case, the results in future prove as satisfactory as those already obtained, our ideas concerning the therapeutics of this unfortunately common and much-feared disease will be subjected to decided alteration, as at present the mortality given is 40 per cent. In both of these new methods of treatment, in addition to the lowered mortality, the advantages of a less severe toxemia and a more early crisis are advanced. Certainly the results thus far obtained justify a much more extended test, which they will undoubtedly receive.

THE VALUE OF CYCLOPLEGICS IN REFRACTION*

By A. B. Norton, M. D., New York.

Your Chairman's invitation to present a paper before this Society was forwarded to me during my summer vacation, and, while the honor was appreciated, I am free to confess it was the attractive subject assigned me that caused my acceptance. I was at first tempted to change the title to "The Necessity of Cycloplegics in Refraction," for I may acknowledge at once that after twenty-eight years of experience in refraction work I am convinced of its absolute necessity in many cases and its great value in nearly all cases. The longer one works with cycloplegics the more satisfied he becomes with his own work and the more he sees the errors of his associates. The oculist, like the physician, always sees the mistakes of his fellows because, as a rule, it is only the dissatisfied patient who seeks another doctor.

My records will show that a very large proportion of my patients who had been previously and *unsatisfactorily* fitted with glasses by other oculists had been examined without the use of cycloplegics. So far as I have been able to watch the results in my own practice, the failures in refraction work have been far less when fitted after cycloplegics than when none were used. In exclusive ophthalmic practice when patients as a rule are seen but a few times at most, fitted with glasses which if correct will require no change for two years at least, and in children may remain correct for thirty or more years, it is almost impossible to know if one's work is satisfactory to the patient, or what proportion are dissatisfied and are seeking other oculists. I am sure, however, so far as I can trace my results, that I am holding a very much larger proportion of my patients fitted after cycloplegics than those fitted without its use.

In considering our topic, "The Value of Cycloplegics in Refraction," let us for a moment consider a few elementary facts.

Vision, or the sense of sight, requires for its perfect performance a normal, or, as it is called, an emmetropic eye. A normal eye is so constructed that rays proceeding from a distant object are focused exactly upon the retina without any voluntary or involuntary effort. Refraction means the bending of rays from a distant object to focus upon the retina, and in normal eyes this is done without effort. In hyperopic, myopic, or astigmatic eyes there must be some expenditure of force in some of the structures involved in the function of focusing, or a bending of the rays to focus upon the retina. To illustrate, a hyperopic eye is too short, or there is too little focusing material with the result that rays would theoretically come to a focus behind the retina and all vision

*Read before the Massachusetts Homœopathic Medical Society, Worcester, October 13, 1909.

in a hyperope would be blurred and hazy were it not for the action of the ciliary muscle pressing upon the crystalline lens and forcing it into a condition of increased convexity. This involuntary effort of the ciliary muscle when retained within the bounds of physiological limit does no harm, but a constant and excessive effort becomes pathological. The result of this perpetual over-exertion is rebellion, just as it would be if any other muscle, nerve or function in the body were abused. This rebellion may come on early or not for years, may cause asthenopic symptoms, headaches, neuralgia, etc., or simply blurred vision. The constant effort of the ciliary muscle is apt to excite a spasm of the accommodation which alters or masks the true refractive state of the eye, and in order to overcome this spasm a cycloplegic is demanded.

A cycloplegic might be called a paralyzer of the accommodation, as by it is meant a drug which produces a temporary paralysis of the ciliary muscle, and for the time of its action places at rest the accommodation.

Spasm of the accommodation may exist in either a hyperopic, myopic or astigmatic eye. If present in a hyperopic eye it will decrease the degree of the hyperopia or may convert it into an apparent myopia. Ciliary spasm will always increase myopia and will usually change or mask an astigmatism. Where there is present a spasm of the accommodation there is no way by which the true total refractive error can be determined except by the use of a cycloplegic, and while it is only in exceptional cases that one corrects the total refractive error, yet for scientific work it is always of advantage to know the full amount. While spasm of the accommodation is an infrequent condition at the most, and when found is usually in young people, yet it may occur, as already pointed out, at any time of life. The diagnosis of spasm of the accommodation can only be made, in many instances, by the use of cycloplegics. There are, to be sure, in certain cases positive symptoms of spasm, but the extent of the spasm can never be determined without a cycloplegic, and the most dangerous case is apt to be the hidden one where the condition is overlooked. Given then a refractive error of any kind complicated by spasm of the accommodation, a cycloplegic must be used for accurate work.

All oculists recognize the necessity of cycloplegics where spasm of the accommodation is present, but many never use them in patients after forty years of age, because at this age spasm is less frequent and also from fear of causing glaucoma. It is generally conceded that cycloplegics may cause glaucoma in people over forty years of age, and I have seen one instance in my own practice, but owing to prompt treatment no ultimate harm resulted in this case. I have used atropin to examine the refraction in thousands of eyes of adults both before and since this one unfortunate experience, with no evil effects whatever, and I am positive the advantages gained by its use far offset the slight percentage of danger. Before using cycloplegics in adults it is now always my rule to examine

the range of accommodation, the tension, and any predisposing history of glaucoma. It seems therefore to me that every case where spasm of the accommodation is present or even suspected cycloplegics should be used.

Astigmatism, which you will bear in mind is where the refraction in one axis of the eye is different from that of the opposite axis, and which as a rule is due to an irregular curvature of the cornea, but may be due to the lens, is frequently corrected or compensated for in part or in whole by the action of the ciliary muscle upon the lens. While this compensatory action of the accommodation may be kept up in some cases for an indefinite period without effort or strain, it is very apt to cause disturbance sooner or later. It may cover or mask to subjective examinations, that is, retinoscopy, ophthalmometer, etc., the true amount, or apparently alter the axis of the astigmatism and only the use of cycloplegics would disclose the true condition. In the lower degrees of astigmatism it is frequently impossible for the patient to recognize with the correcting lens the true axis of the astigmatism. They are very frequently unable to distinguish the difference between two positions fifteen to thirty degrees apart. They are often unable to detect the difference in vision through lenses of from .50 to .75 dioptres difference in strength. The patient's uncertainty as to the axis and strength of the best lens is never as great with the eye under a cycloplegic as without. If then we are depending upon the test lenses alone in refractive work we can certainly do more accurate work by using cycloplegics.

While ophthalmometers, keratometers, retinoscopy, etc., are undoubtedly of great help in determining the axis and degree of the astigmatism, yet we are constantly finding cases that will not accept and wear with comfort the theoretical glass shown by these methods. I have for twenty years used ophthalmometers, and in that time four or five different makes. At the present writing, in addition to the ophthalmometer, I have by its side the new Sutcliffe keratometer, both instruments being used in every case to determine if possible which is the more accurate. As every one of experience must then admit that no method is infallible we must for correct work use them all, and at the same time admit that the most scientific, accurate and reliable method is the examination under cycloplegics.

We also must admit that the most practical and satisfactory test to the patient is that with the test lenses.

We have thus far referred to cases of astigmatism and to cases where spasm of the accommodation was present. Now a word as to the other refractive errors. I believe that every case of myopia, or nearsightedness, in children should be examined under cycloplegics. Myopia is to me the most serious of all refractive errors to the child, because least apt to cause headaches, nervousness or general asthenopic symptoms, calling the parents' attention to the eyes, and because it comes on so insidiously and progresses so

steadily that the child is very frequently handicapped for life before any attention is attracted to the eyes. Even in adults we shall find over and over again that after the use of cycloplegics we can give them perfect vision with lenses one or more dioptres weaker than they may have been wearing for years.

All oculists have seen many cases of children wearing myopic lenses, fitted by opticians, when the true glass should be for hyperopia. This too common error of the optician may and frequently has led to a permanent myopia and the accompanying hardship of being always obliged to wear glasses, and too often to serious loss of vision. Therefore, do not permit the optician to fit glasses to your patients. The great danger in all myopic eyes is the wearing of too strong lenses, therefore the value of cycloplegics to find the weakest possible.

In cases of hyperopia associated with esophoria you will generally give your patient more satisfactory results by finding out under a cycloplegic the total hyperopia, and thus be able to correct with glasses a greater degree than you otherwise could. In hyperopia there is always a higher degree of latent hyperopia when esophoria is present than there is when exophoria exists, and a hyperopia associated with esophoria always requires stronger glasses than when exophoria is present. In cases where the various methods of examination indicate it to be one of simple presbyopia or hyperopia, especially if associated with esophoria, there seems to be no necessity for the use of cycloplegics.

In all cases of squint in young children an examination under a cycloplegic is absolutely necessary for thorough work, as the use of glasses will frequently correct a squint if taken early.

At this point permit me to go outside of my topic to give just a word of caution. Don't give the parent, who brings a child to you for a little cast in the eyes, the advice that there is time enough later and to wait until the child is older. Many of these little ones have paid the price of your mistaken advice in the way of more or less loss of vision. Don't forget that no child is too young to commence the treatment of a squinting eye, for by the use of cycloplegic glasses and orthoptic exercises much can be done to retain binocular vision and sometimes correct the squint without resort to the knife. Don't ignore or make light of the slight blepharitis which is usually indicative of a refractive error. Don't forget that nervousness or frequent headaches, occipital as well as frontal, are often dependent upon the eyes. Finally, don't overlook the fact that sometimes the child who is dull and backward in his classes, or who is delicate or badly nourished, may be suffering from eye strain and that its correction may completely change the life and character of the patient.

But to return to the subject of cycloplegics, in all refractive work in children, I believe their value cannot be overestimated. In examining children the necessity of much greater care, thoroughness, and watching of the patient is recognized by all observing

oculists. For example, I have frequently seen children reading the letters of the test type readily with the eyes turned in another direction. They had simply been memorized, and unless the oculist is on the watch and changes the test letters his examination is liable to be wrong. This possibility of error is, of course, liable under cycloplegics, but the danger of selecting the wrong axis and strength of glass in astigmatism is not so liable to occur under cycloplegics.

I have seen cases frequently where the oculist has made repeated changes of astigmatic correction, either the strength of the lens or its axis, claiming the astigmatism had changed. I believe the very large majority of these cases to be due to the fact that no cycloplegic had been used and that the *correct* glass had never been given. I am constantly meeting cases, even in adults, where after cycloplegics, they will accept and wear with comfort and relief of their symptoms glasses widely different from those indicated before its use, generally accepting a more complete correction than they would previous to the cycloplegic. This I believe is largely due to the enforced rest of the accommodation.

In my judgment the *complete* rest of the accommodation for one week, due to the fact that the patient is unable to use the eyes for near work, is in itself of the utmost value to him. This rest may even relieve the patient in some cases without any change of glasses.

Consider for a moment that the ciliary muscle is practically working every minute of the time the eyes are open, in some cases doing much more strenuous work than others, focusing the eyes first at near vision, then at distant, and that this action has been kept up for perhaps many years, even during sickness, when the entire muscular system is lowered, and you may then realize what this enforced rest of the muscle may mean.

It is in part for this reason that my refractive work, where a cycloplegic is used, is always done under atropin. I find it is as easy to get my patients to submit to the use of atropin as any other cycloplegic after I have carefully explained to them its action and the advantage to them of accurate work and the rest to the eyes as well. Furthermore, under atropin, you are always more sure of getting a complete paralysis than from any other cycloplegic. For these reasons, if you are going to use any cycloplegic, always use one you can bank on every time. Every one admits that atropin can always be depended upon to give the most complete and positive paralysis. Why then are other cycloplegics, which are admittedly less reliable, used? Simply because their action is of a shorter duration, but to me, as already stated, the longer rest of the accommodation is most valuable, and the additional three or four days away from work can, with extremely rare exceptions, be arranged for. In those who absolutely cannot give up the complete use of the eyes during this week it is my custom to loan them a pair of glasses with which they can see for a few minutes' use, such as reading important letters, signing their names, etc.

CRANIAL INJURIES AS PRODUCTIVE FACTORS IN CRIMINALITY*

By DeWitt G. Wilcox, M. D., Boston, Mass.

Since the time when the prehistoric Aztecs and Peruvians trephined the skull, to allow the demons to escape from the brain, up to the present, there has been an undercurrent of belief that somewhere inside the cranium there was to be found some physical, tangible evidence of an exciting factor, which caused its victims to do criminal acts. Nor has that belief lessened under the illuminating searchlights of histology, pathology, and microscopy as applied to criminology.

Not until the learned work of Lombroso on "The Criminal," published in 1876, did the study of criminal anthropology take definite shape. Italy seems to be taking the lead in this study, but France, Germany and England are close seconds.

Dr. J. B. Ransom, physician to the New York Clinton State Prison at Dannemora, says, in a recent paper: "In the examination of several thousand criminals I have been led to believe that, as a rule, when in the inherent criminal the right side of the cranium, that is, indicating the right hemisphere of the brain in excessive development over the left, especially where there is a marked fulness over the paracentral lobe, the possessor's impulses lead toward homicide. I have repeatedly been able to place my hand upon this part of the head of criminals, and designate their crimes to be either assault or homicide, without any previous knowledge of their history or themselves."

The study of traumatic epilepsy further confirmed the belief that cranial injuries were important factors in producing abnormal mental conditions, and while the operative results in such cases were disappointing in a measure, in so far as acting curatively upon the epilepsy, yet in establishing the evidence of cause and effect, they were invaluable.

My only apology for presenting the narrative of an extremely interesting case is because it is, no doubt, typical of a certain class of criminals, and while it is but a single case, yet it goes far to show why the physician should be quite as deeply interested in the problems of criminology as are our jurists and law-makers. It further shows how absolutely inadequate are our present methods of punishing criminals, in so far as the punishment acting as a further deterrent to a repetition of the crime. I wish, however, it to be plainly understood that I do not for a moment seek to explain all classes of crime upon the basis of this one case. I do not even class any great proportion of them with this case, but I do believe

*Read before the Massachusetts Homœopathic Medical Society at Springfield, October 13, 1909.

that this represents a considerable number of our so-called incurable or incorrigible criminals.

Thirty-three years ago there was born in Buffalo, N. Y., a boy, whose parents were above the average in intelligence, thrift, honesty, and sobriety. There were no alcoholics, epileptics, imbeciles or insane on either side of the family, for some generations back. He had older sisters and brothers, whose subsequent lives demonstrated their ability to take their places in the world's procession well up toward the front. This boy (Edward Grimmell by name) was possessed of more than common intelligence, was an apt pupil and gave evidence of manly promise. Up to fourteen years of age he had been subject to no severe illness and was of robust build. Although not of a quarrelsome disposition he became involved in a fight with a boy when he was fourteen years old, and the father of the boy, seeing his son was being worsted, picked up a heavy fence picket and struck young Grimmell over the head. The blow rendered the lad unconscious for some hours, the scalp was lacerated, and he was attended by a physician, who sewed up the wound. The injury was regarded in the light of a concussion and nothing more was thought of it.

It becomes interesting to note here that whereas the lad had been perfectly well heretofore, yet soon following this injury he had frequently spells of nausea, some of which were so severe as to confine him to bed. Also, he had been, prior to this injury, an orderly, well-behaved scholar, attending school regularly; now he began to run away from school. His school teacher, who had charge of him about this period, said that although he was an exceptionally bright pupil, he acted so strangely at times that she frequently wondered if he was at all mentally unbalanced. There was also manifest at this same period some slight indications of epileptiform seizures, but they eventually disappeared and did not again return.

His first crime was committed when about sixteen years of age, and as I was somewhat interested in the property stolen I remember the occurrence particularly because of the laughable side of it. Diagonally across the street from my Buffalo residence was the First Baptist Church, where my family and I attended, and where young Grimmell's father was a trustee of the church. One Sunday morning the children and teachers assembled in the Sunday School room for service, but to their discomfort, they found the room absolutely devoid of chairs and tables. It was a *standing* Sunday School lesson which they had that day and no chair-ity for anyone. An investigation showed that young Grimmell had gone to a second-hand furniture dealer the day before and had bargained with him for the sale of the Sunday School furniture, saying they were to have the room newly furnished and he (Grimmell) was appointed a committee to sell the furniture; and he sold it at a good bargain, pocketing the proceeds and even assisting the dealer in loading the furniture on the van.

Now here appears first a significant fact, which later cropped out prominently in all his crimes. He was not in need of any money. His father, who was in comfortable circumstances, supplied him with sufficient for a boy of his age. Neither did the boy have extravagant habits; he was not in with a fast set, his companions were not spendthrifts; he neither smoked, drank, nor gambled.

The history which I am giving you thus minutely has been obtained in a very painstaking manner. I knew the subject, himself, from his early boyhood; I knew the family intimately; in some of the transactions I was an interested party, and finally, last spring, I spent an evening with him and his jailor at the Dannemora Prison, where he is now incarcerated and where he recited in the most dramatic manner the chief events of his criminal career. This recital was taken down in shorthand, and it is from those notes I am making this history. I have taken pains to corroborate any of the questionable statements by writing interested parties, who were able to furnish me the desired information. Moreover, I have made due allowance for the prisoner's tendency to be somewhat dramatic, and his inclination to magnify events to his detriment rather than to his credit.

The Sunday School escapade was passed off as a boyish prank and forgotten. Two years later (when eighteen years of age), and while still attending school, he forged a number of checks, went to the bank where his father did business, got them cashed and went to Detroit. He had no motive in going to Detroit; was not in need of money. Here he was soon apprehended and returned to Buffalo for trial. His father settled the affair out of court.

For two years he seemed to have conquered his evil tendencies and had a clean record. He came to me one day and said he had made up his mind to study medicine and had arranged to enter college at Cleveland, O. His father supplied him with sufficient money to pay his tuition and a month's board. Upon his arrival in Cleveland he went to room with a student named Holly. They had scarcely roomed together a week when all of Holly's money disappeared. He did not have enough left to go home on or telegraph for more. In his distress he turned to his roommate, in whom he had perfect confidence, told his predicament and asked what he should do. Without a moment's hesitation Grimmell pulled out a five dollar bill and told Holly to keep it. Now, although Holly was from the country, he was not entirely green. He looked at that five dollar bill, and the longer he looked at it the more familiar it appeared. It was a bank note from the small country bank where he lived, and from which bank Holly had obtained his money a few weeks before. He then went to the college treasurer, to whom he had paid his tuition in similar bills, and asked if the money had yet been deposited in the bank or given out as change. It had not been, but was lying in the college safe just as it was handed in. This fact convinced Holly that it was reasonable to suppose that

the bank note which Grimmell had so generously loaned him was his own bank note. He then went to hunt for Grimmell, but Grimmell could not be found, but a diamond stud, belonging to another student, was found to be missing, and later a number of Cleveland business men found themselves possessed of checks for goodly amounts which seemed to have no legitimate parentage. Grimmell had flown.

Later Grimmell was arrested, tried, convicted, and sentenced to three years in the Ohio Penitentiary. He served his time, less reward for good behavior, and left the penitentiary with the respect and esteem of all the officials. Not only here, but in his subsequent imprisonments, he seems to have impressed everyone with his intelligence and good character. After serving his sentence in Columbus he went to San Francisco to begin life anew, as he said. He first worked for a dentist, doing plate and bridge work and collecting his accounts for him. Here he was perfectly straight, turning in all his collections honestly. At the outbreak of the Spanish-American War he enlisted and went to the Philippines under Major Chas. Woodruff, surgeon. At the close of the war he was made clerk of the Medical Supply Department. After serving here seven months, at a salary of ninety dollars per month, and living apparently within his means, with no extravagant habits, and having become engaged to an excellent young woman, the old impulse to steal seemed to come upon him like a stroke. He was locking up his office one Saturday afternoon, when he suddenly turned back into the office, took a Government check book, containing about a hundred signed checks, together with the necessary Government stamps for stamping the same, and departed at once for Chicago. When his own money ran short he cashed the Government checks and lived the life of a prince. He made the chance acquaintance of a young fellow who seemed to suit his fancy, treated him like a brother, paid all his bills, but strange as it may seem, he never drank or gambled. I was unable, throughout all his history, to find an instance where he was ever drunk or where he even drank moderately. Neither did he seem to care for places of ill repute; he rather shunned the society of women. That fact led me to inquire relative to his being a sexual pervert, but I could not find the least evidence of this abnormality.

Tiring of both Chicago and his erstwhile chum, he shook them both and departed for St. Louis. Here he repeated his princely living, for why should he not? When he needed money he had only to rub his Aladdin's lamp, in the shape of filling out a Government check for such sums as he needed; yet he was too wise to attract attention by cashing checks for great sums. From St. Louis he visited Cincinnati, Memphis, New Orleans, Houston, New York, and finally landed in Philadelphia. Apparently he had forgotten all about his sweetheart, his home or his business. I presume he thought he was safe in Philadelphia, as no one was likely to wake up to the fact that he was there, but he was mistaken, for he was

there arrested and taken back to San Francisco for trial. He spared the Government the expense of a trial, as he confessed his guilt, and was sentenced for eight years in the State Prison at San Quentin, Cal. He served five years and four months and was discharged.

In 1895 he returned to Buffalo and went to live with his broken-hearted father and mother. He remained incognito as much as possible, working first in a laundry, then in a milk depot, apparently willing to take any job he could get, to save being a burden. His father had spent nearly all the money he had in his endeavor to save his son. His mother was an invalid.

His personal magnetism, his quick intelligent manner and pleasing appearance seemed always to win him friends and position, and soon he was with the National Mercantile Company of Hartford, earning one hundred dollars per month. At this point again, we see evidence of that inexplicable mental bias, which would ever and again prompt him to do the most unreasonable things.

He now needed money, his father needed it, he had a position that was thoroughly to his liking, he had the entire confidence of his employers; yet, after only four months with this Company, he suddenly left his office, made no explanation, did not ask for the money due him and went West. Representatives of the Company went to his father and made every possible effort to get Grimmell to return, as they said his work was the best ever performed by any employee, but no one could locate him. Upon his arrival in the West he began, as he expressed it, "to lay down checks again."

His ability as a forger had now made him somewhat famous in criminal annals, and he was regarded as one high up in the art of expert forgery. He was unusually successful at this time, going from one place to another, defying arrest and securing goodly sums of money. He sent money home to his father but did not live extravagantly himself. Once he chanced to learn that his father was ill, and, with the risk of detection and arrest, travelled across the Continent to see him. This he repeated later, being successful both times in so disguising himself that he was not recognized save by his father.

For a year he thus played hide and seek with the police of a dozen different cities, but was finally arrested in his old stamping place, San Francisco. Even then it was so difficult to prove any of his forgeries that he was brought back to Buffalo on the charge of being a fugitive from justice, but here the evidence of one forgery was so successfully proven that he was sentenced to seven years in the New York State Penitentiary.

Immediately after he was convicted in Buffalo and before the judge had sentenced him, he sent for me to visit him in jail. I had not seen him in some years, and had followed only in a general way the trail of his crimes. I had not known up to this time the incident of his boyhood injury. Upon visiting him at the jail I found myself conversing with a man who seemed well posted upon almost every topic of public and scientific interest. What he wanted

especially to know was whether medical science had discovered any facts which would substantiate the theory that the committing of crime might be due to physical defects or injuries. He dwelt especially upon the lack of motive for his crimes; the use of his money after he obtained it, as instanced by the Holly five dollar bill.

I went over his case carefully, found evidence of an old-time thickening under the well marked scalp cicatrix, obtained a history of occasional epileptic seizures following the injury and which had appeared at rare intervals since. I became convinced that there was some foundation for the belief that his crimes were not altogether and entirely of his own volition.

I reported his case to Dr. William C. Krause, of Buffalo, a man eminent as a neurologist. He examined him and together we petitioned the judge, through his attorney, to suspend sentence until we could get further light on his case, by a craniotomy, which the prisoner was very desirous of having made. The judge declined to grant our request and Grimmell was sentenced for seven years; but we obtained permission, through Governor Hughes, to operate upon the prisoner after he was sent to Dannemora. On the 8th of last March I went to Dannemora, obtained the aforementioned stenographic history of his life, and early the next morning operated upon him in the hospital operating room.

There was present Dr. Ransom, the prison physician; Dr. Thayer his assistant; Dr. N. W. Emerson, and Dr. Holly, his old-time roommate.

The circumstances leading to Dr. Holly's presence at the operation are somewhat interesting. Last December I was in Scranton, Pa., attending a session of the Interstate Medical Meeting. Dr. Herbert L. Northrop, of Philadelphia, read a paper at that meeting, upon the subject of "Moral Degeneracy and Trephining," and cited three cases somewhat similar to Grimmell's, wherein very satisfactory results had been obtained by making craniotomies. In discussing the paper I related briefly Grimmell's history (but did not mention his name) up to the point of his incarceration in the Dannemora Prison. After the close of the meeting a physician came to me and said: "Would you mind giving me the name of that man whose history you related?" When I said it was "Edward Grimmell," he replied, "Well, I was his roommate. My name is Holly," and he then corroborated those events relating to Grimmell's college crimes. I then invited him to be present at the proposed operation which I expected to make as soon as we obtained the Governor's permission.

The observations made relative to the head of Grimmell, on the evening previous to the operation, were as follows:

General contour of the head, normal; eyes a little close set; ears not especially large; a little droop to the right eyelid; slight recession of the right lower orbit; a well-marked scar two inches to the left and a little above the occipital protuberance; a slight

depression beneath the scar and a slight eminence just anterior to the scar.

Turning up a semi-circular flap of the scalp, with the scar of the old injury as a center, I noticed a decided bulging of the bone immediatelly beneath the skin cicatrix. I then applied the trephine at the center of the thickened bone and removed a button. The rongeur forceps were then used and an area about the size of a silver dollar exposed. The edges of the bone showed the direction of the thickening to be posteriorly and downward, and not in the direction in which the bone would normally increase in thickness. The evidence of an old-time cranial fracture was too unmistakable for any of us to doubt that such had occurred, and presumably at the time he was struck with the picket. The dura seemed also thickened and tough, and, that we might study the structure histologically, I dissected off a small piece of the dura and sent it to Dr. Watters for examination. The letter accompanying the report was as follows:

Boston, Mass., March 23rd, 1909.

My Dear Doctor:—Enclosed please find report on examination of the tissue received from the meninges of your patient. It consists, as you will see, of a dense mass of fibrous tissue containing connective tissue corpuscles and one rather small thick-walled blood vessel. Nothing is present to suggest an inflammatory condition of any kind, although I have been unable to find anything to positively eliminate it. As you know, there are a number of cerebral conditions that are associated with this fibrosis, or fibrous thickening, as here found.

The question occurs whether by any possibility this might be from a Pacchionian granulation, such as frequently occurs in the area that you mention. In paretic dementia chronic thickening of the pia and the arachnoid may occur.

Trusting that this may be of service to you, I am,

Very respectfully yours,

(Signed) W. H. WATTERS.

The scalp flap was then replaced, catgut drainage employed and the flap sutured.

Under date of September 24, I received the following letter from Dr. Ransom:

Dannemora, September 24th, 1909.

Dr. DeWitt G. Wilcox, Boston, Mass.

Dear Doctor:—In reply to your letter of Sept. 20th, relative to Edw. Grimmell, I am able to reply as follows:

Grimmell made an uninterrupted recovery, so far as the wound was concerned. Since the operation, has done well physically, but he had a little trouble with fellow convicts; but he was more sinned against than sinner. The objective symptoms are about as follows:

Muscular and blood conditions are good. He has gained ten pounds in bodily weight. but my general impression of his appearance is, that his condition is better.

His subjective symptoms are about as follows: He said, "I feel a great change mentally; I see things differently and notice more, and think I have found myself. I can concentrate my mind more easily and my general mental condition is better. I have noticed an increase of sensitiveness to my prison environment, consequently I am at times a little depressed over it. Another feature is, that I have lost memory of

events occurring previous to the operation in quite a degree, but my memory is good as regarding other events taking place since the operation. My mind is somewhat vague as to a number of things which occurred previous to the operation." Also states that he notices a difference in fullness over the wound area at times. This is about all the history I have obtained. Of course, as far as his criminal tendencies are concerned, they must await the time when he is again in the outside world and subjected to the conditions under which his crimes have formerly been committed. Sincerely yours,

J. B. RANSOM, Phys. to Clint. Prison.

While I am thoroughly conscious that this case, so far as the effects of the operation go, proves nothing as yet but the unmistakable evidence of cerebral pressure as disclosed by the operation, yet, coupled with the early history of traumatism in that precise locality and the remarkable instances of moral obliquity which followed it, must furnish us with quite a morsel of mental pabulum, which will go far toward sustaining the belief that cranial injuries do become potent factors in developing, if not producing, criminal tendencies.

TUBERCULOSIS SANITORIUM.—The Province of Quebec has just completed a provincial sanitorium for the treatment of tuberculosis. This is situated on a lake fully two hundred miles north of Quebec, where, if anywhere, it would seem possible to obtain pure, cold, uncontaminated air.

ANOTHER MEDICAL SCHOOL CLOSES.—The Trustees of the Denver College of Physicians and Surgeons have decided to close their institution, according to recent announcement in "Progress." This decision is due to the fact that the progress of medical science requires extensively equipped laboratories and expensive instruments of precision, requirements that the school is unable to meet on account of financial reasons. With no endowment the institution has for many years worked loyally, and the men connected with it have freely given their services without remuneration. We are sorry to learn of the necessity for this, but believe it wiser to so act than to try to continue an institution of inferior merit.

DEBATE ON HOMOEOPATHY.—The "Homœopathic World" is our authority for the statement that a French monthly medical journal has started the plan of conducting in its successive numbers a regular debate between champions of homœopathy and of the dominant school in medicine. An appeal for debaters from both schools has already been published, and from the homœopathic side Dr. Flasschœn has been selected to sustain an argument. As yet, no one has volunteered to come forward as an upholder of the other side.

A very commendable feature in homœopathic lines is the partial amalgamation now arranged for the two homœopathic medical societies in Chicago; namely, the Chicago Homœopathic Medical Society and the regular Chicago Homœopathic Medical Society. This consists in each society being entertained by the other at its regular meeting. Good attendance has been noted already and a more general feeling of good fellowship will, we believe, follow.

SOME PREVENTABLE AURAL CONDITIONS*

By F. W. Colburn, M. D., Boston, Mass.

A paper upon the topic assigned me by your Chairman, who specified that it should be for the benefit of the general practitioner, may not be out of place at this time.

The old adage, "An ounce of prevention is worth a pound of cure," is still true, and especially so when we are considering the organ of hearing.

The object of the writer in preparing this brief paper is not so much to present something new, as to reiterate and emphasize a few points for the especial benefit of those who are called upon to treat cases before they come to the hands of the aurist, and to urge upon them the necessity of recognizing and attending to conditions which are of vital importance to the growing youth.

In a measure the work of the aurist is upon results, many of which might have been averted had appropriate treatment been given at the proper time.

The writer does not wish to be misunderstood when he offers "Preventable Aural Conditions" as a topic for discussion.

We may ask: What are "preventable aural conditions"?

Preventable conditions of the ear are those which, had appropriate treatment been given preëxisting condition, the existing aural disease might have been averted.

What aural conditions then are preventable? You will agree with me that in children we have a great many cases of catarrhal or suppurative inflammation of the middle ear; the latter usually dependent upon the former. You will also agree that an acute or chronic mastoiditis, with all its attending dangers is not infrequently the sequel of the middle-ear condition.

In adults we find the same condition perhaps to a less frequent degree. Now are these conditions preventable? Not in all cases by any means, but undoubtedly many might have been averted had the primary causes been removed.

Upon what *preëxisting* conditions then are these so-called preventable conditions dependent? Let us for a moment consider a type of cases which frequently comes to us with a history of slight or marked impairment of hearing which the parents have attributed to *inattention,* thus allowing the patient to go on until permanent damage has been done. We see at a glance that the child is a mouth-breather, has snuffles, or has some obvious obstruction in the upper respiratory tract. On examination we may find enlarged faucial tonsils or adenoids in the naso-pharynx, or both. The nose may be obstructed by a deviated septum, spurs or ridges on the septum, hypertrophied turbinals, or polypi.

*Read before the Massachusetts Homœopathic Medical Society, Worcester, October 13, 1909.

Now undoubtedly some of these conditions are preëxistent in a large majority of the catarrhal affections of the tympanum. Dench says that one-half of the pathological lesions of the tympanum are caused by the presence of adenoids in the naso-pharynx. This is unquestionably true, especially in the case of children. The hypertrophied faucial tonsil may by pressure upon the surrounding structures cause at least a temporary stenosis of the eustachian tube with a resulting congestion of the tympanum. Intra-nasal obstructions in proportion to their degree cause, during the act of swallowing, a more or less complete vacuum in the naso-pharynx with a resulting hyperemia of the part. Any suppurative process in the adjacent cells or cavities of the nose may cause infection, by extension along the continuous ciliated columnar epithelium of the mucous membrane through the eustachian tube to the tympanum.

Now in order to prevent in some degree these catarrhal and suppurative middle ears, it behooves us to be on the watch for contributing causes and then remove them in so far as is in our power.

If then post-nasal adenoids are present have them removed before they have produced any tympanic complication. I would say the same of tonsils that are enlarged; I would not, however, go as far as some who claim that all tonsils that can be seen are abnormal and therefore should be removed. Nasal irregularities should be corrected so that the patient may have unobstructed breathing space.

Of all our sense organs that of hearing is one we can ill afford to lose. How much of life is dependent upon good hearing and how many there are whose ears are defective. Upon this faculty depends not only much of the social and intellectual enjoyment of life, but also in these days of automobiles, trolley-cars and other modes of rapid transit, our safety.

Accident insurance companies recognize this fact, and refuse to take risks on a person whose hearing is much impaired. Suppurating middle-ear disease will debar one from taking out a policy in most of the first-rate life insurance companies.

It is, then, our duty as physicians to prevent these conditions just so far as lies in our power. To prevent them is to anticipate them by removing all conditions which tend to bring on middle-ear disease, and by so doing the cases of catarrhal deafness and of "running ears" will be materially reduced.

As was said at the outset this brief paper is intended merely to emphasize the necessity of using all the means at our disposal to *preserve* the God-given sense of hearing to the growing generation.

COLLEGE FOR DR. WORCESTER.—It is stated that a movement is in progress for the collection of $1,000,000 to found an institution where students of medicine, theology, and sociology may come together and study what is generally known as the "Emmanuel Movement".

THE REMOTER MANIFESTATIONS OF GONORRHEA AND THEIR INTEREST FOR THE GENERAL PRACTITIONER*

By Orren B. Sanders, M. D., Boston, Mass.

Once upon a time, and that time not so far distance, gonorrhea was a disease regarded even by the profession as chiefly local in its development, and temporary in its character. It was an incident, unpleasant but comparatively unimportant, in the experience of the majority of men who sought sexual pleasure.

This was the general attitude of the profession. It would be gratifying if we could confidently assert that it had been wholly superseded by an equally general knowledge of what a formidable disease gonorrhea really is, and an equally general recognition that the limitation of disastrous results, and eventually of the number of cases, rests primarily more with the general practitioner than with the specialist.

Unfortunately, facts do not make possible any such assertion. As long as the lowest estimate of gonorrhea among men in the United States is 60 per cent., as long as 45 per cent. of sterile marriages are attributed to the gonococcus, as long as 75 per cent. of pelvic operations in women are necessitated by this infection, and of all cases of blindness 10 to 30 per cent. are due to this cause, just so long have we a terrible menace in our midst to the health and moral standards of our country. And more than this, somebody or something not a hundred miles distant from the home or office of each one of us is responsible in this enlightened era, besides that convenient factor long entitled "original sin."

Original sin we have with us and always shall have, but also original virtue, theologians to the contrary. Acquired sin we have and always shall have, but also, and increasingly, acquired virtue. And when it comes to the lessening and the control of the former, and the increasing and direction of the latter, the particular field being that of the sexual life, the medical profession in its ability to control the situation is second to none, and in its responsibilities is preëminently first.

Because to intelligent men and women like yourselves this must be a self-evident proposition, and because its importance, equally obvious, requires equal and repeated emphasis, I will ask your kind indulgence for my rehearsal of some extremely pertinent facts, which, familiar or unfamiliar, should command our serious attention.

In the beginning of its infection it is not difficult to follow the invasion of the gonococcus. From the free surface of the urethral mucous membrane in man, the gonococci rapidly penetrate between the epithelial cells, and even to the submucous connective tissue.

*Read before the Massachusetts Homœopathic Medical Society, Worcester, October 13, 1909.

They increase and multiply in colonies, and by their toxic action cause engorgement of the blood vessels and the discharge of serum and leucocytes. The desquamation of epithelial cells caused by the flow of serum, results in erosions of the epithelial surface.

Phagocytosis actively takes place, the gonococci being removed from the tissues by being taken into the pus-cells. Thus when the normal course is run, the second or third week sees the practical disappearance of the gonococci from submucous connective tissue and the deeper layers of the mucous membrane. After this ascending stage of phagocytosis comes the stage of decline, the repair of erosions, the disposal by desquamation of epithelial cells of the gonococci removed from the deeper tissues. By the fifth or sixth week, then, in favorable cases the urethra is free from gonococci and inflammation ceases.

This is what may be called the ideally favorable case where inflammation affects the anterior urethra only, and resistance and repair follow on the heels of infection. This is the ideally favorable course of the disease, proceeding in ordered sequence, and apparently devoid of direful results. It also looks extremely well on paper, and would incline the average practitioner to continue to say "only a clap," and when the specific urethritis reaches his waiting-room in the shape of an acute case to casually, and more as a matter of form and to satisfy the patient, hand out a prescription for an astringent injection, another for some stomach-insulting balsamic mixture, and with a few desultory injunctions dismiss a case undesired, yet not so undesired, be it remarked, as to be turned over to the specialist. Here is a disease theoretically self-limited, dependent for even a relatively favorable course to limitation to the anterior urethra, abstention from sexual excitement as well as intercourse, from alcoholic beverages, and from freedom from reinfection. Dependent also upon intelligent treatment, upon rest, upon the absence of constitutional conditions such as gout or tuberculosis.

Self-limited as it may be, specialists will bear feeling witness to the intractable nature of these cases so far as a radical and demonstrable cure is concerned, and to the preponderating percentage of stubborn chronic cases which come to them or are referred to them, and which demand all their resources as well as their ability to secure the necessary coöperation of the patient. Also, however self-limited in medical parlance, it has to be borne in mind that the most favorable course of the disease shows no interim when protection from extension of infection to another is assured in sexual intercourse or by some other form of contact.

Eliminating the uncomplicated anterior urethritis—a possible 20 per cent. of all cases—we see the gonococcus pass beyond the cut-off muscle, and infect the posterior urethra. Nor is it the treatment alone, as the superficial observer might infer, which progressively taxes the physician; it is also to a mystifying extent the question of diagnosis, for it is oftentimes exceedingly difficult to determine without some special knowledge of and training in the work, what

tissues and organs are involved; a mild posterior urethritis, for instance, being easily overlooked, with disastrous consequences.

The list of the complications of gonorrhea is of formidable length and constantly increasing. Those that first suggest themselves to one, especially those of the acute stage, balanitis, phimosis, paraphimosis, folliculitis, Cowperitis, inguinal adenitis, chordee, etc., we may pass by as too immediate to detain us; but a word concerning epididymitis should not be omitted.

Although this condition is not a metastasis through the blood-vessels or lymph channels, yet it is one of the remoter manifestations of the migratory power of the gonococci which pass onward from the posterior urethra to the epididymis by way of the seminal vesicles and vas deferens, set up inflammation, produce inflammatory products which, if not absorbed may plug up the efferent duct thus causing sterility or, in other ways may bring about the same condition. Sterility as a result of gonorrheal infection is in fact now recognized as an actual and by no means infrequent condition in men as well as in women, although the latter are more often deprived of their reproductive powers.

Let us now turn our attention to the prostate. While stricture of the urethra, with its attendant bladder disturbances, is an old story in the history of gonorrhea, it is felt that the last word has yet to be said on the far-reaching effects of involvement of the prostate.

Morton[1] considers chronic prostatitis as "perhaps the most important complication of gonorrhea," his reason being included in the following comment on the frequency of its occurrence: "In nearly every case of a post-urethritis developing in the course of a gonorrhea, rectal examination will show that the prostate is more or less affected, and after the inflammation has disappeared from the posterior urethra, foci of disease remain in the prostate, causing exacerbations of the gonorrhea and sexual neurasthenia."

And Boogher[2] of St. Louis in the August "Medical Brief," commenting on the cases of gonorrhea discharged as cured by the general practitioner after the acute stage has been controlled, says: "After the acute stage has disappeared, it is estimated that about 90 per cent. of them become prostatic, the glands in the prostate most frequently retaining infectious tissue for many years."

So also Rathbun and Dexter[3] of Brooklyn, in an able contribution to the "New York Medical Journal" of last July on "The Bacteriology of Gonorrhea," carry conviction when they affirm that "the number of cases of uncured and incurable gonorrheal prostatitis is far in excess of what most clinicians are ready to believe." This as a result of actual work and investigation, as also the alarming statement that "at present we have no means at our disposal by which we can positively assure a patient that he is cured of gonorrheal prostatitis."

Many cases of enlarged prostate are now being referred to what Trenwith[4] of New York describes as "the long-continued irritating effect of a chronically inflamed prostatic urethra or in-

volvement of the structures of the prostate itself." This is not an altogether insignificant matter if it be true that 60 per cent. of men who reach the age of sixty have prostatic enlargement.

It is in the diseased tubular glands of the prostate, as also in the seminal vesicles that the gonococci lurk and multiply months after superficial inflammation has ceased. Here are the laboratories where are evolved the materials for autoinfection or infection of any partner in sexual intercourse—innocent wife or guilty mistress.

The tissue changes resulting from prolonged inflammation, infiltration, production of scar tissue, etc., cause disturbances of the nerve supply, compression, and marked reflex manifestations observable oftentimes in the form of mental symptoms, irritability, depression, hypochondria, loss of memory, impaired powers of mental application, or in numbness and trembling of the limbs, or neuralgic pains in various parts of the body.

Instances of systemic infection in both sexes are becoming worthy of note. Cases have been described of neuralgia of gonorrheal origin in areas supplied by the sensory nerves of the arm, and in the region of the ischiatic, crural, obturator, and auditory nerves. Spillman, Engel-Reimers, and Welander have observed cases of gonorrheal polyneuritis. Even cases of post-gonorrheal chorea have been reported.

Less rare manifestations are observed when invasion of the venous and lymphatic systems takes place. Cardiac metastases are no longer probabilities but proven facts. Life itself may be threatened. A malignant as well as a benign form of endocarditis has been identified, and despite the antitoxic power in the blood serum which in some instances destroys the gonococcus, in malignant cases death is the outcome or an incurable cardiac lesion. The pleura is another membrane not infrequently invaded, and phlebitis is not unknown. In the "Archives Generales de Chirurgie," Paris, July 25, 1909, Dr. D. G. Zesas[5] reports a case of gonorrheal phlebitis in a man of thirty, with a chronic gonorrhea which had been rebellious to all measures for a year. In all these cases the presence of the gonococcus has been demonstrated.

The remoter manifestations of infection most familiar to you are doubtless those of a rheumatic character, the already classic gonorrheal arthritis. Osler[6] says: "In many respects this is the most damaging, disabling and serious of all the complications of gonorrhea."

The most important clinical forms, of which, by the way, referring to their clinical course he says, "variability and obstinacy are the two most distinguishing features," are the arthralgic, polyarthritic, acute gonorrheal arthritis, chronic hydrarthrosis, bursal and synovial form, septicemic, and the painful heel of gonorrhea. For a detailed description of these forms I refer you to his able work, "The Principles and Practice of Medicine."

The latest dictum anent gonorrheal arthritis is discouraging. McGlannan[7] in the "Maryland Medical Journal" of last June says:

"The disease if untreated is progressive, leading to complete destruction of the joint, with osteoarthritis and great periarthritis."

To all of you who have cases of rheumatism to treat (and who has not?) I would suggest an early and extended reading of the literature of gonorrheal arthritis. I believe that a great deal of light will be shed on puzzling and intractable cases by constantly keeping in mind the possibility, or I may even say probability, of specific infection. Drs. B. C. and S. Carleton[8] of New York have an interesting report of cases of gonococcic arthritis in the July, 1909, "North American Journal of Homœopathy," to which you may like to refer.

Although gonorrheal arthritis is more common in men than it is in women, there is a puerperal gonorrheal arthritis which occurs either during pregnancy or post partum. The two forms of this infection most commonly observed are the sero-fibronous and the suppurating. Martin[9], who has given the best account of this complication, says: "If this complication does not fill the days of the patient with danger, it is certainly made serious by the anchylosis and the muscular atrophy which accompany it."

As is generally known, gonorrheal rheumatism clears up much more slowly than ordinary rheumatism, in fact this slowness is a characteristic feature. As we are all good homœopaths here, I may refer those of you who would like to read a somewhat detailed account of homœopathic remedies often indicated, to a paper by Dr. R. del Mas[10] on "The Gonorrheal Rheumatics," in the August, 1909, number of "The Critique."

Gonorrheal exostosis of the os calcis is a very painful affection of the foot. It has been stated that this occurs only in males between the ages of eighteen and thirty. The condition is an ossifying periostitis in which the gonococci are found. The only satisfactory treatment is removing the diseased bone in connection with treating the underlying cause.

Pathologists are finding that no tissue or organ of the human body is exempt from the invasion of the gonococcus. Campbell[11] states that it is increasingly evident that gonorrhea will have to take its stand as a general disease. He adds: "The entire upper extremity, the parotid, the pleura, various joints have all been affected. There is a gonorrheal pyemia, enlargement of the liver, and icterus, and a large abscess of the neck have been traced to gonorrhea. Gonorrheal peritonitis has been observed in the male. A distressing surgical complication is gonorrheal proctitis, most common in the female sex. A case has occurred with perforation into the vagina."

Comprehensive as this summing up of Campbell's is, and made less than two years ago, we recognize that the indictment is incomplete. Several cases of metastatic gonorrheal conjunctivitis have been reported this year, and other affections of the eye believed to be caused by metastases, also a case of gonorrheal otitis, and the "British Medical Journal" of May 15, 1909, refers to a peculiar form of eye inflammation frequently accompanying gonorrheal arthritis, and

usually attacking first one eye and then the other. There is injection of the small radiating vessels of the sclera which surround the cornea, sometimes accompanied by iritis and catarrhal ophthalmia.

A study is now being made of exanthemata believed to be due to systemic infection.

You will have noticed that except for mention of puerperal arthritis I have omitted all reference to gonorrhea in women as women. The extent and frequency of gonococcic invasion are appalling. Lydston[12] says: "The importance of a knowledge of the direct and remote results of gonorrhea in women can hardly be overestimated, and has only recently received its just share of attention. Foreshadowed by the labors and once ridiculed theories of the great pioneer in this field, Noeggerath, the researches of modern operative gynecologists are developing most astonishing facts. The more carefully we study pelvic diseases in women, the narrower their etiologic field becomes, and the more frequently they are found to be dependent upon gonorrhea. Thus, when freed from pathologic and anatomic errors, pelvic inflammations are found to be dependent, in the majority of cases, if not all, upon tubal disease, and tubal disease is unquestionably almost always due to gonorrhea and its congeners and derivates."

This is a fearful commentary upon our boasted Christian civilization. Cumston[15] in the January, 1909, "Journal of Surgery, Gynecology and Obstetrics," quotes Winckel as stating that 36 per cent. of all women are afflicted with gonorrheal infection of the uterus, and that a large proportion contract the disease after marriage. We know that latent gonorrheal infection may be lighted up by any congestion of the uterus at any time. The puerperium furnishes all the necessary conditions; physiological pregnancy may thus become pathological, and the first child conceived prove the last. Vulva, vagina, cervix, uterus, fallopian tubes, ovaries, peritoneum, pelvic connective tissue, even rectum and urethra all are vulnerable to this deadly infection. Think for yourselves of the countless cases that come to the operating table; of the women made sterile; of the women invalided, and often changed into life-long nervous wrecks; of the shameful number of clean young women sacrificed in wedlock. If the general practitioner finds no reason for interest in the manifestations of gonorrhea, near and remote, who shall?

My paper is already too long, therefore I am not going to dwell upon the fact that properly conducted general education in sexual truths will prove our best ally, and that I believe the time is now ripe for it.

I am not going to dwell, either, upon the growing necessity for a change of public opinion and legal enactment which shall make obligatory the exposure of the meditated crime involved in the proposed marriage of the infected man or woman, until now protected by a distortion of the custom and law of professional secrecy.

I am merely going to ask you on the strength of the evidence I

have ventured to lay before you, if the interest of the general practitioner in the manifestations of gonorrhea does not make it imperative that he shall both as physician and citizen see to it, so far as he can, that every case of this infection shall receive careful and intelligent diagnosis, thorough and well-selected treatment, and painstaking instruction to the end that the yet uninfected may have some adequate protection.

Findley[14] says that the great majority of infections in the female are occasioned by chronic gonorrhea in the male. These chronic cases as we know demand special knowledge and experience; yet so do the acute cases also, for it is the neglected or wrongly-treated acute case that becomes the chronic.

The conscientious practitioner must either sacrifice time and inclination to the acquirement of this essential knowledge, and to its application, or is morally and professionally bound to do his or her best to turn the case over to the specialist, whose reputation stands or falls solely by the results he is able to show in this single line of work.

Do not receive the erroneous impression that the specialist wishes a monopoly of this unsavory class of cases, not at all; but he is so frequently obliged to recognize the disastrous results of mistreated or untreated cases, that he would be remiss in his duty did he not take advantage of such an occasion as the present to enter a plea for a better knowledge of diagnosis and treatment on the part of his colleagues in general practice, and for their valued coöperation in the meeting of the difficult medical and sociological problems never more numerous, more urgent, or more difficult of solution than now.

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TUBERCULOSIS "PREVENTORIUM."—In Lakewood, N. J., an institution that is called a Tuberculosis Preventorium has been made possible by benefactions amounting to about $700,000. It is located in the building that was formerly the summer home of ex-President Cleveland, and has accommodation at present for about ninety children. This accommodation will soon be increased so that the institution can accommodate about four hundred.

HOW CAN WE PROTECT OUR BOYS AND GIRLS FROM THE SOCIAL EVIL?*

By P. J. Haigis, M. D., Foxboro, Mass.

We are living in a progressive age marked by successive victories over problems and difficulties. Inventors have accomplished wonderful results: the flying machine, the telephone, wireless communication, and the multiplied applications of electricity. Statesmen have made possible liberty, self-government, and national independence. But these things have not been accomplished without great opposition. It is chiefly the superior educational advantages given to our young people that has enabled us to become the greatest of all nations.

There are two great forces, one that tends to build up and the other to destroy. There is an influence that is trying to make the world better; also an influence that seems to make conditions worse.

There is a social problem that confronts the present age which is of very great importance to every man, woman, and child. It concerns the health and happiness of all. It threatens to destroy the happy home life, and anything that is detrimental to the home is a severe blow to the nation.

The children of today are going to be the rulers of the next generation. Some of our boys are going to be presidents, lawyers, doctors, teachers, and some will fill the more humble positions in life. All form one large human family. The success of this family depends somewhat upon its social conditions, and any influence that lowers the social standing of a nation deals a severe blow at its power. It should, then, be one of our first duties to improve our social conditions.

The problem now before us is: How can we protect our boys and girls from the social evil? That all children are ignorant of the danger ahead of them is a well-known fact. They grow and develop, and are obliged to meet these conditions without proper guidance and instruction. You all know to a certain degree the evil results of gonorrhea and syphilis on the health and happiness of our men and women. I am of the belief that gonorrhea is seldom cured because the patient will not keep himself or herself under medical care long enough to accomplish the best results. As soon as the discharge stops he considers himself cured and the physician does not see any more of him. They expect to be cured by one or two calls at the office. They will tell you of Smith or Jones or some other fellow who was cured in a week and took but one bottle of medicine. They expect you to do this same thing, but as you tell them frankly that you cannot promise to cure them unless they

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come to you for from five weeks to six months, according to the case, they will at once think that your treatment is aimed more at their pocket-book than at the disease, and that is the last you see of your patient.

This happens because the laity are ignorant of the seriousness of the case. They do not realize that it takes a great deal of conscientious, persistent work to cure them, nor do they realize that many innocent women are infected by their husbands after marriage because of their supposed idea that they were cured of an attack of gonorrhea a number of years ago; nor do they realize that such cases have been and are responsible for many cases of blindness of children.

Gonorrhea is the cause of about three-fourths of the surgical work in our hospitals today, and to sterility in both sexes. Many thousands of women are being unsexed every day in this country because of this infection some time in their life.

Investigation has shown that 25 per cent. of the new pupils admitted to schools for the blind during 1907 in this country were blind as a result of gonorrheal ophthalmia, and the annual financial loss due to this blindness has been estimated at over $7,000,000. The amount of human suffering inflicted upon the affected individuals and their families is beyond estimation. Some one has said that 15,000 children were born blind every year as a result of gonorrheal infection. In the public hospitals of Leipsic, Vienna, Heidelberg, Breslau, and other continental cities, it was found that a proportion varying from 20 to 25 per cent. of the pregnant women were gonorrheic.

According to Neisser there are in Germany at the present time 30,000 blind persons whose loss of sight is due to gonorrheal ophthalmia. In many institutions for the blind no fewer than 60 per cent. have lost their sight from gonorrheal infection. In the institutions of Paris it is estimated at 46 per cent.—Julien says 80 per cent.—Switzerland 20 per cent., Breslau 13 per cent., in this country 25 to 50 per cent.

Bransford Lewis, professor of genito-urinary surgery, St. Louis University, says: "It is estimated that 90 per cent. of all men have gonorrhea at some time in their lives, and some believe that once a gonorrhea always a gonorrhea." Our experts have estimated that of the 14,000,000 young men in the country today under the age of thirty, 50 per cent. have some venereal disease. Dr. Valentine of New York has said that of all the women who die of diseases of the reproductive organs, 80 per cent. are the victims of gonorrhea of which their husbands imagined themselves cured.

It is not necessary for me to tell you of that other dreadful disease, syphilis, as you know full well the great amount of suffering and misery it causes. While syphilis is a less prevalent disease than gonorrhea, it is much more prolific in sources and modes of contagion, and in addition, is susceptible of hereditary transmission. When syphilis is introduced into marriage it may become

the origin of many innocent infections. Not only the wife and children may be contaminated, but the syphilitic infant may infect the nurse, and the nurse may, in turn, infect her husband and children. Sufferers with syphilitic sores of mouth and lips are allowed to use the drinking cups at public places and go about endangering other people without any interference on the part of our boards of health.

Why should such dangerous infections be freely communicable while we are compelled to report all cases of diphtheria, small pox, scarlet fever and measles to our boards of health, and hold them in strict quarantine until cured? Is it anything to be wondered at that there are so many criminals, so many unhappy marriages and divorces?

How are we to protect our children from these dangerous pitfalls? Bearing in mind that it is safe to say that from 75 to 90 per cent. of the men today have contracted some venereal disease, is it not reasonable to expect that the percentage of infections will be much larger in the future generations unless something is done to prevent this terrible condition?

Come with me, if you will, to our public schools, and I will show you beautiful, innocent children, boys and girls, young men and young women, who are to be fathers and mothers, and will some day stand in our places.

Now, if what has been said is true, 90 per cent. or more of these boys are going to be infected with some venereal disease, and a very large percentage of these beautiful, innocent girls are going to be the victims and sufferers of venereal diseases and its consequences. Many of these pure girls are going to marry of the 90 per cent. infected men. Who can say how many innocent, pure women are going to be made sufferers? These same beautiful children are going to fill our hospitals in the future, victims of pyosalpingitis, peritonitis, gonorrheal rheumatism, stricture, cystitis, and the many other diseases, complications of gonorrheal infection. Some will be responsible for blind sufferers being brought into the world. Of these children *yours* are among them, and they are exposed to the dangers as well as the others. The inevitable is before them. High society, wealthy families are not immune from this evil. We know it to be among the so-called aristocratic and well-to-do class as well as others.

This is our problem to solve. Any man or woman with courage or honor will not shrink from duty if the whole condition is fully known. These children are ignorant of the conditions before them. Have they not the right to demand protection from this great evil? They being the weaker, we the stronger are in a position to at least make an effort to save them. Will we make this effort?

Gentlemen, suppose the 9.15 train from Boston this morning was rushing at the rate of fifty miles an hour towards a washout or broken bridge. The railroad officials and employees knew of the danger in plenty of time to warn us of it, but they reason: "Let

them save themselves," and they allow us to suffer the consequences. The result would be that many of us would not be here, and there would be a great sacrifice of life because we were not warned of the approaching danger. But such a thing could not happen in our present civilized country, as we have the law on our side and by that law we demand protection, and we get it. These children have an equal right to demand protection from an evil that is sure to cause great sacrifice of life, and that needlessly, as there is no excuse why they should not be protected by law and our knowledge. Each man present, and every citizen of the country has a part of this responsibility. We should see to it that these innocent lives are not needlessly sacrificed. We demand by law that our families be protected from diphtheria, scarlet fever, and small pox; why not formulate and adopt measures to protect our children from a still greater evil? Why not make it compulsory to report these cases and keep them under State control, thus protecting the innocent instead of protecting evil as we now do?

Alcohol, tuberculosis, and venereal diseases are the three great modern plagues that afflict humanity. In the presence of the last we remain impassive and indifferent. Efforts to crush out the evil have proved futile. Moral crusades have been made through the strong arm of the law and police to restrict prostitution, but with temporary and only partial success. Experience has amply proven that legislative force cannot suppress the evil; that no police or sanitary network is fine enough to serve as a drag-net for the offenders. All sanitary regulation to stamp out the diseases, all moral crusades to purify the social atmosphere, and all repressive measures employed by the State to crush out the evil have been directed against the women alone. The man may emerge from the mire of dissipation without a spot of social shame upon his character; he may return from his haunts of vice and mingle freely with the virtuous women of his social set. The man reeking with immorality should no longer with "unabashed forehead" enter the sacred circle of virtuous women, and consider himself not unworthy to ask the hand of a pure young girl in marriage.

So long as men may, without scruple, without violation of social laws with what one might term the tacit encouragement of society, freely consort with immoral women without incurring any social stigma, so long will they continue to infect the innocent women they marry with diseases which soil them, which poison them, and which kill them. There is great indifference of society to the danger that is a menace to public health and married life, and there is great ignorance of the frightful consequences, the nature and modes of communication, and the number of their innocent victims.

It has long been recognized by physicians, who are the only competent authorities in this matter, that a large proportion of venereal infections, especially among the young, occur from ignorance of the dangers of irregular sexual commerce. It is also recognized that a general diffusion of knowledge among the public, and

especially the young, as to the dangers individual and social, the modes of communication of venereal diseases direct and indirect, constitutes the most efficient means of prophylaxis.

There is what may be termed "a conspiracy of silence" on the part of the public press, the clergy, and public educators in relation to these diseases. It cannot be affirmed that the most virtuous woman in the world will pass through life without contracting syphilis or gonorrhea. The attitude of parents and public educators is on the same line of silence and secrecy. A knowledge of the hygiene of the reproductive function and of the diseases which menace it from its irregular exercise forms no part of the education of the young. As a result, a young man goes out into the world subject to nascent sexual impulses of which he has been taught nothing, without a word of admonition as to the necessity of self-control, or warning as to the dangers of the irregular exercise of his sexual functions. He finds women who are at his disposition for the gratification of his desires. The first lesson he learns is that social conventions place no restrictions upon the free exercise of his virile endowments, and stimulated by that most potent of all influences, the example of his fellows, he does not hesitate to plunge into the enticing pool of dissipation without dreaming of the dangers which lurk in its foul depths. The public does not appreciate the fact that the immense majority of the victims of venereal disease are the young, the inexperienced, and the irresponsible, through ignorance. While it may be said that society is under no obligation to protect those who voluntarily expose themselves to contagion, can the young who have been brought up in entire ignorance of such matters be said to voluntarily expose themselves to dangers which they may not know exist? Is not society to blame for this?

Young men should be educated in a knowledge of sexual hygiene; they should be instructed as to the dangers incident to the irregular exercise of the reproductive function. They should be warned of the pitfalls and dangers which beset the pathway of dissipation; they should be instructed in the knowledge that venereal diseases are the almost invariable concomitant of licentious living.

The candidates for marriage should know the terrible consequences to which they expose their wives and children when they marry with an uncured venereal disease. Fathers of marriageable daughters should know that dissolute men generally make dangerous husbands; that the man who has been licentious in his habits before marriage is more likely to bring ruin than happiness to his daughter, and that the habits and sexual health of his prospective son-in-law are at least quite as important to consider as his financial and social position. Mothers should know that men who have led unclean lives are not safe husbands for their daughters; that venereal infection, which is a common consequence of such a life, is a prolific cause of feminine infirmities and inflammatory diseases peculiar to women, which may result in sterility, chronic invalidism, serious lesions, and ultimate loss of her reproductive organs.

This enlightenment should extend to the masses. The public should recognize what the medical profession has long known—that venereal diseases are a social pest or plague which menace not only the public health but the welfare of the family and of the race.

The age of infection of young girls who become prostitutes is from 16 to 18 years (Pileur). The vast majority of them are infected in the state of civil minority. Twelve per cent. of infections in men occur before the age of 19, that is, in the age in which they are still pursuing scholastic studies. More than 70 per cent. occur from the age of 20 to 25, that is, before the age of maturity and reflection.

This instruction should form a part of the education of our girls and boys during their school life. As a great many do not continue school beyond the grammar grade, I think that our work should begin in the fifth grade by special trained teachers. Here the children are from nine to twelve years of age, and if given the correct impressions they will be lasting, and given in time to save many from the dangers ahead.

The parents should also be trained to realize the true and exact conditions. The present prudery of parents and adults give young people the impression that references made to the sexual organs and their care are vulgar and immoral. We should impress children and young people with the fact that our bodies are to be reverenced, and that the sexual organs, their functions and care, are to be regarded in the same way we would any other part of our body.

Girls should be warned of the white slave trade and the various schemes resorted to by these auctioneers of souls. The general character of venereal diseases, their modes of communication, direct and indirect, their effects, local and constitutional, and their ultimate result upon the health of the individual and upon the offspring should be described in plain and easily comprehended terms.

With the view to correct the dangerous tradition, so nearly universal, that gonorrhea is a trivial disease, of no more significance than a cold in the head or a catarrh of any mucous surface, especial emphasis should be laid upon the serious consequences that may result from this infection and its potentiality for harm after apparent cure. Everyone should be taught that the dangers attendant upon irregular sexual commerce arise from the fact that practically all who follow this occupation are diseased; further, that clandestine prostitutes, the younger, the more attractive of the loose women they encounter in the streets, the wineshops, theatres and public halls, are the most dangerous. Everyone should know that venereal disease is not always the result of a life of debauchery or of a long series of exposures, but that it may come from a single exposure—it may be the first. This instruction should include as a cardinal feature a correction of false impressions instilled in the minds of young men that sexual indulgence is essential to health and that chastity is incompatible with full vigor.

Our work would not be complete without a warning as to the

influence of alcohol in its instigation of immoral relations and as one of the most powerful auxiliaries of sexual contamination.

Parents, instructors, public educators, physicians, and the clergy can each in his own way contribute to this work of instruction. Many young men complain bitterly that they have never been instructed, that they are thrown into the world in entire ignorance of sexual matters. How many young men have said to you: "If my father had given me ten minutes of sound advice and warning, I should have been saved years of sickness, but as it was I knew nothing; it was a question of guessing. I kept on guessing until I found out by bitter experience."

A strong point in favor of introducing these subjects into our lower grades at school is that there is not more than one parent in every hundred who teaches these things to their children, and if done by trained teachers it would be done in a far more effective way than by parents who do not know just how to present the subject. One of our public educators told me that he had boys growing up now nearing the age of thirteen. He had not said anything to them yet because he was at a loss to know just how to present the subject and how much to say. If an intelligent parent feels this way, what can you expect of the masses? What is needed now is a general campaign against the prudery existing among the laity.

The first step would be to begin with the State Board of Education, giving each member a picture of the true and exact conditions of things, and impressing upon each the necessity of introducing proper and well-directed instruction in our lower grades at school. All teachers training at our State Normal Schools should have a course in the work so that they can give valuable assistance in their respective stations, piloting the children from grade to grade, seeing to it that the correct signal is set for the danger ahead.

Influence should be brought to bear on higher legislation, giving the Board of Education power to act along proper lines. Legislation should also give physicians power to warn parents of pure, innocent girls when they are about to marry men who are suffering from an uncured venereal disease. It should formulate some method of compelling physicians to report cases of venereal diseases to the Boards of Health. A step has been made in this direction, recently, by compelling by law the report of all cases of the newly born suffering with discharge from the eyes. This is a step in the right direction, but we must go back farther and report the original offender.

The State Board of Education could have a number of specially selected teachers whose duty would be to go about from town to town giving lectures to the general public, instructing them of the true conditions of society. A few local educators cannot do much. This great evil develops in the darkness of ignorance, and by directing such a flood of light so as to reveal and expose the sinful and shameful conditions to the public eye, then, and only then, can we expect to make any headway. There will, no doubt, be very great

opposition to every step in this movement, but that has been true in every case where efforts have been made to protect and help the public, such as the temperance cause, and the great fight against the tubercle bacillus, narcotics, and other harmful influences.

The physicians of our country are in a position to know best the exact and true conditions, and it should be our duty to wage this battle with all the power we possess. The public would naturally look to their physicians for advice, as the true physician holds the highest respect and confidence of his fellowmen. We then should all act together in one great body, and by our united efforts, with good generals, captains, lieutenants and privates, wage such a battle that will give us a victory over such a tremendous foe and thereby save the flower of our homes and nation. The public will meet us with the argument that we shall only fan the blaze and make conditions worse. If 90 per cent. of our male population is already infected, and at the present rate of increase which threatens to make it 95 per cent. or more, how can conditions be made worse?

As this paper is very limited and incomplete for a subject of such importance, I would suggest that this State Society hold a meeting in the near future, perhaps in Boston, and have this one subject for the whole meeting. Have papers and lectures from our ablest men on the various sides of the subject and at this meeting have the State Board of Education in a body, as many of our legislators and law makers as possible, superintendents and principals of our schools as well as the teachers of our public schools as specially invited guests. Then open the meeting for general discussion, and perhaps we can then make the first step forward toward the rescue of our children from the inevitable—the dangers of a wrecked life from the social evil.

FREE TALKS TO WOMEN.—At the Out-Patient Department of the Massachusetts Homœopathic Hospital a series of free talks are being given to women during the winter months. In November four evenings were devoted to the subject, "Our Bodies and How to Take Care of Them". Under this were included "Bow-legs and Spinal Curvature in Children, Their Causes and Prevention," "What to Eat and How to Eat," "Value of Fresh Air," and "What Girls Ought to Know About Themselves".

In December, on each Wednesday evening, talks were given by a woman physician to expectant mothers. On the evenings of the 5th, 12th, and 18th of January the care of the sick will be considered, taking up such topics as "How to Help the Doctor," "Giving Medicine," "Food for the Sick," and "General Care of the Patient and of the Sickroom". Light refreshments are served each evening at the close of the lecture.

The idea appeals to us as an excellent one, and one that is well worthy of extension in the future.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

THE NEW YEAR

With the present number of the *Gazette* we enter upon the forty-fifth consecutive year of its publication. In looking back upon the past in its history much is found to cause gratification and inspiration, while in looking forward to the future much is seen to hope for and to strive to attain.

At the present time the *Gazette* is probably on a more secure foundation from the material standpoint than it has ever been before. Founded without the object of financial gain, it has nevertheless been able to always meet its legitimate expenses. And since the organization of the corporation a few years ago, it has been able to pay dividends upon the stock subscribed by its friends at a time when such a subscription seemed to bid fair to be a donation.

The editors serve without salary or other remuneration than that which comes from the feeling of satisfaction following the completion of work that they have tried, at least, to make worthy. They believe that there is a distinct field to be covered by the *Gazette* into which perhaps other periodicals cannot as well enter. They also believe that the ideas underlying homœopathic therapeutics are receiving a constantly widening credence whether they are always called homœopathic or not. That the sect of homœopathy has yet completed its work in medicine they do not believe, however, and in this skepticism will continue to labor as in the past.

It will be the aim of the journal to bring to its readers from month to month those facts that are often coming to light in the modern investigations that tend to effect in any manner the tenets upon which homœopathy stands.

At the present time each issue of the *Gazette* contains nearly twice as much reading material as it did a few years ago. This has been made possible by the free use of eight point type, the substitution of ten point for eleven point type for communications, and the almost complete elimination of leaded lines. In spite of this,

however, the principal difficulty has been, not to procure suitable material, but to find space for all the material that was to print. So great has been this stress in some departments that the enlargement of the entire magazine has been under serious contemplation for some time. As this would necessitate a considerable increase in expenses without, of course, an increased subscription, it does not seem advisable just at present. In spite of this a new department is being started, devoted to clinical study, as will be noted elsewhere.

The editors desire to take advantage of this opportunity to thank the various contributors to the *Gazette* during the past year for their various papers and much other assistance received. They appreciate the courtesy of all such in favoring them with their communications, and trust they may receive from them a continuance of these favors. They also wish to thank the various publishers for their kindness in keeping the readers in touch with the new books that are appearing from time to time. The book review department is one the importance of which this magazine has always maintained.

We bespeak from our readers, wherever they may be, frank and open criticism, and trust that any suggestions that they may have to make concerning the betterment of these columns will be as willingly submitted as they will be willingly received. With these sentiments and with optimism for the future, the editors wish to all a happy New Year in its truest sense.

A NEW DEPARTMENT

The editor is glad to announce that arrangements have been made for the introduction into the pages of the *Gazette* of a new section that will be known as the Clinical Department. This will be in charge of Dr. Arthur H. Ring, and will consist in the reporting of interesting and otherwise instructive cases from various sources. These will be given particularly for the purpose of diagnosis and treatment. All readers of the *Gazette* are invited to send in reports of any such cases that may occur in their experience and that will be of service to others. The purpose of the department will be less to record unusual and rare cases, preference being given rather to the consideration of those that are frequently met with in practice. We would also be very glad to have reports of cases where the diagnosis and treatment have perhaps been uncertain or questionable. Such cases will be reported to our readers with request that they contribute their ideas or opinions concerning them. These contributions will then be given in the following number of the journal, together with any general remarks that may be deemed appropriate. We hope to make of this a very practical part of the magazine and one that may prove of interest and value to all.

WORCESTER HAHNEMANN HOSPITAL

Homœopaths and their friends in the vicinity of Worcester have much cause for self-satisfaction in the completion of their new Hahnemann Hospital.

It will be remembered that we have already noted in these columns the generosity of one of the Worcester philanthropists, Mr. David H. Fanning, who has already given generously of his means toward the older hospital that is now replaced by this more modern one. Mr. Fanning has also been very free with his benefactions in the new building, and particularly in the provision for it. Some months ago the homœopathic physicians in the city banded together and instituted a red tag day. This, under the energetic leadership of Dr. Albert E. Cross, resulted in the collection in one day of about $20,000, all of which was devoted to the new building.

We wish that space permitted a fuller description of the enthusiasm manifested throughout the city on this day and the preceding ones that led up to it, or that we could suitably portray the enthusiasm of the chairman and his associates as he described it to us on our way to Detroit last June. The activity manifested and the coöperation of practically the entire city was so notable that it was an exception to have any request refused, whether for space in advertising, for assistance in work, or for subscription. The result of this activity is now evident in the completion of the new hospital in Brittan Square. It is situated on land adjoining the older building and really forms an adjunct to that one which is now to be used largely for administrative purposes. There are accommodations for thirty patients in the wards and private rooms.

Concerning equipment it may be said, in brief, that this is in accordance with the most modern ideas of sanitary, hygienic, and aseptic construction. Corners and angles are practically completely excluded by having the lines of union between floor, wall, and ceiling made in a circular form. All doors consist of perfectly smooth, solid birch structures, without panels of any kind. Even the electric light fixtures are so made as to evade the maximum amount of lodgment for dust. At the top of the building is the maternity department with a delivery room that is closed completely from the rest of the building by double doors. Detailed description of the operating room with all its outfit, the sterilizing room or the many other sections of the building cannot here be given. One very excellent feature, however, may be noted, that is the roof garden. Here patients can be carried by elevator directly from the wards on their beds to the roof, where an extensive and beautiful view of the surrounding country can be obtained. A more ideal location to place sick people in order to bring them back to health and usefulness cannot well be imagined. One of the private rooms has been furnished by Dr. J. K. Warren, another by Dr. Lamson Allen, still others by certain of the directors and friends of the institution.

Miss Grace J. Abbe, a graduate of the older hospital, is the superintendent.

The grounds surrounding the buildings are now being graded, and by spring it is expected everything will be complete in the entire institution. Arrangements are made of such a nature that physicians of any school may bring private patients to the hospital and there treat them.

We wish to congratulate our confrères in Worcester and to wish them all possible success.

DAVID HERRICK BECKWITH.

Dr. Beckwith, one of the fathers of homœopathy in this country and a man universally respected and admired by all who knew him, died November 16 at his home in Cleveland, Ohio, aged eighty-four years.

Dr. Beckwith was born in Bronson, Ohio, in February, 1825. After attending the public schools and later Norwalk Seminary, he began the study of medicine in the Cleveland Medical College. In 1849 he was graduated from the Eclectic Medical College of Cincinnati, and during 1850 attended the sessions of the Cleveland Homœopathic Medical College. From time to time during his professional life he did post-graduate work in Europe. He practiced first in Norwalk, later in Marietta and in Zanesville, and finally went to Cleveland in 1881.

For twelve years he held a professorship in Cleveland Homœopathic Medical College, and was a member of the hospital staff for thirty years. Many positions of trust were held by him in the city, the State, and in the national bodies, the principal one probably being that of president of the American Institute of Homœopathy.

Those who were privileged with his acquaintance found him a wise, conservative, and able leader, kindly to all and always ready with a courteous word. He was an enthusiastic member of the Cleveland Library Association, and his popularity was not limited to the homœopathic branch in medicine. As an evidence of this his obituary, from which several of the above facts have been taken, appeared in the Cleveland Medical Journal in which he is spoken of in terms of high praise. Among other things, it states to its readers that he was a staunch supporter of the homœopathic school, and was held in the highest esteem by the whole medical profession. His life and his example, like that of a few others prominent in our midst, may well serve as an ideal toward which those of us younger in medicine and in life may strive.

SOCIETIES.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.—The regular December meeting of the Boston Homœopathic Medical Society was held in the Natural History Rooms on December 2, 1909, President Nelson M. Wood, M.D., presiding.

Three physicians were elected to membership: Harriet L. Palmer, Oscar R. T. L'Esperance, and Joseph E. Sternberg.

The name of Dr. Howard Moore was proposed for membership.

Dr. Horace Packard exhibited a patient upon whom he had performed, eight years previous, the Talma operation for cirrhosis of the liver. The patient, as seen, was in good health, and the benefit obtained from the operation was, therefore, presumably permanent.

Two papers were given upon the same subject. Dr. Ernest M. Jordan presented the first upon Exophthalmic Goitre, while Dr. Clarence Crane gave a complete summary of the present status of Goitre.

These papers were discussed in a full and interesting manner by Drs. E. P. Colby, F. C. Richardson, DeWitt G. Wilcox, Charles T. Howard and Orville R. Chadwell.

Following the scientific session the meeting adjourned for light refreshment and social intercourse.

MASSACHUSETTS SURGICAL AND GYNAECOLOGICAL SOCIETY.

On the afternoon of December 8th, the Massachusetts Surgical and Gynæcological Society held its thirty-third annual meeting at Pilgrim Hall, Boston, the President, Dr. George E. May, presiding.

Business Session.

Minutes of the June meeting were read and approved.

Reports of the Treasurer, Auditor, and Secretary were read and approved.

The Society passed a vote of thanks to the retiring Secretary for his efficient services in that capacity.

The following officers were elected for the ensuing year:

President ..... James P. Stedman.
Vice-Presidents ..... Herbert D. Boyd, Wesley T. Lee.
General Secretary ..... Harry J. Lee.
Associate Secretary ..... Mary A. Leavitt.
Treasurer ..... Isabel G. Weston.
Auditor ..... Herbert C. Clapp.
Censors .....
Jane S. Devereaux, Benj. T. Loring, George E. May.

Scientific Session.

Dr. Whitmarsh presented a specimen of a ruptured gall-bladder which he had removed from a patient suffering with chronic cholecystitis.

The bureau of gynæcology, Dr. Caroline Y. Wentworth, Chairman, reported as follows:

1. Direct Blood-Transfusion, Drs. George E. May and Henry Watters.
   Discussion opened by Dr. Horace Packard.
2. Notes from the Vienna Clinics, Dr. Lena H. Diemar.
3. Physical Aid in Pelvic Disorders, Dr. Frances M. Morris.
   General discussion.
4. The Education of Women Relative to Diseases Incident to the Menopause, Dr. DeWitt G. Wilcox.
   Discussion opened by Dr. G. Forrest Martin.

Following the discussion the meeting adjourned, to dine at Young's Hotel at seven o'clock. One hundred and ten sat down to the table.

The postprandial exercises included the annual address delivered by the President, Dr. George E. May.

Dr. Wesley T. Lee performed the duties of Tostmaster in his customary happy way.

Dr. Herbert C. Clapp responded to "The Specialist," and Dr. Clarence Crane to that of "The Doctor's Wife."

The next meeting will be held June 8, 1910.

The Massachusetts Society of Examining Physicians at its annual meeting elected the following officers for the ensuing year: President, F. D. Donaghue; vice-presidents, Frank E. Allard, Ed. M. Greene, Timothy O'Leary; secretary, A. Carleton Potter; treasurer, Henry M. Chase, Jr.

AMERICAN INSTITUTE OF HOMOEOPATHY, 1911.

In accord with the By-Laws, Art. X., Sect. 9, invitations for the place of meeting of the American Institute of Homœopathy in 1911 must be in the hands of the trustees April 10, 1910. Members of the Institute interested in the place of meeting in 1911 are requested to present their invitations as early as practicable to some member of the committee.

SARAH M. HOBSON, M.D., 700 Marshall Field Bldg., Chicago;
J. B. GREGG CUSTIS, M.D., 912 15th Street, Washington, D. C.;
WILLIAM O. FORBES, M.D., Hot Springs, Ark.

By-Laws, Art. X., Sect. 9: "The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Board of Trustees at least ninety days before the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board's report shall be made to the Institute, when the location shall be determined."

CLINICAL DEPARTMENT.

Conducted by A. H. Ring, M. D.

In the inauguration of a clinical department the *New England Medical Gazette* proposes to report interesting and obscure cases, holding as it were, a clinic especially for those who live at a distance from hospitals and dispensaries. Each month a case history will be printed from actual records, leaving the diagnosis open until the following month. Only typical cases will be selected, and preferably those in which the diagnosis has been verified by operation, autopsy, or other positive means. Those interested may send their diagnosis to the Editor of "Clinical Notes," 80 East Concord St., Boston, before the next following issue. To the one who first diagnoses the year's cases correctly the *Gazette* will be sent free for one year.

Cases which have proved unusual, or difficult of diagnosis, will be welcome, and in this we invite the coöperation of our readers.

FIRST CASE FOR DIAGNOSIS.

Mrs. X. Age 46. Born in Canada of Scotch-English parentage. Family history negative. Came to the United States at age of 17, and did table work in restaurants until married at 24 years. Has never been pregnant, but has done nothing to prevent it. No accident, injury or operation, or illness. Three years ago had pharyngitis and pain in jaws. Then came what she called "congestive spells," in which her whole side would get numb and her speech thick. These would last half an hour or so and occurred about once a month. For the past year she has been growing more forgetful and at times suspicious. She would start to do a thing and switch off to something entirely different. Would go out for a walk and find her way home with difficulty. Her gait has become slow

as have her movements, but she was able to do her own housework up to a few weeks ago. Then she became confused and heard people saying things derogatory to her character. She has dropped from 180 to 145 pounds.

Physical examination reveals a stocky, well-nourished woman. The skin is oily, and although she is naturally neat, there is a characteristic oleagenous odor.

Mentally: She sits quietly and has a meaningless smile. Evidently, she lacks insight into the significance of her illness. Asked how she feels she breaks out into a loud, unnatural laugh. Her moods change rapidly, yet they are evidently superficial and are not born of relevant emotions. She is unable to tell the name of the city where she is, nor does she recognize her doctor, though he has treated her for a year. She can judge fairly the time of day. She is, therefore, disorientated for places and most persons. She occasionally has both auditory and visual hallucinations but they are transient and shifting. Asked how old she is she said at one time 64, at another 27. Speech is slurring, and she cannot repeat a long sentence accurately. She is quiet in manner, tidy, and easily cared for.

Physically: She still has "congestion spells," with aphasia. There is slight ptosis of her right lid and brow and the left corner of her mouth droops. (These cleared up later.) Both pupils are dilated and do not reach either to light or accommodation. The knee jerks are normal and there is no clonus; station is fair; gait is slow but steady; there is no paralysis, and the grip is good. Appetite, sleep, and defecation all good. Internal organs seem normal; no temperature. The diagnosis is ———? The pathology is ———?

BOOK REVIEWS

THE MONTH'S BEST BOOKS.

Typhoid Fever. Hare, Beardsley and Dercum. Lea & Febiger.
Biographic Clinics. Gould. $1.00. P. Blakiston's Son & Co.
Surgery of the Brain and Spinal Cord. Krause. Vol. 1. $6.00. Rebman Company.
Diagnostic Methods. Webster. $6.00. P. Blakiston's Son & Co.
Syphilis. D'Arcy Power. Vol. 3. $13.50. Oxford University Press.
Surgical Diagnosis. Johnson. $6.00. D. Appleton & Company.

An Epitome of Diseases of Women. By Charles Gardner Child, Jr., M.D., (Yale), Clinical Professor of Gynecology, New York Polyclinic Medical School and Hospital. 12 mo., 210 pages, with 101 engravings. Cloth, $1.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1909. (Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M.D., New York.)

This is one of the well-known medical "Epitome" series that is being produced by this popular publishing house.

The author, in discussing diseases of women, makes no pretense to completeness, as such is an evident impossibility in a book of about 200 pages. As a student's manual and as a quiz compend for the purpose of rapidly reviewing salient parts of an important subject the book seems admirably suited. The order in which the topics are considered does not differ essentially from those of more pretentious publications but takes up the subjects in a brief and clear review. Well selected illustrations are freely used with much benefit. Occupying the last few pages is a series of questions by the use of which the reader can give himself an examination on the various topics that have been discussed.

Physical Diagnosis and Laboratory Diagnosis. By Henry P. Kohberger, Ph.B., M.D. Associate Professor Medicine and Director of Clinical Laboratory, University of Pittsburgh (Med. Dept.) Price $1.00.

Published by Medical Abstract Publishing Company, 219 Sixth St., Pittsburgh, Pa.

This publishing house is making a specialty of the collection of breast pocket abstracts on subjects connected with medicine, dentistry, and pharmacy. In the present little book it is obvious that the merest synopsis of the subject must be given. Included in its 160 pages is a large amount of information that will be valuable to a student quickly preparing for an examination, and possibly to the physician who desires just the details of the subject in the briefest possible space.

The Practitioner's Visiting-List. 1910. Thirty Patients Per Week. Lea & Febiger, Philadelphia and New York.

This little account book adapted for the use of practitioners appears in different styles, a weekly, a monthly, and a perpetual. It contains, as heretofore, a number of pages upon such subjects as ligation of arteries, therapeutic remedies, dose table, and poisons and their antidotes. It has proven of much service for the purpose for which it has been prepared, and is accordingly cordially recommended after a number of years of actual service.

The Medical Complications, Accidents and Sequels of Typhoid Fever and the Other Exanthemata. By Hobart Amory Hare, M.D., B.Sc. Professor of Therapeutics in the Jefferson Medical College of Philadelphia, Physician to the Jefferson College Hospital; One-Time Clinical Professor of Diseases of Children in the University of Pennsylvania,, and E. J. G. Beardsley, M.D., L.R.C.P. (London), Assistant Physician to the Out-Patient Department of the Jefferson Medical College Hospital, etc. With a Special Chapter on the Mental Disturbances Following Typhoid Fever by F. X. Dercum, M.D. Professor of Mental and Nervous Diseases in the Jefferson Medical College. With 26 Illustrations and 2 Plates. Lea & Febiger, Philadelphia and New York. 1909.

To every practitioner a complete knowledge of the protean manifestations of typhoid fever and the eruptive fevers is essential. In many text books the diseases themselves are well covered, but only too often are the complications and sequellæ largely overlooked. It is to remedy this evident defect that the present volume has been written. It consists of two parts; the first, nearly three hundred pages in amount, having to do with typhoid; the second, of one hundred pages, with scarlet fever, variola, measles, and varicella. All of the unusual ways of onset, the various aberrant symptoms, the phases of reinfections, and the numerous complications encountered are discussed in a manner well worthy the reputation of the eminent senior author. A good chapter on the mental phenomena has been prepared by Dercum, the neurologist. One entire chapter is devoted, and we believe very wisely, to differential diagnosis, and here we even wish that this particular phase had been yet more fully covered.

In the latter section of the volume one chapter each is given to variola, scarlet fever, measles, varicella and rubella.

We have been over the book carefully and as a result of our study are convinced that its careful reading will well repay any physician, however familiar he may be with the subject. We therefore believe the book to be a distinctly valuable addition to the physician's medical library, and one that will make for itself a place among those volumes that he keeps close at hand for ready reference.

The Physician's Visiting List for 1910. Fifty-ninth Year of its Publication. The Dose-Table herein has been revised in accordance with the new U. S. Pharmacopœia. Price, $1.00, net. Philadelphia. P. Blakiston's Son & Co.

The 59th annual visiting list prepared by these publishers has just made its appearance. It is, as usual, an extremely neat little volume,

leather bound, and with gilt edges. The contents are similar to those in preceding copies and include dose table, tables of weights and measures, and some emergency treatment. The main part is prepared in five different styles suitable for from 25 to 100 patients per day or week. We can speak from personal experience of its serviceability and value.

PERSONAL AND GENERAL ITEMS

Dr. George R. Southwick will remove about February 1st from 31 Massachusetts Avenue to 433 Marlborough Street. He also wishes it announced that by some oversight his name and the number of his telephone,—Back Bay 364,—were omitted from the October telephone book. Readers are requested to insert in their telephone books.

Dr. Franklin A. Ferguson, class of 1902, B. U. S. M., has removed from Bath to 705 Congress St., Portland, Maine.

Dr. H. F. Morin has retired from the Assistant Superintendency of the Massachusetts Homœopathic Hospital, Boston, and has located at 72 Front St., Bath, Maine.

Dr. Edwin R. Lewis, formerly of Clinton, Mass., class of 1901, B. U. S. M., has succeeded Dr. Morin as Assistant Superintendent of the Massachusetts Homœopathic Hospital.

DR. GIVENS' SANITARIUM.—Another year and the 18th has passed at Dr. Givens' Sanitarium for Nervous and Mental Diseases at Stamford Connecticut. Another year of good results in the way of cure commends this Sanitarium to physicians who have patients desiring the special treatment and advantages offered.

Dr. Charles T. Howard announces that he has withdrawn from general practice and will devote his attention to surgery exclusively. Office at 661 Boylston Street. Hours: 2 to 3 P. M., and by appointment.

The vacancy in the position of president of the board of trustees of the Hahnemann Medical College and Hospital of Chicago made by the death of Dr. G. F. Shears, has been filled by the election to that position of Dr. Howard R. Chislett. Dr. C. E. Kalke becomes the new dean of the Faculty, and Dr. A. R. McDonald the dean of the students.

Dr. Edward A. Darby, one of the prominent homœopaths of Colorado, and recently president of the State Society, has given up the practice of medicine and enters the business world as an optician.

ENGLISH WOMEN IN MEDICINE.—The London School of Medicine for Women announces that all its candidates for examination at the London University were successful in their examinations, and that the results in these various examinations throughout the country are such as to bring honor to any medical school.

The North American Journal of Homœopathy announces that during the coming year the following physicians will be added to the editorial staff of collaborators: Drs. Bukk Carleton, R. S. Copeland, Burton Haseltine, W. J. Hawkes, DeWitt G. Wilcox, John E. Wilson, James C. Wood and John P. Rand.

The College of Medicine at Oakland, Cal., announces a series of lectures to be given during the winter months by Dr. Creighton Wellman upon tropical medicine. This will constitute a post-graduate course, and will be supplemented by laboratory illustrations and instruction.

Homœopaths throughout the country will be pleased to learn of the report that by the will of the late Mr. Mitchell Valentine, the great majority of his estate, valued at about two million dollars, is to be divided equally between the Presbyterian Hospital and the Hahnemannian Hospital of New York.

COLLEGE OF PHYSICIANS, OF PHILADELPHIA.—Early in November the College of Physicians, of Philadelphia, dedicated its new building on Twenty-second Street, that has recently been completed. This building has been erected at the cost of $300,000, and will provide for this institution a home most worthy in all respects.

NEGRO PHYSICIANS.—There are over 3,000 negro physicians in the United States. In a recent address before the Howard University Medical School, Booker T. Washington said there was a great opening for educated negroes in the medical profession in the South, and that there was room for at least 4,000 more.

The Massachusetts State Board of Health at its November meeting voted that anterior poliomyelitis be made a disease notifiable under Sections 49 and 50 of Chapter 75 of the Revised Laws. The disease seems to have been increasing during the past few years, particularly in the vicinity of Boston, and the action of the board is therefore very justifiable.

REMOVAL OF THE HEALTHY APPENDIX.—In the discussion of a paper on appendicitis, presented at the meeting of the American Gynecological Society this past winter, many physicians objected to removing the appendix, unless it was diseased. Courier, of New York, said: "We should remove nothing but diseased tissues; that which is not diseased should be left." Peterson of Ann Arbor, said, "earlier in his practice in two hundred cases where he had opened the abdomen, the appendix was removed. In half of these cases only, the appendix was diseased." Later he refused to remove the appendix, except when it was plainly diseased, and in not one case in some years, in which he has adopted this course, has there been any subsequent disease in the appendix.

Baldy of Philadelphia invariably examines the appendix when the abdomen is opened, but has rarely found it diseased. Johnson of Washington lets a healthy appendix entirely alone. He sees no excuse for nor any ethical right to remove a healthy appendix.—Ellingwood's Therapeutist.

THE DRUNKARD'S WIFE is now being blamed for his condition. Experts have given about every other cause under the sun, to account for this blot upon every race or civilization which ever existed, but it was left to the Chicago saloon keepers to make this ungracious suggestion, that it was her nagging and her bad housekeeping and her general unpleasantness which drove her spouse to the consolation of the neighboring bar, with its cordiality or fisticuffs as best suited him in his cups. Since the days of "Ten Nights in a Bar Room," the opposite picture has always been given of the long-suffering, down-trodden, meek and forgiving wife who would do anything to keep the man sober. It seems too bad to spoil this picture and substitute a woman armed with a rolling-pin and flat-iron to welcome her husband to a happy home. But we must expect everything and anything in the present discussion of the etiology of alcohol and alcoholism which, from the opposing opinions of medical men, seem to be understood by few if any. We would suggest a convention of drunkards' wives, with preambles, whereases and resolves. It would shed some light on the matter and be about as valuable scientifically as most of the "medical" opinions foisted on the public.—American Medicine.

CAESAREAN SECTIONS.—In the "Boston Medical and Surgical Journal" of recent date is a symposium upon the first series of one hundred Cæsarean sections performed in the Boston Lying-In Hospital. The entire article contains much of interest and is too long to be summarized at the present time. Under the head of "Repeated Sections," Dr. Green gives briefly the results of these cases thus treated. It will at first be a surprise to learn that 25 per cent. of this entire number consisted of repeated operations. Of these he speaks as follows: "Of the 100 sections

embraced in this series of cases, 25 were repeated operations. The reason for this large proportion of repeated sections is that it is the policy of the Boston Lying-In Hospital never to remove or impair the function of healthy organs with the object of preventing subsequent pregnancy. The judgment of the obstetric surgeon is left free to deal with pathological conditions of the uterus and appendages at the time of performing Cæsarean section, but the hospital considers sterilization unjustifiable. The 25 repeated sections were performed on 17 women; that is, second sections were done on 17, third sections on 6, and fourth sections on 2."

It will be seen from this that the operation, while necessarily a serious one, does not have the high mortality that was at first supposed to be associated with it.

CORRESPONDENCE.

Dear Doctor:

The Sixty-sixth Annual Session of the American Institute of Homœopathy will hold its meetings at Hotel Virginia, Long Beach, Los Angeles County, California, July 11 to 16, 1910.

California has invited the American Institute of Homœopathy at intervals during the past thirty-six years. It has never held a session west of the Rocky Mountains. Now that the Institute has accepted our invitation, we are making preparations for what we are sure will be the most successful Institute meeting ever held any place.

Exceptionally reasonable rates on railroads and at the hotel are assured us.

The Time.

July 11 to 16 was chosen, as we are assured that it will be more convenient for the greatest number. We expect you to take your vacation at this time and spend at least a month from your office in enjoying yourself and giving your family the trip you have always looked forward to, and the one of which your patients have oft detailed the many enjoyable features.

The Place—The Country.

See America, your own country, first and then foreign countries later if you must. They have none of the grandeur of the Grand Canyon, none of the wonders of the Yellowstone, none of the sublimity of the Yosemite and its giant trees, and no climate anywhere in the world is equal in comfort to a California *coast* climate in July. A blue sky surpassing the Venetian, a rainless month without humidity, and cool enough every night to require blankets.

The Hotel.

At Hotel Virginia, situated as it is in Long Beach, a most beautiful seaside suburb of Los Angeles, the American Institute of Homœopathy will have its headquarters, its meeting rooms, and its entertainments. This million dollar marvel of the twentieth century is a masterpiece of reinforced concrete, steel, cement, tile and marble. In taste and in elegance, in detail, in decoration, and in appointments and furnishing, it is a symposium of quiet refinement, of luxury and of culture.

Long Beach has no "season." The only difference is that people from the Middle West and the East go there at one time of the year to be relieved from the severe cold and sudden changes of their winter and spring months at home, and those from the far West, from the valleys of Arizona, New Mexico, Nevada, Utah and inland California towns go there in the summer and fall to cool off. This is the history of the utility of California coast towns in general.

The local Committee of Arrangements, consisting of Drs. W. J. Hawkes, F. S. Barnard, H. M. Bishop, E. C. Buel, W. E. Waddell, T. C. Low, Eleanor F. Martin and Walter E. Nichols, is doing everything in its

power to provide every comfort, convenience and entertainment for you, and all they desire is the opportunity to give you the most pleasurable and profitable meeting in the history of the American Institute.

Fraternally yours,

Walter E. Nichols, Chairman of Local Press Committee.

Pasadena, California, Nov. 15, 1909.

GREETINGS FROM THE TRANSPORTATION COMMITTEE TO THE MEMBERS OF THE AMERICAN INSTITUTE OF HOMOEOPATHY.

It being the purpose of the Committee on Transportation appointed by President Ward to do everything in its power toward affording the members a pleasant and profitable trip to California next summer, it is the desire that the views and wishes of the members in regard to an itinerary shall be made known at the earliest practicable moment. Nothing can be done toward selecting a route until after the February meeting of the Western Passenger Association, which shall determine whether we shall be favored with a reduced rate for the journey. Nor is it the intention of the committee to at any time act fully upon its own initiative in this regard, much less to act arbitrarily. It having been hinted that the committee may be influenced by the road or roads which may grant transportation favors to its members, it is now time to state with an emphasis which shall be emphatic that under no conditions will the committee act for the Institute upon selfish or individual motives. The good and pleasure of the body is the committee's desire.

Therefore, please indicate to the secretary, Dr. T. E. Costain, 42 Madison Street, Chicago, any preference that may be entertained in relation to going route. It is expected that we will scatter for the return, there being many Pacific Coast attractions of which the members will probably want to avail themselves of in small groups or individual parties, but it is the wish and hope that we may be able to "get together" for the outgoing journey, as for Denver in 1894. Members are requested to indicate to Dr. Costain, by letter or post card, just which route each may desire to travel, and the fullest and freest discussion of the subject through the journals is invited and will be fully considered when the time comes for a choice of roads and routes.

The Santa Fe goes direct from Chicago and Kansas City to Los Angeles, and is the only road giving a chance to see the Grand Canyon of the Colorado en route, by a side trip from its main line. This is the essence of the Santa Fe's attraction, other than its excellent train service and its journey through the wheat belt and corn fields of Kansas. Unless the season should be unusually cool the Santa Fe will prove a warm route across the deserts.

As far as Denver we have, besides the Santa Fe, the Rock Island, the Missouri Pacific, the Burlington, and the Union Pacific. The five are good roads. The Union Pacific would take us either over the Northwestern or the Milwaukee & St. Paul as far as Omaha, then to Denver on its own line, without change of sleepers, of course, between Chicago and Denver. The Burlington can take us to Denver over its own line via Omaha and Lincoln. The Santa Fe can take us by way of Kansas City, as also the Rock Island, and for the Missouri Pacific we would have either of the others from Chicago and also the Alton as far as Kansas City. All these roads have practically an equal service as to sleepers and dining cars as far as the Colorado metropolis.

The trouble is from Denver on. If we want the Grand Canyon of the Colorado going we must go via the Santa Fe. If we would go further via the Union Pacific we must go up to Cheyenne and on to Ogden through Wyoming and Utah, a splendid roadway, fine service, and some scenery. Whereas if we want the Royal Gorge, Glenwood Springs, Castle Gate, etc., and then Salt Lake, we must go from Denver via the Denver & Rio Grande. If we would climb Marshall Pass, 10,800 feet, the highest railway point in this country, and go

through the Black Canyon of the Gunnison, viewing the government's great irrigation tunnel, just opened by President Taft, then we must leave the main line of the Denver & Rio Grande after going through the Royal Gorge, and take the narrow gauge of the same line via Marshall Pass, Gunnison and Montrose to Grand Junction, where we will again strike the main line to Salt Lake. From there it would be over the new Los Angeles, San Pedro and Salt Lake road, the Clark road, to Los Angeles.

If we would do the Royal Gorge on the Rio Grande road and also the Grand Canyon of the Colorado, we might run out through the Gorge and back to Pueblo, there taking the Santa Fe on to the Grand Canyon and Los Angeles.

Those who wish to take a side trip of a day from Denver to see the celebrated scenery on the new "Moffat Road" should say so. Likewise those who would like to loop the Georgetown Loop from Denver, which the Institute looped in 1894. From Colorado Springs, if we want to stop there a few hours, the Garden of the Gods and a trip to Pike's Peak are offered.

For the return, the Committee will try to make an arrangement which will enable those who wish to return at once to their work to come back in a body if there shall be any considerable number of such. On the Coast there will be worth considering the following trips, as also others to be developed:

The Mt. Lowe and Santa Catalina Islands trips.

The visit to San Diego, and from there up the coast by steamship.

The beautiful Santa Barbara itinerary, and the no less beautiful and interesting journey to Monterey, which can be continued from Santa Barbara or made down from San Francisco, through San Jose.

The Southern Pacific itinerary over the Tehachapec mountains and through the splendid valley of the Fresno, across the Mojava desert if cactus and other desert flora are desired.

From San Francisco the Shasta Route to Portland, Tacoma and Seattle will be exploited and recommended as worthy of all of us.

The various exquisite suburban cities and villas of San Francisco and the truly marvellous views from Mt. Tamelpais will engage and delight those who will take them in their itineraries, and the side journeys to Lake Tahoe, to the Yosemite, up the Sacramento Valley, and others not here enumerated, will give to the Institute a variety of post-session entertainment it can get nowhere else in the United States.

It will be seen at a glance that the Transportation Committee cannot be expected to cover the necessary details for any great part of the after-meeting outings, but it is putting itself in touch with the managements of the various lines and attractions and will render all the service to members who have never visited the Coast that may lie in its power. Our first aim is to get the Institute to California pleasantly and with satisfaction to the greatest number. We are not mind-readers. We need the members' help. Give us this freely, fully and fairly, and we will in turn render you our best possible efforts toward our own special trains, our own side-trips going, if it be possible to do so, and to get the Institute to California with the greatest degree of comfort and enjoyment en route of which we are capable.

For the Committee,

C. E. FISHER, M.D., Chairman.

T. E. COSTAIN, M.D., Secretary.

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ORIGINAL COMMUNICATIONS.

SUGGESTIONS FOR THE MORE PRACTICAL APPLICATION AND TEACHING OF MATERIA MEDICA

By Walter Wesselhoeft, M.D., Cambridge, Mass.

The subject on which I venture to offer the following remarks has been the source of so much dissention among us for more than half a century that it cannot be touched today save in the most compromising spirit. It is the question again of the indications for our remedies, or, in other words, of the clinical application of our fundamental principle. In it are comprehended the reasons for our existence as one organized body; of our individual successes, and the warrant for the teaching in our schools. Since there is so little agreement on this question it suggests, in fact, certain conscientious doubts as to whether we are justified in attempting to teach materia medica before having reached some sort of consensus regarding the value of the indications on which we usually prescribe. Some among us prescribe mainly on pathological grounds, others on the sum of the symptom complex, and still others on the modalities or on characteristic symptoms, not unfrequently determined in an arbitrary manner, and each one of us feels secure in the conviction that his method is based on the true conception of the rule of similars. The question is indeed a most difficult one, far more difficult than the question of dose, knotty as this is, since this latter lends itself to direct experiment and clinical tests.

The obstacles in the way of reaching conclusion on this most vital of all questions before us are those besetting the path of all therapeutics. If we are frank we must confess that we stand on no higher level than the old school despite the fact of our possessing a foundation on which to rise. While declaredly our indications for treatment are derived deductively from our law, that is, are matters of principle, they are as yet no more than matters of private judgment, and therefore essentially unprogressive and only tentatively teachable. As in the dominant school everything is "rational," and therefore by implication scientific, in treatment that suggests itself to the individual practitioner out of his knowledge

and experience; so with us everything is homœopathic that appears even in the vaguest manner to be justified by our law of similars. Who shall deny that this is the blind alley reached today by all therapeutics relating to the use of drugs? We may, if we choose, go on indefinitely travelling round and round in this cul-de-sac since it is all, whether homœopathic or allopathic, old school or new school, recognized by the law of the land as legitimate practice and therefore not to be challenged by cavilling innovators and reformers within or without the profession, or by the mortality statistics which, save for the advances in sanitation are practically unchanged. But secure as we may be in our individual positions, this attitude towards progressive inquiry and the responsibilities assumed by the existence of our school will not long be tenable.

It is this consideration which prompts me to bring up this vexed question before you again. The soundness of our law can no longer be questioned. Too many unwilling witnesses, forced to do so by the advances in knowledge and clinical experience, are testifying today to its existence, and unwilling testimony, as we know, carries the strongest confirmation. We are therefore no longer concerned with its defence. That to which we must bend all our energies is its practical interpretation, its applicability to individual cases. Bear with me, therefore, for a few moments before concentrating all your attention on the special subjects so near your hearts, while I subject our practice as set forth in our daily lives and our literature, to a brief scrutiny.

I shall try to be brief and to avoid needless repetition of familiar facts, but in order to survey clearly our present position we must glance for a moment at the course by which it has been reached. Hahnemann, as you know, neither evolved his law out of his inner consciousness or the philosophical systems of his day, nor, as Dr. Holmes derisively asserted, found it by ransacking old volumes. By patient observation at the bedside and noting the frequent beneficial effects of the empirical practice among the people, he came upon a certain relationship existing between the conditions and outward symptoms presented by many affections, and the agents—mostly medicinal—by which they were relieved or cured. With this observation impressed strongly upon his mind, and recalling out of his wide learning that observations of a like character had forced themselves upon the attention of no small number of the foremost men in medical history, he at once set about searching the medical literature of all Europe for corroborative data. At the same time he continued his own clinical observations and experiments by means of provings in order to obtain facts of a more positive nature, while constantly struggling with himself in the effort to avoid the errors of reasoning and observing into which the entire profession had fallen.

If we examine the facts collected in part from recorded cases in medical literature, and in part from his own experience upon which he originally founded his theory, we come mainly on pro-

nounced pathological conditions and single symptoms of a character sufficiently marked to give a name to the affection relieved or cured by an agent seen to produce similar conditions.

Here I am thrashing over old straw. But by doing so I still hope to gather from it certain sound grains by means of which to support the contention that the relationship between disease and remedy expressed by the law was not found by a comparison of the totality of the symptoms of both, but by noting some striking feature of the case and some corresponding effect of the drug equally striking. The authors quoted by Hahnemann were, with few exceptions, as Dr. Hughes and Dr. Dudgeon have shown by laboriously verifying references, experienced observers, far above the level of the average practitioners of their time, and their reports of cases were written without preconceived theories in an earnest desire to record their observations. You all remember the cases cited, of frost bites relieved by cold and of burns and scalds by mild heat, and other instances of the relation of the pathological state to the similar curative agency supported by the testimony of distinguished men like Sydenham, John Hunter, von Stoerk, Benjamin Bell and others. (Organon, p. 43 et seq.). Further on we have the more fully observed and minutely recorded cases of acute affections characterized by distinct lesions and cured by medicinal substances of which the pathogenetic effects bore a sufficiently marked resemblance not only to the sensations and what we call symptoms, but to the lesions from which they arose. I need mention only the uterine hemorrhage of sabina and conium, the strangury of cantharides, the eruptions and arthritic affections of rhus, the eruptions and gastric disturbance of arsenic, to mention no others out of the great number collected.

You note here the origin of indications, purely empirical, derived from structural changes. Hahnemann calls them "local symptoms" and declares them to be the most characteristic. (§Organon, 177). In an earlier paragraph he insists that the worse the acute disease, the more striking will be the symptoms and hence the more ready the selection of the drug. (§Organon, 152), and later on in explaining the meaning of the totality of the symptoms, he plainly states that this can be no other than the totality of the "characteristic" symptoms (§Organon, 258), which we must hold to be the actual, observable changes produced by the pathological process. In the following paragraphs he further explains, as we all know, that these changes must be more clearly defined and studied in relation to their causes, attending conditions and manner of occurrence. But the point to which I wish to call especial attention once more is the fact that Hahnemann himself and the authors he so lavishly quotes, recognized the relation of similarity to lie in actual lesions or pronounced pathological processes and not merely in the sufferings or symptoms accompanying them. Important as we recognize these to be, more especially in that by no means small class of cases in which the lesion itself is beyond direct reach or

not clearly to be diagnosed, though amenable to treatment, we must look upon them as of secondary value.

These points have so many times been brought up in the long and often fierce controversy on the respective weight to be attached to objective and subjective symptoms, that I shall not enter into their further consideration here. It is enough to know that, in framing our indications for treatment, we have the warrant of experience and sound reasoning for building on positive and demonstrable phenomena, even though those less clearly definable are by no means to be rejected. So much all experience has shown, that the totality of the symptoms in its widest sense is not a practicable guide at the bedside. That it has proved unavoidable in practice follows clearly from the fact that all our most conscientious and experienced practitioners have constantly aimed and studied to determine the essential features of our remedies to serve as indications for treatment. Each one has done this in accordance with the special medical philosophy to which he clings, but all agree that elimination is an actual need both for practice and teaching. What can be done with the thousand and more symptoms of arsenicum, the twelve hundred recorded effects of pulsatilla, the fourteen hundred of belladonna? They unquestionably all have their meaning and a certain value, but even if a human mind could be found to retain one-half of them, it is certain that few could serve as indications. Hence the making of repertories, and hence, also, the demand for elimination. Some elimniate the subjective signs, some the objective. Both sides, I am persuaded, go too far. We have seen that the entire homœopathic structure was originally built up on objective signs, on recognizable lesions and definite processes, striking examples of which, besides those already mentioned, are the epidemic diseases on the study of which Hahnemann lays so much stress. But we also know that these lesions alone, in their true form of results or products of pre-existing changes, are not enough. They are insufficient to serve as indications for treatment since, taken by themselves, they admit of no individualization. This demands the search for the peculiarities of each case, and here, you will agree, lies the *crucial point* of all therapeutics, more particularly of the homœopathic. The question forcing itself at once upon our minds is: What constitutes the peculiarities of an individual case? Without doubt the "local symptoms," as Hahnemann calls them, the actual pathological condition, as far as it can be recognized and traced, is the first point to be determined,—not the disease merely to be named,—then, however, the manner of the reaction to the invasion or cause of the malady. This reaction will necessarily take place under the general laws governing all organic resistance to pathogenic agencies, but its course will be modified by the predisposition, the temperament, the degree of defensive energy, or what we still properly call the vitality possessed by the subject, as well as by the presence in the system of vestiges of earlier diseases. All these

attributes of the molecular structure of the tissues affected are the causes of those variations or departures from the type which differentiate one case of the same disease from another. They constitute the personal element, the patient's individuality, a factor of undeniable importance in all treatment.

But how are these individual peculiarities to be met when they form a distinct part in the clinical picture of a case? They too often represent the points of least resistance in an organism practically or apparently sound, and withdraw themselves wholly from recognition until called into abnormal activity by the invading cause of disease. They are the obstacles to the search for specifies for classes of diseases, or rather, for nosological entities, I mean specifics in the accepted sense; but they postulate the demand for specifics *against conditions occurring in the course of diseases.*

To illustrate: A case recently treated of a right lower pneumonia in a young lady of good antecedents, good health and exemplary habits, though of fragile frame, ran an absolutely typical course with a perfect crisis on the fifth day and uninterrupted convalescence in three weeks. In another case, that of a strong man, aet. 40, teamster, of good personal but unfavorable family history, the seizure came in apparently robust health. The seventh day brought an imperfect crisis, followed on the tenth by an encephalitis with temperature of 106° and a fraction, lasting many days without recognizable spread of the lung trouble, but violent delirium, convulsions, coma and death. I may have had here a mixed infection or an embolus charged with highly toxic material, but the probability is in favor of a certain proclivity on the part of the brain tissue or possibly the meninges for the pneumococcus, or better, an absence of defensive power against this particular microbe.

Such local imperfections of structure or function, or vulnerable spots, can only be attributable to abnormal molecular action, held in abeyance during the undisturbed balance of forces and processes of the organism, but manifesting themselves at once on the disturbance of this balance. The object of treatment, therefore, must be to arouse not only the normal physiological defences against the original invasion, but also to so meet the exigencies of the case as to stimulate in an especial degree the regions of feeblest resistance. This is surely the aim and object of the homœopathic method, of which I am now attempting a purely theoretical explanation in order to reach a basis for the framing of indications for treatment; that is, for drug-selection.

The points of least resistance yielding to the pathogenic cause call forth symptoms added to and modifying those produced by the same cause in the sound tissues primarily affected. The task, therefore, is to find a remedial agent capable of arousing a defensive reaction not alone in the parts affected in all cases of the

same disease, but in those also participating in the general disturbance by reason of inherited or acquired predispositions of the individual organism.

The choice of the remedy, therefore, while determined first by what Hahnemann calls the local symptoms, the most pronounced, which point to the seat of the lesion and thus usually to the greatest danger or suffering, will also be influenced by the concomitant symptoms traceable to or at least arising from the individual peculiarities.

Now, two courses present themselves for the determination of the choice of the remedy, and both have their value. The one, that of Hahnemann, is the purely empirical one of symptom—*comparison*—to be applied, as I believe, rather in exceptional cases where our knowledge fails, as in no small number of cases it does, to throw a clear light on the nature of the case. The other is that *of symptom-analysis,* by means of which the nature of the symptoms, their origin and course is made clear and thus an intelligible relation established between the disease and the remedy. The first course is of necessity unprogressive and too often laborious to the degree of impracticability, and though, as I have said, often the sole resort in difficult and doubtful cases, to be taught with great reservation and a full understanding of its limitations. The second alone can convey to the student an understanding of drug action, and thus be to him a practical and progressive guide to drug selection.

We must bear in mind constantly that a drug produces its action on a living organism by *increasing* or *decreasing* the activity of one or more functions. This action depends not only on the size of the dose, but also, more especially with a minimal dose, on the individual susceptibility, dependent in turn on race, sex, age, habits, and inherited or acquired predisposing factors.

It would lead me too far to enter here into a more minute consideration of this greatest of all pharmacological considerations. Let me only mention for example, that opium decreases peristalsis of the intestines, producing constipation, but at the same time we know that it increases the reflex irritability of the spinal cord. This increased reflex irritability, however, is in the majority of cases overcome by the depressant effect of the drug on the cerebral functions, thus adding to the intestinal inaction characteristic of the opium pathogenesy. In certain individuals, however, this cerebral depression is unable to overcome the heightened irritability of the cord which then predominates with the result of increased instead of decreased peristalsis shown in marked diarrhea, or at least in one or more copious dejections.

All these apparently contradictory symptoms are among the primary effects of the drug, and not to be confounded with the secondary symptoms occurring later and due in the great majority of cases to over-stimulation resulting in an inhibitory and finally paralytic action.

For therapeutic purposes then, that is, for the study of indications of a given drug, the "local symptoms" deserve the fullest consideration, and must be traced back to the primary effects upon those centres for which the drug possesses a selective affinity, or if we prefer to transpose the conception which possess a selective proclivity, to be affected by the drug. The action on the cells of these centres must be either of a depressent or excitory, an inhibitory or stimulating character, both of which, when pushed by repeated or increasing doses, terminate in their opposites the secondary symptoms. The apparent conflict between these and the primary effects is explained by the fact, so frequently seen in all drug-provings, and exhibited so plainly in the great work of Dr. Bellows, that a drug-prover rarely manifests only the primary action. This is explained by the fact that while certain of his cell centres under the influence of the drug are still in the primary stage of stimulation, others, *more susceptible,* are already showing manifestations of the secondary stage. These latter manifestations representing the variations from the generally observed effects must be attributable to the peculiarities of the individual and thus characteristic of his particular case. Here we see the relationship between the local or objective signs, primarily produced, and the individual or more remote symptoms following secondarily, but often not in the usual order.

The questions here forcing themselves upon the inquiring mind are to be solved, as I believe, in practice only by methods of physiological study, and it is most certain that so long as we confine our teaching to the purely empirical method which confronts the student's mind with absolutely inchoate masses of symptoms, he will, unless of the patient and uninquiring temperament, withdraw discouraged from the materia medica and relapse into the current ideas of crude pathology and equally crude empiricism. Unless we can teach our students to think, we shall fail to interest them; but to teach them to think means to give them explanations of the phenomena with which they are called upon to deal.

My hope in bringing this matter forward could be no more than to offer suggestions for discussion, if the subject which above all others should occupy the attention of this society; I could not hope to offer actual instruction.

AUTOMOBILE ORDINANCE IN CHICAGO.—The physicians of the Chicago Medical Society are protesting against an ordinance that is being enforced on the down-town streets, whereby it is prohibited to leave vehicles for more than an hour without attendance on the street. By this ordinance the physicians are unable to leave their automobiles in front of their houses during their office hours as has been the custom, and as is so convenient.

BLOOD TRANSFUSION*

By George E. May, M.D., and Henry Watters, M.D.,
Newton Centre, Mass.

The direct transfusion of blood consists in the introduction of the arterial blood of one person (the donor) into the venous circulation of a second person (the recipient).

It is impossible to say where the idea originated. Herophilus refers to it in his treatise on anatomy. It is mentioned in the works of Pliny and Celsus, where the operation is condemned.

One of the earliest authentic cases on record is that of Pope Innocent VIII., where the operation failed to accomplish the desired end. (Villars' Life of Savonarola.)

Harvey's discovery of the circulation of the blood in 1616 stimulated research.

Jennings in a monograph published in 1883 reports a total of 243 cases (by combining tables of Bellina, Bache and Leisrink) in which transfusion was performed for acute and chronic anemia, prior to 1873. Of these 243 cases 143 (or 40.9 per cent.) terminated in complete recovery. In 34 cases (14 per cent.), the operation was followed by temporary benefit, but failed to save life. In 95 cases (39.1 per cent.), no beneficial results whatever were achieved.

Morton reports 103 instances of transfusion for what might be called pure post-partum hemorrhage. Over 50 per cent. recovered.

Methods.

Of the methods used prior to Carrel's end to end suture method there were none that gave satisfaction, and owing to the unsatisfactory results obtained and the many accidents resulting from infection, blood clots and air emboli, the operation of transfusion fell into disfavor, and, following the advent of saline infusion, was almost superceded by it.

Carrel's method consists in the end to end suture of artery and vein. The operation, even in the hands of the most skilled operators, is one of great delicacy and consumes much time.

Crile's method is the use of special canulæ of different sizes. Elsberg also uses a special canula, and his method is probably less complicated than Crile's.

The instruments necessary for any transfusion are a knife, a blunt dissector, fine pointed forceps, four or five pairs of mosquito forceps and fine scissors—in Crile's technic, clamps for the artery and vein.

The vessels to be anastomosed usually are the radial artery of the donor, and any superficial vein of the forearm of the re-

*Read before the Massachusetts Surgical and Gynæcological Society, December 8, 1909.

cipient. Local anesthesia is procured by using 1-10 of 1 per cent. cocain hydrochlorate and a few drops of adrenalin chlorid. This is injected in the skin at point of incision. In making the dissection the field should be kept free from bleeding and all branches of vessels ligated.

The artery is exposed for a distance of 3-4 c. m. at the point of election in the wrist, tied off at distal end, a clamp applied at the proximal end and divided near the ligature, the clamp being applied with just enough pressure to stop bleeding and not to injure the vessel walls.

The vein is exposed in the same way, the distal end tied, a Crile clamp applied, and the vein cut near the ligature. The vein is then drawn through a Crile canula, the end cuffed back over the end of the canula and tied in the groove nearest the handle with a fine linen suture. The artery is then gently dilated with a small pair of mosquito forceps, is seized by three mosquito forceps at equidistant points on the cut edge and gently pulled over the cuffed vein on the canula, and tied in the remaining groove with a linen thread. The hemostats are removed and the clamps loosened, allowing the blood to flow from the artery into the vein. The blood should be allowed to flow slowly at first.

In using Crile's canula two facts are to be remembered: 1. To have the long axis of the canula coincide with the long axis of the lumen of the artery and vein. 2. To prevent the end of the canula coming in contact with the vessel wall, and to maintain the right amount of tension on the vessels to prevent the elasticity of the vessel wall pulling the outside part of the vessel into the canula and blocking the way.

The exposed vessels should be kept moist by warm normal saline solution, which helps to increase the flow of blood. Crile says: "Experience has shown that if anything goes wrong in carrying out this technic it is best to start again from the beginning and not to try to get around any of the details by substitution."

The donor should be free from constitutional or other disease which might be engrafted on the patient. Males or females of the same family are suitable, and as near the age of the recipient as possible.

The duration of the flow is best regulated by watching the symptoms of the donor, which are usually pallor of the skin, loss of color in the mucous membranes, slight uneasiness, slight quickening of the pulse and respiration, and a lowering of the blood tension. All these symptoms are progressive, and, if marked, the flow should be lessened or stopped.

The chief danger to the recipient is from acute cardiac dilatation and subsequent heart failure, caused by the transfusion in excessive amount or at an excessive rate of flow. If the flow be too rapid, it may be prevented by narrowing the lumen of the artery by using gentle pressure on the vessel, and slowing or entirely stopping the flow for a few seconds.

The chief symptoms of acute cardiac dilatation are cyanosis, pain or distress in præcordial region, cough, and increase in pulse rate.

Elsberg uses a canula modelled after the principle of a monkey wrench, which can be enlarged or narrowed to suit any size vessel, and is cone shaped at tip; a short distance back from the tip are four pin points directed backward. The canula is unscrewed, placed about the artery and screwed up tight. The artery is divided, and its cut end cuffed back over the canula until the cuff is caught on the teeth of the canula. A slit is made in the vein and the canula with the artery over it is inserted into the slit, just as is done with a salt infusion canula, and tied in place.

The advantages of this over Crile's apparatus is that it adapts itself to any size vessel; the larger of the two vessels is pulled over the smaller—the reverse of Crile's; the lumen of the artery is not stretched by the introduction of instruments, but rather pulled open from the outside, reducing the chances of injury to the intima; there is more space in the canula to place the final ligature.

The usefulness of direct transfusion of blood as a method of treatment for certain conditions has become established beyond dispute, and when properly safeguarded may be safely done.

Crile says that, "In pernicious anemia, toxemia, leukemia, carcinoma and uremia it has been of no value. In tuberculosis and chronic affections it has certain value. In pathologic hemorrhage it is of marked value. If done in time, transfusion is a specific in acute hemorrhage. In suitable cases it seems to be almost a specific in the prevention and treatment of shock."

Two Cases.

Case I. H. B., aged 13, well developed and nourished, was operated on September 1, at the Newton Hospital for removal of tonsils and adenoids. The tonsils were removed by scissors, and following the operation the patient had profuse hemorrhages and vomited several times large amounts of blood. The usual methods were employed in an endeavor to check the hemorrhage, but were only partially successful; 600 c. c. of saline were given subcutaneously without appreciable effect, and in the afternoon Dr. May was called in consultation and found the boy in a critical condition. Pulse was over 140, and the radial pulse could not be felt. Respirations, long, irregular, and sighing. Face and mucous membrane pale, and great restlessness.

The father consented to a transfusion and agreed to be the donor. The transfusion was done (by Dr. May and Dr. Watters) using Crile's canula, and no difficulty was encountered. The blood was allowed to flow twenty to twenty-five minutes, and then, as the father began to feel a little faint, it was stopped. The recipient was sleeping when the blood flow was stopped; pulse, 110, good and regular; color of face and mucous membranes good. Respira-

tions regular and 30 a minute. The patient made an uneventful recovery and was discharged well. The father had no difficulty except some faintness, and in a few hours was feeling in a normal condition. The wounds healed by first intention.

Case II. Mrs. D., aged 29, a patient of Dr. Stanton's, Newton. Admitted to Newton Hospital September 23, suffering from acute lymphatic leukemia. She made no improvement, and October 3, as a last resort, transfusion was tried. Her blood count a few days preceding the transfusion was:

Hemoglobin, 15 per cent.
Erythrocytes, 800,000.
Leucocytes, 14,000.
Mononuclears, 92 per cent.

Crile's method was used and his largest canula. The donor was her brother, a strong, healthy man, 23 years of age. The difficulty experienced was that the donor's blood clotted immediately it came in contact with the blood of the recipient. The blood would spurt from the severed end of the artery, and would clot in the vessels as soon as it came in contact with the recipient's blood.

The transfusion ended in failure. To what this failure is due it is hard to say. The mechanical part of the operation seemed perfect. The operators and the technic were the same as in the other case reported. It may have been due to the excessive amount of fibrin in the recipient's blood. The patient died October 9.

TUBERCULIN THERAPY.—Such a diversity of opinion is at present noticeable concerning tuberculin therapy that the following extracts from Trudeau and Denys in explanation of the failures encountered by others may be of benefit:

1. "Beginning the treatment with too large amounts."
2. "Raising the dose too rapidly, or at too short intervals."
3. "Injecting again before the effects of reaction both constitutional and local have passed away."
4. "Increasing the dose after reaction has occurred."

Hence the failure in, or danger of, tuberculin treatment lies principally in the faulty and reckless manner of administration of the remedy. The crucial test, after all, of the efficiency of this method of treatment of tuberculosis lies in the comparison with that of sanatorium methods alone. The best evidence of this comparison is found in Trudeau's experience of 15 years, which shows that there were from 18 to 25 per cent. *better results* from tuberculin treatment than sanatorium treatment alone. Pottenger's statistics confirm this statement, in that the results are 20 per cent. in favor of the tuberculin-treated cases.

All this speaks well for the future of tuberculin treatment, which bids fair to become one of the most effective methods of warfare against "The Captain of the Hosts of Death."

THE EDUCATION OF WOMEN RELATIVE TO DISEASES INCIDENT TO THE MENOPAUSE*

By DeWitt G. Wilcox, M.D., Boston, Mass.

It must be quite apparent to every surgeon, who does gynecological work, that the American woman is lamentably ignorant of those changes which she must pass through at the menopause. Not that she does not know what "the change of life" means, or that she has not heard of the long line of supposed ills which she is told must be encountered ere her menopause ceases; but rather that she is inclined to attribute every abnormal condition of mind and body to that vague, but ever dreadful monster, said to lie in wait for every woman between the ages of forty-three and fifty-five. Let the average woman, whether well or otherwise, have a pelvic pain or an unusual show of blood, a vaginal discharge, an enlarged abdomen, retention of urine, or even a dangerous uterine hemorrhage at or between those given ages, and the chances are ten to one she will diagnose the case herself, and attribute all her illness to "the change of life." So thoroughly has she been imbued with this erroneous idea, that, in many instances, she is not only surprised, but well nigh disappointed when she finds herself past the climacteric and no torments besetting her. It is then that she is in the best possible frame of mind to commit the error which so many of her sisters have committed, that of regarding lightly any abnormal symptom she may have. If you ask her why she did not seek medical counsel when she first noticed the abnormality, she replies, that she supposed she must have such symptoms, as the penalty for passing the change of life. It is here that our campaign of education must begin, or rather, it must begin years before and center itself here, in order that it may be most effective.

Ruling out infection, we find that the majority of diseases of the uterus and its adnexia occur most frequently at or about the menopause. It is therefore imperative that both the physician and the patient should be alert in promptly recognizing the invasion of such disease. The physician should be able to interpret, with a fair degree of accuracy, the meaning of any unusual symptom, and not be lulled into a sense of security simply because the change of life might possibly be an explanation of the abnormality.

Take, for instance, the sudden appearance of a watery vaginal discharge, occurring in a woman who has apparently passed the menopause some months or years previous. This comes on without the slightest premonitary indication; is unaccompanied by pain; is not profuse, and takes the patient absolutely by surprise. She may have been feeling unusually well at the particular period in

*Read before the Massachusetts Surgical and Gynæcological Society, December 8, 1909.

question. This slight watery flow, which possibly may have a bloody tinge, ceases after a few hours or days, and may not reappear for a number of weeks. It may be followed by a slight leucorrhœa which has some odor. The patient may be conscious of a vague sense of heaviness in the uterus, slight backache, or possibly a frequent micturition. While she may be startled by the sudden appearance of such a discharge and her first thought be a determination to consult her physician, yet the chances are, that, upon consultation with some woman friend, her fears are allayed, because that friend has told her she must expect just such symptoms; she is "passing the change of life." Not wishing to trouble trouble until trouble really announces itself with a gong, honk, or steam whistle, she settles down into her routine duties, with the assurance that nature is simply putting the finishing touches to her child-bearing days and all will be well in the end.

Soon the little watery flow again appears, or it may be now quite bloody in character. The fact that it ceased the time previous without any treatment, is to her evidence that it will cease again similarly, so she dismisses her fears without further thought; or perhaps the all-wise woman friend, who is omnipotent in every community, again comes to her rescue and assures her from the depths of her unfathomable knowledge and unlimited experience, that the watery flow is nothing at all. She advises the woman to keep away from the doctors, because they will tell her it is something serious just for the purpose of making money out of her. So the poor victim allows the insidious, but fatal disease to have its own way; until, finally, alarmed at the frequent gushes of blood, the bad odor, and the ill defined pains, she goes to some good doctor friend who will not scare her but tell her the truth. Now, this good doctor friend is known never to scare anyone. He is so extremely desirous of making everybody feel happy and thereby keeping on the good side of them, that he was never known to make a "scarey" prognosis. He listens to her story, observes her alarm, sees the necessity of allaying her fears, and really more through a kind heart and an easy going disposition, rather than ulterior motives, he makes light of her symptoms and tells her to pay no attention to them unless they get worse, then report to him. He does not even dignify the story of her ailments by an examination, but accepts the patient's own theory that it is the change of life. He gives here a little medicine and tells her to come again. Here we have mistake No. 1. It could justly be called a crime, but we will not be so severe.

But notwithstanding the allaying of her fears and the taking of the medicine, the patient does not improve; on the contrary, she grows worse, yet she dare not admit even to herself that her condition is serious. She now takes matters into her own hands, ignores the dear woman friend, the good natured doctor and goes to a physician who is a stranger. He weighs her symptoms carefully, makes an examination, finds a slightly ulcerated surface on the cervix. The ulcer is not large or deep, but bleeds easily. The

uterus is apparently not enlarged; it is not very sensitive. He looks and ponders. Has she a cancerous history? No. Does she suffer pain? No, she never felt better in her life, save her anxiety. Has she a foul discharge? No, scarcely a perceptible odor. He notices her clear complexion and blood tinged cheeks. Now, this doctor was taught years ago, and he has never taken pains to unlearn the error, that a woman cannot have a uterine cancer unless she has agonizing pains, a discharge so odorous as to discount a fertilizer mill, and a complexion that would discourage a mummy; hence he cannot believe that this healthy, clear skinned, robust woman can possibly have a cancer. So, instead of confirming his suspicions by subjecting some of the scrapings from the ulcer to the test, he tells her he will watch her closely; possibly he can cure her. He has overlooked the fact, if he ever knew it, that a well defined ulcer on the cervix can be the expression of only two possible diseases, cancer or syphilis.

She comes to his office every few days; he gives her a bracing tonic, local applications, hot douches, and really relieves the local congestion materially. She feels better. He honestly, but ignorantly, hopes, and she is determined that a cure will follow. So he flirts with death for a month or two, while the cancer never stops eating or infiltrating. Like the little Cascarets, it works while he sleeps. This is mistake No. 2.

The patient is now deeply concerned, and her husband insists that she see a specialist. She does so, and his examination discloses a cancer of the cervix, well started but not inoperable. He advises immediate and radical operative interference. Here again, the dear woman friend of unfathomable ignorance, comes to the front with advice: "Don't you ever have an operation; you'll never live through it; better die a natural death; Mrs. Smith had an operation and she died; Mrs. Jones had an operation and she died; besides, I don't believe it is a cancer, you look so well; people who have cancers, look pale and suffer agony."

Another one advises Christian Science; another osteopathy. The poor victim decides to try the osteopath. He, too, cannot believe that so healthy a woman can have a cancer. After careful searching he finds a dislocated vertabra in the lumbar region, presses upon it, causes the patient to cringe, and presto! he has located the whole cause of her trouble. Then come thirteen treatments for twenty-four dollars. Mistake No. 3.

Now follows the Christian Scientist. After two months' treatment he has cured her of what he says she never had, and charged her a goodly sum for her error in thinking she had it. Mistake No. 4.

After six months of various circumlocutions, this patient again presents herself to the surgeon; but now he scarcely recognizes her as the same healthy looking woman as he saw some time ago. She has a leaden, cadaverous complexion, is emaciated, weak, and feverish. He examines her and finds an exfoliating, stinking mass filling

the entire vaginal vault. The bladder, rectal walls, and broad ligaments are involved. She begs the surgeon to do something for her, but she knows in her heart of hearts she is asking him to perform a miracle, and she is not surprised when he says "Inoperable". And here the tragedy begins, when the broken hearted, but victimized woman is led home to die in agony.

To some of you this may seem an overdrawn story, but to the surgeon it is one so oft repeated that it seems almost trite to rehearse it. Permit me to tell another but similar story, with a moral quite as evident:

A woman of forty-five years of age, who has borne a number of children, is approaching the climacterium. She has always regarded herself as well, and hopes she may pass through this ordeal with little difficulty. She has been told she must expect all kinds and manner of phenomena during the next four or five years. She first notices that her menstrual periods, which have usually lasted five days, now continue to six or seven; that whereas she has heretofore used six or seven napkins per day, she now uses ten and twelve; but she is not at all disturbed, because she has been taught to expect anything and everything unusual at this period of her life. The months pass, and instead of flowing less frequently and less profusely, the flow is steadily increasing both in frequency and quantity. Her periods now run ten to twelve days; her energies begin to flag; she has not the same color; still she keeps up and attends to her duties, buoyed by the ever present hope and belief that she is merely passing the change of life and in a few months all will be well. The dear woman friend, who has just passed through *her* climacteric, knows all about it; in fact, according to her opinion and belief, the doctors know very little about those things. How can they, poor souls, when they never have to pass through such a period themselves unless, perchance, they are women. So she vainly tries to bake and mend, to sweep and dust, to dress and call, to keep her place in the household machinery when she ought to be in bed with the most careful attention. After a particularly alarming flow lasting nearly three weeks, she is convinced she ought to see the doctor. He comes, takes account of her anemic face, her soft, rapid pulse, her weak voice; listens to the story of the gradually increasing monthly flow and the consequent exhaustion. He thinks she had better be examined, but she dislikes the idea or is flowing just then, so he contents himself with a diagnosis of a flabby or a subinvoluted uterus with hemorrhagic diathesis. The reason he is content with this diagnosis, is because she tells him she is passing through "the change of life." He prescribes some ergot, rest in bed, a little iron or the indicated remedy and the promise that he will see her again. He comes again; the flow has stopped; she feels better. He concludes that if ergot helped once, it will help her again, so he leaves instructions for her to take the drops when she begins to flow. She follows the program for a few months, when she changes doctors.

Physician No. 2 insists upon an examination, discovers a fairly good-sized fibroid, but he, too, is so thoroughly imbued with the old time idea that a woman must have a uterine hemorrhage nearly to the point of death ere she can pass the change of life, that he encourages her to believe that she will be better again after the menopause. Moreover, he happens to be an internist and does not believe in operations. Now it is very possible his medicine does hold the flow in check for a few months, and all goes well until an overfilled sinus in the vascular fibroid ruptures, and again the poor woman comes close to the gathering of the shadows because of an uncontrollable uterine hemorrhage. Tampons and vaginal packings are energetically employed, but still the flow comes in gushes, until the weak heart scarcely has power to force the blood through the uterine vessels. This time her convalescence is slower than ever before and Doctor No. 3 is sent for.

He, also, does not believe in operations; neither does he believe in medicine, but pins all his faith in electricity, and soon the home is transformed into a power-house for generating electricity to reduce the fibroid. She gets the galvanic, the faradic, the high frequency, the continuous, the static, the ascending, the centrifugal, the centripetal, the sinusoidal, until at last she is about driven to the suicidal. Finally, the professional electric spark plug is abandoned, because the patient is too weak to continue the treatment.

With all due respect to electricity, I have come to look upon its use in the treatment of fibroids as an absolute failure. In many instances it becomes a delusion and a snare, in that it seems to control the hemorrhage while the tumor continues to enlarge, only to become the more hemorrhagic when the treatment is discontinued.

Now comes Doctor No. 4, who recognizes the trouble, sees the serious import, knows the remedy, advises an operation, but has not the force of character to insist upon its performance. He is induced by the patient's aversion to an operation to take her case and treat her, when he knows full well that nothing short of a hysterectomy will ever cure her, and even that becomes more or less problematical the longer she continues to lose blood. While he advises an operation each and every time he sees her, yet because he fails to put before her a clear-cut picture of her condition, just so long that patient fails to appreciate the serious import of her symptoms.

Finally, the surgeon, that last ray of hope, who is so frequently sent for just ahead of the undertaker, is called in. The case is clearly a uterine fibroid. There are no complications apparently, no adhesions, no reason on the face of the earth why the patient could not have been operated upon months earlier, with the chances 99 75-100 per cent. in favor of her recovery. Whereas, now with a hemoglobin of from thirty to forty-five present, and an anemic heart murmur, the chances are about fifty per cent.

In telling you this story I am relating to you the actual history of a patient I operated upon a few months ago; and while she re-

covered, yet her risks were fifty per cent. greater than they need to have been, had the patient been made to understand that *any deviation from the normal amount of flow*, whether at the climacteric or any other time, should be looked upon with suspicion.

While I have mentioned only two abnormal conditions which may follow or appear at the time of the climateric, yet there are a host of others which could be mentioned. But these two, cancer and fibroid, are so highly dangerous to the patient's health and longevity, that I have endeavored to portray as graphically as is in my power, the urgent need of early recognition and prompt radical treatment.

Every doctor should make it his rule to examine thoroughly every woman who presents herself to him with a pelvic distress or an abnormal pelvic symptom, especially those women who are at or approaching the climacterium.

The following suggestions, made by Dudley, are so pertinent, that it seems to me they are worth repeating:

"1. Any deviation of the menstrual period in the way of an excess or an intramenstrual discharge, especially in women beyond thirty years of age, should be viewed with suspicion. The most suspicious of these are (a) a mere show after slight exertion, defecation or coitus; (b) increasing length of flow, even if only one day more than has been her established habit. Every woman is a law to herself in this respect.

"2. An exacerbation in amount or change in character of the discharge in a woman who may have had a simple leucorrhœa for months or years. Of these changes a free aqueous, acrid or blood tinged discharge is *especially portentous.*

"3. A leucorrhœal discharge in a patient, who has never had it before.

"4. An unusual pelvic pain of more than a few days duration at the menstrual period should always be an urgent reason for examination, although it is very seldom an early symptom of cancer."

The question which presents itself most forcibly to the profession is: "How shall we bring before the American woman a realizing sense of the importance of giving heed to these slight abnormalities incident to the menopause?" For unless the woman, herself, takes note of them, the physician too generally fails to enquire for them. On the other hand, it is not desirable that a woman approaching the climateric, should be kept in a constant state of alarm lest she see some sign of a cancer or a fibroid, for to many women, that state would mean mental disease or distress second only to the actual lesion.

The campaign of good health has now made such great strides, that the public generally receives with open mind any and every reasonable suggestion for the maintenance of health and the securing of longevity. Good health to the American woman means more today than ever before. Her duties have been materially increased, and her responsibilities enhanced ten-fold. Just at the period of life

when her mental faculties are the keenest, her judgment most ripened, and her opportunities greater, beause of the freedom from the burdens of child-bearing, she finds herself facing this spectre, called "the change of life." It has been pictured to her and to her maternal progenitors, for ages back, as a spectre whose ways are past finding out, yet whose shadow blights in some mysterious manner the strongest and the weakest.

Is it not time that our profession stripped the winding-sheet from off this spectre and showed it up in its real form, making more apparent its true dangers, but forever disarming it of those fiendish threats and grimaces which it has for generations employed to frighten women?

That there are physical dangers awaiting the middle-aged woman, we cannot deny; that they have been grossly exaggerated is equally true; but that the true import of real dangers has been and is now but little emphasized, is the most marked evil of the whole situation.

How shall the remedy be applied? To begin a campaign of education in a public manner is scarcely fitting a subject of so delicate a nature. Yet physicians should seek upon every possible occasion, before small clubs and women's societies, to instruct her upon this important subject; dispelling her fears of the long line of supposed evils likely to follow or accompany the menopause, yet graphically pointing out the few but significant signs which might, if neglected, cause serious trouble. A much surer and more far reaching method lies in the hands of the family physician. It is to him that the average woman looks for her instructions upon matters physical, and it is he who should inform his women patients what to expect and what not to expect at the climacterium. Nay, he should not be content with that. He should know positively and definitely the exact condition of the women of the various households where he is regarded as the regular medical attendant; especially such women as are approaching the menopause. He should seek to instruct them upon the approaching change so that they may not be either unduly apprehensive, or unduly apathetic. The general practitioner owes a duty to his patients, not alone to give them the best of his skill when they are ill, but also to employ all his scientific knowledge to safeguard them against illness, thus lessening the sum of human suffering, as well as lengthening life.

MEDICAL HONORS FROM GERMANY.—Upon the date of the celebration of the fortieth anniversary of the German Hospital in New York City, several of the members of that institution received signal honors from the German Emperor. Dr. Kiliam, Dr. Denig, and Dr. Peiser were decorated with the Order of the Red Eagle. The Emperor also presented to the hospital superintendent a scarf pin in the form of an eagle, consisting of an emerald surrounded by diamonds and pearls.

PHYSICAL AID IN PELVIC DISORDERS.*

By Frances M. Morris, M.D., Boston, Mass.

Alexander Skene says: "A rational system of therapeutics is based upon a knowledge of the various morbid states, a clear, comprehension of the nature and action of the agents employed in the treatment of disease, and a judicious adaptation of the latter to the relief of the former."

There is no class of diseases where we find more difficulty in diagnosing the various morbid states, or in adapting to their care the agents employed in their treatment than in disorders of the pelvic organs.

I have been asked to give my personal experience in the use of physical aid in the treatment of some of these disorders, and this paper will, therefore, refer only to the morbid states in which I have found physical exercises one of the most potent aids in restoring normal conditions.

Sometimes patients come to us who have been in the hands of the gynecologist for years, having had local treatments applied in the forms of tampons, etc., from two to six times weekly; patients who have become so accustomed to the treatment that they think they cannot live without it. We go over their cases thoroughly, and find the mucous membrane congested, the abdominal muscles relaxed and flabby, and the uterus slightly prolapsed or retroverted. The usual history is that they had sought aid from a gynecologist for various morbid sensations in the pelvis; had been relieved by the treatments, but the symptoms had returned as soon as the treatments were discontinued. Some of these cases came to me early in my practice, a certain number of them falls to the lot of every new gynecologist. I soon learned that if I said what I thought —that they were suffering more from the local treatment than from the original disease—they would not believe me, but would go on until they found some one willing to perpetuate their sufferings by continuing the same treatment. I, therefore, felt that it was necessary for me to do something to relieve them. Realizing that the relaxed muscles must be built up, and that they were not fit subjects for the gymnasium, it seemed necessary to find some one who would help me to work out a system of exercises to fit these cases. I tried several different systems, but found the teachers inclined to adapt the patient to the system, rather than the system to the patient. I then culled a few exercises from the various systems, and by giving considerable time to each patient myself, succeeded in relieving the congestion of the organs, and

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in strengthening the abdominal muscles. These cases responded so quickly to this treatment that it led me to believe that exercises might be made useful in the treatment of some of the various misplacements of the uterus.

My time had become too valuable for me to do as I had done for my first cases, and I again began looking about for some one with sufficient ability to do the work as I wanted it done. After trying several teachers and becoming almost discouraged, a student in her first year in the medical college took up the work for me, and together we worked out a system which I have found of great value.

My experience has taught me that most cases of dysmenorrhea and uterine misplacements in the unmarried woman are due to some constitutional weakness, brought about by improper clothing, improper diet, or lack of exercise, sometimes from a combination of the three.

Many cases of dysmenorrhea yield very quickly to the correcting of bad habits. Habitual constipation is one of the most common causes of pelvic disorders in women, both young and old. Constipation is one of the most curable diseases that come to the physician, provided he understands the nature of its cause in the individual, and the nature and action of the agents employed in its cure.

The true homœopathist has a wonderful agent in the indicated remedy. In cases caused by disease, diet also is of value in many instances. But when constipation is caused by poor circulation and loss of muscular tone, it cannot be cured until the circulation has become equalized and the muscular tone restored by proper exercises. In young girls or in recent cases this can be done by ordinary calisthenics as taught in the schools and the gymnasia; or even with the exercise of walking, in combination with deep breathing, proper diet, etc. But when constipation is complicated by pelvic congestion and misplacements, the patient will get only harm from exercises as given by the ordinary teacher of physical culture. Such a patient must be placed in the hands of a teacher who thoroughly understands the work to be done, and even then must be under the supervision of a physician who knows what he wants accomplished by the exercises, otherwise the condition will be aggravated rather than relieved.

Kelly, in his work on "Medical Gynecology," says: "There is no doubt at all that thousands of young women are under treatment for retrodisplacements, impressed by their physicians that it is a serious malady, who would be far better off if they were let entirely alone, or if the time and money expended were directed to the simple endeavor to build up their health." Many of these cases are due to relaxed ligaments and a general lack of muscular tone. These I have found respond quickly to well adapted exercises. In most cases the corset must be replaced by a girdle until the abdominal muscles are well developed.

When we consider the factors that assist in maintaining the uterus within its normal limits; the pelvic floor; the sacro-uterine ligaments; the broad and the round ligaments; the normal weight and size of the uterus; the normal tone and fullness of the pelvis; we can readily understand that any agent that can be employed to equalize the circulation in the pelvis and to build up the powerful muscular wall, upon which so much of the health of the pelvic organs depends, would be of great value in relieving the various disorders brought about by lack of tone in these factors.

Exercise as a therapeutic method has been raised to the position of a science in the past twenty years. In Cohen's "System of Physiologic Therapeutics," in the chapter on "Systems of Gymnastics," we read: "Emerson was the first one in America to emphasize the great importance of the position of the trunk with particular reference to the health of the contained viscera. He has long maintained, and his position has been sustained by modern investigators, that visceral prolapse is more or less common in all individuals whose chests are relaxed and whose abdomens are protuberant." This I am sure every gynecologist can prove for himself, if he has not already done so. I have never seen a case of uncomplicated prolapse or retroverted uterus with well developed thoracic and abdominal muscles.

In all of the later works on gynecology, exercises are mentioned as an aid in relieving certain conditions of the pelvic organs. The knee chest position has for years been used as a palliative in cases of prolapsus and retroversion without adhesions. Brandt formulated a system of exercises combined with pelvic massage by means of which he claimed to cure many cases that would otherwise have fallen into the hands of the surgeon. George H. Taylor, in 1885, published a small volume entitled "Health for Women," which contains much helpful advice in regard to exercises for both the prevention and the cure of pelvic disorders. Dr. Kellogg, of Battle Creek, has published a book on "The Art of Message," in which he speaks of visceral prolapse as a very common cause of dysmenorrhea, and he reports many cases cured by correct position, improved circulation and development of muscle by massage and exercise.

In going over the records of my cases I find many of them are complicated with other disorders, and the credit for the cure must be shared by the indicated remedy. I have chosen as an illustration of my work an uncomplicated case, a case in which the credit for the cure is chiefly due to the physical means used. Miss A. J. K. consulted me May 5, 1902. Age, 23 years old in August; height, 5 feet 3½ inches; weight, 118 pounds. Family history, good, Has had no severe illness; no history of fall or strain. Bowels were normal until she began going to high school in 1884; since 1897 has hardly had a normal movement; took "Little Liver Pills" for a long time. Has been taking medicine from her physician during last three years.

Menstruation was normal until about five years ago, when she began having pains with each period. Pain increased gradually, until three years ago she consulted a gynecologist; has been under his care ever since. He tried various remedies for the relief of the menstrual pains, but she steadily grew worse. Last month he asked for the privilege of consultation. This she granted, and it was decided she could be relieved by an operation only. Dreading the thought of an operation, she sought advice from a friend who is a patient of mine, and was persuaded to consult me before undergoing the operation.

Present history: Has had a good appetite until within a few weeks; constipated, no movement without physic; breath is offensive; tongue has heavy, creamy coat on posterior surface. Tires easily. Has almost constant pain in lumbar sacral region, aggravated after night's rest.

Menses every twenty-eight days; color normal; odor fetid, worse first day; flow scanty first few hours, increases gradually, and continues four days; pain begins with flow, continues about ten or twelve hours; pains may be aggravated any time during the four days by a long walk, or by standing long; pain begins in sacrum, extends into groins and pubic region; almost unbearable contractive pains, worse after sleep, also worse after standing or walking; sleeps well after first night, but back aches terribly in the morning when she wakes.

Physical examination. Bimanual examination revealed the cervix lower in the vagina than normal, and the fundus could be easily outlined lying in the posterior vaginal vault. In the knee-chest position the fundus was found freely movable, but seemed strongly flexed; no increase in size. The abdominal walls were relaxed; viscera prolapsed. There was marked lordosis both in the dorsal and the upright positions.

Treatment. May 12. Began taking relaxing exercises, with deep breathing.

June 2. No back ache in morning; does not tire so easily; stools small in size, dark, hard and dry, but usually has movement every third day; has taken no physic; menstruated May 24; pain just as severe; was obliged to take tablets given by her former physician. Began with heavier abdominal work.

August 1. Menstruated July 22; much less pain; no odor to flow. Feels strong and well. Stools improved but still constipated. Is taking her exercises faithfully; has but one lesson a week; can work for a half hour without fatigue; does not find herself tense after sleep.

October 1. Menstruated last month without pain. Has a normal stool almost every day, and feels better than she has felt for years. Local examination revealed uterus in normal position.

This patient remained under my care until she married and went West. I still hear from her. She has two fine boys, and remains in good health.

I do not claim that equalizing the circulation and building up the thoracic and abdominal muscles will cure all pelvic disorders, but I feel sure that the surgeon will have greater success with the cases that can not be cured without his help, if his patient comes to him with firm, not tense thoracic and abdominal muscles.

Experience has taught me that cases of enteroptosis and nephroptosis can be treated far more successfully by correct carriage and exercise than by pad and bandage.

For years I have placed every patient who has come under my care in the first months of pregnancy, unless she has already been taught to breathe properly and to exercise without making muscles tense, under the care of a physician who has made a specialty of harmonizing muscular and nervous action. These cases can not be trusted to one who has not a more thorough knowledge of the human organism than can be obtained by even the best equipped teacher of physical exercises.

Athletic girls, obstetricians tell me, do not go through labor well. This I believe is not because they have firm muscles, but because their muscles are tense and they do not know how to relax them. Doctor Mulliner has succeeded equally well with the tense athletic woman, and with the woman whose muscles were so flabby that she could not walk five blocks without fatigue.

TUBERCLE BACILLI IN THE BLOOD. Some months ago Rosenberger, of Philadelphia, made somewhat startling claims concerning the efficacy of bacteriological blood examination in insignificant and obscure cases of tuberculosis. He claimed that by centrifugal and staining methods the bacilli of tuberculosis were capable of demonstration in a comparatively large percentage of cases. This idea seemed somewhat in opposition to our preconceived notions of the disease and its recognition, and was therefore immediately subjected to elaborate tests in various laboratories. Perhaps one of the most conclusive is that which was made in the pathological laboratory of the Boston City Hospital by Dailey. His results are given in a recent number of the "Boston Medical and Surgical Journal," and will undoubtedly be of much value:

"The only reliable test for demonstrating tubercle bacilli is animal inoculation and the production of the characteristic tuberculous lesions with the bacilli in them. This test applied to the blood of seventeen cases of miliary and advanced tuberculosis failed in every instance to demonstrate tubercle bacilli. It is reasonable to conclude, therefore, that virulent tubercle bacilli are not ordinarily demonstrable in the circulating blood of tuberculous patients.

"Staining tests (on which Rosenberger bases his arguments and conclusions) are not reliable. The results he obtains may be explained in at least three ways: (a) as attenuated tubercle bacilli; (b) as artefacts; or (c) as acid-fast bacilli or some sort introduced as a contamination in some one of the steps employed in staining, or deposited on the slide by the fingers in the process of cleaning or manipulation.

"This further conclusion seems warranted: that the demonstration of tubercle bacilli in the blood by means of staining methods is wholly unreliable and hence of no clinical value."

SOME IDEAS ON MATERIA MEDICA.*

By Alvin M. Cushing, M.D., Springfield, Mass.

Mr. President:

From thirty to forty years ago or more I took some part in nearly every meeting of this Society, but for a number of years I have been a silent member. I am glad of an invitation to come here to say something on the most important branch of medical and perhaps of any science, the homœopathic materia medica.

It is made up mostly by proving remedies upon healthy human beings. Still it is imperfect and incomplete. Some remedies are too dangerous in any attenuation, and others so unpleasant in their action we cannot bring out their whole range of symptoms in that way and must rely much upon clinical experience. To illustrate this I shall confine myself to personal experience.

About fifty-six years ago one of the doctors with whom I studied asked me to take a small glass-stoppered vial labeled glonoine and prepare some of the second decimal attenuation. As I poured some from the vial a little ran down upon the outside of the vial and my curiosity led me to touch my tongue to it, and I was so surprised at its sweetness I asked a classmate to taste it. Within two minutes we were suffering such severe headache we dare not taste it again. That developed a fascination for proving remedies, knowing I could have a pain and not be sick.

A case to illustrate the quick action of glonoine well attenuated. I was called to see a middle-aged lady suffering from a severe throbbing headache, had been unable to leave her bed for several hours. Both belladonna and glonoine seemed indicated, but belladonna is worse lying down. I prepared some glonoine, the two-hundredth attenuation, in water and gave her one teaspoonful, requesting her to take one teaspoonful once in fifteen minutes till relieved, then take no more. Later she told me when fifteen minutes had expired, and she raised up to take the medicine, the pain had disappeared and did not return.

Then we got characteristic and clinical symptoms. I should fear to attempt a thorough proving of that remedy in any attenuation.

In proving artemesia abrotanum there soon appeared symptoms of paralysis of arms and limbs, which stopped the proving. I have seen it do surprising work in that line. Dr. T. J. Kent, of Chicago, has written me that it is a valuable remedy in affections of the lower limbs.

When I made a proving of dioscorein I began with five-grain doses of the first decimal, several doses a day, increasing to twenty,

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thirty and eighty a day for a number of days, then raising it gradually to the eighth, when I took six to eight ounces prepared in water at a dose. Later I made a proving of dioscorea, taking five-drop doses of the mother tincture, then ten-drop doses of the second decimal, then ten and twenty drops of tincture for a few days, followed by doses of twenty-five and fifty drops of first attenuation; then the second; then twenty-five-drop doses of the tenth and twentieth.

At another time I made a similar proving of dioscorea, recording the symptoms of each proving for six weeks, the record taken from the "American Homœopathic Observer," covering about thirty-five pages, I believe, in Allen's Materia Medica. Many of the symptoms were corroborated by short provings by Drs. Burt, Paine, and Nichols, and verified thousands of times by other physicians. In all the provings of this remedy I did not notice one apparently immediately dangerous or frightful symptom.

When I made a proving of rhatania it soon produced such an itching of the rectum I was obliged to stop the test, but clinical experience proves it to be our best remedy for rectal troubles.

In proving verbascum, called mullin oil, it produced involuntary and sometimes unconscious urination, and it has cured similar cases which had resisted the treatment of both schools.

I was called to see a middle-aged lady suffering from uterine cancer, bloated the worst of any patient I ever saw. I had no hope of ever relieving her with any remedy I had ever given. I had read of steeping the pods of the common field white bean, phaseolus nana, and giving the tea for dropsy, so I steeped some and gave the tea and the effect in relieving the dropsical swelling was surprising, but in about three days she died suddenly from supposed apoplexy.

A little later I had a patient about sixty-five, suffering from dropsy, badly bloated, and I gave him the bean tea, which relieved the dropsy but he soon complained of headache, saying: "You must give me something for this headache or I shall be crazy." I stopped the remedy and the headache soon disappeared.

This led me to make a proving of the remedy. I triturated the whole bean with sugar of milk, believing that better than made in tincture, and took the fourth decimal attenuation. I expected urinary disturbance and headache. I had no headache but considerable urinary disturbance, but in a few days I found myself nearly pulseless. For once during a proving I was frightened.

The first time I gave it was in consultation with an old school doctor in a case of confinement, patient badly bloated, urine full of albumen. I delivered the child during a frightful convulsion. An hour or two later the doctor informed me the patient's heart was failing rapidly and his medicines did no good. We gave her a dose of phaseolus, ninth attenuation, and in ten minutes the patient's pulse was beating to the satisfaction of us both. She had no more convulsions. The albumin quickly disappeared.

That led us to give it in albuminuria and Bright's disease. That

was clinical experience, and I doubt if anyone will ever dare make a thorough proving of it, for I never gave a remedy that would as quickly produce headache in any attenuation I have ever given.

I have told you all this to show that my provings have not been fancied illusions, as I wish to call your attention to a remedy I hope you will be interested in, homarus, the gastric juice of the lobster, believing it will prove one of the most important remedies in our materia medica.

Noticing that a crab is taken to designate cancer in the signs of the zodiac, I tried to learn why: The German name for crab is Krebs, the lobster is Krebs, sickness, cancer, gangrene, etc. I decided to test the substance; first, to learn why lobster and milk when eaten together has caused sickness and deaths have been reported. Added to cold milk its action is slow, but with warm milk (as it would be in the stomach) it is soon curdled. If any alcoholic liquid is added, it becomes almost a solid. I believe there is where most of the danger lies. In preparing it for proving I mixed it with sugar of milk and triturated it to the fourth decimal, which I used in my proving.

I will take your time only to mention two symptoms: a sore throat that looked much like diptheria, and a heavy dull pain in stomach that nothing relieved.

I was called to see a middle-aged lady who was expected to die soon, following two operations for cancer of the breast. She was very weak; wounds had not healed; complete loss of appetite, able to eat but little; constant dull, heavy pain in stomach; liver extended near to navel; her whole skin a yellowish-brown color. Medicines had given no relief; neither did mine. On account of the dull, heavy pain in stomach I gave her homarus, the fourth trituration, and every symptom was relieved; the appetite returned and she ate three good meals each day for six weeks, and the skin turned to its natural color, but she died from general debility and ascites.

Dr. S. H. Sparhawk, of St. Johnsbury, Vermont, a specialist in chronic diseases, became interested in the remedy and had such surprising success with it in stomach troubles he prepared some of the two-hundredth attenuation and sent me. Being badly troubled with indigestion, I took a dose on two successive days and it gave me great relief. And I believe if properly diluted its digestive power will prove to be our best remedy in dyspeptic cases. But here is the result: Some four years ago there appeared over the center of my left scapula a tormenting spot that increased in size till it was about the size of a teaspoon bowl and about as deep, filled with a scurfy substance, and the itching was exceedingly annoying. If I scratched or rubbed it, it would burn like a coal of fire. I did not dare touch it and feared it might prove to be a cancer. Nothing else was taken or done, but in ten days it was as smooth as any part of my body. and not an itch or burn for a year.

Investigation and experience led me to wish to try it in cancer

hospitals, internally and locally, but an injury nearly four years ago that was expected to prove fatal has prevented.

Trypsin has been recommended for cancer on account of its digestive power, but it cannot be compared with homarus in that line.

When lobsters are first caught the stomach is often found full of sea-weed, shells, etc.; examined a few hours after being caught, these are all digested. Trypsin cannot do that. To find it in any quantity we must wait until after they have been caught three or four days.

Here I want to digress and give a little of my experience this week. A gentleman came to me and said his wife and daughter were sick from eating oysters. The oysters were bottled oysters. There were severe pains in bowels and diarrhea; high fever and headache. I gave homarus, two-hundredth in water, a dose every half hour for two or three doses, then more if needed. There was quick relief, and the next morning there was not a trace of the trouble although they had been sick twenty hours before taking the medicine.

As I am now over eighty years of age I cannot expect nor be expected to do much more in this way but I hope the younger members will carefully test it, for I believe it may prove to be a wonderful remedy, and I want to live to know that the homœopathic physicians of Massachusetts have brought out a remedy superior to all known remedies for the cure of cancer.

EXTRACT OF CORPUS LUTEUM IN DISTURBANCES OF ARTIFICIAL AND PHYSIOLOGIC MENOPAUSE.—Morley, in the November number of the "Journal of the Michigan State Medical Society," reports his results in 18 cases. This report is a continuation of the one that appeared in the August number of the "Detroit Medical Journal." The author used an extract made from the corpora lutea of beef ovaries rather than an extract of the entire ovary as the consensus of opinion seems to be that the internal secretion of the ovary is produced by the yellow body. The extract is given in five grain doses, three times a day, one half to one hour before meals. His results in 18 cases may be summed up as follows:

Five were cured, 12 were improved and 1 obtained no relief. Included in the 12 cases that were improved are grouped those that are still taking the extract. A permanent cure may result in a few of the cases under treatment. Of the 18 cases, 14 suffered from disturbances of operative or artificial and 4 from those of natural or physiologic menopause. While the results obtained in so small a group of cases do not warrant the drawing of any definite conclusions, still the author thinks that the results are favorable enough to justify a continuance of the treatment in other cases, where there is a disturbance incident to artificial or physiologic menopause.

PAINFUL CICATRICES.*

By Lucy Barney Hall, M.D., Hyde Park, Mass.

The scarcity of literature on this subject makes this paper necessarily one of personal investigation. We all agree, I believe, that pain in the pelvis is borne in direct ratio to the temperament of the patient, and that the average woman will bear a good amount of discomfort uncomplainingly before she will admit to herself that she is not all right and obliged to submit to an examination. But a small amount of scar tissue in the pelvis, either the result of old inflammations, operations skillfully or unskillfully performed, or septic in character, or the sequelæ of child-birth, may be productive of painful symptoms, compelling professional advice. The old soldier with his twinges of pain, the boy with the lacerated palm, the man with the appendix whose scar is exact in line and perfectly healed, and the woman with the abdominal incision skillfully done, all testify at times to the effect of heat or cold, dampness, and mental depression, producing distinct reminders and a desire to tear out that bit of scar tissue that is at the same time too sensitive to be touched. Similar conditions are recognized in the pelvis. It is not the intention of this paper to touch upon the prevention of these painful areas. They have to the writer seemed wholly unavoidable, except possibly such as might arise from unskilled aid, and even in these cases, as one of our surgeons remarked, "Nature is kind," but to call your attention to the undeniable fact that cicatrices do exist in a certain number of cases and call for well directed treatment. The question at once arises—are the symptoms not due to general neurasthenia? This is responsible, we know, for the greater amount of all pelvic pain, especially post-operative and that following child-bearing, when neuralgias naturally invade the pelvis or are seen in that sensitive or diseased ovary which is too often overlooked, or in the acute soreness following hysterectomy, or repaired perineum, which time soon relieves. These seem to be the effect of the disturbed nervous system, while the cicatrix ——— is it the cause? Some of these cases have been studied in patients who are not given to exaggeration of symptoms who seldom speak of themselves, but the trouble seemed to them so definite and of such regular recurrence, they felt it should be investigated and relieved. Their pain is not of a neuralgic character with burning, etc., but a distinct localized bruised area as if from a fresh wound, a heavy ache, as if from contact with the public bone. This feeling of the old wound opening up will return after walking on sand, snow or ice, or may come from unusual amount of standing, pressure of gas and fecal matter, during an attack of influenza, and in most cases is felt with menstrual epoch. It would

*Read before the Massachusetts Surg. and Gyn. Society, December, 1909.

seem that any condition which called an extra supply of blood to the pelvis, caused irritation of the offending tissue. Two cases in point may be cited:

Mrs. R. Age 28. Pelvic pain unknown until after first labor, instrumental delivery after turning child, extensive lateral laceration of cervix. This healed and gave no further trouble except at menstrual time and from external irritation as above mentioned, accompanied by the same distress.

Case second. Mrs. C. Age 40. Neurasthenic abdominal hysterectomy for fibroid; one healthy ovary left. After operation had continuous pelvic distress. Examined by her surgeon with negative results. Six months later a distinct hard line of cicatricial tissue was found. Iodine 2x bd. was given internally. For local treatment high frequency, iodine and glycerine, later ichthyol suppositories, vibratory massage externally. After two months' treatment the contracted tissue was smoothed out and there were no more local nerve symptoms. It was two years before the general neurasthenia wholly disappeared, but there has been no recurrence. Potassium iodide should be carefully studied when the response to local treatment is tardy. Tampons are poorly borne and not indicated in these cases.

Finding almost nothing printed on this subject, I wrote to several of our local surgeons for light. The replies received without exception substantiated the fact that real scars do exist and are at times painful. Our own surgeons have promised to give us of their experience this evening. Dr. F. B. Harrington says: "It is my experience that painful conditions in the pelvis occasionally exist after operations for septic processes, rarely after aseptic. I believe that when they do exist that they are rarely preventable. I refer to painful cicatrices following properly performed operations." And from Dr. Maurice Richardson: "It seems to me a very important and interesting subject, you could not select a better one to bring up before a body of surgeons or physicians. I saw yesterday a patient, the wife of a clergyman, who had had a vaginal hysterectomy, for some reason, which she could not give me, she has now an intensely painful scar in the depths of the vagina and a marked vaginismus. There is no reason why a scar in the pelvis should be any more painful than a scar elsewhere. We know that even the trivial ones of daily life may be sensitive for a long time. It is quite possible that a nerve may be entangled in the cicatrix. It is not at all unusual to find neuralgia in the lateral scars of the abdomen, whether in the left or right side. I am sure we do not consider enough the disadvantages of painful cicatrices when we undertake operations for trivial pathological conditions."

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

THE PHYSICIAN'S FEE

It is certainly safe to say that the question of the physician's fee is one that will arouse the attention of almost every reader of the *Gazette*. In one way or another there are very few in the medical profession who can afford to entirely disregard it, however altruistic and self-sacrificing they may be. Years ago, and that not many, any person possessing suitable medical attainments and with an average amount of ability, could be assured of a comfortable competence and a position of unquestioned importance for as many years as the ability to work continued. Then the physician was looked up to with respect, esteem, and confidence. He occupied a position in the community shared by the clergyman and the lawyer, as members of the learned professions. In the passage of years younger men have appeared in large numbers to share with him the field in which he once held undisputed sway. And while the feelings of altruism may still sway both the older man and the newcomers equally, nevertheless, competition has become more keen and the size of the practice more restricted. Living expenses have increased twenty-five, fifty, seventy-five per cent., but on account of the active rivalry of all the physicians, fees have not increased in proportion. In fact, in most localities it is probably true that the customary fees are practically the same as those of fifteen or twenty years ago. The result is that not only is the field of operations limited, thus reducing the income or at best making it almost impossible to increase it, but at the same time the purchasing power of this amount, whatever it may be, is decreased by fully one-half. The medical profession, as a whole, is coming to a position now most unfortunately held by the clergy, in which its members perform heroic labors for the merest pittance. It is estimated that the average income of American physicians is somewhere in the neighborhood of twelve hundred dollars. This will compare in amount with

that of the carpenter, the mason, or any of several of the forms of day labor. And even here no account is taken of the expenses of an office, with its many accessories that still further consume the physician's already limited income. Is it any wonder, under such circumstances, that many fall into habits that are not strictly ethical, or swerve slightly to one side of the well beaten path? Is it not a wonder instead, that so few do depart from it?

While this is the condition of the medical profession as a whole, a pertinent question is whether is it equally shared by the homœopathic division. And to such a question we believe a negative answer can truly be given. The profession of medicine today is overcrowded; the homœopathic profession has too few to fill the positions where its exponents are desired. The medical profession has one great aim: the decrease in number of medical students; the aim of the homœopathic profession is to find sufficient to satisfy the demands for those of this school of practice.

It has been the fortune of the writer of this editorial to be connected for some years with an institution to which came these calls for help, and he can conscientiously affirm that the one great difficulty has been to obtain the persons for the positions, not the positions for the persons. He honestly believes that, aside from all sectarian ideas, there is a far better chance for success in practice at the present day for the young homœopath than for any other. He would therefore strongly urge the prospective student to enter some good homœopathic school in which the want of new recruits is great, rather than into one where there is already a great surplus.

In looking over our sectarian side of the profession we cannot believe that our men are as hard pressed financially as seems to be the case with others. It is an exception in the experience of the writer to find any one, otherwise well qualified in medicine, unable to earn a suitable competence, and to hold with comparative ease his proper position in the social life of his community. Yet if we can be grateful for our present betterment over others and are enabled to offer to the prospective physician superior attractions, let us nevertheless bear in mind that a constantly shrinking income is ours also, even if less noticeably so than in the case of others.

The medical profession must come to a more common and uniform idea in the question of fees. By combination this can probably never be effected lest it be accused of introducing methods of the "trades unions." By general education it can be accomplished, by making each class, physicians and patients, realize that the consultation is actually worth the increased fee that is demanded. Of course there are, and always will be, "cut-rate" doctors to be taken into account. One of the most ingenious methods of avoiding such was that already noted in these columns, taken by a society in Indiana. This society has had printed for distribution among its members, an attractively arranged and unobtrusive card suitable for hanging in the doctor's office. On this card are the words to the effect that the society considers that the regular prices for office

calls be so and so, for residential calls a stated amount, etc., for the various professional demands that most frequently occur. It then states in a note that any member of the society who conscientiously believes his own services to be below the average can, of course, reduce the charge as he sees fit. This means that anyone who cuts the regular fees, by implication acknowledges himself to be less well qualified or less skilled than the majority of his professional associates. We do not know how well this idea worked out in actual practice, but should think that it might be worthy of more general adoption as it is certainly a unique one.

In many places the laymen, and particularly the newspapers, feel that physicians charge exorbitant fees for work performed. We have been, therefore, particularly pleased with an article in the "Detroit Free Press" which gives the subject its due amount of consideration. In this article, according to "Medical Counselor," the following will be found:

"He has great temerity who would fix the absolute price of the service that saves one's life or that of his kindred. The service of the physician is not that of the half-hour in the sick room, but the accumulative service of years of study, work, experiment, failure and mastery. We do not hire the man for the hour; we hire his whole past lifetime and experience. In order to learn how to save your eye he has probably spoiled a bushel of eyes. He is able to minister to your case by what he has learned in failing to be able to minister to another case. If you are wealthy, it is no more than your duty to reward him handsomely. If you are poor he expects only the poorest rate.

"Medical skill is beyond price. A doctor cannot buy it, neither can he sell it. He can only use it, and those who profit by it do not pay for it, but make the acknowledgment that custom prescribes or ability permits. Certainly the profession of medicine is not overpaid, nor is it recruited from the class of men whose constitutional motives are mainly mercenary. The doctor's fee is amongst the cleanest money earned or paid."

If the public at large could realize the full meaning of the ideas advanced by this writer, we feel that the question of the physician's fee could be readily settled to the satisfaction of all. And it will be largely the physician's own fault if, in future, such a truthful and sane understanding of the subject does not gain general acceptation.

ANTI-TYPHOID INOCULATION

Probably never before in medical history has the prospect of ultimate victory over many of the infectious diseases been so bright as at the present time. When the bacterial causes of this class of disturbances were first demonstrated or suspected, efforts almost innumerable were made to eradicate and destroy the minute organisms. The disease was treated as an identity without much consider-

ation of the patient. Antiseptics were in great demand for all sorts of diverse conditions. They were administered by the mouth and by the rectum into the alimentary tract, by inhalations into the respiratory and by sub-cutaneous injection into the lymphatic system. Finally the extreme was reached when weak solutions of formaldehyde were introduced directly into the circulatory system by the portal of a vein.

In the great majority of cases the treatment resulted in failure. Finally it became recognized that, except in a few instances, the antiseptic to be of influence against the micro-organisms, must be so concentrated as to produce even greater injury upon the tissue cells with which it came into contact. The high water mark for antiseptics has therefore already passed, and the tide is still receding.

We are now recognizing that the best way to combat the various infectious lesions is to pay most careful attention to the individual, and to strengthen to the utmost his natural recuperative powers. In other words, we are going back to the long ago popular phrase, the *vis medicatrix naturæ*. The application of this idea includes in a natural manner both prophylactic and therapeutic measures. In addition to the more general procedures of hygiene, such as diet, fresh air, rest and allied means, there has gradually been introduced more specific therapy, first for one disease, then for another.

Haffkine, in the early nineties, influenced probably by the earlier successes of Pasteur with the epidemics of anthrax in sheep and cattle, described his specific prophylactic treatment for bubonic plague. At the present time a number of diseases have proven amenable to this form of treatment, while in others the hopes for ultimate success are high.

Typhoid fever is one of this latter class where anticipations seem to be giving rise to certainty both in prophylactic and therapeutic lines. The favorable result first obtained by Wright in the South African and in the Indian campaigns of the British army, and later duplicated by the Germans, is also being obtained by the Italians and other nations. In this preventive treatment large doses of vaccine were administered with correspondingly severe reactions as of common occurrence. Such reactions, while in no way contra-indicating the method, were a detriment to its general adoption on a large scale in less militant and perhaps more safe surroundings.

A study of the efficiency of smaller dosage recently made by Spooner, at the Massachusetts General Hospital, is therefore of particular interest and value. It has been reported in a recent number of the "Boston Medical and Surgical Journal." At this institution volunteers from the nurses and ward attendants were requested. A large number readily responded. Blood examinations were then made upon each in order to determine the presence or absence of the Widal reaction. Three inoculations were then given at five-day intervals. The dosage consisted usually of one hundred, two hundred, and three hundred million dead bacteria, although in some cases these amounts were reduced one-half.

In the aggregate fifty-three nurses received a primary inoculation of fifty million. This was followed in every case by some local soreness appearing within a few hours. In a few instances by pain on moving the arm, and in three cases by the appearance of small glands palpable in the axilla. Occasionally constitutional symptoms were noted, but these were of but slight severity in nearly every case. At intervals of five days one hundred million and two hundred million dead bacteria were again administered. All of these nurses, prior to the inoculation, showed a negative Widal reaction. Two weeks after inoculation over 30 per cent. of them showed a positive reaction in dillution of 1 to 100. Over 75 per cent. showed positive reactions in dilutions of 1 to 50, and all gave positive reactions in dilutions of 1 to 10. The appearance of the agglutinative power, therefore, seems to correspond relatively at least to the appearance of the other anti-bodies. The immunity thus obtained lasts probably about three or four months gradually disappearing. Concerning the nurses themselves, Spooner states that they all, without exception, affirmed that they would have undergone the inoculation even if they had known the severity of the reaction and the general inconvenience, provided that it carried with it the hope of immunity as suggested in the present instance. No cases of typhoid fever developed among those thus immunized. The writer states that the results of the work are striking, in as much as high agglutinative power has been produced with small doses of vaccine and with slight constitutional reaction.

In view of the work that has been done, therefore, it would seem wise to introduce, at least as an optional prophylactic precaution, the routine administration of typhoid vaccine in small doses to all those who repeatedly come into close contact with typhoid patients, such as nurses, orderlies, and physicians. This precautionary immunization has already been demonstrated to be effectual for persons going into localities where typhoid is frequent.

At the same time that these investigations have been in progress at the Massachusetts General Hospital and somewhat antidating them, the treatment of the developed disease itself has been in process of investigation at the Massachusetts Homœopathic Hospital. Here, during the past three years, there have been admitted approximately one hundred and forty patients suffering from the disease. Some of these have received occasional inoculations of vaccine late in the course of the disease, or during a remission. Excluding these and all such that have not received the routine treatment, there have been thirty-six cases treated by vaccines in accordance with the regular method. At the same time seventy-one have been treated in the ordinary way without the use of vaccines. All diagnoses have been corroborated by blood findings, as well as by clinical evidence. Those treated by vaccines have not been selected but taken as they came in certain services. A study of the comparative re-

sults is of interest. Taking an average of all cases treated and of all not treated the following data are obtained:

Duration in hospital, untreated	57 days
Duration in hospital, treated	39 "
Average duration of fever, untreated	25 "
Average duration of fever, treated	15 "
Percentage of reinfections, untreated	25
Percentage of reinfections, treated	9
Average gain by those treated, in duration of fever	10 days
Average gain by those treated, in residence in hospital	18 days
Average gain by those treated in percentage of relapses	15

For purposes of this study all cases showing a temperature of 100 degrees or over, after the temperature of the original fever had reached normal, were classed as reinfections.

From these varied sources, therefore, it would seem that there is much hope for this method of treatment, both as a means of guarding against the disease, and as a distinctly therapeutic measure.

SPINAL ANESTHESIA

From time to time there occurs in some centre an attempt to revive and popularize the use of spinal anesthesia in general surgery. The latest of these attempts has been that of Dr. Jonnesco, a Roumanian physician, who has recently been traveling in America demonstrating his method. This consists in the high injection into the spinal canal of a preparation of stovaine and strychnine. His results have been carefully watched throughout this country, as well as abroad. Demonstrations have been given in many of the principal cities, with a considerable degree of success. Following the inoculations the operations have been quite painless although the after effects have not been as favorable as the projector claims in regard to nausea and its comcomitant discomfort. Upon the whole the method has not been very enthusiastically received, although the feeling seems to be that in some cases it may be a suitable one to employ. Many forms of local anesthesia are now possible where this spinal anesthesia might be employed, and the former can be used with much greater safety than the latter. The death rate from the spinal method is many times larger than that from chloroform or from ether. At present therefore, the older methods seem to be the wiser and the safer ones to employ as routine.

TYPHOID EPIDEMIC IN MONTREAL

The city of Montreal is at present suffering from a wide-spread epidemic of typhoid fever. The cause of the outbreak undoubtedly lies in the fact that the city obtains its water from the river St. Lawrence without due precautions being taken for rendering it free from pollution. The intake is situated near the city of Lachine on the north bank of the St. Lawrence where the water from the Ottawa river predominates. This water is undoubtedly contaminated by sewage from Ottawa city, but also by that of other cities along the course of the two streams

Several times before numbers of cases of typhoid fever have occurred presumably from this source, but as far as we are aware the present is the most serious outbreak in its history. Newspaper reports estimate that during the last three months more than three thousand cases of the disease have occurred in Montreal. The hospitals have been completely overrun by the patients and early in January an emergency hospital was provided by some of the more progressive citizens. If the newspaper reports may be relied upon the city government has been very loth to acknowledge the presence of the disease in epidemic form and equally unwilling to take steps toward its eradication. The present emergency hospital has accommodations for between three and four hundred patients, which, in addition to accommodations by the other institutions, it is estimated will probably be sufficient to meet the contingency. It is illustrative of the activity of the committee having this in charge to note that in two days a large untenanted warehouse was transferred into a building suitable for the purpose. In a recent issue of the "Montreal Daily Star" the numbers of patients treated by the various hospitals with the mortality for each was given. Among these figures we are glad to note that the homœopathic hospital shows the lowest percentage of fatalities. Fortunately the mortality as a whole is low, the virulence of the infection appearing to be comparatively mild.

STANDING OF HOMOEOPATHY.—"The Journal of the American Institute of Homœopathy," in an editorial in the November number, writes the following upon the standing of the homœopathic colleges in the country as compared with those of the dominant school. This editorial is so important that we copy it verbatim:

When the Council of Medical Education of the American Institute of Homœopathy came into existence, the secretary concerned himself especially in the endeavor to obtain complete reports from each college signed by the dean or secretary to be kept for future reference.

We have these on file for the years 1907, 1908, and 1909. The educational number of the "Journal of the American Medical Association," published about the middle of August, gives what is alleged to be a report of the conditions of homœopathic colleges as well as those of other schools. We called attention to the inaccuracies of this report in 1908. The report for 1909 is before us. For gross inaccuracies and mis-

statements it overshadows all previous reports that have come to our notice.

In the first place, to specify, the number of students attending our colleges the past year is given as 899. Our reports show that this number was 1,009. Here is an under-statement of 110 students. The report goes on to say that there "was an increase of 9 over the attendance of 1908, but a decrease of 140 below the attendance of 1907." The *facts* are that there was an increase of 24 over the attendance of 1908, and a decrease of only 62 below the attendance of 1907.

Next, this report gives the number of graduates for 1909 as 209, "6 less than 1908, and 16 less than 1907." The *facts* are that there were 246 graduates in 1909, which is 3 more than in 1908, and 10 more than in 1907.

Comparing the report as put out by the American Medical Association relative to individual colleges, with the report of each college as made to our Council by the officials of the institutions themselves, it is found that errors were made in 13 out of the 16 colleges of the homœopathic school.

We do not know where the Council of Education of the American Medical Association got the data on which to base its report; there is something wrong somewhere, and if such a report is permitted to go unchallenged there is no doubt but that homœopathic institutions will be "reported" out of existence. We present these facts to enable our physicians to meet the charge that Homœopathy is dying and that our colleges are dwindling away. Homœopathy is dying and our colleges are dwindling only in the latitude and longitude whence such "reports" emanate.

DOES OFFICE PRACTICE PAY?—Many a physician wears himself out making visits to patients at their homes whom he could treat to better advantage at his office. Of course the fee will be less for exactly the same services, but if he had his offices properly equipped he will do his patient more good and will be able to charge a fee equal to, or in excess of, the one he would charge for the visit.

In looking after the financial end one is more likely to be paid cash at the office than at the patient's home. It is well to have a notice in the office right in a place where the patient will be sure to see it, stating that office practice is strictly cash. Years ago my father told me of a German physician who practiced in Cincinnati, Ohio, who would hand the patient his medicine, saying: "Take one powder every two hours, and give me a dollar." I have tried it and find that if you look right at the patient when you say it, you will get the dollar if he has it, or he will say when he will bring it, and if he is a dead beat he will fail to return and you are well rid of him. Of course you do not do that with every person, but the average physician can learn to tell in a few years' experience whom he is dealing with, just as he can tell by experience whether the patient is telling the truth.—Medical Sentinel.

TETANUS INFECTION.—Porter and Richardson, in the "Boston Medical and Surgical Journal," report two cases of tetanus infection that may necessitate somewhat of a revision of our ideas concerning this disease. It has heretofore been stated that the disease is one characterized by local infection from which absorption of the toxic products occurs, but in which the bacteria themselves remain at the site of the local lesion. In the two cases cited by the above mentioned writers the bacilli were demonstrated to be present not only in the vicinity of the wound in the foot, but also in the inguinal glands as well. Operation was accordingly directed to the extirpation of these inguinal glands as well as the usual methods of procedure. Both cases were treated with the antitetanic serum, and one was followed by recovery.

CLINICAL DEPARTMENT

Conducted by A. H. Ring, M.D.

Case I. Diagnosis: Dementia Paralytica.

Pathology. It is an interesting fact that this disease and that of senile dementia are the only two delusional states in which pathology has been able to demonstrate central changes sufficiently characteristic to make a post-mortem diagnosis without the aid of the clinical history of the case, though post-epileptic insanity is rapidly being brought under the microscope through the researches of Dr. E. E. Southard and others. Manic depressive insanity (circular insanity), dementia precox and involution melancholia, etc., have as yet baffled all attempts to demonstrate definite cortical changes. The paretic cortex is more or less completely disorganized. Neurons may be found in all stages of disintegration. The regular radical arrangement in the cells is disturbed. There is an increase in the glia cells and the formation of many new blood vessels, the sheaths of which are infiltrated with lymphoid and plasma cells. The picture is typical, and once seen cannot be forgotten. Syphilis has been shown to be an important antecedent factor, although many think that alcohol, lead, and other poisons may furnish a favorable basis. The diagnosis may now be strengthened in the early stages, while the case still clinically resembles a functional nervous breakdown, by examination of the cerebro-spinal fluid, the presence of lymphocytes being positive proof of the presence of organic disease.

Second Case for Diagnosis.

Mrs. Y. Age 48. Born in the South.

Family History: Tendency to tuberculosis on father's side. Maternal grandmother had abscess in upper right abdomen which burst through abdominal wall and remained open for years; mother was chronic invalid from pelvic trouble and died from pelvic abscess at menopause. Her brothers and sisters were all nervous and excitable.

Personal History: The patient was never strong. Menses first appeared at the age of eleven, and she has always had to go to bed the first day. From early life has had sensitive bowels, and once or twice a year would have digestive upsets. Mother had to constantly warn her about eating. In her teens she outgrew this sensitiveness, but at sixteen she had a sudden acute attack of pain, lasting fifteen minutes, which was agonizing and left the abdomen sore for several days. At twenty she had another similar attack and was in bed six weeks. The doctor diagnosed inflammation of the bowels. She was married at twenty-five and a year later had a healthy child, but was badly torn and was then a semi-invalid for some years. She has had three operations at different times, one for repair of cervix, another for removal of right ovary, and a third for repair of perineum. Since the latter operation she has been very well, until the autumn of 1906, when, following a large dinner and the eating of much candy, she had another sudden sharp attack of abdominal pain, not localized, and lasting an hour, during which she turned a dusky color and had to gasp for breath.

Present Illness: In the autumn of 1906 she came North on some business which worried her. She could not seem to find suitable food and began to run down. At this time she began to have attacks of abdominal pain, infrequent at first, but by spring occurring every two or three days. The pain would come on suddenly and without warning, just above and to the right of the naval. She said, "it feels as if something was squeezing, as if my stomach was being rolled up and my breath shut off." Has to loosen her clothes. Sometimes she can vomit and relieve the pain. Her appetite was fair, but sleep was poor, and she felt tired all the time.

Apropos of the theory that anterior poliomyelitis is infectious, it is of interest to note that there are at present two children from the same family, coming into the Out-Patient Department, who developed the disease within two days of each other. By the judicious use of massage and interrupted galvanism, each twice a week, and the indicated drug, both are doing well. Warm baths would also be of use, but dispensary patients are seldom favorably situated for such luxuries.

It is a nice question to decide at what time such cases shall be handed over by the neurologist to the orthopedic surgeon. Starr says that after a year no further improvement is to be expected from active treatment, and braces should then be applied. Dr. Colby, however, tells of a case in which, after seven years of persistent treatment, relative cure occurred.

The new vaccine clinic at the Out-Patient Department of the Massachusetts Homœopathic Hospital is obtaining some very satisfactory results, and we shall hope to report some of them later.

Physical examination was negative, except that there was soreness on pressure over the ovarian region and along the left margin of the ribs, and occasionally a sense of crepitus could be elicited under the fingers on palpation over the gall bladder. Urine was negative. At this time exploratory incision was urged but refused. Through the summer she rapidly lost flesh and strength, the pain became less frequent but more severe and accompanied by a rise of temperature, sometimes to 102 degrees F., requiring hot baths and morphia for relief. Food was difficult to retain and the breath and urine became strongly acetone. The test meal was well digested, but the vomitus was strongly acid to congo red. Washing out the stomach gave temporary relief to the dull ache which had become constant. Examination of the dejecta for blood was negative. At this time the patient was seen by a specialist, who diagnosed ——— ——— —— This was verified shortly after by operation.

Dr. E. P. Colby suggests that eupatorium perfoliatum or common boneset is one of the first remedies to be thought of in La Grippe. He says it received its name from the fact that it was found to cure the racking pains in the muscles and joints, and suggests that large doses are necessary to get results. He is accustomed to put half a teaspoonful in half a glass of water and give a spoonful every twenty minutes.

The word Orientation is a good one not sufficiently used in general medical literature. It gets its significance thus: In the time of the Old Testament the prophets believed that the Son of God would come out of the East, or Orient. For that reason the synagogues were all placed with their face to the East, that is, they were orientated so that one coming upon a place of worship was able at once to get his bearings, to know the points of the compass. In modern psychology we find the word used in a similar sense, i. e., we say a person is well orientated when he is rightly aware of his relation to his environment, knows who he is and who is about him, where he is, the time of day, and special relations. It is a convenient word to use on commitment papers.

Don't forget the cold water compress in your treatment of sore throat.

If one will read his physiology alternately with his Bible he may have no fear of becoming a "mind curist."

Send us a report of an interesting case.

SOCIETY REPORTS

SOUTHERN HOMOEOPATHIC MEDICAL ASSOCIATION.

The S. H. M. A. met in Hot Springs, Ark. Although the session was not large, it was one of enthusiasm, and all papers presented were of a very high order, showing much thought and study.

The session was held in the Arlington Hotel, and much of the success of this meeting was due to the well-arranged plans of the local commitee, which was headed by our former president, Dr. V. H. Hallman. The social features were well carried out by the ladies and the Business Mens' League.

Unfortunately, several of the bureau chairmen were not present, in consequence a number of important papers were not presented; however, all who attended derived benefit and pleasure.

This association is now in a healthy state and the prospects are bright. The "Medical Century" has been selected as the official organ, so all papers will be published and the members who are unable to attend will be able to keep in active touch with the transactions of the association.

We have made arrangements with the Institute of Homœopathy whereby any one joining the Southern will be admitted into the Institute as well, upon the payment of $2 annual dues to the Southern, and by so doing the applicant will receive all publications of both associations. This is done so as to build up the membership in our Southland. Every graduate of homœopathy owes it to himself and to the school to become a member of these associations. So we urge every one who is a member to secure another and those who are not are urged to come into the fold.

Jacksonville, Fla., was selected as the next meeting place; the session will last for three days, December 6, 7, 8, 1910.

The following officers were elected: President, Wm. A. Boies, Knoxville, Tenn.; first vice-president, W. W. Osgood, Mobile, Ala.; second vice-president, A. N. Pierce, Lake Charles, La.; secretary, John T. Crebbin, New Orleans, La.; treasurer, W. L. McCreary, Knoxville, Tenn.

RHODE ISLAND HOMOEOPATHIC MEDICAL SOCIETY.

The sixtieth annual meeting of the Rhode Island Homœopathic Medical Society was held January 14, in the Crown Hotel of Providence. Dr. A. H. Wood, the president, presided. Following the annual reports of the treasurer, auditor, and secretary, came the scientific session. This consisted of a paper upon the present status of vaccine therapy by W. H. Watters, M.D., of Boston, and was freely discussed by many of the members present.

The meeting then adjourned for the annual banquet, after which addresses were delivered by Mr. James M. Scott, of Providence, Dr. Frank C. Richardson, of Boston, and Dr. W. H. Watters, of Boston.

A feeling of friendliness and cordiality of spirit was manifest throughout the entire meeting, while the social intercourse went far to promote that personal understanding so essential to professional well-being.

The officers elected at this meeting for the ensuing year are: President, A. H. Wood, M.D.; vice-president, Robert S. Phillips, M.D.; secretary, Ralph W. Hayman, M.D.; treasurer, Wm. N. Muncy, M.D.; censors, Charles H. Finch, M.D., J. H. Bennett, M.D., and Gardner L. Miller, M.D.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Boston Homœopathic Medical Society was held on Thursday evening, January 6, at the Boston University on Boylston Street. The business of the evening consisted of the presidential address and annual reports from the officers. The following are the newly-elected officers:

President, Alonzo G. Howard; First Vice-President, Samuel H. Spalding; Second Vice-President, Maud G. Furniss; Secretary, William A. Ham; Associate Secretary, Walter H. Flanders; Treasurer, George D. Bliss; Auditor, Wesley T. Lee; Censors, Nelson M. Wood, F. L. Emerson, Conrad Smith.

Subsequent to the business session a very enjoyable lecture, freely illustrated by stereopticon, was given by Rev. Peter McQueen upon travels and experiences in Africa. This was enjoyed by the large audience, and made a very pleasant change from the professional subjects ordinarily considered at these meetings.

AMERICAN INSTITUTE OF HOMOEOPATHY, 1911.

In accord with the By-Laws, Art. X., Sect. 9, invitations for the place of meeting of the American Institute of Homœopathy in 1911 must be in the hands of the trustees April 10, 1910. Members of the Institute interested in the place of meeting in 1911 are requested to present their invitations as early as practicable to some member of the committee.

SARAH M. HOBSON, M.D., 700 Marshall Field Bldg., Chicago;
J. B. GREGG CUSTIS, M.D., 912 15th Street, Washington, D. C.;
WILLIAM O. FORBES, M.D., Hot Springs, Ark.

By-Laws, Art. X., Sect. 9: "The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Board of Trustees at least ninety days before the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board's report shall be made to the Institute, when the location shall be determined."

NOTES FROM WASHINGTON, D. C.

The Washington Homœopathic Medical Society holds its meetings the first Tuesday of each month, October to May inclusive, in the Palm Room of the Hotel Shoreham, 15th and H Streets, N. W. For several years a special annual meeting covering two evenings has taken the place of the regular December gathering. The first evening's session is always devoted to our local members, while on the second evening we are treated to papers by out-of-town men, followed by a buffet supper. At our recent twelfth annual meeting the papers of the first evening were given by Drs. Macdonald, Bliss, and Buchanan, relating to gynecology. On the second evening Dr. Bukk G. Carlton, of New York, read an interesting and instructive paper on "The Sterile Man." This was followed by Dr. L. E. Ashcraft, of Philadelphia, with a most profitable paper on "Renal Tuberculosis."

The membership of our local society has lately been augmented by Drs. J. B. Gregg Curtis, Jr., Lenore Perkie Webster, formerly of Nebraska, and Lillian Rue Le Kites, an alumnus of the Baltimore College.

Dr. Casey, who last year was interne at the National Homœopathic Hospital, has just returned from a nine-months' trip as surgeon with

an expedition to Alaska. While away, Dr. Casey was married to a Seattle young lady and they are soon to go abroad.

In October last, death claimed one of our members, Dr. Irving H. McConnell, after an illness of only two days.

Dr. Edwin S. Lothrop, president of the medical society in 1909, lost his mother by death in December.

At the January meeting of the W. H. M. S. the following officers were elected to serve during 1910:

President, Marvin A. Custis; vice-president, Gregg Custis Birdsall; secretary, John R. Sharp; treasurer, J. H. Branson.

LOUISE ROSS.

BOOK REVIEWS

Progressive Medicine. Edited by Hobart Amory Hare, M.D., assisted by H. R. M. Landis, M.D. December 1, 1909. Six dollars per annum. Lea & Febiger, Philadelphia and New York.

The review of this excellent quarterly is always a pleasure on account of the assurance that much profit will be obtained therefrom. The contributors to the present volume are Edsall, Bloodgood, Belfield, and Landis, all men of unquestioned authority in their special fields. Edsall writes of the disease of the digestive tract, the liver, and the pancreas. The technic and value of the Salomon test for diagnosis of gastric carcinoma are carefully given in a safely conservative manner. To many the very full résumé of the work of Faber and Lange on achylia gastrica will be of great interest. It will probably be superfluous to say that gastric ulcer and gastric cancer receive their full amount of attention. In the treatment of the former disease surgical intervention is less enthusiastically referred to than in many other writings of the same date. Articles by Kuttner on "Diagnosis and Treatment of Inoperable Carcinoma of the Stomach" and on "Operative Treatment of Carcinoma of the Stomach" have been very fully abstracted. Much of practical value will be found in the section on that very common but very troublesome condition, constipation.

A quotation concerning appendicitis may be of interest: "Of the total number of acute cases collected, 68.5 per cent. were cases of but a single attack; 19.6 per cent. cases of two attacks; and 11.7 per cent. cases of at least three attacks. It is seen that the large majority of patients with acute appendicitis have but a single attack; and that when this is over, the disease is over. Moreover, with each subsequent attack, the danger of still further attacks becomes less."

The present status of the Cammidge reaction is given and its value carefully noted.

The parts having to do with renal disorders are in the care of Bradford, who treats them very satisfactorily, particularly the subjects of experimental nephritis, orthostatic albuminuria, and the diagnosis of renal calculi by the X-ray.

Surgery of the extremities, shock, anesthesia and several kindred topics are brought into one group for the expression of Bloodgood's opinions. This may perhaps be of a little less interest to the average physician, with the exception of the excellent parts on fractures and dislocations, and on tumors.

Under genito-urinary diseases Belafield gives many instances of successes obtained in tuberculous, gonorrheal and colon infections by proper use of vaccines. He further says that from these results: "There seems but little room for doubt that with experience we shall achieve a notable advance in the therapy of conditions heretofore beyond medical aid; and that medicine will wrest from surgery the field of the infections."

Prostatic considerations, while still extensive, probably receive somewhat less attention than they have in the past few years.

The volume concludes with a therapeutic referendum in which the year's progress in therapeutics, both medicinal and hygienic, is noted. The paragraph on anaphlaxis is particularly noteworthy.

These few notes will, it is hoped, serve in a very imperfect way to show somewhat of the value of this work. So beneficial do we believe the study of such a book to be that we would like to place it in the hands of every reader of the *Gazette* in the firm faith that everyone would be much benefited thereby, no matter how well read he might be in general medical literature.

Systemic (Including Special) Pathology. By J. George Adami, M.D., and Albert G. Nicholls, M.A., M.D., F.R.S., Assistant Professor of Pathology in McGill University. In one octavo volume of 1082 pages, with 310 engravings and 15 colored plates. Cloth, $6.00, net. Lea & Febiger, Philadelphia and New York. 1909.

The second volume of this work has recently appeared, and in it we find that Prof. Adami has associated with himself in its production Dr. A. G. Nicholls, the well-known Montreal pathologist.

Less radical than its predecessor in treatment of the various subjects, the present volume covers that part of pathology usually denominated "special" but by the present authors called "systemic."

It is a large book of more than a thousand pages, well arranged and very attractive from the publisher's standpoint. The illustrations, nearly all of which are excellent, are almost entirely original, the majority coming from the McGill Medical Museum, the Royal Victoria or the Montreal General Hospital.

As already stated, the subject is discussed in a more orthodox style than made the first volume so noticeable for its originality. Whether or not this is due to the second author of the present one cannot, of course, be determined.

It is a cause of satisfaction to find the sections on the blood and on the circulatory system finally placed where they so evidently belong, with the special rather than with the general pathology.

It is almost needless to assert that the text is written with exactness and correctness, and to anyone at all familiar with the authors the statement that context is in every way authoritative will be superfluous. While the entire work may not, on account of its size, become a popular text-book for medical students, it cannot fail to be one to which their instructors will look for much information and from which all true students will obtain the very latest and most accurate ideas.

Biographic Clinics. Volume VI. Essays Concerning the Influence of Visual Function, Pathologic and Physiologic, Upon the Health of Patients. By George M. Gould, M.D., formerly Editor of American Medicine, author of Various Medical Dictionaries, "Borderland Studies," "The Meaning and the Method of Life," "Righthandedness," etc. Price $1.00 net. P. Blakiston's Son & Co., Philadelphia. 1909.

In this last volume of a most interesting and unusual series of biographies, Dr. Gould undertakes to set forth the "Influence of the Visual Function upon Health." Those who have read the preceding volumes must have been impressed with the ingenuous way in which the author makes eyestrain account for the eccentricities and illnesses of many illustrious men. In the present volume he points out, with the citation of many interesting cases, that eye strain may be the cause,

reflexly, of many neurologic, psychiatric, gastric, genecologic, orthopædic and even surgical diseases. He scoffs at the terms "neuropathic diathesis," "hereditary taint," etc., and says that they are the result of a psychic strabismus on the part of the profession. On page 366 he tells us that Boston has the best ophthalmologists and the most intelligent laymen in the country.

Dr. Gould's rather free criticism of what he evidently regards as the stupidity of many of his professional brothers gives the book a spice and snap, and sets one thinking. His wonderful command of English at once stamps the book as good literature, but its style and critical tone strongly suggest the writings of Thomas W. Lawson. The book makes refreshing reading for leisure hours, and is light and attractively bound.

The Prevention and Treatment of Abortion. By Frederick J. Taussig, A.B., M.D., Lecturer in Gynecology, Medical Department, Washington University; Obstetrician to the St. Louis Maternity Hospital; Gynecologist to the St. Louis Skin and Cancer Hospital; Fellow of the American Gynecological Society, and American Association of Anatomists. Fifty-nine illustrations. St. Louis. C. V. Mosby Company. 1910.

In practically all of the recent text-books on obstetrics the prevention and treatment of abortion, while receiving a fair amount of attention, does not receive that proportionate to its importance from the standpoint of the practitioner. When it is considered that about one in every five or six pregnancies ends in abortion or miscarriage, the comparative gravity of the subject may be realized. The present book, or monograph, therefore, has a distinct place in the medical world. It is a work particularly intended for the general practitioner, to whom the majority of these cases come. It is divided into three parts; the first deals with general considerations such as the anatomical and pathological aspects of the subject, the etiology, symptoms, and diagnosis. Of particular value here is the chapter upon differential diagnosis, in which distinguishing features are clearly given by means of which fibroids, carcinoma, and tubal pregnancy may easily be recognized. The author classes under the general term of abortion all those cases in which the embryo is expelled from the uterus between the period of conception and its development at the sixth month, when it becomes viable. In Part II, in the chapter upon prophylaxis before conception occurs, a feature is brought out that is sometimes overlooked. A paragraph upon the Wassermann reaction as a diagnosis of unsuspected syphilis is very wisely added. Prophylaxis during pregnancy, and the prevention of both threatened abortion and of criminal abortion are, of course, carefully considered, although the latter topic we wish had been treated somewhat more in detail. Treatment is the text of Part III, including medicinal, hygienic, and surgical procedures. In the treatment of sepsis various injections into the blood of such substances as formaldehyde, Marmorek's serum, and preparations of colloidal silver are described although not strongly recommended.

An appendix is added, the most important part of which is probably that dealing with therapeutic abortion.

When the monograph is considered as a whole it seems that the author has very satisfactorily attained his goal, which, as he expresses it, has been to give to the general practitioner the essential facts as they are known at present in order that he may be guided to the selection of the form of treatment suitable to the case in hand.

Pocket-book of Veterinary Practice. By A. von Rosenberg, D.V.S. One hundred and twenty-six pages. Cloth, 75 cents. Postage, 4 cents. Boericke & Tafel, Philadelphia. 1909.

This is a little book in which the principles of the law of similars has been applied to therapeutic measures suitable for the lower animals. A number of suggestive signs or symptoms indicative of certain diseases are given in the first part. After this a list of diseases with the remedies usually indicated is found arranged in alphabetical order.

The reviewer does not feel qualified to judge with great authority of the value of this book, but is glad to learn that the principle active in human medicine is also apparently effectual in that of the lower animals.

The Annals of Surgery Completes Its Fiftieth Volume.—The December number of the *Annals of Surgery* (Philadelphia), which completes the fiftieth volume of that journal, is worthy of more than passing notice. It is a jubilee number, and, by its size and the character of its contents, fitly marks so important an event in its history. The cosmopolitan character of the journal is seen from the list of contributors, which comprises the leaders in surgery of England, Scotland, Denmark, France, Italy, Hawaii, Canada, and the United States.

Twenty-two articles form a number of more than four hundred pages. The illustrations, some of which are colored, are profuse, making a volume which merits the term of a jubilee number. Such an event in the history of any medical journal is worthy of note.

THE MONTH'S BEST BOOKS.

Surgery. Keen. Vol. V. $7.00. W. B. Saunders Co.

Practice of Medicine. Anders. $5.50. W. B. Saunders Co.

Genecology. Ashton. $6.50. W. B. Saunders Co.

Prevention and Treatment of Abortion. Taussig. Mosby Co.

Diseases of Children. Jacoby. D. Appleton & Co.

Diseases of the Stomach. Havershon. $2.50. Chicago Medical Book Co.

TREATMENT OF ECLAMPSIA.

The prophylactic treatment of eclampsia should be instituted as soon as any of the prodromic symptoms of auto-intoxication are present.

By this means, many cases of mild intoxication may be detected and, by suitable means, the more profound poisoning prevented.

As soon as symptoms denoting the existence of auto-intoxication, such as cephalgia, which is tenacious, and most marked in the morning; vomiting; insomnia; malaise; vertigo; epigastric pain, disturbance of vision, and edema of the anterior tibial region and of the hands and face, are present, absolute rest in bed, freedom from all mental care and worry and a liberal supply of oxygen are of utmost importance. The diet should consist essentially of milk, varied with buttermilk, malted milk, crackers and well-cooked cereals. In the event of pernicious vomiting, rectal feeding should be instituted for a short time.

When patients fail to show signs of improvement and the toxic symptoms become more pronounced under the foregoing treatment we are then left but one alternative, namely, the emptying of the uterus.—Holden, American Journal of Surgery.

CUTANEOUS TUBERCULIN REACTION IN INFANTS.—Morgenrot has recently made an extensive study of the cutaneous tuberculin reaction in children during the first year of life. His investigations

were performed upon two hundred children, using the undiluted, old tuberculin. In the "Medical Review of Reviews" his article is abstracted in brief. From this we learn that harmful results, particularly fever, did not follow in any instance. Among the cases tested 5 per cent. yielded a positive reaction, in all of which cases tuberculosis could be positively demonstrated. He concludes that when an infant fails to react after two such tests made at intervals of about two weeks, it is safe to assume with quite a degree of certainty that tuberculosis is not present. This assumption, he claims, has been confirmed by autopsy findings in many cases.

PERSONAL AND GENERAL ITEMS

Dr. Walter A. Jillson, class of 1905, B. U. S. M., has retired from practice in Gardner, Mass., and is about to enter upon service at the Flower Hospital in New York City.

At the annual meeting of the Trustees of Boston University, held at the University building on Monday afternoon, January 10, Dr. Charles Leeds of Chelsea was re-elected a trustee for a term of five years. Dr. Leeds was also elected a member of the Executive Committee on the Medical School.

Dr. Nathaniel R. Perkins was elected a member of the Visiting Committee of the Medical School for the term ending in 1913.

Dr. Samuel E. Fletcher has recently been elected mayor of the city of Chicopee, Massachusetts, where he has been in active practice since his graduation from Boston University School of Medicine in 1892.

Dr. Robert Rice, a graduate of Hahnemann of Philadelphia, has located at 330 Washington Street, Haverhill.

Dr. Agnes C. Patterson, class of 1900, B. U. S. M., is at Calhoun, Alabama.

Dr. Spencer D. Whiting, B. U. S. M., class of 1905, has been taking some post-graduate work in Boston preparatory to returning to his practice in Nome, Alaska. Dr. Whiting speaks with enthusiasm of life in Alaska.

Owing to ill health, Dr. William F. Wesselhoeft has been obliged to give up temporarily his practice and his lectures at the Medical School, and has gone to Jamaica for the rest and change which he needs. The Gazette extends its heartiest good wishes for a speedy return to full health and strength. During Dr. Wesselhoeft's absence Dr. DeWitt G. Wilcox will substitute for him in the lecture course on Surgery to the Junior class of Boston University School of Medicine.

Applications will be received for two interneships in Hahnemann Hospital, Scranton, Pa. The term is one year, beginning July 1, 1910. For information address H. F. Heilner, M.D., Burr Building, Scranton, Pa.

Dr. E. E. Goodwin of Brockton, class of '99, B. U. S. M., has removed his office to the Central Hospital, 223 North Main Street, where he will continue in general practice, with facilities for caring for medical, surgical and maternity cases.

Dr. Hovey L. Shepherd, formerly professor of Materia Medica in Boston University, and a graduate of the class of '95 of the Medical School, has located in the O. T. Johnson building, Los Angeles, California, having removed there from Winchester, Mass., for the benefit of his little son's health. Dr. Shepherd's former practice in Winchester has been taken by Dr. H. F. Simon, class of 1904, B. U. S. M.

A competitive examination for interneship at the National Homœopathic Hospital, Washington, D. C., will be held at noon on Saturday, March 3. For information address Dr. George C. Birdsall, secretary of the staff, 1330 Massachusetts Avenue, Washington, D. C.

The "Critique" appears this year in a completely new dress and one that is most becoming. We have for long held this journal in high esteem, although not always agreeing with all of the contents. We realize, however, that each individual has a right to his own opinions and can but admire those who strenuously uphold such opinions even in the light of much criticism. It seems probable that the editor of this journal is best fitted to fill the position, heretofore unoccupied, of the late Dr. Frank Kraft in so far as originality and personality of journalistic work lies.

We extend to the "Critique" our most cordial greetings, and trust that it may ever be as ardent an advocate of the right as it sees it, as it has been in the past.

The Rockefeller Institute of Medical Research at New York is the recipient of a bronze bust of Louis Pasteur from the Pasteur Institute of Paris. This gift has been made as a recognition of the valuable assistance rendered by the American Institute during the recent epidemic of cerebro-spinal meningitis that occurred in France.

The St. Louis Children's Hospital, an institution under exclusively homœopathic control, is reported to be the recipient of a gift of $128,000. The money will be used for the erection of a new hospital as a memorial to the late Mrs. Liggett.

GIFT TO THE LOWELL GENERAL HOSPITAL.—An additional sum of $50,000 has been given by Mr. F. A. Ayer, formerly of Lowell, now of New York, for the maintenance of the Lowell General Hospital. This makes a total of over $200,000 which the Hospital has received from this source.

A METCHNIKOFF LABORATORY.—The "Medical Times" states that the Municipal Council of St. Petersburg has decided to name its newly installed laboratory after the eminent biologist, Metchnikoff, a Russian by birth, a Frenchman by adoption.

BEQUESTS OF THE BOYD WILL.—According to the will of the late George William Boyd, who died about five years ago, a number of New England institutions receive bequests. Among these are the Massachusetts Homœopathic Hospital, $2,000, and the Roxbury Homœopathic Dispensary, $1,000.

QUEEN OF BELGIUM A PHYSICIAN.—It is interesting to note that the new Queen of Belgium has pursued for a number of years the study of medicine, having completed her course for her medical degree at Leipzig a short time before her marriage to the present king.

She was the daughter of the late Duke Karl Theodor of Bavaria, who died recently. Prior to her accession to the throne she continued to take an active part in the medical work of Brussells, particularly in connection with tuberculosis.

STATE REGISTRATION OF NURSES.—According to a recent law in Pennsylvania suitable persons may now be approved by a special board and allowed to use the title "registered nurse" or its abbreviation, R. N. The board also authorizes a pin to be used by such persons when desired.

ALCOHOL AND IMMUNITY.—In the November "Lancet" is an interesting paper by Parkinson upon the demonstrable relation between alcohol and immunity. Among other things he states that alcohol in small quantities has no action upon phagocytic activity. That small quantities when injected into rabbits may temporarily increase immunity; that a large dose of alcohol very materially lowers the degree of resistance for at least twenty-four hours. That the continuous use of moderate doses causes a decrease in immunity, and that the reactions to vaccines in rabbits given alcohol is much less noticeable than in normal rabbits.

HOSPITAL APPOINTMENTS FOR 1910.—The following is the series of appointments for the medical and surgical services at the Massachusetts Homœopathic Hospital for the current year:

Medical.—First quarter, Dr. F. B. Percy; second quarter, Dr. J. P. Sutherland; third quarter, Dr. E. E. Allen; fourth quarter, Dr. H. E. Spalding.

Surgical.—First quarter, chiefs, Dr. W. S. Smith, Dr. W. F. Wesselhoeft; first assistants, Dr. R. C. Wiggin, Dr. H. D. Boyd; second assistants, Dr. R. F. Souther, Dr. H. J. Lee.

Examining surgeon, Dr. W. K. S. Thomas.

Surgeons to out-patients, Dr. Clarence Crane, Dr. F. R. Sedgley.

Second quarter, chiefs, Dr. J. B. Bell, Dr. W. F. Wesselhoeft; first assistants, Dr. Clarence Crane, Dr. J. E. Briggs; second assistants, Dr. Thomas, Dr. Sedgley.

Examining surgeon, Dr. Souther.

Surgeons to out-patients, Dr. R. C. Wiggin, Dr. H. J. Lee.

Third quarter, chiefs, Dr. T. E. Chandler, Dr. C. T. Howard; first assistants, Dr. Wiggin, Dr. Boyd; second assistants, Dr. Souther, Dr. Lee.

Examining surgeon, Dr. Sedgley.

Surgeons to out-patients, Dr. Jones, Dr. Briggs.

Fourth quarter, chiefs, Dr. Packard, Dr. Briggs; first assistants, Dr. Crane, Dr. Briggs; second assistants, Dr. Sedgley, Dr. Thomas.

Examining surgeon, Dr. Lee.

Surgeons to out-patients, Dr. Powers, Dr. Souther.

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ORIGINAL COMMUNICATIONS

PRESIDENT'S ADDRESS

A CONTRIBUTION TO THE SURGERY OF THE SPLEEN*

By George E. May, M.D., Newton Centre, Mass.

The normal spleen in the adult is about five inches long, three or four inches in breadth, one and one-half inches in thickness, and weighs on the average about seven ounces.

The spleen is supposed to manufacture white blood corpuscles, and this manufacturing reaches a pronounced activity when the organ is hypertrophied, as in leucocythæmia. The spleen from its power to dilate, serves as a reservoir of blood for the portal system, especially for the blood vessels of the stomach. Many of the purin bodies are found in the spleen, as xanthin, hypoxanthin, and uric acid.

According to Schiff and Herzen, the spleen may have much to do with the formation of trypsin, since addition of splenic infusion or of splenic venous blood activates the pancreatic extract, this being due to an internal secretion of the spleen.

Enlargement of the spleen, of rapid development and moderate extent, is a pertinent physical sign in various acute infections, of which the following are typical examples: malarial fever, relapsing fever, typhoid fever, typhus fever, sepsis, acute miliary tuberculosis, erysipelas, diphtheria, variola, scarletina, pneumonia, cerebrospinal fever and acute atrophy of the liver. Of most of the primary anemias this is also true—lymphatic leukemia, Banti's disease, and pernicious anemia. Syphilis, rickets and pancreatic cirrhosis serve to illustrate chronic diseases of which moderate splenic enlargement is symptomatic.

Genuine primary tumors are extremely rare, but secondary carcinoma and secondary sarcoma are fairly common. Primary tuberculosis is rare, but secondary manifestations have been occasionally observed.

*Read before the Massachusetts Surgical and Gynecological Society, December 8, 1909.

Ectopy of the spleen, or wandering spleen, in the majority of cases is associated with, and is, indeed, a part of that condition of general prolapse of all the viscera which is known as enteroptosis.

The spleen may be injured by itself or along with other viscera, the most common injury being from contusion, which may produce rupture and hemorrhage. The organ is so friable that it may literally burst under a slight force. Rupture is especially likely to occur after those infectious diseases which cause its enlargement.

Chronic tumor of the spleen, in certain instances, may be justly attributed to one of the several causes heretofore mentioned, being a part of a constitutional dyscrasia. Quite apart from these factors, however, not a few cases of chronic splenic enlargement exist in which the clinical history and all the concomitant conditions throw absolutely no light on the origin of the tumor. Nor are pathologists prepared to classify these enlarged spleens except under the general term of chronic indurative splenitis. It seems most probable, however, that the inception of the process is to be sought in some past infectious disease. Not a few cases are undoubtedly due to a latent malarial infection, as an enlarged spleen is very common in persons who reside in or emigrate to malarial regions, who give no other history of any malarial symptoms.

Wounds of the spleen from gunshot or stabs are very apt to be fatal within a short period of time unless prompt interference is at hand. Splenotomy, or the removal of portions of the spleen, has been done with a moderate degree of success for injuries involving fragmentary portions of the organ, but as a rule splenectomy, or the entire removal of the viscus, seems to be the operation of choice and should be undertaken at once in all traumatic conditions of the organ.

The removal of the spleen in splenomyelogenous leukemia is, according to most writers, contraindicated. In the early period of splenic surgery, splenectomy was repeatedly performed in the hope of eradicating the disease. In 1894, Vulpius and Ceci collected twenty-eight cases of splenectomy in leukemia with twenty-five deaths immediately after the operation. Of the three cases that survived the operation one lived thirteen days, another eight months, while the third is reported as having been cured. A total of about forty-nine splenectomies in leukemia have been reported with six recoveries and forty-three deaths, with a mortality of 87.7 per cent. Hemorrhage and shock are the chief factors in the mortality of this operation. In addition, our present conception of the bone marrow changes in this disease seems to demonstrate the futility of splenectomy to stay the progress of this malady.

In the idiopathically enlarged spleen the indications for removal are not at all absolute. It is principally justified as a prophylactic measure, as an otherwise trivial traumatism may seriously jeopardize the patient's life by the serious susceptibility of the enlarged spleen to rupture. Prior to 1908 there have been collected

reports of seventy-four splenectomies, with a mortality of 28.3 per cent.

In adults, after total extirpation of the spleen certain definite changes occur. These changes last for several weeks and are manifested by enlargement of the lymph-glands, tenderness of bones, loss of weight, weakness, thirst, polyuria, rapid pulse, and blood changes. These changes are not so obvious in children because in them the compensatory organs act at once, whereas in adults the compensatory organs act slowly and with painful effort. These symptoms are much more obvious when the spleen is removed on account of wound or rupture, because it is likely that the compensatory organs become more or less active when the spleen is diseased and consequently are in quite full operation when such a spleen is removed. It is said that these changes may be modified after splenectomy by the administration of tablets of the extract of spleen and red bone-marrow. It has been suggested by several observers that the survivor of a splenectomy becomes more liable to infection by any pyogenic bacteria.

The chief danger of splenectomy is from hemorrhage. This is especially true in leukemia, since the blood of a leukemic patient possesses less than the ordinary power of coagulation. Furthermore, the separation of adhesions in persons not leukemic often produces dangerous hemorrhages. The spleen itself contains such a mass of blood that its removal means a considerable loss to the body, and this should be borne in mind in estimating the effect of operation. Pean considers that the removal of a spleen weighing fourteen or sixteen pounds means a loss to the body in blood of at least four pounds. The removal of an enlarged spleen also disturbs the abdominal circulation in such a manner that it may even cause death. The prognosis of splenectomy depends not a little on the mobility of the spleen. If the spleen is adherent beneath the ribs and the adhesions will not stretch, the operation is more difficult and dangerous. Occasionally adventitious blood vessels of large calibre occur between the diaphram or the stomach and the spleen, which of course greatly increases the liability to serious hemorrhage.

As regards the impression expressed by some observers that the removal of the spleen renders the individual more susceptible to infection by pyogenic organisms, some interesting and instructive work has recently been done at the Harvard Medical School under the direction of Dr. J. C. Hubbard, in which several guinea pigs, after splenectomy, were inoculated as well as several control animals, and no difference was observed in the susceptibility to infection after splenectomy. One case was also reported by the same observer in which a man, having undergone splenectomy, later on developed a severe appendicitis and withstood operative treatment remarkably well.

The operation of splenectomy then is indicated for wounds and rupture of the spleen, for floating spleen and non-leukemic hy-

pertrophy. It should not be performed if leukemia exists. It is to be observed that in the removal of a malarial spleen, the removal does not cure the malaria.

The technic of the operation is somewhat as follows: The incision is made along the left semi-lunaris, of sufficient length to expose the hypertrophied organ. The peritoneum is opened. Adhesions, if they exist, are divided between ligatures. The suspensory ligament is also ligated and divided. Bring the spleen well out of the wound; surround it with gauze pads; ligate the pedicle with stout silk; cut through the pedicle beyond the ligature. The vessels should then be separately ligated with catgut. They will usually be found tremendously enlarged. Adventitious vessels should also be searched for and ligated. The wound is closed without drainage. Shock and hemorrhage should be carefully forestalled by the prompt administration of saline, either subcutaneously or by the intravenous method. In severe cases direct transfusion would be positively indicated.

The following case in connection with this subject I have deemed worthy of report and herewith present the facts. F. L. M. consulted me in May, 1907, with the following history: Thirty-nine years of age, a farmer, the only child of healthy and long-lived parents. Graduated from college thirteen years before, taught for five years, when he became troubled with a persistent and chronic diarrhea, and seven years ago began farming. Soon after this he had an attack of pleurisy with effusion of the left chest, going on to an empyema, and was for fifty days treated in the Massachusetts General Hospital, where he made quite a good recovery. He has no cough, weight is about normal, appetite poor, some shortness of breath. Has never had malaria or lived in a malarial climate; no venereal disease. There were physical signs of an unexpanded left lung; heart normal, temperature normal, pulse ninety. Liver of normal size; the spleen is very much enlarged, extending downward two and one-half inches below the umbilicus and seemed to fill almost the entire abdominal cavity except the right hypogastrium. This enlargement was present to quite a degree seven years ago and had increased somewhat. The patient had been taking Fowler's Solution, ten drops three times a day for some weeks.

The blood examination by Dr. Henry Watters, June 4, 1907, was as follows:

Hemoglobin, 80 per cent.
Erythrocytes, 4,480,000.
Leucocytes, 5,800.
Polynuclears, 62 per cent.
Lymphocytes, 36 per cent.
Eosinophiles, 2 per cent.
The urine was entirely normal.

I asked Dr. Horace Packard to see the patient, and also Dr. J. Emmons Briggs. He had been advised at the Massachusetts General Hospital to submit to splenectomy, in which advice Dr. Pack-

ard, Dr. Briggs and myself concurred on account of the persistent and gradual though slowly increasing hypertrophy, the impairment of digestion and appetite, already apparent, perhaps due to pressure upon the digestive viscera, and also the fear that the presence of so large an hypertrophied organ would quite certainly lead to failure in health, besides the danger of rupture.

Accordingly on June 4, at the Newton Hospital, assisted by Dr. Briggs and Dr. Henry Watters, I operated. The anesthetic was ether. The incision was made along the left semi-lunaris and the large spleen, which fortunately was found to be without adhesions, was exposed. The organ was readily delivered through the abdominal opening, the pedicle was ligated with heavy catgut and then cut through. Afterward, the greatly enlarged blood vessels being separately ligated also with catgut, the wound was closed without drainage. An uninterrupted recovery ensued, the patient leaving the hospital on July 6. Convalescence was marked by a number of attacks of severe headache and also by stiffness and pain in the back similar to lumbago. The spleen weighed seven pounds, six ounces. The microscopic examination showed a true hypertrophy.

The subsequent history has been of some interest, the patient gradually resuming his duties on the farm, and at the present date, two and one-half years after the operation, reports himself in excellent health. For a few weeks he reported some rather profuse attacks of epistaxis, and that slight wounds seemed to bleed rather more freely than before. There were no apparent effects on the other organs, such as glandular enlargement, although a rapid pulse persisted for some six or eight months after the operation.

The blood changes immediately following the operation were as follows:

June 6, 1907, two days after the operation:
Hemoglobin, 75 per cent.
Erythrocytes 4,880,000.
Leucocytes, 30,200.
Polynuclears, 70 per cent.
Lymphocytes, 28 per cent.
Eosinophiles, 2 per cent.
Two normablasts were observed.
June 7, 1907:
Hemoglobin, 75 per cent.
Erythrocytes, 4,416,000.
Leucocytes, 25,600.

Occasional normoblasts were seen during the subsequent examinations, but hemoglobin remained at about 75 per cent., and leucocytes about 18,200.

In January 1908, the
Hemoglobin was 80 per cent.
Erythrocytes, 3,880,000.
Leucocytes, 19,000.

Polynuclears, 41 per cent.
Lymphocytes, 49 per cent.
Eosinophiles, 6 per cent.
Myelocytes, 4 per cent.
And 4 normoblasts.
One year later the
Hemoglobin was 70 per cent.
Erythrocytes, 4,096,000.
Leucocytes, 26,400.
Polynuclears, 65 per cent.
Lymphocytes, 27 per cent.
Eosinophiles, 5 per cent.
Myelocytes, 3 per cent.

The last blood examination, about two years and a half after the operation, showed:

Hemoglobin, 80 per cent.
Erythrocytes, 3,744,000.
Leucocytes, 34,800.
Polynuclears, 50 per cent.
Lymphocytes, 44 per cent.
Eosinophiles, 3 per cent.
Myelocytes, 3 per cent.
Two normoblasts, with discs a little crenated.

Repeated urine examinations have shown no disturbance of the kidneys.

This case probably comes into the class of idopathic hypertrophy of the spleen, there being in the patient's history nothing which would apparently account for the enlargement. The operation was done for the purpose of getting rid of the mechanical interference of so large an organ, and the end thus far seems to have justified the means, although the present condition of quite a marked leucocytosis with an increased hemoglobin and a tendency to crenation of the red cells are blood changes which suggest a condition which, if persistent, will give rise to some anxiety.

I acknowledge my indebtedness to Dr. Packard for consultation as to the advisability of the operation, to Dr. Briggs for able assistance in what might have proved to be a very difficult operation, and to Dr. Henry Watters for repeated and most painstaking examinations of the blood.

PHYSICIANS' INVESTMENTS.—Under the above title the Medical Brief is presenting a series of papers by laymen qualified to intelligently discuss the subject. In the article in the January number, Mr. F. A. Chamberlain, president of the Security National Bank of Minneapolis, says among other things:

"What is the professional man to do? Let him confine himself to those investments in which the larger trust companies and savings banks are authorized by law to invest their funds. A second rule, equally important, is that he should always and everywhere turn a deaf ear to the man who has some stock or other form of investment to sell where very large profits are promised.

PRESIDENTIAL ADDRESS

THE PHYSICIAN AS A FACTOR FOR SOCIAL BETTERMENT*

By Nelson M. Wood, M.D., Charlestown, Mass.

To any thoughtful observer of the times it is clear that the whole world today is in the grip of mighty social forces. Some of these are revolutionary; more, we believe, are remedial and reformative. Never in the history of our race have there been so many agencies at work for social betterment, and for the improvement of those infinite conditions in which men, women, and little children must live and seek to fulfill their destinies.

One needs only to contemplate the wide variety of these agencies to realize this. There are movements for well-nigh every conceivable and for many as well-nigh inconceivable reforms, from the conservation of natural resources to the eradication of hook-worms. One agitator discusses the profound judicial question: "Shall we reform our judges?" while another expatiates on pure milk for babies. Playgrounds, old age pensions, vocational training, tenement house reform, stamping out of tuberculosis, liability of the employer, the control of public corporations, care of the defective and criminal—these and scores of others are the great social problems which more and more command the attention and the effort of high-minded people.

The enormous output of books and periodical literature bearing on social problems is strikingly indicative of the spirit of the age. Previous generations put forth a vast amount of theological writings. A glance at the shelves of almost any second-hand bookstore is impressive of this fact. Those books could hardly have been more potent in their day than these social writings are in our day. Theology was to the front in the eighteenth century and afterwards. Sociology is to the front in the twentieth century.

Underneath these wide, and at times apparently unrelated varieties of endeavor for social well-being, there is a deep and significant unity. It is the expression becoming always more definite and clear of a social conscience. It is the appearance, slow but certain, of what is no less than a new social morality.

Our inquiry is as to the part and place of the physician in this great social movement. At the outset, we need to recognize that medical and surgical science have been great factors in

*Delivered before the Boston Homœopathic Medical Society, Jan. 6, 1910.

the creation of this modern social movement. In that widely discussed address on "The Religion of the Future" (in which he unwittingly showed how easy it is with the aid of the ever-ready newspaper to set the world a-wagging), President Eliot declared that the surgeon is one of the ministers of the New Religion. This is a recognition of the place which the surgeon and the physician may fill in the great Temple of Humanity. Even more truly may we say that their science has been one of the prophets in awakening to life this modern social conscience.

When Louis Pasteur, with infinite labor, laid the foundation of that truly revolutionary theory of disease, upon which Koch built with no less labor, he did as much for sociology as for medicine. Before his day the facts regarding the contagion of disease were a vague and unrelated mass waiting the discovery of a law. With the germ theory of disease established, the laws of contagion became as clear as the laws of reproduction. Henceforth there was destined to appear a new conception of disease as a social thing, and as such to be dealt with.

Tuberculosis, to take the most familiar instance, is a social disease. We are accustomed to say that such and such a percentage of a given population is tubercular. But it is society that has the disease. Those individuals struggling most against it, perishing because of it, are but cells in the one great organism of humanity. Our task, as we conceive it, as we accept it, is not simply after the manner of our fathers to treat this and that individual who has consumption, but to banish from the race the tubercular germ. This is a social task, truly gigantic, but not too great for an age that has conquered the air and discovered the North Pole.

A very able and impressive paper, by Dr. Orren B. Sanders, on the "Marriage Problem and the Physician's Part in Its Solution" (recently published), is exceedingly suggestive along the same line. No diseases are so terribly social as venereal diseases. In popular thought they constitute largely the social evil. Modern unrest, the emancipation of woman, elective affinities, these are among the high sounding but oftimes empty phrases by which we would explain the failure of so many modern marriages. Far more than we have realized, sexual ignorance and sexual disease are blasting the homes of our land, and cursing a generation unborn. "The physician's part," says Dr. Sanders, "in this evolution is to devote his energies more abundantly than before to social service, as leader and instructor in those movements for the improvement of the race peculiarly in accord with his province."

This suggests to us how large a part of the effort for social betterment lies necessarily within the physician's province. At the basis of practically all social reform is the problem of physical well-being. For instance, few matters are of greater import-

ance than the education of our children. But this is not simply a question of intellectual pedagogy. It is, we are realizing more and more, a question of eyes and teeth, of adenoids, and of proper nourishment. So the supply of water and milk, pure food and drugs, the use and the abuse of alcohol, the housing of people in crowded districts—all these things and many others which are fundamental to social well-being are peculiarly the problem of the physician.

What we broadly speak of as municipal corruption touches the public health at frequent and surprising points. To no class should the problem of municipal reform be of greater concern than to physicians.

Last year it was the duty of your President, as representative of this Society, to appear and speak at legislative hearings in behalf of the new city charter. This shows how medical societies are being looked to for aid in effecting municipal reforms.

The physician is the custodian of life. His profession may be said to be the only one that aims at an ultimate self-destruction. The true ideal of the physician is to work for a world in which the need for the physician shall be reduced to a minimum. The present generation of physicians, however, need not fear any loss of livelihood through the unexpected hastening of such a process.

As the custodians of life physicians find themselves in conflict with those innumerable human conditions which destroy health and endanger life. It should not be strange for the physician to be socially a radical, for nothing is more woefully apparent, even in this last and mightiest stage of the world, than the actual cheapness of human life. It was established long ago by the most authoritative of all who have spoken on earth that a man is better than a sheep. It has not yet been established that a man is better than a ton of coal. Our country, having from the outset thrown to the dogs that ancient imperialism of the divine right of kings, has calmly substituted for it the divine right of property. It may truly be said that the protection of human life and the maintenance of its rights constitute the supreme social task of the age. It is in general terms, whether is greater, man or money, people or property.

This is peculiarly the question which modern industry has forced upon the world. The proper safeguarding of workmen in dangerous industries, child-labor, the employment of women (especially of pregnant women), the securing in all industries of well-proportioned hours of labor, and of a living wage, indemnities for injured workmen and their families, pensions for old employees; these are but phases of the one great problem—the protection of human life.

Tuberculosis is, after all, a landlord question, and this in turn is a property question. However much is done by educa-

tion, we can scarcely hope to begin the checking of tuberculosis till we establish the fact that the life of the consumptive is of greater value than the tenement house that breeds it.

Thus the physician, by the very nature of his calling, is finding his place chosen for him. His business is to add to the dividends of life rather than to the dividends of corporations. The corporation lawyer is indeed understandable, but the corporation doctor is a reproach to his profession. The custodian of life cannot with honor become the alienist for property. The place of the physician, therefore, is that of leadership in social work. Events have foreordained him to this place. First of all, he can aid in social education. Disease, when linked to ignorance, makes a power that is only a little less than omnipotent. It can be conquered only by the creation of a social intelligence. And the creation of such a social intelligence is preeminently the task and the duty of the physician.

In every community the members of the profession constitute on matters of health a body morally authoritative. Increasingly should physicians, on points where there is practical unanimity of opinion, learn to speak collectively. The advice of the family physician is readily taken by the family. The collective advice of physicians on matters of public health would correspondingly impress a community.

If the physicians of a city, for example, should insist that that random and ill-conceived function, the Board of Health, be lifted out of the slough of politics, it would be the strongest possible means of accomplishing that greatly to be desired end. Why should the safeguarding of the health of the city, a problem involving so many intricate and scientific matters, be placed in the hands of men who are often untrained and unfitted for such tasks, and who owe their preference to political patronage? A public health association, formed and led by physicians, has all the justification of a public school association.

This leads me to briefly touch the question of professional ethics, the conduct code of physicians and medical societies. On this subject we think more careful attention is needed.

Varying beliefs, in this liberal age, give to no one the right to criticize unjustly his neighbor who takes a different viewpoint. Time and science finally establish the truth. Within the memory of many of the older members of this society, the great central therapeutic truth of our school has been honestly and vigorously assailed. It has, however, withstood the attacks of both the brilliant and the ignorant, and today the light of laboratory science is shedding forth its beams of vindication.

During this trying period many of our able leaders, by their firm adherence to conviction, devotion to duty, and charity toward their opponents, have done much to bring about the better feeling of the present time. With this better understanding, the time has arrived for a larger coöperation of all physicians. Just

as religious persons of different faith unite with great earnestness to work for a common moral end, so physicians of whatever school may join in movements for social betterment.

This is also practical work for medical societies. Here a great body of physicians may speak on social questions, having to do with the health or morals of the people, as one great voice. Such utterances could not fail to have weight. The instances of recent conventions to consider tuberculosis, pellagra, and the use of alcohol, are striking illustrations of this fact. The opinion of the profession well formulated and clearly delivered cannot be disregarded. In this way, the conclusion of medical science may be brought to bear upon social conditions.

We observe then, that at many and increasing points movements for social betterment touch the physical well-being of people. Medicine and sociology may be said to be not only contiguous, but in larger measure coextensive. Herein the physician is the natural leader, advisor, and educator. As his is the science which has aided greatly in creating this modern social movement, in its physical aspects, his is the science which must also direct it. This we conceive to be the opportunity of the physician in social progress; it is the duty of the day.

At a recent meeting of the Liverpool Branch of the British Homœopathic Society Dr. John D. Hayward, the president, gave an address upon an historical and practical examination of the methods employed for the disposal of the dead body. This cannot be given in full, but one part seems to be of particular interest and is accordingly quoted from the "Journal of the British Homœopathic Society": "The massive oak coffin with its enclosed shells, of which one consists of lead, is a barbarous and insanitary method, especially if the body has not been previously specially prepared and embalmed. The mind refuses to contemplate what bodies must resemble in such receptacles at various periods after death, or to compare the orderly beauty of a churchyard with the scenes in the graves and vaults below. For those whose prejudices revolt at cremation, basket, or earth-to-earth burial should be the only alternative; the tragedy of decomposition is at least shortened by such devices. Unfortunately, we have no legal property in our dead bodies and we may think that what shall be done with our dead bodies is no concern of ours—after the deluge! But at least medical men should be intelligent and altruistic enough to advocate cremation and to leave on record a wish for such to be carried out in their own cases, leaving their relations, or heirs, to disregard such wishes on their own responsibility. With most of us there are traces of the old superstition that, somewhere and somehow, our old bodies will be of use to us again. Cremation and urn burial form the ideal method of disposing of a corpse; the only possible objections are the slight legal ones. The funeral ceremony can be carried out much as at present, if so desired, and even the appearance of our graveyards need not necessarily be altered. If the practice became common the cost could be reduced to 30s. The time occupied in reducing an average body to about five pounds' weight of ashes is about an hour and a half, and there is nothing whatever revolting in the process. Those who like myself have examined the appliances, and the results in this country and abroad, more especially in Italy, must feel that cremation is the speediest, sanest, safest plan, and altogether the most sanitary and satisfactory method for the disposal of the dead."

SYMPHYSEOTOMY

By Geo. H. Earl, M.D., Boston, Mass.
Professor of Obstetrics, Boston University.

Twenty-five years ago, a popular text book of obstetrics had as its title, "The Science and Art of Midwifery." The author was the late William Lusk, of New York City. Since that time text books have multiplied, but they are known as works on "Obstetrics," and the significent words, "Art of Midwifery," are omitted.

It has sometimes been said that obstetrics is practically a completed department in the practice of medicine, and while many advances have been made in the last two decades in the science of obstetrics, it seems to be a fact that the "Art of Midwifery" has not advanced, at a corresponding rate.

As to the science of obstetrics, Cæsarean section, for instance, for other than positive obstruction, and for placenta prævia, is not uncommon.

Antiseptic surgery, and better, aseptic surgery, have done much to advance obstetric art and science. The question arises: Are we taking full advantage of these advances to give the mother and child the best they have a right to expect, or are we still hampered and retarded in our methods, by tradition and habit, and even by so-called authority? I well remember a statement made in regard to text-books on obstetrics, by a prominent teacher, that they habitually copied from one another, and that very little that was new or additionally useful appeared. We all know the truth of this statement.

The object of the present paper is to call your attention to a measure which has been successively urged, and condemned, and which certainly is resorted to very infrequently, but which has a well defined place in the practice of obstetrics, and which has much in its favor. I refer to Symphyseotomy.

The operation was first done in 1777. Dr. Harris of Philadelphia was the first to operate in this country in 1892.

At first thought, it would seem that dividing the symphysis would only result in enlarging the transverse diameters. This would be true if the innominate bones moved on a single hinge, at the median line, posteriorly; but they move on separate hinges, viz., the sacro-iliac synchondroses. The result is that the sides of the symphysis pubis, after division, move not only laterally, but somewhat anteriorly as well. This results in enlarging all the diameters of the pelvis, both at the superior and interior straits.

The indications for symphyseotomy are: impacted head; a disproportion between head and pelvis, which prevents engagement after due effort; mento-posterior positions, head engaged. The conditions necessary are: child in good condition, and not too small a pelvis.

Among obstetric operations the one known as "high forceps" is

probably responsible for a greater proportion of unfortunate results than any other.

We are all familiar with this class of cases. A large, hard head, arrested at the brim, hours of tedious and unavailing effort on the part of the woman, and then, when other means fail to bring about advance of the head, forceps applied. If there is no great disproportion between head and pelvis, if the head is fairly well molded and the blades are favorably placed, the outcome may be all that could be desired; but if in spite of the best judgment and care the head proves to be a little too large, or too hard to come through easily, we have often as a result much injury to the mother and child.

Axis traction has done much to make this operation safer, and the condemnation of the practice of applying forceps while the head is movable above the brim has also lessened the dangers. It still, however, remains a difficult and dangerous operation: for the mother, in the bruising and traumatism, as well as the less serious one of laceration; for the child, the compression and more or less rapid molding of the head, which is unavoidable, dangerous also from the fact that the blades are necessarily applied more or less obliquely. The child's head does not bear compression, antero-posteriorly, as it does laterally.

How many times have the forceps been applied while the child is alive and in fairly good condition, and yet it fails to survive; and in how many cases of apparent success, does the child suffer through life as a result of the great pressure upon the brain.

The injury to the woman, as a result of a difficult high forceps, is not confined to injury to the pelvic floor or cervix, or both. The bruising and pressure must many times result in permanent disability of various kinds. If it is possible to deliver the child by the natural way, or if the woman has been many hours in labor and especially if many examinations or efforts at delivery have been made Cæsarian section is contraindicated; but in symphyseotomy, we have a means of effecting delivery which saves mother and child from the injuries already indicated and which has many advantages.

It is an operation which need not be decided upon beforehand. The woman can and should be allowed to go into labor and go on. Dilation and molding progress in a natural way. In spite of some disproportion between head and pelvis, the labor may terminate without interference. The exact relation between the head and pelvis is a matter which we can never determine. But if after due trial there is evidence that the woman will probably not be able to deliver herself within a safe time limit for herself and child, or in other words, if indications are present for prompt delivery, then we should be prepared to cut the symphysis if necessary. The forceps should be applied and tentative traction made. We can not always be sure that the head with a little help will not pass the brim. But if it is found that the head will not advance with careful and moderate traction, the symphysis is divided and the head easily brought through.

There is no conflict between symphysiotomy and Cæsarian section. The latter has clear and positive indications. Symphysiotomy applies to those border-line cases in which it is impossible to foresee with any reasonable assurance what the outcome of labor is likely to be. Cæsarian section usually should be an operation of election. Symphysiotomy is a safe and efficient means of delivery after nature has tried and failed.

Are there any objections to this operation? Many are claimed, but in the writer's opinion, there are no valid objections in properly selected cases. Among the objections claimed are the following:

1. Danger of infection of the wound from the lochia or urine. 2. Hemorrhage from wound. 3. Injury to bladder, urethra, vagina. 4. Failure of symphysis to unite, with consequent disability. 5. Difficulty of performance. 6. Long convalescence and trouble in after care. 7. Greater advantages of pubiotomy.

Fig. 1

Patient's Hips Showing Clear Above Bed

Before discussing and answering these objections, let us see briefly what the operation consists of, and how it compares in seriousness and difficulty with some other operative procedures.

An incision about two inches in length in the median line of the abdomen, terminating at or just below the upper border of the symphysis pubis. A slight snip laterally on either side, partially severing the attachments of the recti to the pubic bones, to make room to push one finger down behind the symphysis. Then, with an ordinary scalpel the cartilage is divided, guarding and guiding the knife with the finger held behind the symphysis. When the cartilage is entirely cut through, a separation of one quarter to one

half an inch takes place between the bones. The sub-pubic ligament remains and is divided with a curved, blunt pointed bistoury, when the bones separate still farther.

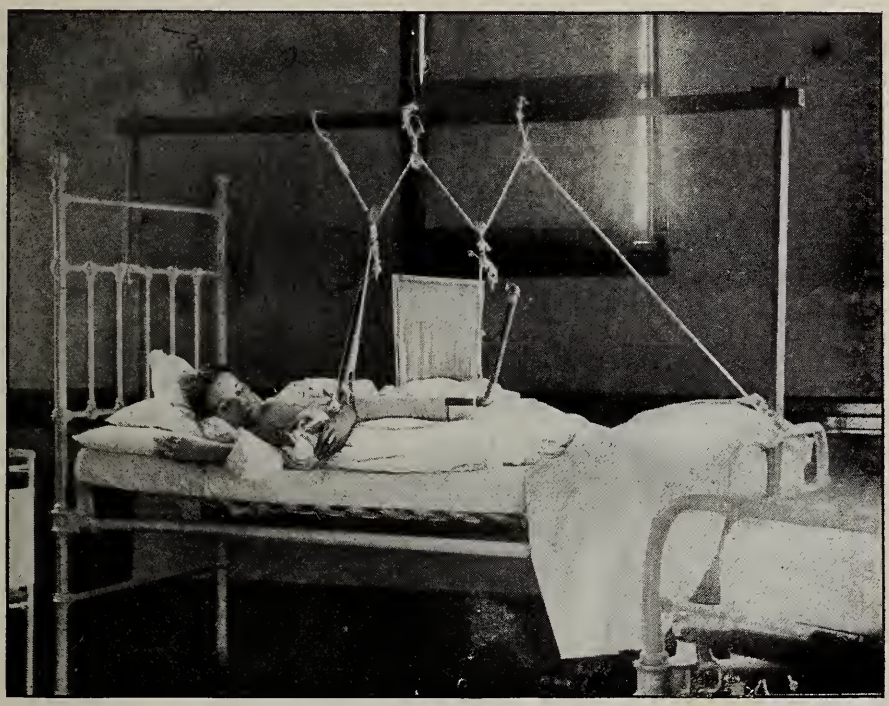
During extraction too great separation is prevented by pressure over the hips by an assistant on each side. The wound is closed with deep sutures, drainage twenty-four or forty-eight hours.

The operation, then, consists in opening a joint and closing it again. The motion which takes place at the sacro-iliac articulations is not great, and is easily allowed. We do not hesitate to open other joints, diseased or injured, the one essential being absolute asepsis.

As to the objections:

1. Danger of infection. There is no more difficulty in guarding this wound than after an operation for inguinal hernia, and after twenty-four or forty-eight hours it may be sealed. And we do get a perineum to heal, and it often heals itself.

Fig. 2



Patient Turned on Side, Nursing Baby

2. Hemorrhage from wound. This I have not seen, and in the operation as I have described it, it seems hardly a possibility. There are no vessels in the median line; the structures just behind the symphysis are easily pushed back by the finger without injury, and there are absolutely no vessels in the structures divided. The danger of hemorrhage is due to the method of operating; dividing the structure in front of the symphysis, and particularly in the use of the special knife recommended. The blade is at least one-third of an inch in length, and hooked at the end to pass below and cut the subpubic ligament. In use it is pushed down behind and below the

symphysis, then is brought forward and upward to divide the ligament and cartilage, and in so doing must necessarily invade the region beyond and below the symphysis more or less hemorrhage necessarily resulting. It is said to be "considerable" and even alarming in many cases done in this way.

3. Injury to bladder, urethra and vagina. These, I believe, result from either unskillful manipulation, or are the result of the use of the special knife already criticized. In case of long impaction with edema of soft parts, the danger would be present, but even so, operation not contraindicated.

4. Failure of the symphysis to unite. This could only result from great carelessness in the after care, or infection.

5. Difficulty of performance. It seems to me not as difficult as, for instance, a subcutaneous tenotomy.

6. Long convalescence and difficulty in after care. The convalescence is prolonged beyond what is usual in an ordinary case. About one week must be added to the time the woman is recumbent. As to trouble in after care, we have not found it so, with the use of a specially constructed hammock which I will show you.

7. Greater advantages of pubiotomy. This operation consists in dividing the pubic bone just to one side of the symphysis with a Gigli saw. Usually a short incision is made parallel with the upper edge of the bone, a carrier is inserted and passed behind and close to the bone and brought out through the labia majora, just below the bone, the saw is attached, drawn through and the bone divided. It is claimed to be easier to avoid infection; but I fail to see how, when one wound is made exactly at the entrance to the vagina.

It would also seem that greater danger exists of injury to soft parts in pubiotomy because, during extraction, the pressure of the head is against the sharp cut edges of the pubic bone; whereas in symphysiotomy, the pressure is against the rounded ends protected with cartilage.

Certainty of union is another advantage spoken of for pubiotomy, but the symphysis is just as sure to unite if kept in apposition. It is said that considerable hemorrhage usually follows this operation and that often a troublesome hematoma forms. One case is on record of fatal hemorrhage.

My experience with symphyseotomy is limited to three cases, and instead of detailed reports of each case they may be summarized as follows:

In each case the patient was a primipara with contracted pelvis, the conjugate measuring three inches or less; each had been in labor many hours, without engagement of the head; podalic version contraindicated because all the diameters were below the normal; and mother and child both showing symptoms of impending exhaustion. All three mothers recovered, nursed their babies and have had no subsequent disability. The third case was of especial interest, because the wound suppurated prolonging the time in bed, but this fact did not affect the final result. Suppuration occurred because

of an unfortunate break in the asepsis during the preparation of the patient, which was not brought to my attention until a week later.

The limits of this paper do not admit of lengthened discussion of the relative advantages of symphysiotomy and premature labor, but, briefly, it would seem that a child allowed to go to term and then delivered easily, has a much better chance to survive than a premature child, however easy the labor.

In conclusion, then, it is clamed that symphysiotomy has a distinct value for mother and child in those cases which do not show positive indications for Cæsarean section, and in which the delivery must otherwise subject the child to risk and the mother to severe trauma.

THE PRESENT STATUS OF THYROIDECTOMY

By Charles T. Howard, M.D., Boston, Mass.

In those parts of the world, such as Switzerland, where goitre is endemic much interest has ever been manifested in its treatment. Here in New England, where cases are comparatively rare, we have been prone to look upon them with a certain degree of indifference, and to feel that the wisest course to pursue was merely to give the indicated remedy and hope for results.

We have maintained this attitude, I believe, because we have had instilled into us in the past the dangers of operation; dangers both immediate and remote. Great stress has been laid upon the likelihood of hemorrhage, upon injury to the recurrent laryngeal nerve, and upon the difficult technic of the operation itself.

With the discovery of the parathyroid bodies by Gley in 1891, and a more definite understanding of their functions in the few years following, there has come about a revolution in the treatment of goitre, both simple and exophthalmic, and today unquestionably the correct treatment is the early removal by surgical means.

Goitre is probably caused by excess of certain minerals in the drinking waters. This accounts for goitre being endemic in some localities, as Switzerland and the State of Washington, and only sporadic in New England.

Enlargement of the thyroid has been classified as simple goitre and exophthalmic goitre, the simple being those cases without constitutional symptoms, and which on microscopical examination show a small amount of the cellular elements and a large amount of colloid material. The exophthalmic variety or Graves' disease shows constitutional symptoms, tachycardia, tremor, nervous disturbances, exophthalmos; on microscopical ex-

amination the cellular elements are found to predominate, the normal areas being more or less filled with cells.

Such a classification is unsatisfactory, and it would be better to speak of goitre with or without hyperthyroidism.

In the past most cases of goitre without hyperthyroidism have not been operated upon unless they became so large as to cause pressure upon the recurrent laryngeal nerves, with consequent interference with respiration and phonation. Those cases with hyperthyroidism, the so-called Graves' disease, have not often been operated upon except as a last resort after unsuccessful medical treatment for years, and oftentimes then surgical interference has been impossible because of the patient's serious condition, the tachycardia and nervous symptoms being so pronounced as to render the outcome too doubtful.

With the advances made in our knowledge of the anatomy and functions of the parathyroid bodies, this attitude is no longer tenable, and today before, or certainly not later than the earliest appearance of the symptoms of hyperthyroidism, enucleation or excision of the goitre should be advised. Otherwise the patient must suffer the penalty of delay.

If allowed to go on the symptoms of hyperthyroidism become more pronounced, the heart beats increasing to 120 to 140 per minute; the heart, suffering from the general toxemia, becoming dilated and undergoing irreparable damage. The nervous system, too, shares in the general toxemia, and if operation be long delayed but slowly if ever regains its natural tone.

Why have we then in the past been so chary of operative interference? First, because in a certain percentage of cases there would develop tetany, with almost total incapacity, or even fatal results. Second, because the imperfect operative technic was attended by the dangers of hemorrhage, injury to the recurrent laryngeal nerve, and acute thyrotoxicosis.

The first of these dangers, tetany, has been absolutely eliminated by a better understanding of the parathyroid bodies; the other dangers, while not totally eliminated, have been much lessened by improved operative technic.

The parathyroids are usually four in number, situated posteriorally at the upper and lower pole of each lobe of the thyroid. They are small bodies about the size of a pea-bean, perfectly definite in structure, and entirely independent of the thyroid itself. They have a capsule of their own, but often lie within the layers of the capsule of the thyroid. Their blood supply is definite, the inferior parathyroids being supplied from a small branch from the inferior thyroid artery, and the superior parathyroid supplied either by a branch from the inferior thyroid artery or from a communicating branch between the inferior and superior thyroid arteries. So much for the anatomy of these little bodies.

It has been demonstrated on dogs that the removal of the parathyroids, even when the thyroid itself is uninjured, is followed by tetany; and that the total ablation of the thyroid, if the parathyroids are uninjured, is never followed by tetany. Moreover, that if both parathyroids and thyroids be removed and tetany developed, it can be ameliorated or controlled by the transplantation into the bone marrow or under the skin of fresh parathyroids. Therefore, it seems pretty definitely proven that the preservation of the parathyroids during removal of the thyroids eliminates the danger of tetany, which has been the greatest bugbear to operative interference in the past.

Now as regards the possibility of myxedema following removal of the thyroid. Myxedema is, of course, due to a lack of the thyroid secretion in the system. Where but one lobe of the thyroid is involved and removed, there is no danger of myxedema. Where both lobes are diseased, and if both are totally removed, some danger does exist. The safeguard here consists in leaving a small amount of healthy gland tissue behind, if such can be found, and preferably leaving the upper portion of the lobe least affected.

As regards the technic of operations in the past, extra-capsular excision of the gland has been practised. A transverse collar incision being made through the skin and platysma, the sterno-hyoid, sterno-thyroid and ano-hyoid muscles were either divided or retracted outward and slipped over the tumor. The tumor was then displaced and drawn inward and downward until the superior thyroid artery was demonstrated, when it was ligated in two places and divided between ligatures. The same was done with the inferior thyroid artery and the tumor excised.

Remembering the anatomy of the parathyroids, it is evident that such operative measures entailed almost sure destruction of the parathyroids, either through their removal with the tumor or through the cutting off of their blood supply by the ligation of the inferior thyroid artery in continuity. Consequently where both lobes of the thyroid were removed tetany often developed.

The modifications of the operation in the light of present knowledge consist in not ligating the superior and inferior thyroid arteries in their main trunks outside of the capsule, but in ligating their terminal branches as they are met during the course of the excision, and in leaving behind the posterior portion of the capsule, to which the parathyroids are intimately related. With these slight modifications the operation today has become one of safety.

Stress, too, should be laid upon the flushing out of the wound with one or two gallons of saline solution to wash away all loose particles of thyroid tissue, and so obviate the possibility of acute thyrotoxicosis from this source. This is a step, the value of which has long been recognized and practised by Kocher in his work.

In these cases where a portion only of the gland is diseased enucleation is the operation of choice. The same incision is selected

as for excision, and the tumor directly cut down upon. Being inside the substance and capsule of the thyroid, dry dissection is usually sufficient to lift them from their bed without danger to the parathyroids or nerves, and with but little danger of hemorrhage.

In regard to the results of the operation. The simple cases almost invariably do well, the absence of constitutional symptoms leaving nature nothing to do but to recuperate from the shock of operation, which is very slight. These patients usually leave the hospital on the fifth or sixth day entirely recovered.

The exophthalmic cases usually show a marked improvement in the tachycardia and nervous symptoms, the promptness of the improvement depending upon the previous duration of the symptoms. Of course, where Graves' disease has existed for years, and pronounced cardiac and nerve changes have occurred, a considerable period of time must be allowed after the exciting cause is removed for nature to do its work, and for these structures to regain anything like their normal tone. In my own cases sufficient time has not yet elapsed for me to speak with the positiveness I could wish. I can only say that from my first case, a year and a half ago, until my last one, February 3, 1910, the results seem most promising, the exophthalmic cases showing considerable drop in the pulse rate very soon after operation, the tremor becoming much less marked, and decided improvement being manifest in the general condition.

In conclusion my plea is for earlier operation, excising or enucleating the affected lobe or lobes, regardless of size, before or with the earliest appearance of hyperthyroidism.

DIFFERENTATION OF COMMON TYPES OF PROTRACTED FEVER.—The "Medical Review of Reviews" quotes from an article by Bovaird appearing in the report of the Presbyterian Hospital upon the above subject. He gives these conclusions:

"1. Malarial fever is easily recognized by the presence of the characteristic micro-organisms in the blood, and by its amenability to quinine. Fevers not conforming to these requirements are not malarial.

2. Typhoid fever can be recognized or excluded with equal accuracy by the combination of clinical and laboratory evidence.

3. Tuberculosis and sepsis of certain types present clinical pictures so closely similar that they can often only be differentiated by the ultimate outcome of the case, possibly only by autopsy.

4. Influenza may give rise to protracted fever, which can usually be recognized from the conditions under which it occurs, sudden onset, characteristic symptoms and course.

5. Sepsis in other cases may be clearly indicated by very high leucocyte counts with high polynuclear percentages before any localization of the process can be made out.

6. Blood cultures are of very great value in the differentiation of fevers, especially in typhoid, and in such conditions as malignant endocarditis.

7. There are cases of long-protracted fever which cannot at present be satisfactorily classified."

REPORT OF THE OBSTETRIC SERVICE AT THE MASSACHUSETTS HOMOEOPATHIC HOSPITAL FOR THE SUMMER OF 1909*

By George D. Bliss, M.D., Obstetrician, Boston, Mass.

Mr. President and Members of the Boston Homœopathic Medical Society:

In offering a report of the obstetrical service of the summer term of 1909, I wish to emphasize certain features which contributed, in my judgment, very much to the success of the service and with the following results: One hundred and fifty-five patients were confined during the service. There was no sepsis. There were no post-partum hemorrhages. All anti-partum and post-partum examinations were made with disinfected hands and sterilized gloves. All cases except one or two emergency cases were delivered in the operating room after thorough preparation, and in all forceps operations the vagina was prepared. Lysol, 2 per cent., was used in the vagina in all operative cases. Ether was the only anesthetic given, and I saw no ill effects from its use, even in kidney cases. Ergot in one dram doses was given after the completion of the third stage of labor, or given hyperdermically, if ether was administered, as a prophylaxis against post-partum hemorrhage and sepsis. The umbilical cord was ligated one-half inch above the umbilicus and cut off short above the ligature. Alcohol was applied to the umbilical stump after ligation, and alcohol 50 per cent. solution was applied from time to time to the umbilical stump if very necrotic. The mothers were given a full enema of soap and water every other day. Should there not have been satisfactory results from the enema, one ounce of laxol was given. When necessary the use of one-half of one per cent. solution of formaline on the fifth or sixth day as a douche was used.

Breasts. The breasts were watched very carefully, particularly during the first few days of nursing, so as to guard against the possibility of the milk remaining undrawn and the consequent caking of the breasts. When a larger amount of milk was secreted than the child could take, the breasts were relieved by using the breast pump after the nursing. After each nursing the nipples were washed and dried, and in case of a leaking nipple it was covered with a pad of sterile absorbent gauze. The acids generated by decomposition of milk from a leaking nipple irritate the tissues of the nipple, and predispose to cracks and fissures. Cracks and fissures of the nipples were bathed with a saturated solution of boric acid after each nursing. The nipples were dried, a pad of sterile gauze placed over them, and held by a binder tight enough to support the breasts. An 8 per cent. solution of nitrate of silver was applied to the cracks and fissures once or twice a day, and washed off with sterile water just previous to the next nursing. In cases

*Read before the Boston Homœopathic Medical Society, January 6, 1910.

of deep fissures a nipple shield was used for a few days. Ointments were never used on the nipples, as they tend to soften the epithelium and render the nipples tender and predisposed to cracks and fissures.

Feeding. I insisted that a new born baby should have ten feedings in twenty-four hours. In cases where vomiting occurred or green undigested stools appeared, whether breast or artificially fed milk was withheld for twenty-four hours or longer, and barley water substituted until such time as the stools improved. At times a high saline enema was given. The cases thus treated showed only a slight illness of but a day or two.

Eyes. Into the eyes of all the new born babies were dropped one or two drops of a 1 per cent. solution of silver nitrate, after which they were washed out with normal salt solution.

Perineum. A hot, wet, sterile towel was used on the perineum just before the completion of the second stage of labor. A strip of adhesive plaster was placed across the buttox, over a pad of sterile gauze which covered the anus to protect the disinfected examining hand from the discharge from the anus during labor.

A culture of all post-partum cases was taken from the uterus in which the temperature reached 102° or over, unless it was very apparent from whence the temperature came.

There was, during the service, a case of hematoma of the vulva about the size of an orange, which was opened up on the fifth day, the clot removed and the perineum repaired at the same time.

There was a case of induced labor at about the eighth month on account of a fibroid tumor of the anterior lower segment of the uterus. Mother and child did well, and several weeks after discharge it was reported to the department that the baby was doing finely. In confinement about one year previously, Cæsarean section had been performed on this woman in a private hospital in this city.

Four placenta prævia cases were treated. They were operated on by emptying the uterus. The mother and babes in three cases were saved. In the fourth case, the first hemorrhage was so severe that the baby did not survive it. The mother made a good recovery.

In several cases which had gone over term, labor was induced to avoid the dangers consequent upon the overgrowth of the child and the hardening of the cranial bones. Unduly prolonged pregnancy, I think, is a serious menace to mother and child, and a great source of worry to all connected with the case.

The routine method of dilatation of the male infantile prepuce was omitted, and the rule was established that only those which showed ballooning of the prepuce, causing some difficulty in micturition, should be dilated, and then only sufficiently to relieve it. I think that often irritation in the urethra, caused by highly concentrated urine or by a large amount of uric acid, is inaccurately laid to the prepuce. Among all the boys born during the service it was not found necessary to dilate the prepuce. There is a natural

epithelial agglutination of the two surfaces with, in all cases, more or less smegma, producing balanitis only in very rare cases. When the organ grows to the early boyhood stage these surfaces cease to adhere and are broken up and the prepuce can be retracted. At a later period a modified operation can be done, if necessary. I think the tendency is to do too much in all branches of medicine and surgery, and an inclination to do many things without a clear indication.

Dr. John Lovett Morse of this city, in a recent article, states: "All sorts of nervous symptoms are attributed to this false phimosis. Restlessness at night, picking of the nose and so on. I have myself known circumcision performed for the relief of otitis media and for the cure of tubercular meningitis."

A new departure in the treatment of the ruptured perineums was instituted. All ruptured perineums of the second or third degree were left until the end of the first week and then repaired. At this time the tissues have regained their tone, and the lochia is not so troublesome not only at the time, but also during convalescence. By the use of a sharp curette the abraided surfaces are easily freshened up and can be sutured in correct apposition. The cases so treated stay in the hospital only three weeks, which is only one week more than the usual time, and is not too long for any confinement case to convalesce in. All the cases so repaired made an excellent recovery, and at the time of discharge showed the perineum to be intact. No perineum became infected by not being repaired until the seventh day post-partum. The anesthesia disturbed lactation for a short time only.

In the method employed during the service in the repair of lacerated perineums, three kinds of sutures were used: The guy suture of silkworm gut; the vaginal suture of catgut, and the skin suture of silkworm gut.

The guy suture is inserted by entering the needle at a point posterior to the middle of the laceration on the skin side near its edge, and is passed up through the vaginal structures to the top of the laceration, when the suture is partly pulled through at this point; the needle is again entered at this same point and passed downward through the vaginal structures, and so directed that it will come out at a point on the opposite side corresponding to the first place of entry. This suture remains untied until after both the vaginal and skin sutures are entered and tied. Then the guy suture is tied, and the structures restored to their normal position by pulling down those from above and lifting up those from below.

I now call your attention to the three fatal cases which occurred during the service: One of pernicious vomiting, one of eclampsia, and one of unsuccessful previous attempts at delivery before admission to the hospital.

The case of pernicious vomiting was in a very weak and critical condition when admitted to the hospital. Her history showed that she had been treated on four previous occasions for this condition,

two in our hospital and two elsewhere. In each case pregnancy had been interrupted for the relief of this condition. The present instance showed that pregnancy was about three and one-half months, when she was admitted to the hospital, and continuous vomiting had been going on for three days, although several previous attacks had been relieved. The urine was scanty. Headache, blurred vision and sharp pains over the left eye prevailed. The urinalysis showed albumen 20 per cent., by bulk, hyalin casts and numerous compound granular cells, but no acetone. The contents of the uterus were removed. She was fed with nutritive enemata, and treatment tending to eliminate the urea was administered. But very little urine was secreted, and the stomach failed to retain nourishment. She gradually failed, and death followed as the result of profund toxemia three days after her admission. This fatality at such an advanced stage of the disease suggests the importance of interrupting pregnancy in such cases at an earlier period.

The case of eclampsia was one that occurred at about full term, and three convulsions had occurred previous to her arrival at the hospital. Forty-five per cent. by bulk of albumen was found in the urine, and for a week previous she had headache, dimness of vision, and swelling of the ankles. Accouchment forcé was employed and a dead fetus was removed. The patient was then free from convulsions for about six hours, when they again set in and continued at intervals until she died, about twenty-four hours after being delivered. The treatment applied consisted of hot packs, epsom salts and tincture of veratrum viride, and before leaving the operating room she was given a high enema of normal salt solution. It is quite probable this case might have been saved had labor been induced when the clinical symptoms presented. Unfortunately an autopsy was denied.

I now come to the case in which unsuccessful attempts at delivery before admission to the hospital had been made. The history of the case showed that eight unsuccessful attempts to deliver with forceps, and an unsuccessful attempt at version had been made before admission to the hospital.

The patient showed a very rapid pulse, one could hardly count it, a temperature of 101°, and was pale and clammy and in a very precarious condition. Examination revealed that the head and one foot were tightly wedged in the pelvis. The vagina and cervix were badly torn. With great difficulty version was completed by putting a gauze sling over the ankle, and by traction with the left hand and pushing up on the head with the fingers of the right hand, assisted by external manipulation of the uterus by an assistant, labor was carefully completed and the patient delivered of a dead child. A shock enema, a normal salt solution under each breast, brandy hypodermically, and hot water bottles were employed; but the patient sank rapidly and died soon after being sent to her room.

The foregoing cases just described show the extraordinary causes and reasons for the three fatalities during the service.

Service of Dr. George D. Bliss.

Summary of Obstetrical Cases During	July	1909. Aug.	Sept.	Total.
Patients confined	54	51	50	155
Primiparæ	26	17	30	73
Multiparæ	28	34	20	82
Positions—L. O. A.	35	37	39	111
R. O. A.	9	8	6	23
R. O. P.	5	4	2	11
L. O. P.	0	0	1	1
S. R. A.	1	1	0	2
S. L. A.	1	0	0	1
S. L. P.	2	0	1	3
S. R. P.	1	0	1	2
Transverse	0	1	0	1
Forceps, Low	1	1	0	2
" Medium				13
" High				2
Versions				5
Repairs of Perineums	16	3	9	28
Boys	24	30	25	79
Girls	30	21	25	76
Placenta Prævia	0	3	1	4
Eclampsia	1	1	0	2
Still Born	2	5	3	10
Twins	2	0	3	5
Prematures	2	2	3	7
Deaths—Mothers	1	1	1	3
Deaths—Babies	1	2	1	4
Pernicious Vomiting				1

THE RECOGNITION OF MOVABLE KIDNEY

By Clarence Crane, M.D., Boston, Mass.
Assistant Surgeon Massachusetts Homœopathic Hospital.

The old adage that there is nothing new under the sun, will, no doubt, be verified by the remarks of the writer on this subject. This paper is offered with the desire of directing some degree of attention to this very prevalent condition, so often overlooked, so often wrongly diagnosed.

The condition of movable kidney is one involving women more often than men, and generally between the ages of twenty-five and forty-five. Statistics regarding the frequency of movable kidney indicate a wide variation in the observations of different writers. Keyes reports several series of examinations for movable kidney aggregating 6,500 cases. Of 3,415 women examined 802, or 23 per cent., had movable kidney. Of 3,078 men examined the kidney was

movable in 72 cases, or 2.3 per cent. This would indicate a ratio of about 10 cases in women to 1 in men. These observations impress us with the great frequency of this condition in women. It seems that about 23 out of every 100 women have a palpably movable kidney. If this is the case, one would almost be justified in saying that in women, a somewhat mobile kidney was a normal condition. However, authorities have generally accepted the rule that a normal kidney may permit of 1½ inches of motion. It is extremely difficult to palpate a kidney that does not show a greater degree of mobility than this.

There is a difference between a movable kidney, and a movable kidney producing symptoms. A kidney may be unmoored and permit of great displacement, and yet show no symptoms. The degree of mobility has no definite relation to the severity of symptoms. Douglass believes that the ratio of 4.41 per cent. offered by Küster, gives a conservative estimate of the number of patients having pathologically movable kidneys. It is, then, to these four patients in every hundred, who are suffering from symptoms due to movable kidney, that your attention is invited.

The typical picture of a case of movable kidney is that of a woman of middle life, with long, narrow waist, lax, abdominal wall, with a history of considerable loss of flesh. The patient presents persistent nervous symptoms, and generally, well marked gastro-intestinal disturbances, abdominal pain of a chronic nature, or the story of acute attacks of colic. There is little in this picture to suggest a pathological condition of the kidney, and for this reason the true condition is often unrecognized. Symptoms of this kind should always lead to a careful physical examination.

The patient should be lying on the examining table, on the back, with shoulders slightly elevated, thighs and legs slightly flexed. All clothing should be removed from about the abdomen. The muscles of the abdomen should be relaxed, and the patient instructed to breath quietly and deeply through the open mouth. In examining the right kidney the left hand is placed on the patient's back, on the space between the lower rib and the crest of the ilium. The right hand is placed on the front of the abdomen just below the ribs and at the outer border of the right rectus muscle. By following the receding muscles during expiration, the right hand may be carried in deeply under the costal margin, and the kidney—which has been displaced downward by the descent of the diaphragm—may be felt gliding between the hands. In some cases, and in the same case at different times, it may be difficult to thus demonstrate a movable kidney. Placing the patient on the left side, instead of on the back, flexing the thighs and then palpating as above may be more effective in some instances.

The fact that a movable kidney has been discovered, does not indicate a true pathological condition, for as we have already seen, by far the greater number of these cases show no kidney symptoms and obviously require no treatment. It is probably the best plan

not to tell these patients of the existence of a movable kidney, because of the untoward effects of a too vivid imagination.

The first duty of the physician is to determine, if possible, whether or not the malposed kidney is causing the existing symptoms. If no relation between them can be established, treatment directed toward the kidney condition is likely to prove of no avail. A typical neurasthenic, with her numerous and changing symptoms, may have a wandering kidney. Chronic indigestion, with flatulence, and frequent vomiting may occur; a distended gall bladder may give rise to symptoms of pain, dragging and tension; chronic constipation, with fecal inpaction, and the symptoms of autointoxication may obscure the case. Gastric or pyloric ulcer, with partial obstruction, may make the case more obscure. Any of these and many other conditions causing symptoms, similar to those produced by a pathologically movable kidney, may coexist with a harmless movable kidney and make diagnosis difficult. There are acute symptoms occurring with a widely varying frequency in cases of movable kidney. A set of symptoms very easily mistaken for other acute, abdominal conditions, such as appendicitis, acute attacks of gall stone colic, pyosalpinx, nephrolithiasis, etc. These symptoms were described by Dietl, and are recognized under the term "Dietl's Crises." Douglas sums up these symptoms as follows: "In the course of the history of wandering kidney there often occur acute exacerbations, frequently attributed to some unusual exertion. The pain becomes acute, colicky, paroxysmal in character, felt in the loin and referred to the umbilical and inguinal regions. There is muscular rigidity, local tenderness, and a swelling of varying proportions develops. There is vesical tenderness and scanty, high-colored urine, and perhaps a trace of blood may be found. The bowels are constipated, nausea pronounced, vomiting often persistent. The patient is generally depressed, and may show decided shock. There is great thirst, restlessness, mental depression, the pulse feeble and fast, but may be very slow and weak. The duration of these attacks varies; usually they pass off in a few hours—and may occur with varying frequency. A subsidence of the attack is indicated by free flow of urine, a decrease in the swelling, disappearance of tenderness, relaxation of the abdominal rigidity and arrest of vomiting. Such attacks are ascribed to congestion consequent upon torsion of the renal vessels. While this enters into its production, no doubt, it is now currently attributed to constriction and occlusion of the ureter, with consequent transient hydronephrosis."

It will be seen that what we may call the chronic symptoms of movable kidney may be most misleading in regard to diagnosis. It is equally true that the acute symptoms of pain, rigidity, tenderness, vomiting, shock, etc., classed under the heading "Dietl's Crises" may be difficult to diagnose, and the greatest care will be necessary in reaching definite conclusions. It is not my purpose to take up an extended differential diagnosis of these conditions, but merely to call the reader's attention to them.

Regarding treatment it is best to first use palliative measures.

The general health of the patient must be improved by suitable medication, by rest and special attention to nutrition. A well-fitting abdominal support is essential, especially in those cases where the abdominal wall is stretched out and is flabby. This support should be a broad elastic affair supporting evenly the whole lower abdomen. No ring or horseshoe pad should be applied, as such contrivances are useless as far as supporting the kidney is concerned. It may be that, if an existing enteroptosis is suitably supported by the abdominal belt, all symptoms will disappear.

When serious impairment of the patient's health continues, or when recurrent acute attacks occur operation of nephrorrhaphy should be advised. This operation is what might be called a safe one, as the mortality is very low. The results are often disappointing, mainly because the operation has been performed without satisfactorily establishing a relationship between symptoms and the movable kidney—operation being with the forlorn hope that it might do some good. It must be borne in mind that the operation of nephrorrhaphy is not a panacea for relief of neurasthenia, enteroptosis, etc.

In suitable cases there is no doubt that operation brings a relief that is as permanent as it is marked. The best post operative results should not be promised the patient until several months have elapsed.

The following case illustrates the results that may be obtained by operation. An unmarried woman, aged 30, occupation, housework. Had for years been a great sufferer from pain and distress in the abdomen, nausea, frequent attacks of vomiting. On a number of occasions she had been confined to her bed for several weeks at a time. The picture of neurasthenia was well marked. She had been operated upon for appendicitis without relief. She had been treated medically for gastric ulcer, for gastritis, and nervous prostration. The patient upon examination showed a very freely movable right kidney, which could be felt gliding about as far down as the brim of the pelvis and as far over as the median line. In view of the failure of all other measures to relieve, and the completeness of the clinical picture, operation was advised and accepted. The results in this case were most satisfactory. There was an early cessation of digestive symptoms, nausea and vomiting disappeared, the attacks of pain subsided, and after a few months, the neurotic symptoms began to subside. At last accounts the patient was enjoying excellent health, and was able to perform all her household duties, when previous to operation chronic invalidism had been her lot for years.

To summarize: It should be remembered that movable kidney is a very common condition, and that it generally occurs in women. Far too many of these cases are unrecognized, and are either receiving no treatment, or else measures are applied which fall far short of the mark. Therefore, when the symptoms are suggestive, make a careful physical examination, determine the condition, and then apply palliative measures, which, if unsuccessful, should be followed by surgical operation.

AN ADAPTATION OF DOOLEY PHILOSOPHY TO THINGS MEDICAL*

By Horace Packard, M.D., Boston, Mass.

If you please you may think of Mr. Dooley and his friend Hennessey sitting under their own vine and fig tree contentedly smoking the pipe of peace.

Says Hennessey: "What all is this is aggitaytin th' midical profishun—is it that th' World's supply iv casthor ile an' Father John's Midicine is gittin low?"

"It's naythe the wan n'r th' ither—it's worse 'an daper-sayted th'n that," says Dooley, shifting his pipe from one corner of his mouth to the other, and continuing: "As I wuz takin me constitootinal, I mit me auld frind Fitz, the docthor, a lookin disconsolate an' seady like. In me usual cheerful way, I sez, sez I, 'Good mornin', Doc, how's biz?' "

" 'Nawthin doin', sez he."

"I till ye, Hinnissy, that's th' kay to th' sitooashun, th' 's nawthin doin'.

"Th' midical profishun is a bloomin pack iv idjuts f'r deliberaytly desthroyin Nathure's balance between hilth an' disease by a killin' off all th' mosquiters an' microbes, an' rats, an' fleas, an' flies, what Nathure intinded should dissiminate th' germs iv diseayse, an' keep populaton down to where an honest man c'n earn a daycent livin'. As now is th' 's nobody sick an' ivery body dies of auld age.

"What wid Christian Science an' psycho—an'—an' psycho thingamy pukits, an' thim ithical preparation tablet things wid an A. K., or an I. C., or a P. D. Q. so plain that a blind man running c'n read; an' what wid an army of pharmceutical guys a romin' over th' counthry wid double-barrelled shotgun syringes wid thousandyard sights a spyin on ivery bacteria bum of a microbe in solar space; an' wid carpet bag fulls uv opsonic indixes an' ither bugs to go romin' around afther stray diseayses like a weasel in a hin roost; an' what wid shmall pox, vaccine an' diphthary anti toxin what cures th' kids before they take the diseayse; an' what wid multitudinous free hospitals an' dispensaries a springin' up all over Christendom, I tell ye, Hinnissy, th' midical profishun is gittin' stranded like a whale on Nantucket rips."

"Will there be war?" says Hinnissy.

"Yer a fool," says Dooley. "It's worse an' daper-sayted th'n that. It'll be wan iv two things, ayther an injunction or a sthrike, an' Hinnissy, whin th' midical profishun sthrikes, God save th' Commonwealth."

*Extract from an address delivered at a banquet of the Providence Homœopathic Hospital Association.

CRISIS OR RHUS?

By Maurice Worcester Turner, M.D., Brookline, Mass.

In the afternoon of October 21, 1909, I received a telephone from Dr. Charles E. Ames, of Ipswich, Mass., asking me to see his son.

About six o'clock of the same day I found the little fellow, who is five years old, and has dark hair and eyes, lying quietly with a temperature of 102.6° F., his pulse being 110, and respiration 36.

It seemed that on October 17 he was chilled while riding against the wind. During the four days since then, for the fever, cough, etc., he received first aconite, on account of the exposure to dry, cold wind, and later bryonia, without appreciable effect from either.

I found slight dullness with bronchial breathing in the upper lobe of the right lung, especially anteriorly; marked thirst; lips red; no appetite; skin dry; at times flushing followed by slight moisture on back of head and neck.

Dr. Ames and I agreed on the diagnosis, and that the remedy was sulphur, and one dose of the 2 c was given.

By telephone the next morning, October 22, a restless night was reported, and additional information to the effect that during those first four days he desired a great deal of air, sitting (held) near an open window when possible. Besides there was constant wish to change position, asking to be held, then to return to the bed about once in ten minutes; this restlessness followed during the night waking him from sleep. On further study of the case I suggested rhus as undoubtedly the remedy.

I heard nothing more until the following letter, dated November 6, came from Dr. Ames:

"Dear Dr. Turner:—I am very happy to report that the boy is all right. The noon of the day following your visit (i. e., October 22) the temperature was 104.2°; the solidification was now noticeably advanced, dullness and bronchial respiration being marked in upper right chest and also on upper left side anteriorly. I gave him a powder of rhus 2 c at 3.30 P. M., at 6.30 temperature was 101.5°, and he received a second dose (of rhus 2 c) at 10 P. M. Next morning, following a good night the first for five, temperature was 99.2°, which was the last register above normal. The local condition cleared rapidly and completely, dullness and hard breathing all gone in *two days*. Certainly as near perfection as anything could be in the way of results.

* * * * * * *

Yours very truly,

C. E. Ames."

It should not be inferred from the title of this paper that I myself have any doubt as to the action of rhus as here reported, far from it. I have seen too many cases in which medicine acted swiftly, changing a serious state into rapid convalescence, generally by bringing on the crisis, possibly the natural ending, to question the efficacy of remedies in pneumonia. At the same time there are those who dispute whether anything other than perhaps anti-pneumococcic serum will avail. To the doubter the first word in the title will appeal.

OLD ANTAGONISMS DYING

By James Alexander, M.D., Chester, Penn.

During the past decade there has been a perceptible advance made in the way of bringing about a better state of feeling between the different schools of medical practice. Much of this is due to the establishment of State Boards which placed legally qualified physicians of all schools on the same footing. The creation of State Boards has been aided powerfully by the advent of various sects composed of persons who had no training in medical schools, no knowledge of the human mechanism, and yet presumed to treat its ailments in competition with regularly trained physicians of the schools having properly equipped colleges. The presence of a common enemy led us to drop our internecine strife; the establishment of courteous relations was quickly followed by those of amity, and the fuller recognition of the individual right of belief and practice has rendered the old lines of demarcation indistinct.

This has inevitably led to an examination of each other's means and methods without the stubborn intention of finding them reprehensible. Instead there has been somewhat of a hope that possibly some good might be therein discovered that could be utilized. Investigation in this spirit is certain to draw the former contestants closer toward harmony. We see in the older school evidences of a search for more precision in medication. The reign of the prescription is threatened, and the direct application of single remedies to modify function so as to restore healthy equilibrium, is openly advocated. A prominent clinician and teacher in Philadelphia has gone so far as to publish a paper on the antagonism between large and small doses, even claiming that minute doses of one remedy antidote the toxic effects of large doses of another. And yet he is not ejected from his societies or called on to vacate his chair in the medical college.

Truly it seems that the antagonism between small and large doses is being comprehended, and the only question is as to how small the dose may be and yet afford appreciable results. Possibly

we may find it advisable to meet our elder brethren half way, and ask ourselves whether the results attributed to infinitesimal doses have any other basis than chance or suggestion. We may ask ourselves if there is not a legitimate place for the big dose, where we may secure results somewhat more promptly than to do from the similium. I never quite ventured to tell my patients they must wait forty-seven days for the relief Hering promised from chamomilla.

In another direction we might take an advantageous step: Our provings made with crude drugs lay us open to the charge of self-deception, since the results must necessarily partake of the uncertainty of the drug. The idea of a whole-plant effect verges too close to mysticism for modern science. The effect of any plant is the sum of the effects of its active ingredients, and as these vary the effects vary proportionately. Opium is not one drug, but twenty-six drugs, and when we claim that identical results follow the use of a preparation from opium containing 20 per cent. of morphine as from one with no morphine at all, we discredit all our work. Homœopathy arose a century ago, when many things now familiar were unknown. But homœopathy has not crystallised, nor did all development cease with Hahnemann's death. It is a living, growing, vital thing, and as a true science is capable of assimilating and harmonizing with every other true development of modern science.

Now that our brethren seem inclined to see what there is of good in our methods, it behooves us to examine into theirs. In this way we again prove ourselves in a right path, for when two men are climbing the heights by different routes they must come closer together as they near the summit.

THE USE OF THE MICROSCOPE IN DAILY PRACTICE.—No professional man is justified in neglecting to use any measure calculated to assist him in ascertaining the true nature of any disease about which he may be consulted. The modern physician has learned how to recognize disease by a combination of methods—physical diagnosis and clinical microscopy. The doctor who does not perform auscultation and percussion when dealing with disease of a chest cavity is looked upon as a charlatan. The doctor who does not use the microscope should be looked upon in the same way. Those who plead, in extenuation of their remissness in the use of the microscope, that they did not learn how to use it in the "pre-microscope" days in which they were educated should spend a few weeks in post-graduate study to acquire a working knowledge of this instrument. As for those who claim they are too "busy" to attend to this kind of work, we may remind them that there are many young men in practice who are not very busy and who understand this technique well enough to do the work for their more "fortunate" brother.

The profession may rest assured that with the education of the public that is now taking place the average patient will shortly demand that his physician either should use a microscope or else give up the case.—Medical Brief.

EDITORIAL

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

THE LOS ANGLES MEETING

Definite arrangements have finally been made by the Transportation Committee of the American Institute for the Los Angeles meeting for the coming summer. The Trans-Continental Passenger excursion rate of $62.50 for the round trip from Chicago to Los Angeles and return. The New York delegation is planning for a special car or possibly more, and it is to be hoped that those going from Boston may so arrange their time of departure as to join with the New Yorkers at Albany, thus making the entire trip together. It is planned now to go from Chicago as far as Denver over the Burlington route, and from there to Los Angeles on the Santa Fé. Brief stops are planned at Omaha, Lincoln, Denver and Colorado Springs. From Denver, among the possibilities are the Garden of the Gods, Manitou, and possibly Pike's Peak, Colorado Springs. Also Indian villages along the Santa Fé, Albuquerque and Las Vegas mountain scenery and the Grand Canon. A short stop may be made at the Southern California Insane Hospital near San Bernadino, which is under homœopathic direction. Members may return by any of the ordinary routes, or by the north coast points if they desire to pay the differential rate of $15.00. This will give excellent opportunities for seeing somewhat of the most notable scenery in America and of making numerous side trips on the return at comparatively small expense. Without doubt many from New England will take advantage of this opportunity of combining a profitable professional experience with a very enjoyable personal outing for themselves and families. The association of many kindred spirits both going and coming will add much to the pleasure of the entire trip. Los Angeles and all the Pacific coast promise a most enthusiastic welcome, and we feel sure from previous experiences that their promises will be amply fulfilled in every respect.

MASSACHUSETTS HOMOEPATHIC HOSPITAL

The series of annual meetings occurring in January and February, held by the various Boards of the Massachusetts Homœopathic Hospital, have recently been completed. From these much that is of interest, and much that gives encouragement to homœopathy may be gleaned. This institution, now the largest one in the world under homœopathic supervision and financed without State aid, is also the third largest in the State of any of the hospitals, being surpassed in the number of beds only by the Boston City Hospital and the Massachusetts General Hospital. The annual reports from the various departments show the institution to be in a thriving condition under the capable financial management of the superintendent, Dr. William O. Mann.

During the past year a total of 19,278 cases have been treated. Of these 4,600 were regularly admitted in-patients in the main department, and 476 in the contagious department, now known as the Haynes Memorial Hospital. The convalescent home at Sunnybank continues to be operated with much success and profit to its inmates. On account of lack of funds it has not seemed advisable to open the special building for children, arranged for about three years ago. This has necessitated considerable crowding in the wards of the hospital proper, and is an unfortunate necessity regretted by all. It is to be hoped that the cause for it may soon be removed.

Work at the Out-patient Department has been steadily progressing. There have been treated in all 9,948 patients who made a total of 37,505 visits during the year. The resident physicians have made 7,124 calls upon 2,529 patients, who were unable for one reason or other to come to the hospital in person. In addition the district nurses have made 3,561 calls upon 1,617 patients. At the instigation of the superintendent a very successful attempt has been made to do away with the so-called dispensary evil so common in many institutions. This is to eliminate from the recipients of charity such persons as are able to pay the fees of a regular physician. Too much cannot be said in favor of such attempts, as it is universally acknowledged that large percentages of those treated in the majority of such charitable institutions are not actually deserving of the charity offered.

As before, the number of surgical patients much exceeds that of the medical ones. This is only to be expected in any such general institution, although there is probably a somewhat increasing tendency toward the hospital care of medical patients that have heretofore been treated at home. We believe such a tendency to be legitimate, and trust to see its increase.

In the maternity department the number of patients is the greatest yet reported.

From the financial standpoint the total income, including that from invested funds, has been $186,186; the total expenditures $201,619. This is an increase in income of about $8,000, and in expenditures of about $6,000 over the preceding year. Donations have been received for the endowment of two new free beds, one to be called the Elizabeth B. Osgood bed, the other the Susan E. Gavett bed.

We much regret the necessity of announcing the retirement of Col. Charles R. Codman, who has for so many years been the able president of the board of trustees. Col. Codman has given of his knowledge, his experience, and his energies freely for the benefit of the institution, and much of its present success may be credited to his oversight. While we regret his retirement on account of age and impaired health, we are, however, very glad to be able to report that a successor has been found who will be so eminently fitted to take his place. Mr. Wm. Taggard Piper has for many years been one of the most active in his interest in the affairs of the hospital, both in the detailed management as well as in its larger financial control. The new president is familiarly known to all connected with the hospital, and all are assured of the wisdom that has been manifested in his selection.

Many things remain to be hoped for by the institution as a whole; among which may be mentioned a suitable children's department and a maternity department. A much-needed erection has already been begun, and will be completed within a comparatively short time. This consists in the construction of an addition to the medical wing on Stoughton Street. This addition will be five stories high and will provide for four large sun parlors, each 20 by 40 ft. There will be rooms on the first floor for the housekeeping department of the institution. This will make a very welcome addition and one that has for a number of years been much needed.

Another change that has been made deals particularly with the medical side of the hospital. By it the old medical board is abolished. Each department will reach whatever has to do particularly with its own work. Suggestions from the departments will then be referred to a board of seniors consisting of the chiefs of all of the departments. This board of seniors will decide concerning the advisability or otherwise of the requests or suggestions and will then refer them to the trustees for final approval if it seems advisable. By this change the staffs in all the various branches in the hospital are brought into one concrete entity, and have representation in the small working board.

From all of these various sources the outlook for the future seems hopeful, and we sincerely believe that this now well-known institution will steadily progress to an even higher degree of respect and admiration in the estimation of the community at large.

OUR CORRESPONDENTS

It is to be the policy of the *Gazette* to include each month reports and letters from our correspondents in different parts of the country. By this means we believe that our readers will obtain a better idea of the general progress of affairs of interest to the profession than would otherwise be done. Last month, as doubtless was noted, Dr. Ross of Washington told of the annual meeting of our society in the national capitol. In the present number will be found letters from Pittsburg and from Chicago. In Pittsburg Dr. Blackmore tells of the near completion of the new hospital which is being built under the able generalship of Dr. McClelland. And of particular interest will be Dr. Barstow's notes concerning affairs homœopathic in Chicago. We are much gratified to learn of the friendly spirit that is manifested here by the women's medical societies of the two schools, and feel that whenever the various members of the different sects come into personal contact benefit is sure to follow with increased respect each for the other. The *Gazette* and its readers will be much indebted to these correspondents and to others who will also participate in future numbers in giving information concerning affairs in the various centres of the country.

MORTALITY AMONG PHYSICIANS

One topic there is that is of perennial interest to the professional man and to the layman alike, the question of disease and its resultant mortality. These subjects as far as they effect the general public are frequently talked about and freely discussed, but the one having to do with the health and mortality of the very person whose life is devoted to a constant fight for the health of others, is comparatively an unknown one. It is of particular interest, therefore, that we read the results of a study of the mortality among physicians for 1909. This study was made by the American Medical Association as recently reported in the journal of that society. From it we learn that a total of 2,199 physicians have died during the year or a mortality of 16.3 per thousand on an estimate of 135,000 practitioners in the United States and Canada. The chief causes of death in the order given were heart disease, cerebral hemorrhage, violence, pneumonia, nephritis, and senile debility. The average age at the time of death was 59 years and 5 months, while the average length of practice was 31 years and 6 months.

We find the following number of deaths from some of the various diseases:

Valvular heart lesion	212
Cerebral hemorrhage	191
Pneumonia	145

Nephritis	135
Accidents	102
Senile debility	102
Tuberculosis	97
Cancer	95
Suicide	45

Of these, 227 died in the first decade of practice, 373 in the second, 453 in the third, 444 in the fourth, 379 in the fifth, 239 in the sixth, 58 in the seventh, and 4 in the eighth.

The highest mortality was in those between the ages of 60 and 70. A number of other figures of lesser interest are given with a list of some of the best known of the deceased.

While the mortality is somewhat higher than in the earlier years of the present century, it is nevertheless not excessive when the peculiarly arduous life of exposure and the dangers to which the members of this profession are open, are considered.

Among the younger of us, thirty years in practice will seem like a good long time, while to those already near or past that period it will doubtless appear as brief. For the latter there may be comfort in the thought that a number of these above reported had successfully passed more than seventy years in the profession of their choice. Let us remember that it is not ours to decide how long our period of service is to be, yet it is well within our power to decide of what sort this period is to be. Thus may each so work and so order his life that this span of activity, whether extended or brief, may receive at its termination the approbation of Him to whom all purposes are known and from whom no desires are hidden.

THE MEDICAL VALUE OF DIGESTIVE FERMENTS

During the past few years various forms of pepsin and pancreatin have been widely exploited by the pharmaceutical houses as a cure for large numbers of disturbances of the alimentary tract and diseases connected therewith. The value of the various preparations has been highly endorsed by many physicians in all parts of the country. To those in the medical profession who look somewhat askance at the various innovations in therapeutics that are constantly appearing, and who hesitate to use such upon only the most scanty clinical foundation, an article that has recently appeared in the "Journal of the American Medical Association" by Stockton, will be of interest. This article is entitled "The Use of Digestive Ferments in Medicine," and was read before the Section on Pharmacology and Therapeutics of the American Medical Association at its recent meeting in Atlantic City. Stockton says: "On the whole it

must be concluded that the question of the administration of digestive ferments in medicine is complicated and is rendered the more uncertain by lack of precise knowledge as to what becomes of them in the digestive canal. In our present state of knowledge, or rather lack of knowledge, it behooves us to be modest in claiming either good effects or no effects from the administration of these ferments.

"There can be no question that a large number of preparations which have been placed on the market are practically inert. Many combinations that are widely advertised, and presumably largely prescribed, are self-destructive, provided they are made as represented. That is to say, the various elixirs, etc., said to contain pepsin, pancreatin, hydrochloric acid, lactic acid, vegetable diastase, etc., are not only unphysiologic in theory, but by careful analysis made by the Council on Pharmacy and Chemistry of this Association, have been shown to be practically worthless so far as digestive activity is concerned."

In the discussion of this paper Dr. George Dock, the well-known clinician, recently of the University of Michigan but now of New Orleans, says: "My experience with the digestive ferments is rather unpleasant for those engaged in their sale. I have never prescribed digestive ferments. To be sure some of my enthusiastic assistants have prescribed them, but never with any good results that I could see."

It would seem, therefore, that here is found again the rather discouraging example of presumably medicinal agents being extensively used and loudly acclaimed only in a comparatively short time to fall into disuse as inert or worse.

TRIUMPHS OF MEDICINE.—We have all been dazzled by the spectacular triumphs of surgery. In our student days we remember that the surgeon was the great man of the faculty. The man who drew blood at the clinics was the man who drew the crowd. A major operation was a powerful attraction. In most of the specialties, the great men are the surgeon specialists. The great eye men, ear men, nose and throat men, genito-urinary men, etc., are, as a rule, the great operators.

Compared with these great "blood men," the great diagnosticians, chest men, internal medicine men, etc., are few, and their "halos" are dim in comparison. The blessings of surgery are, as a rule, to the individual. A timely appendectomy saves the *individual*, and does not affect the community only inasmuch as the saving of that individual may affect the community. On the contrary, the victories of medical science noted above affect not only communities, but entire peoples and nations. For example, yellow fever used to claim thousands every year; now the mortality from this disease is trifling; and the countries formerly burdened by it not only save these lives, but many other people are attracted to these countries by removal of the fever, and much prosperity results. So while appreciating the brilliant achievements of surgery, let us not fail to appreciate the far-reaching victories of medical science.—"Medical World."

SOCIETIES

BOSTON HOMOEOPATHIC MEDICAL SOCIETY

The first regular meeting of the Society to be held under the control of the new president, Dr. A. G. Howard, took place in the Natural History Society Rooms on Thursday evening, February 3rd. A symposium upon obstetrical subjects formed the scientific session. This consisted of a paper upon Symphysiotomy by Dr George H. Earl. Dr. George E. May gave a very interesting paper upon Cæsarian Section, with which he has had much practical experience.

The report of the obstetrical service of the Massachusetts Homœopathic Hospital for the summer of 1909 was given by Dr. George D. Bliss. The *Gazette* is fortunate to be able to have all three of these papers for publication, and believes that its readers will enjoy them as fully as did those in attendance at the Society.

THE WORCESTER COUNTY HOMOEOPATHIC MEDICAL SOCIETY

The regular meeting of the Worcester County Homœopathic Medical Society was held in the hall of the new Worcester Hahnemann Hospital on Wednesday, February 9. Dr. Wm. C. Latimar, of Brookfield, was elected to membership.

The Scientific Session was in charge of Dr. Edward R. Miller, of Leominster, and consisted of an afternoon devoted to the consideration of vaccines and antitoxins. Dr. Timothy Leary, Professor of Pathology, Tufts Medical School, presented the first paper. He dealt fully and most entertainingly with the entire subject of immunity and immunization by the use of vaccines and their allied products. He also gave some brief account of his experiences with pneumonia and its treatment by vaccines.

Dr. W. H. Watters took for consideration the practical application of the subject to individual diseases and infections.

A very free discussion followed, participated in by Drs. Rand, Rockwell, Lapham, Bray, Burlingame, Allen, Abbott, and a number of others. One feature of the meeting was the presence of a number of members of the dominant school of medicine. The attendance was unusually large and much interest was manifested in the topic under discussion.

Following the business meeting adjournment was made to the State Mutual Restaurant, where dinner was served and a pleasant evening enjoyed.

AMERICAN INSTITUTE OF HOMOEOPATHY, PASADENA, CAL.

Dear Doctor:

We have been asked so frequently by the Eastern members of the American Institute: "What kind of weather shall we have in Southern California in July?" that it seems best to say a word concerning it. Listen to what Uncle Sam says from the Southernmost Pacific Coast Government Weather Bureau Station where climatological statistics are collected for Southern California. The following data for 1908 is given: Temperature, Degrees Fahrenheit, annual mean, 59.9; highest during year, 84; lowest, 37.

When we consider that the humidity is as low as 18 and 25 per cent. when the temperature is highest, during the so-called summer-time; and the highest, when the temperature is lowest, you can easily understand why even this variation is not noticed as much as the thermometer indicates.

This is just the opposite of the Atlantic Coast climate, where during

the hottest parts of the hottest days the humidity often rises to 85 and 90 per cent., making existence intolerable. This is never feared on the California Coast, and there is no place more sought after by those who know, than one such as that where the American Institute is going to hold its next session.

The terms "winter" and "summer" as commonly used in the Eastern States have no application in California. The year is more properly divided into "rainy season" (winter) and "dry season." The dry season is the best of all the year, and July is the best of all the months in the dry season. Since 1884, the records show that not a single drop of rain has fallen in the month of July during nineteen years out of twenty-five, while during the other six years an average of .07 of an inch has fallen, hardly a mist.

So we plan our pleasures and our activities, knowing that neither rain nor excessive temperature will interfere with the participation in any of the "doings."

If you crave an ideal vacation, under ideal circumstances, come along to the American Institute Meeting at Long Beach, California, July 11 to 16, 1910.

Fraternally yours,

WALTER E. NICHOLS,

Western Chairman Press Committee of the A. I. H.

ALUMNI BRANCH OF NEW YORK HOMOEOPATHIC MEDICAL COLLEGE

The second annual meeting of the New England Auxiliary of the Alumni Association of the New York Homœopathic Medical College was held at the Charlesgate Hotel in Boston on January 29th.

A business meeting was held at six o'clock, the President, Dr. Henry Spalding, in the chair.

Officers for ensuing year were elected as follows:

President.....Dr. J. K. Warren, of Worcester.

Secretary-Treasurer, Dr. G. H. Wilkins, of Newtonville.

After a social half-hour a banquet was served at seven o'clock.

President Spalding gave a short address full of good suggestions and after proposing a toast to Hahnemann, introduced, as toastmaster, Dr. G. Forrest Martin, of Lowell.

Dr. Martin was equal to the occasion and most happily expressed his interest in and devotion to the College. He then introduced as the first speaker of the evening Dean Copeland. His report of progress at the College, especially in the way of increased clinical material and clinical instruction, was very gratifying to all present. He announced that more new men had matriculated this year than in any previous year in the history of the College. Dr. Rand of Worcester, Dr. Whitmarsh of Providence, Dr. Moore of Boston, Dr. Muncy of Providence, and the President-elect, Dr. Warren, severally spoke of the various phases of a physician's life and work, of the outlook for Homœopathy and of the work of the College. All seemed to recognize a danger that in college teaching as well as in daily practice Homœopathy and Materia Medica lose prominence, while Surgery, Pathology, Psychotherapy and Serum Therapy become unduly magnified. Not that we love these less but Homœopathy more.

A small family gathering of this kind where heart-to-heart talk flows freely seemed to be very helpful and greatly enjoyed by all present.

CLINICAL DEPARTMENT

CONDUCTED BY A. H. RING, M.D.

Case II. Diagnosis: Gallstones.

This patient was operated upon the latter part of the summer of 1907 by Dr. William F. Wesselhoeft, who removed six stones the size and shape of large dice neatly packed in the bladder. She made a rapid and uneventful recovery and has since remained in perfect health. Duodenal ulcer was thought of but this was ruled out by the presence of temperature at the time of the attacks and the absence of blood in the stool to the guaiac test. The guaiac test is simple and practical and is performed thus: Some of the dejecta is rubbed up in enough water to make a soupy consistency. About 10 c.c. are put in a test tube and 2 c.c. of glacial acetic acid and 15 c.c. of ether added. The tube is then corked and shaken for five minutes. After the ether has separated, decant and add to the etherol solution a freshly prepared tincture of guaiac and 30 drops of hydrogen peroxide. A blue color indicates the presence of blood. As undigested meat will give this reaction it is necessary to exclude meat for a day or so from the diet before testing.

Another point in the examination of a case of this type is in regard to the test meal. As laid down in most books it is difficult, a time killer, and of little practical importance. After all, what one wants to know is: Does the stomach do its work? This can be practically determined by putting down a tube before the patient has eaten anything in the morning. If the stomach is empty it is fair to assume that digestion has been completed and the food passed on. At the same time one may inflate and palpate the stomach, determining its size and position. Hydrochloric acid is only of importance when excessive or absent. It is so affected by the emotions of the patient as to make it of relative value only.

Speaking of the digestive tract, Prof. Walter B. Cannon has a paper in the "Boston Medical and Surgical Journal" for January 27th, entitled "The Correlation of the Digestive Functions," which summarizes the latest work of the physiological laboratory on this tract, and will well repay reading.

Third Case for Diagnosis

Dr. J. M. Hinson describes the following case:

Miss C., age 18 years. Congested palpebral conjunctiva, vessels of skin of upper lid along the margin, tortuous and unduly prominent. Agglutination of roots of eyelashes by yellowish secretion. Crusts on lid margins which are thickened and reddened, especially the upper lids. The above condition has been present about two months. Normal visual activity. The case was diagnosed as ———— ———— and a local treatment of boric acid solution and yellow mercury ointment instituted. The improvement was rapid and positive. After a short period, however, there was a recurrence of all symptoms and a further examination revealed ———— as the cause, which being remedied there has been no return of the first trouble.

There has been an epidemic cold among the nurses of the Homœopathic Hospital. It has usually begun with coryza and tonsilitis, going on to involvement of the glands of the neck and even to suppuration of these glands. Smears made from the tonsils all showed the common catarrhal organism; *i. e.*, micrococcus catarrhalis, to be the cause, and a vaccine made from these bacteria and injected has proved most satisfactory in lessening the severity of the symptoms and in cutting short the attack.

A case recently seen is sufficiently unusual to put on record. It is that of R. W., a sturdy boy of 14 years. He has always been normal and healthy. Last October ('09) he was struck with a stone on the right side of the nose just below the inner canthus. This temporarily stunned him but no serious immediate effects were noted, except a slight drooping of the right lid. On Friday, Dec. 31st, he spent the day in an ice-house packing ice. That night he developed intense headache with persistent vomiting, which lasted until Monday. He was then better until Wednesday morning when, on awakening, he found he could not open his right eye. There were no systemic symptoms and no pain. When seen three weeks later the following condition was noted: The boy was unable to voluntarily lift the right eye-lid, which was slightly oedematous. Upon lifting the lid the eye-ball was found to be fixed straight ahead; there was complete paresis of all the eye muscles. The pupil was much dilated and did not react to light or accommodation. The sclera was clear and the ball did not bulge. The ophthalmoscope showed the retinal vessels and the optic disc to be normal. When asked to show his gums the right half of the upper lip dragged slightly and the right masseter and temporal muscles seemed weaker than the left. The skin of the whole right half of the face to the medium line was anesthetic.

It was evident, therefore, that the 3rd, 4th, 5th and 6th nerves had ceased to functionate, the latter being more affected in its sensory than in its motor branch. Was the cause central or peripheral? The acute onset with headache and vomiting and the absence of evident disturbance of the blood vessels suggested that the process lay back under the aqueduct

of Silvius in the nuclei of origin of these nerves,—possibly an acute localized encephalitis—against this was the fact that these nuclei lie so close upon others that it would seem almost impossible for them to be affected without extension at least by the pressure of oedema. This would be likely to make the paresis bilateral. The more probable explanation seems to be that a phlebitis of the ophthalmic vein was set up by the stone bruise which later, from exposure, lit up the thrombus extending back into the cavernous sinus and so exerted pressure on the nerves at their exit through the sphenoidal fissure. This makes the prognosis somewhat more hopeful.

TO MY VALENTINE

Cupid got caught in a curious mass,
Through which he found it hard to pass.
He sought a guide but none could find,
Nor any trace of human kind.
Yet a sudden impulse made it plain
That somehow he'd dropped in a mortal's brain.
Now everyone knows that Cupid's place
Is in the heart and the shining face.
So he quickly determined to find his way
Out of this brain without delay.
He seized on a dendrite and made it hum
Till it landed him on the cerebrum;
From there the Rolandic chasm he spied
And with aid of neurons and lobes beside,
Crossed the pons varolii, medulla and pedum
And struck the tree of the cerebellum.
Through synapsis open door he passed
And reached the Isle of Reil at last.
Of rest and refreshments there he partook
Then rushed through the carotid to the cardia nook.
And there you are!

K. W. B.

BUSINESS TALKS TO DOCTORS.—"The Medical World" has been giving a series of papers upon the above subject, abstracts of some of which have already been made by the *Gazette*. Still another one seems to be well worth while. It is as follows:

"Do your best work, collect a reasonable compensation, make rational use of your income thus gained—and then do more good work, collect, use—work, collect, use, etc., etc., etc. This is not the 'vicious circle,' but the normal circle. It applies not only to doctors, but to all other persons who earn their living. Break any part of this circle and failure is the result. In whatever calling one is engaged he must do acceptable work or he is a failure. And however acceptable and successful his work, if he does not get reasonable compensation for it he cannot continue it (unless he has an income from some other source), for the worker must have normal sustenance or he cannot continue his work.

"The question is, shall the doctor save or invest; and if he shall invest, what rules or principles shall govern him in so doing? And the burden of my counsel has been chiefly what *not* to do; for it is always safe to *keep* your money in the bank at nominal interest; and it is better to guard the principal carefully than to lose it in some wild venture with the hope of large gains. These large gains are chimerical; they exist chiefly in the minds of clever schemers who want to 'rake in' the savings of those who are prudent enough to save, but who do not know how to invest safely and wisely."

CORRESPONDENCE

Chicago Letter

If organization means strength and growth, then homœopathy in Chicago would seem to be in a condition of healthy progress. Within the city limits are four homœopathic medical societies. One, the Englewood Homœopathic Medical Society, is local and made up of physicians of that south-side suburb and vicinity. I am not familiar with its work, but the members always speak of it affectionately, and since it meets at their offices, there would, undoubtedly, be a closer relationship tending more toward fraternity and good fellowship than in a larger society. The old school has found these small local bodies excellent feeders of the great central organization, and is constantly urging and encouraging their formation, paying all incidental expenses out of the central treasury.

The other three societies draw their membership from all parts of the city. The oldest and largest is the Chicago Homœopathic Medical Society, in existence many years, and having a large membership. Two or three years ago some of its members, and perhaps others, who never belonged to it, formed a new society, styling themselves the Regular Homœopathic Medical Society. Just what the issue was that brought about this break in the ranks, or why this new body should have selected the word "regular" to distinguish themselves, I do not know. Perhaps it was college policy, for the most active members of this "regular" organization are the prominent officials in Hering College, just as the most conspicuous members of the older society are actively interested in Hahnemann College. However, this winter there is an apparent effort to bring the two societies into touch with each other. The executive committees of the two have arranged a joint program for two meetings a month on the regular meeting nights of each. The spirit of this move undoubtedly is good, but it commits the members to an extra meeting each month when busy doctors often find it difficult to attend one.

At the meeting of January 20, Dr. A. C. Lenny gave a very instructive paper on "Homœopathy and the Opsonic Index." After explaining some of the common misunderstandings as to just what the opsonic index means, he gave a tabulated comparison of some of the vaccines and the homœopathic remedies in their influence on the opsonic index: for instance, tuberculosis and phosphorus lx; staphylococcus and hepar sulph. lx; colon bacillus and natrum sulph. 30th and 200th. A particular interesting feature was the demonstrations of the single dose and the single remedy, showing that the danger of repetition is of raising the opsonic index beyond the point of normal resistance, and a collapse of the vital forces. It certainly held a beautiful prophesy, that all these scientific demonstrations will finally sweep the whole medical world along to the ultimate understanding and belief in *our* splendid law of similars.

Following this was a paper by Dr. E. A. Taylor on "Our Standards." This paper was, I am sorry to say, in the nature of a wail—homœopathic school breaking up into factions, those calling themselves homœopaths deserting the law of similars and running after false gods, etc. After Dr. Tenny's experiments and conclusions along the line of the single remedy and the single dose, the very thing Dr. Taylor so earnestly believes, the paper seemed sadly inopportune. Dr. Taylor is one of our most accurate prescribers, in fact, a materia medica specialist, and ought to have splendid messages for us all; instead, he brought doleful and pessimistic prophecies.

The fourth society, the After-Dinner Club, is a women's organization, and has nearly one hundred members on its mailing list. This club came into existence a few years ago when the I. H. A. met in Chicago. The women got together for concerted effort in entertaining the medical

women attending the national meeting, and the association was found so pleasant and helpful to all that it has continued ever since, taking the name as given above because they meet at a 6.30 p. m. dinner, following which someone gives a little talk on some medical topic, or recites a case, with an informal discussion after, till 8.15 p. m., when the meeting adjourns to attend the City Society, as the club meets on the same night, thus "killing two birds with one stone," and to a certain extent being tributary to that organization. This has brought the women together in a social way, which has so overlaid the formality of the usual meeting that many find themselves entering into the discussions who, otherwise, could never be persuaded to take any part. To a certain extent the club has been far-reaching in its influence. The meetings have been so well attended, and so quietly successful, as to elicit the attention and admiration of other women's organizations. Two years ago the Chicago Women's Medical Society (allopathic) approached our club expressing a wish that the two societies might have a few combined meetings. This met with ready reciprocation, and these meetings are landmarks of a better understanding, of a growing respect, of unqualified acknowledgement of good-fellowship and of graciousness in differing. Quite a number of their members have joined our club, attend regularly, and take an active interest in its work. Last week the club was invited to meet them in the discussion of "The Status of the Illegitimate Child," this to be the beginning of an agitation to secure some legislative action for the betterment of these unfortunate and nameless little ones. Several of the women lawyers were present, and the discussion was earnest and the opinions varied. Later the work will be continued by bringing forward some framed appeal to the legislature.

At the last meeting of the After-Dinner Club, Dr. Sarah M. Hobson spoke on "Loyalty, General and Specific." She brought it under the headings: To ourselves; to each other; to our neighborhood and community; to our organizations; to our journals.

The Doctor is a ready speaker, a consistent homœopath, and is always listened to with manifest interest. The discussion turned very largely upon the journals, and the national journal in particular.

RHODA PIKE BARSTOW.

Pittsburg Letter

The monthly meeting of the Allegheny County Homœopathic Medical Society was held in the chapel of the Homœopathic Hospital January 19 and proved very interesting to those attending. This chapel is almost an ideal place in which to hold these gatherings, its modest size lending much to the intimacy of discussion so much to be desired.

Dr. F. S. Morris gave an excellent and exhaustive address on "Inflammation," and since he is the pathologist of the hospital, and has had the benefit of a post-graduate course at Boston University under Dr. Watters, it is needless to say his treatment of the subject was very instructive.

The members present participated in the discussion.

Much interest is being manifested in Pittsburgh and vicinity on the approaching opening of the new hospital. The situation is charming, being in a fine residential quarter of the city, and much benefit to the patients is anticipated from the environment as compared with the down-town location of the old hospital occupied for so many years. On February 22, a reception is planned for the purpose of introducing the building to the public, after which date patients will be received and treated there, and it is expected that the capacity of 150 beds will be taxed to the limit and homœopathy have a building worthy of itself.

R. BLACKMORE, JR.

BOOK REVIEWS

THE MONTH'S BEST BOOKS.

Physiology. Howell. $4.00. W. B. Saunders Co.
Practical Study of Malaria. Deaderick. $4.50. W. B. Saunders.
Surgery. Vol. V. Keen. $7.00. W. B. Saunders.
Pathogenic Bacteria. McFarland. $3.50. W. B. Saunders.
Clinical Examination of the Urine and Urinary Diagnosis. Ogden. $3.00. W. B. Saunders.
Examination of the Urine. Saxe. $1.75. W. B. Saunders.
Ophthalmic Surgery. Beard. $5.00. P. Blakiston's Son & Co.
Prescription Writing and Formulary. Swan. $1.25. W. B. Saunders.
Anatomy and Physiology for Nurses. Lewis. $1.75. W. B. Saunders.
Infectious Diseases. Kerr. Oxford University Press.
Diseases of the Ear. Yearsley. $4.00. Chicago Med. Book Co.
Diseases of the Stomach. Habershon. $2.25. Chicago Med. Book Co.
Ophthalmic Surgery. Beard. $5.00. P. Blakiston's Sons.
Modern Surgery. DaCosta. $5.50. W. B. Saunders Co.
The Science of Nutrition. Lusk. $3.00. W. B. Saunders Co.

Individual Responsibility. Frank W. Patch. Moffat, Yard & Co.

This is a small booklet of about 40 pages that deals with individual responsibility in a manner quite apart from any medical consideration. Topics of general health, such as might be of interest to the layman, are considered, as well as the various forms of helpful suggestions that may be obtained therefrom.

The Schussler System of Treatment with Tissue-Salts. By C. Stirling Saunder, L.R.C.P., London. Second edition. Re-written. Price 2s. net. Homœopathic Publishing Company. London, Eng.

The Schussler system, as doubtless the majority of our readers know, is a form of treatment by biochemic medicine. The book begins with a short account of the general principles of the treatment, followed by particular indications for the twelve different medicinal agents. We must confess our inability to follow the argument in many cases, as entirely unwarranted conclusions seem to be drawn from their premises. Probably to those who use this form of medication the book will bring facts of some value; to others, however, its utility will be very questionable.

PERSONAL AND GENERAL ITEMS

We note in the February "Critique" that the March issue of that magazine will amount to five thousand copies. Our opinion of this journal and its progressive and energetic editor has been already expressed in these columns, and we are greatly pleased to learn of this evidence of material success.

The building that was used for the first homœopathic medical college in the world, located at Allentown, Pennsylvania, has been recently torn down to make room for more modern structures. In the corner stone was found a copy of the Organon, which was sent to Dr. Bradford, of Philadelphia, the well-known homœopathic historian.

The January number of the "Cleveland Medical and Surgical Reporter" informs us that it will be hereafter under the direction of a new manager, the Rev. B. N. Tanner. Mr. Tanner is also, we understand, about to undertake the financial responsibilities of the Cleveland Homœopathic Medical College. We wish for him much success, as, in our opinion, the excellence of both the school and the journal is very marked.

It is reported that a quite extensive epidemic of *molluscum contagiosum* has occurred in the University of Pennsylvania. Here about 150 students have been infected by the disease, presumably through the gymnasium swimming pool.

It is of some interest to note that in the prize competition for the best essay upon "How Can Clean and Wholesome Milk Be Produced at Least Cost for the New York Market?" the second prize was won by an inmate of the Middletown State Hospital for the Insane. This prize was a Jersey cow, but what disposition the new owner will make of it has not yet been decided.

SMALLPOX OUTBREAK IN WAKEFIELD AND READING.—An outbreak of smallpox in Wakefield and Reading has been the cause of considerable agitation and anxiety not only among the medical profession, but also among the public at large. About thirty cases have been reported with, at the time of writing, no fatalities. All have been promptly isolated by the board of health. The schools have been temporarily closed and vaccination has been extensively employed. At the present time the outlook for the final conquest of the trouble seems hopeful.

MAINE STATE SANATORIUM.—The Maine State Sanatorium, an institution for the treatment of tuberculosis, has been recently handicapped by a considerable debt that has been inevitably incurred. At a special meeting of the trustees recently held in Portland, a gentleman whose name is not given offered to pay one-quarter of the entire indebtedness provided the balance was subscribed on or before March 1. If the entire debt is thus cancelled, the same individual offered to make a further donation for the endowment fund.

A HOSPITAL BUREAU OF SUPPLIES.—A number of hospitals in New York have united and organized a bureau of supplies. This bureau has for its purpose the establishment of a purchasing agency under the direction of a trained buyer, so that the various supplies of one form or another can be obtained in large bulk and at correspondingly lower prices. It is estimated that from 10 to 20 per cent. can thus be saved.

HOOKWORM IN SPRINGFIELD.—During the early part of February a case of hookworm disease was reported in Springfield, Mass. This was presumably a sporadic case imported from some warmer climate, but nevertheless tends to bring more closely home to New England the fact that the disease is one of great importance, and should be carefully borne in mind.

INSPECTION OF STREET CARS.—The city government of Everett, Mass., has recently passed an ordinance by which the street railway cars in that city are subject to inspection, particularly in regard to heating, cleanliness, and ventilation. Regular disinfection of the cars is also suggested.

A NEW CANADIAN JOURNAL.—The Canadian Medical Association has decided to publish its own journal in the near future. This will be known as the "Journal of the Canadian Medical Association," and will be under the editorial direction of Dr. Andrew McPhail, Montreal. The first issue is expected to appear about June.

AID FOR PROFESSOR EHRLICH.—In recognition of the excellent services rendered to medical science by Professor Paul Ehrlich, of Frankfurt, Germany, Mr. John D. Rockefeller has presented the sum of $10.000 to the Rockefeller Institute. This sum will be placed at the disposal of Professor Ehrlich as an aid toward the completion of his investigations into the chemical therapy of protozoan diseases.

WANTED.—An homœopathic physician is wanted immediately in North Fryeburg, Me. Patronage guaranteed. Dr. L. W. Atkinson, who has been in practice there for fifteen years, is removing to a Western State and leaving the field vacant. The practice pays $2,000 a year.

Dr. N. Emmons Paine announces his retirement from the active practice of medicine. The treatment of nervous and mental invalids will be carried on by Dr. Edward Mellus in three of Dr. Paine's houses, as heretofore, and he will continue the use of the title "Newton Nervine" in connection with these houses. Dr. Paine will live in his own residence and will retain one cottage, with one special patient, under the name of the "Newton Sanatorium." Appointments for consultations may be made as heretofore.

Dr. Wesley T. Lee, Secretary of the New England Hahnemann Association, has been appointed a member of the new Board of Health of the city of Somerville.

Dr. Anna Mann Richardson, class of 1901, B. U. S. M., has removed from Bloomfield, New Jersey, to 153 William Street, Orange, New Jersey.

Dr. John E. Runnells, B. U. S. M., 1906, has resigned from the staff of the Massachusetts Sanatorium to accept the position of first assistant physician at the new Lakeville Sanatorium, opened on the first of January. Dr. John M. Wise of Waterville, New York, has been appointed his successor at Rutland.

Dr. Margaret Augusta Doolittle, class of '98, B. U. S. M., was married on December 29th to Mr. B. J. O. Nordfeldt, at Tangier, Morocco.

Dr. Leroy M. S. Miner has removed his office from the Pierce Building to 153 Newbury Street, near Dartmouth, where he has leased a house. He announces to the profession that he has for rental two or three very desirable offices.

A PSYCHO-THERAPEUTIC INSTITUTE.—It is reported that Mrs. Martha S. Jones, of Boston, has given to Dr. Boris Sidis, of Brookline, her entire estate at Portsmouth, N. H., for the purpose of establishing an institute to be called "The Maplewood Farms Sidis Psycho-therapeutic Institute." Here it is planned to employ modern methods of psycho-pathology and psycho-therapeutics in the treatment of functional organic diseases.

LECTURES IN BOSTON UNIVERSITY SCHOOL OF MEDICINE.—Lectures on Bacteriology, Hæmatology and Clinical Microscopy will be given by Dr. Watters to the students on Tuesdays, Wednesdays and Saturdays of each week after March 1st. This will include detailed consideration of the theory and practical application of immunization, opsonins, vaccine therapy, etc., as well as interpretation of uranalyses, blood examinations and various other laboratory tests.

Dr. J. W. Ward, President of the American Institute of Homœopathy, is planning to make a tour of a number of the annual meetings of the medical societies of the central States. Among others he expects to attend the meetings in Iowa, Ohio, Wisconsin, and Illinois.

Mr. and Mrs. Edward J. Beach of Dubuque, Iowa, are receiving congratulations on the birth of a son, January 29. Mrs. Beach was formerly Dr. Helen M. Junkins (class of 1903 B. U. S. M.) of Lowell.

Dr. Emma M. Woolley, B. U. S. M., 1894, after a long absence, has returned to Boston and has resumed practice at 820 Beacon Street.

Dr. Robert W. French, class of 1907, B. U. S. M., has removed from Wellfleet to 48 Washington Street, Malden, Mass.

Dr. W. C. Lincoln, class of 1909, B. U. S. M., after a short term of service at the Massachusetts Homœopathic Hospital, has taken up practice at 438 Washington Street, Providence, R. I.

There will be eighteen vacancies to be filled on the Interne Staff at the Metropolitan Hospital, New York City, on June 15th. Examinations for the positions will be held on April 1st at the Hospital. Applications should be addressed to Edward P. Swift, M.D., Chairman Examining Committee, 170 West 88th Street, New York.

THE NEW ENGLAND
MEDICAL GAZETTE

ORIGINAL COMMUNICATIONS.

THE PERSONAL EQUATION, AND END RESULTS IN OPERATIVE SURGERY.

By Homer D. Ostrom, M.D., New York City.

With justifiable pride we turn to the records of modern surgery, and feel assured that our present methods of operating, while they necessarily vary, and must develop as we enter new fields of work and overcome former apparently insuperable obstacles, are based upon sound principles and well established physical laws. In consequence of this heritage the surgery of the future will be chiefly occupied with the elaboration of technic, and its broader application. But removed from the brilliancy of manipulation and exclusively operative achievements, if we contemplate the end results of some of our most brilliant operations, those in which operative skill and compelling technic have yielded perfect surgical results but left the patient unrecovered—possible more a neurasthenic than before—we are led to question whether we have not neglected to take cognizance of the personal equation, the ego, and regarded our patients too much in the light of subjects for exhibition, or for the demonstration of the limits of human resistance.

Our patients are more than this if we give them the benefit of all that modern medical science entitles them to; they are individuals, and their personal equation is a weight in the scale of prognosis. It is not enough to think only of the operative results; it is not enough to be satisfied with an aseptic course, perfect healing, and an uneventful convalescence. This may be the postoperative history of a case, and still the operation as far as a means of restoring health is concerned must be counted an absolute failure. The patient may be relieved of a local malady, and of the suffering for which the operation was undertaken, but she may be left a nervous wreck in consequence. As a matter of fact she may be in much worse plight through our entirely skillful and scientific efforts to give relief, and this because of a *pruritus operandi* warping our judgment and inducing us to operate, having but a single thought, to remove the local disease upon the assumption that it alone is

responsible for what we regard as "nervous reflex symptoms," the symptoms referred to the local pathology sinking into insignificance before their supposed manifestation.

Let me clear the way for a better consideration of the points I wish to make. I do not include emergency operations performed under the necessity of saving life: they must be done, and their primary object having been attained we are obliged to face the consequences. Neither do I consider physical conditions, diseases of the kidneys, the heart, the lungs. These organs always receive ante-operative attention, and in a measure the data gathered dictates the course to be followed. But I wish to direct attention to a less frequently investigated field, the patient's personal condition, the mental and nervous states, in other words, the personal equation, with especial reference to acute and latent neurasthenia.

Too much stress cannot be laid upon the question of operating on neurasthenic patients, and I feel that we are justified in refusing operation unless the neurosis can be shown to be due to organic disease that is removable surgically. Non-recognition of this rule is accountable for many of the disappointing end results in operative surgery; for our failures to relieve general conditions by removing a supposed local cause.

Especially is this true of the surgery of the uterus and its adnexa. In the early days of abdominal surgery when operators referred with pride to the number of ovaries they had removed, and the lightninglike speed with which castration could be performed—ten or fifteen minutes being sufficient to change a woman's nature and functions (I also must plead guilty to this accusation), there can be no doubt that many ovaries were unnecessarily sacrificed; that women, young and still within the child-bearing age, were ruthlessy mutilated upon the erroneous conception that every neurosis from which a woman could suffer must have its origin in her sex glands, and that many cases of neurasthenia had their genesis in some perversion of ovarian function. Hence, after a double oöphorectomy, the removed organs frequently showing no appreciable lesion, the reflex (?) nervous symptoms not only continued but quite as often increased in severity; the shock of the operation, and violent withdrawal of ovarian secretion and function adding to the already existing nervous exhaustion which was entirely independent of the local pathology.

We are learning wisdom, unfortunately sometimes at the expense of much unnecessary mutilation, and more exactly differentiate the operative from the non-operative neuroses of women, but we can not place too prominently before us the necessity of sifting by the most minute analysis every case of neurasthenia associated with conditions that may require surgical intervention; of eliminating by every diagnostic resource the sex glands from among etiological factors. For of this we may be certain, if we remove them under the mistaken impression that they are the causes of the neuroses, the condition of our patient will not be improved, and may

even be aggravated from the shock to the nervous system induced by the operation itself. We should at least delay operation, even though it be certain the ovaries enter into the *causa morbus,* until we have been able to repair in a measure the nervous exhaustion. Such a course is to be commended upon the ground that our compensation will be a more certain cure of the neurasthenia.

It is easy in surgery as in other matters to formulate rules, to say what must be done and what must not be done, but the fine lines of diagnosis that support either contention are more difficult o establish. Pathological lesions of the ovaries may or may not be associated with neuroses. This point we must not lose sight of, nor of the equally ascertained fact that ovarian diseases may coexist with neurasthenia, the two conditions bearing no closer relation than this, being indeed unrelated to each other.

In considering this subject, too vast a one to be covered in a necessarily limited article, it will be well to fix two points in mind: (1) that the female sex glands perform at least two functions, quite irrespective of each other: the function of a gland by which a special secretion is furnished for the economy; and (2) the function of ovulation, by which fertile eggs are discharged. It is therefore evident that neuroses depending upon the ovaries will relate to an imperfect performance of one or both of these functions.

Still closer analysis makes it probable that the normal secreting functions of the ovaries is to all intents and purposes continuous, from the development of the sex characters—even before puberty they are well marked—through reproductive life, until the folding up of the sexual organs; but that ovulation, the casting off of the mature ova, is irregular and may occur at any time within the period of sexual activity. It will be observed that I say mature ova, for it is probable that ova fall into the abdominal cavity in childhood, even in infancy; but these are incapable of fertilization and belong to physical immaturity.

Practically applied this generalization may assist in determining for or against the propriety of an operation. If for example we reach the conclusion that the neurasthenia is connected with a pathologically functionating ovary, the neurotic symptoms will be subject to little or no remission when the condition depends upon a deficient ovarian secretion. It is evident that such cases are not favorable for surgical operations, for if the quantity of the secretion is below normal, what can removal of the gland avail?

On the other hand, if the symptoms of neurasthenia manifest a periodicity in their recurrence that can be associated with ovulation, an abdominal operation may be undertaken with more assurance of success, either a conservative operation, in which, however, I place little confidence, for a part of the ovary that is capable of continuing the disease may not be detected, or a radical operation with complete removal of the pathological focus.

But even when an operation is finally considered necessary, the patient's nerves should, if possible, be protected against inevitable

shock by proper preliminary treatment. We cannot give too much time, and attention to such preparations, and we must frequently supplement them with prolonged post-operative care.

The keynote for the management of all neurasthenics is rest, individualized it is true for each case, and we cannot condemn too vigorously the ambition some surgeons manifest to shorten the convalescence of patients and to "get them out" in the shortest possible time, for under the entirely erroneous impression that change and diversion are of benefit for "nervous women," their already exhausted nerves are further taxed, and deprived of the treatment they need most and call out for—rest.

I have dwelt somewhat at length on the relation between neurasthenia and pathological lesions of the ovaries, and the propriety of operating when such can be demonstrated to exist, for the reason that gynecologists are biased in favor of their special field of work, and also because there is a general impression that the neuroses of women must of necessity have more or less to do with their peculiar feminine functions, and sex organs. This is far from the truth, and the sooner we remove it from our minds the better it will be for our patients. We must realize that a woman is not all ovaries, and that she has other organs that exercise a strong influence upon her economy.

As neuroses are more frequent in women than men, the propriety of operating on a neurasthenic patient becomes an especially pertinent question when considering any operation on a woman. In particular we should exercise caution when the abdominal or pelvic viscera are points of attack. These are in varying degree connected with the sympathetic system of nerves, and a technic that includes operations on them induces an exhaustion of the nervous system out of all proportion to the severity of the procedure, adding this to the general shock that must always be reckoned with.

It has long been a well recognized fact that operations on the kidneys, especially done with the object of fixing them in position, are frequently unsuccessful as far as relief of the accompanying neuroses is concerned, and for this reason surgeons select their cases with the greatest care, even refusing to operate unless under the most urgent conditions. A like restriction is placed on the surgery of the other abdominal and pelvic organs, but the prevalence of neurasthenia among women must not obscure the fact that men also are not infrequently neurasthenics, and suffer as well from operations on their abdominal and pelvic organs.

What is to be done for the neurasthenic patient who requires a surgical operation? As in every problem in surgery, we make an equation, and must strike our balance. When the question of saving life enters either as an emergency which admits of no delay, or a malady certain to terminate fatally, we disregard the neurasthenia and act as though it were not present. And if we are convinced that the pathological lesion is of such importance in the clinical ensemble as to dominate it, and stand in the relation of the exciting as

well as the continuing cause, without the removal of which little hope can be entertained of restoring the exhausted nervous system or its power of recuperation, our course is equally well defined. We must operate. Such cases come under the class of necessary operations, the need for surgical intervention out-weighing all other considerations. But if a pronouncedly neurasthenic patient can have the advantages of protective preliminary treatment, we should delay the operation until there is either improvement in the nervous condition, or we are convinced that the treatment to guard against physical and psychical shock has been unavailing.

We may be called upon to decide which is the greater evil: neurasthenia plus the surgical disease, or the almost certainly aggravated neurosis minus the surgical malady, and I believe in many instances, basing our procedure upon the indications already laid down, that we shall withhold our hands from active interference, and at least temporarily turn our cases over to the neurologist for treatment.

CESARIAN SECTION.—An interesting series of experiments have been performed recently by Mason and Williams of Boston upon the strength of the uterine scar following Cesarian section. They have been reported in full in the "Boston Medical and Surgical Journal," and should tend to make us somewhat more optimistic concerning this procedure than has been the case in the past. There has been in the minds of many a fear that perchance the scar of a Cesarian section would tend to render the uterine wall too weak to withstand the strain of subsequent pregnancies, or to in some way make such pregnancy dangerous. Accordingly a number of experiments were performed upon animals, both guinea-pigs and cats. Upon these Cesarian section was performed just prior to delivery. The animals were then allowed to live the length of time equal to that of gestation in each particular species. The uteri were then excised, and rectangular sections of the muscle wall cut out in such a way that when these sections were suspended the scar occupied about a middle position and a transverse direction. Gradually increasing weights were then attached to the lower edge of the muscle until rupture occurred. The result was that in each case the tear began at a point not near the scar, and in only one case did this scar give way at all, and in that one only secondarily.

It would seem, therefore, perfectly safe to conclude that the scar following Cesarian section does not tend to weaken the uterine muscle, as it is able to withstand any strain that can be endured by that muscle. Care must be taken, however, to make the sutures comparatively close together, and to have them include the entire thickness of the muscle. The location of the incision does not apparently make any particular difference.

These data, when considered in association with our more refined surgical technic, would seem to offer much hope to cases in which the prognosis has heretofore been rather grave.

THE PERFECT MAN.—There is a man who never drinks, nor smokes, nor chews, nor swears; who never gambles, never flirts, and shuns all sinful snares—he's paralyzed. There is a man who never does a thing that is not right; his wife can tell just where he is at morning, noon and night—he's dead!—*Exchange.*

A STUDY OF EVIDENCE FOR AND AGAINST THE INFECTIOUSNESS OF TUBERCULOSIS.*

By George F. Laidlaw, M.D., New York City.

The question of the infectiousness of tuberculosis from one human being to another is of immense importance to the sanitarian, for on it depend a number of sanitary rules which, if tuberculosis is not infectious, constitute an unreasonable and tyrannical restraint on the liberty of the citizen.

The question of the transmission of tuberculosis from animals to man, is of equal importance to the sanitarian. Most civilized countries have in force stringent regulations, and every year destroy thousands of dollars worth of private property on the theory that tubercular animals transmit the tuberculosis to man.

In spite of this radical legislation, the infectiousness of tuberculosis cannot be regarded as a settled question at the present time. With a disease that is so prevalent all over the world and which is being studied so closely, it is curious that such an apparently simple question as its transmission from one human being to another, or from the lower animals to man should not have been settled long ago. It is a question of the conclusiveness of evidence.

The word evidence is a very elastic expression. What would be convincing evidence to me might be meaningless to you. All evidence to be convincing must have some relation to our previous observation and experience. Again, what we both might have called strong evidence last year, we might reject this year with the larger knowledge that each year should bring.

Let us consider first the infectiousness of tuberculosis from animals to man as the simplest problem. I say the simplest problem, because this excludes all question of hereditary transmission or infection before birth. These sanitary regulations which annually cause the destruction of so many thousands of animals, were originally based simply on the presence of the tubercle bacillus in diseased cattle, hogs, and poultry. It was taken for granted that tubercle bacilli which stained like the human bacillus and caused tuberculosis in other animals, were also infectious for man. The mere presence of the tubercle bacillus constituted good evidence twenty years ago.

It was soon observed that the tubercle bacillus of birds and of cold-blooded animals, had so little virulence for mammals that they could be ignored as factors in human tuberculosis. The tubercle bacillus of cattle, however, is very virulent for many mammals, and this virulence for many mammals was long considered good evidence of its virulence for man.

* Read before the Homœopathic Society of the State of New York.

In 1898, Theobald Smith weakened this evidence by showing that there were marked differences in culture and virulence in bacilli isolated from man, and those isolated from cattle, but it was not until Koch's paper at London, in 1901, that the question of the harmlessness of bovine bacilli for man was sharply raised.

It is clear that in order to prove that bovine tuberculosis is infectious for man, better evidence is now required. This evidence should be either the finding of bovine bacilli in human tuberculosis, or proof of the conversion of bovine bacilli into the human type. Neither of these proofs has been established.

If bovine bacilli were found commonly in human tuberculosis, it would be good evidence of the dangers of tubercular milk and meat. But the contrary is the case. Bovine bacilli are rarely found in human tuberculosis, and then only in relatively benign or insignificant lesions.

If, further, anyone should be able to prove that bovine bacilli are converted into the human type by long residence in the human body, it would simplify the question immensely. With other bacteria, greater changes than this are easily produced, and such a change from bovine to human type can easily be imagined. But the stumbling block is that such transformation has not yet been proved to occur. Bacilli of bovine origin persist obstinately in preserving their bovine, and human bacilli their human, characteristics. A transformation of one into the other cannot yet be maintained.

A further obstacle to believing that much human tuberculosis comes from bovine bacilli in milk and meat, is found in Cornet's law of tubercular infection. After an experience of three thousand animal inoculations, Cornet formulated the statement that tubercle bacilli make a tubercular lesion either at their point of entrance or in the nearest lymphatic glands. If tubercular milk and meat cause human tuberculosis, primary tuberculosis of the intestines or mesenteric glands should be a common disorder; whereas it is rare.

Until, then, bovine bacilli are frequently found in human tuberculosis, or until someone proves that the bovine type is transformed into the human type, or until primary tuberculosis of the intestines and mesenteric glands is found to be a common disorder, we cannot say that we have convincing evidence of the transmission of tuberculosis to man by tuberculosis milk and meat. Until this proof is offered, Koch seems justified in claiming that preventive measures against human tuberculosis should be directed against the propagation of human bacilli rather than against the bovine form.

Another strong reason for doubting the infectiousness of bovine tuberculosis for man, is the fact that these bacilli must have been taken by nearly every one of us in quantity for long periods of time, and yet the finding of the bovine bacillus as a cause of human disease is infrequent. It is a fact that tuberculosis is a widespread disease among cattle in all civilized countries. Our conception of the tuberculosis cow has undergone some changes.

Until recently, it was held that the only cattle dangerous to man were those having tuberculous ulcers of the udder, from which the bacilli passed directly into the milk. Recently, however, a much wider range of infection has been demonstrated, in the fact that tuberculosis cows swallow their sputum and the bacilli become uniformly mixed through the dung. If you centrifugalize any specimen of milk that you please, you will be very apt to find in the sediment bits of vegetable refuse similar to that found in cow dung, and the conclusion is inevitable that there must be a widespread infection of milk with the bovine bacilli. One might think that the human race could be protected by boiling the milk; but the bacilli adhere to the globules of fat in the milk, and pass readily into the cream, butter, and cheese. No one has yet proposed our boiling the butter, cheese, and cream, and yet it is probable that every one of us has consumed, and is now consuming, bovine bacilli with butter, cream, ice cream, and cheese, as well as in milk. If the bovine tubercle bacillus is infectious for man, it is difficult to see how so many of us have escaped.

Consider next the evidence in favor of tubercular infection from man to man. Here we have a different problem to solve. In the case of the cow and man, we are not dealing with the same bacillus, and there is no lesion at the supposed point of entry. In the question of infection from man to man, we are dealing with the same type of bacillus, but there are still three points on which evidence is desired: (1) is tuberculosis transmitted from one human being to another? (2) in what form and how does the infection leave the first host? (3) in what form and how does the infection enter the next host?

On the first point, it is well known that thousands of families live in intimate contact with a consumptive without any general infection. On the other hand, the members of some families do acquire tuberculosis one after another, in a manner that suggests infectious disease with a very long period of incubation. Personally, I have been closely associated with tuberculosis for most of my life, and am disinclined to believe that the disease is infectious. But in spite of my personal prejudices, I must admit the force of the evidence that the tubercle bacillus is the chief cause of tuberculosis; that *human beings are the great breeding-grounds of the human tubercle bacillus;* that all human tubercle bacilli, whether in the dust of the air or in food, *came primarily from a human source.* In spite of my personal prejudices, my reason forces me to admit that tuberculosis must be infectious; that the thousands of cases of human tuberculosis that we see around us must have come from other cases of human tuberculosis. There is no other source. Therefore, human tuberculosis is infectious.

As to the second question of how the infection leaves the body of the first host and enters the body of the next one, we have the best of evidence that the form in which the infection leaves the first host is not in the breath or some impalpable, mysterious emana-

tion from the skin. It is a very tangible, microscopically visible bacillus, the tubercle bacillus. I will consider this point as demonstrated at the present day and will not take time to detail the evidence that supports it. The microscope shows us that the infective agent, the bacillus, leaves the first host in the discharge of an open tubercular focus. Here we must define precisely what we mean by an open tuberculosis. Some cases of phthisis do not expectorate, but swallow the sputum. The bacilli pass off in the feces, and are as virulent as those expectorated. Such a case is an open, discharging tuberculosis even though there is no sputum. An open tuberculosis, then, is any case that discharges bacilli, whether the point of discharge be evident or concealed. A form of discharge that is not often considered is the spray that flies from the mouth in talking, which often contains bacilli.

On the next point, in what form and how the infection enters the next host, the evidence is not conclusive. There is a link missing in the chain of evidence that should prove tuberculosis infectious from man to man. From the first host the bacilli pass into the dust of the air or contaminate the food. Here we lose them until they reappear in the lungs or joints of the next host. In what form have they entered the body and at what place? The answer that comes from our clinics and experimental laboratories is a confused discord. Many explanations are offered, but none of them are supported by the kind of evidence that constitutes proof. Into a study of this conflicting evidence I will not enter, for it has not assumed a form in which discussion would be profitable except among experts; even among them, discussion has so far proved sterile enough. The two great weapons of modern science will decide this question: observation and experiment, not the academic discussion of plausible hypotheses.

Finally, the lessons that the sanitarian may draw from this study of evidence are these: The proposition that tubercular milk and meat are infectious for man awaits demonstration either that bovine bacilli occur in human tuberculosis, or that bovine bacilli are changed into the human type within the body. However, the stamping out of tuberculosis among cattle is an object worthy of attaining for itself alone, in preserving a valuable food animal, independently of its possible infectiousness for man; but it is probable that milk and meat from tubercular animals may safely be used as food. It is probable that much of our milk, butter, cream, ice cream, and cheese is really contaminated with tubercle bacilli in spite of all precautions.

In studying the evidence of transmission of tuberculosis from man to man, the sanitarian learns that cases of human tuberculosis are probably the greatest source of human infection; that while we do not yet know the mode of entrance into new hosts, we do know the paths by which the infective agent leaves the old host. In the light of our personal knowledge, the fight against tuberculosis must be directed against the human host, who must be regarded as the

great breeding-ground for human bacilli. The problem of fighting human tuberculosis is a double one: (1) that of raising the resistance of the individual citizen to its highest point by hygienic dwellings, work, and recreation; (2), and not less important, limiting the supply of the infective agent by thorough disinfection of all discharges of the human host, if careful and intelligent, or isolation and hospital care of the careless and ignorant.

ANESTHETICS IN HEART DISEASES.

By Frederick P. Batchelder, M.D., Boston, Mass.

In the time allotted for the consideration of this subject the two most commonly used anesthetics are suggested for our consideration; namely, ether and chloroform, with that excellent adjunct, oxygen. From our standpoint diseases of the heart in patients coming up for surgical operation resolve themselves into four groups:

1. The valvular diseases.
2. Disease of the heart's muscle (or myocardium).
3. Disease affecting the cardiac or coronary arteries.
4. Disease involving the cardiac innervation.

It may be well to state at the outset that the writer has seen but few cases of serious and critical organic heart disease that required any major surgical operation. In fact, in such cases the solution of the dilemma might better be deferred, for the taking of either horn of it is likely to lead to fatality. In cases of heart disease that have come under the speaker's observation, the presence of valvular disease has not been the primary problem, but rather the actual condition of the heart muscle. While, perhaps, some of those present would feel unwilling to consider every case of valvular murmur indicative of valvular disease, yet it is a common thing to find valvular murmurs, not hemic in origin, present in patients coming up for surgical operation. The pivotal point would seem to be the good or poor condition of compensation of the cardiac muscle. This seems especially true when we recall the fact that the heart beat is not primarily dependent upon the presence and perfect working of the heart valves, although they are essential factors in the normal cardiac cycle. So far as diseases of the heart involving the blood vessels or nerve mechanism are concerned, these have not entered largely into the question of whether or not to administer an anesthetic; even in the worst case of tobacco heart, where the cardiac neurones and ganglia are so plainly influenced by the nicotine that the force and frequency of the heart beat would duplicate that of some of the worst cases of dilated heart, anesthetics are not necessarily contraindicated; on the contrary, un-

der, for example, ether anesthesia, the tobacco heart frequently behaves better than without it. In any case of impaired or failing compensation, surgical anesthesia should be undertaken only after very exhaustive deliberation. Perhaps the writer may be pardoned for a kindly reference to our friends the surgeons, who are apparently not as well able to decide when *not* to operate, as when to operate. This is often not their fault. The importunities of the patient and family are such that they are left no choice but to do their best in seeking to prolong or save the life of the patient. Parenthetically, one must admit that in certain cases of angina pectoris, anesthesia for the relief of pain as a last resort is not fraught with so much danger as one would suppose, provided the anesthetist is familiar with his weapons.

In considering this subject of the administration of anesthetics in heart disease, one faces another side of the subject. While some of the surgical patients present uncomplicated cardiac disease, on the other hand many of them show complications of one sort or another involving pulmonary, urinary, or other systems of the body; here, as in many other things, the careful consideration of the total evidence must be our guide. It is assumed at the outset that the surgeon entrusts the conduct of the anesthesia in this class of cases to someone who is not a novice. It is not in the scope of this paper to enter into a discussion of what may or may not constitute a lethal dose of ether or chloroform. The latter is, by most Eastern physicians, looked upon with more or less apprehension. This apprehension is based as much on the imperfect knowledge of the anesthetic as anything else. If he will seek to observe that cardinal rule laid down by that eminent physiologist, Prof. Augustus Waller, where, as far as possible, the mixture of chloroform in the inspired air does not much, if any, exceed 2 per cent.—in other words, to give our patients fifty times as much air as we do chloroform,—we should feel much safer in its administration.

Other things being equal, the speaker's experience, and that of many others, lead to the conclusion that in uncomplicated cardiac disease ether is the better anesthetic, frequently supplemented by its admirable adjuvant, oxygen. Much might be said along any one of the lines indicated, but this paper must be brief and largely suggestive. The question frequently asked is: "Can my patient safely take the anesthetic in the presence of cardiac disease?" As a result of observation we must answer: "The period of anesthesia is not the critical one." This question must be answered partly in the light of what the operation is to involve. Whether through reflex irritation or depression the heart will not *afterward* fail. The question to our mind is this, in cardiac disease, how will the patient's heart behave *after* anesthesia has terminated? In nearly every instance the difficulty has come the first, second, or third day after the surgical operation and anesthesia, not during the anesthesia.

Oxygen has proved itself a strong ally in conducting anesthesia both in cardiac and other diseases; frequently, less ether or chloroform will be required when oxygen is administered, than otherwise. How shall we determine beforehand whether in a given case of cardiac disease the anesthetic may not only be taken with safety at the time, but that there will be no after collapse? Clinicians in general are accustomed to take note of the force, frequency, and regularity of the heart beats and pulse waves, the strength or weakness of the cardiac sounds and impulse, the presence or absence of shortness of breath on moderate or extreme exertion, in making their estimate of the integrity of the cardiac musculature, and the same data will be our guide as well. If, in any case, edema of the lungs or extremities has developed, surgical anesthetics should be undertaken but rarely, if at all.

When we review the various pathological conditions actually necessitating surgical interference of a major character, we find that the larger share of these conditions call for "operations of choice" rather than "necessity," and I think it is well understood that in operations of choice, not only should a convenient time and place for the surgeon and patient be selected, but frequently the patient should and can undergo preliminary preparation therefor. Many instances might be cited where the key to the whole situation has been the adequate preliminary preparation of the patient, extending over days, or even two or three weeks; and by preparation we mean not simply attention to the bowel tract and the ordinary preliminaries, but in view of the existing conditions, due regard paid to diet, rest and sleep, exercise and the use of various adjuvants such as will bring our patient into the best possible condition to undergo the anesthesia and the operation.

So far as danger signs are concerned, in the conduct of anesthesia in cardiac cases, we see no reason to question the great value of the respiratory signs which are of the highest importance in surgical anesthesia generally. As a rule, in the average patient the anesthetist can determine within somewhat narrow limits, the actual depth of the anesthesia by the force and frequency of the audible respiration. We have frequently had occasion to remind inquirers that our best guide was the respiration, as watched by our hearing and not by the sense of sight or touch. With both ether and chloroform this respiratory guide has proven quite trustworthy, and while no fatalities have ever been witnessed by the speaker from chloroform anesthesia, it should be clearly understood that in every case where there has been any transitory difficulty, the failure has not been of the cardiac mechanism, but of the respiratory, and in each instance, so far as memory carries us, there has been adequate modification of respiration, pointing toward approaching danger.

In conclusion, in uncomplicated cardiac disease, with a good

condition of the cardiac muscle, and adequate compensation if actual lesions be present, surgical anesthesia can be conducted with reasonable safety, ether being the best anesthetic, supplemented by oxygen when necessary. In cases of cardiac disease complicated with respiratory conditions of various kinds, chloroform and oxygen may be preferable, and may be even more safely administered, under proper supervision. The minimum amount of ether and the maximum amount of air consistent with adequate relaxation for the surgeon's work, gives us one of our safest methods in these cases.

FINDING THE REMEDY.—In the January "Chironian" is an article by Freeman, of Brooklyn, from which some extracts may well be taken:

"Case examination, as an homœopathic procedure, is divisible into three stages—to wit:

"*First, the taking of the case or obtaining the totality of symptoms*, which validly include a correct diagnosis; a knowledge of all pathological lesions; and the time of existence of each symptom. Without such accuracy prescribing is more or less problematical.

"*Second, the analysis and proper grouping of symptoms.* By this second step in the process of case examination we are enabled to decide which are the important or ranking symptoms, always judged, of course, from the standpoint of the patient.

"Only after having properly analyzed the symptoms will we be ready to proceed safely to the next and last stage.

"*Third, the selection of the similimum.* Unless the prescriber is a master of homœopathic materia medica or is positively certain of the remedy by the time this stage has been reached, it is much better for him to consult the repertory, choosing the remedy by a process of exclusion in some such manner as that about to be illustrated.

. . . . . .

"In the opinion of the writer, it would be especially advantageous for our school, as a whole, if the special advocates of particular forms of potency would cease their bickerings and learn that all potencies have each their proper sphere and are necessary in order to obtain the best results in all cases.

"While the majority of cases will do well under the right remedy in almost any form of potency, if judiciously used, a good many will not respond satisfactorily to potencies that are improperly selected."

HOMŒOPATHY IN CAPE TOWN.—Following the successful endeavor to establish a homœopathic association in New Zealand comes news from the "Homœopathic World" of the establishment of a similar association in Cape Town, to be called the South African Homœopathic Association. We wish all success to those who are in charge, and for it a happy and enthusiastic reception.

It is reported that the Henry Phipps Institute for the Treatment and Prevention of Tuberculosis will soon become formally affiliated with the University of Pennsylvania. This affiliation will be completed when the new buildings about to be erected by Mr. Phipps at a cost of approximately half a million are ready for occupancy.

Duke Karl Theodor, of Bavaria, the well-known ophthalmologist, died on November 30, 1909, of pneumonia. He was one of the few members of the nobility to enter the medical profession. In this profession he attained much prominence as a scientist and philanthropist. Much original work had been done by him and as a result he occupied a position as prominent in the medical profession as in society.

HOW LONG CAN A PERSON LIVE WHO HAS A VALVULAR DISEASE OF THE HEART?

By Herbert C. Clapp, M.D., Boston, Mass.

Every physician will recognize this as a question which is frequently asked, but not easily or categorically answered; and yet the patient, or his friends, sometimes seems to insist on a more or less definite reply. It suggests the query of the witness in court who was being bulldozed by the opposing lawyer, who demanded a simple "Yes" or "No" in reply to his question. When the witness said it was really impossible for him to so answer it, the lawyer asserted that there was no question in the world which could not be so answered, and challenged the witness to ask such a one. This was his opportunity, and this was his question: "Have you stopped beating your wife?" either answer to which, "Yes" or "No," without further explanation and amplification would be very awkward.

And so, in this medical question, although no doctor would be so rash as to say definitely in any case—one year, or five years, or twenty years, yet the consideration of many factors will enable him to form an opinion fairly approximate, as things go, within certain limitations, and barring certain happenings. At any rate, this opinion will be of much more practical service than a vague guess based on ignorance.

Of course, the variations in the duration of life as regards time are enormous. A doctor on being called to one case of valvular disease will see at once that the end must come in a few days or even sooner. Sometimes it will be in many years. Not long ago one of the Newton physicians sent to me for examination of the lungs an old gentlemen, aged 75. On going over his chest I found a mitral regurgitation with hypertrophy, and asked him if he knew about it. "Oh, yes," said he, "Dr. Blank of Natick told me all about that over forty years ago, but it has never bothered me any." Compensation had been and still was perfect.

And indeed it is this question of compensation which most concerns us in the present enquiry, as all valvular diseases necessarily disturb the balance of the circulation, and if in any case compensation can be provided and maintained, our patient may feel as well and be as able to work as a healthy man. He is often ignorant of his trouble until perhaps the life insurance examiner has told him of it, he having had no occasion to consult his family physician. In the majority of cases of valvular disease the lesion is compensated more or less thoroughly for a longer or shorter time, and life is not immediately threatened. But, unfortunately, under sufficient provocation, this compensa-

tion may fail, and then, of course, the outlook changes. One cause of such failure is a diminution of proper supply of healthy blood to the heart through the coronary arteries—a lack of proper nutrition. Another cause is overwork of the heart. A healthy heart can easily do its own work and have left a reserve force for emergencies, whereas a compensated heart may answer the usual daily demands on it, but may balk when an extraordinary demand for work comes, and after such a strain may show signs of cardiac embarrassment such as dyspnœa, œdema, cough, pain, palpitation, faintness, giddiness, etc. Sometimes this failure of compensation can be recovered from and sometimes not; sometimes the permanent failure of compensation will come only on the second, third, or some subsequent occasion. Another cause of failure of compensation may be a fresh lesion. A second attack of rheumatic fever may start up another endocarditis with generally more extensive and damaging twisting of the valves than before. Occasionally, on the other hand, but unhappily too seldom, the results of this fresh endocarditis may be corrective and salutary. For instance, in a case which came under my own observation fifteen or twenty years ago, the 9-year-old daughter of one of our esteemed colleagues, a member of this society, was suffering severely from a failure of compensation from a mitral regurgitation which she had had for five or six years, her symptoms including great dyspnœa, scanty urine, extensive œdema of the legs, etc. From this condition under rest and treatment she improved up to a certain point, but not out of the realms of invalidism, until she came down with scarlet fever, which occasioned another attack of endocarditis. By a curious freak this apparently produced the effect of twisting the distorted valve partly back into its proper shape. So it seemed to us. At any rate, from that time onward she began to improve, and has been ever since, to all intents and purposes, in perfect health, although the murmur and the compensatory hypertrophy are still there. This case readily suggests the story of the blackberry bush and the barberry bush, and the eyes scratched in again.

Another factor of importance which has a bearing on the maintenance of compensation, and therefore on our prognosis, is the age of the patient. In early childhood rheumatic fevers and the infectious diseases, with their consequent attacks of endocarditis, are common and very liable to recur and to produce still further injury to the valves. Again, during the rapidly growing period the heart has hard work to maintain the proper amount of hypertrophy and also to keep up with the growth of the body. It is harder to regulate physical exertion and mental strain at this age. The prognosis in childhood is worse than under similar circumstances in adult life. Children with serious valvular disease before they are eight years old seldom grow up. In infants under one year the outlook is particularly unfavorable.

Holt found that in 225 cases of congenital heart disease 60 per cent. were fatal before the fifth year.

In old age, on the other hand, degenerative changes are so common that if a valvular disease is then started, the necessary hypertrophy is established with difficulty, and if it has already existed and done good service for many years, it may easily be made to give way at this time by fatty or fibroid degeneration which involves the heart and arteries, and is progressive. Particularly does trouble come when the coronaries are affected and the myocardium suffers from partial starvation.

In early adult life many of the dangers of childhood and of old age are absent, but now come lives full of hard work or else of ease, of worry or else of comfort. Some of the occupations of men favor compensation, and some militate against it. If our heart patient has to work very hard with his muscles, is unduly exposed, has only poor food and too little of it; or, on the contrary, if he eats too much, if he uses alcohol and tobacco to excess and is exposed to syphilis and other dangers, it is reasonable for him to come to the end of his rope sooner than the man with good habits, who is willing to live a proper life and is able financially to do so. If our patient is a woman, the dangers of pregnancy and parturition are sometimes very real.

Intercurrent diseases often have a powerful effect in weakening compensation, especially those that are exhausting. Pneumonia is doubly fatal in a patient with valvular disease, and severe bronchitis brings quite a strain. Anemia, either primary or secondary, is unfortunate. High arterial tension in the circulation tends decidedly to aggravate a valvular disease.

Heredity is an important element in our prognosis. Some families naturally run to heart disease, and of these some stand it well and some do not.

After compensation has once failed, by rest and careful treatment it can often be restored. This restoration comes less easily at each subsequent failure. Some of the causes, like overwork and poor food, may be temporary and removable, while others are permanent or progressive, like Bright's disease or glycosuria.

One thing very important to consider in the prognosis is the kind and extent of the lesion. Of the eight valvular diseases only the four on the left side of the heart need to claim much of our attention, because tricuspid regurgitation, although common enough, is oftenest found in connection with left heart lesions, and the other three valvular diseases of the right heart are so extremely rare, that they may very properly be neglected in the consideration of such a problem as this. By common consent, aortic regurgitation is the worst lesion; mitral obstruction is the next; then comes aortic obstruction, and the very nicest of them all to have is mitral regurgitation, which, fortunately, is also the commonest.

Of these the first, or aortic regurgitation, is the only one where sudden death is at all common, contrary to the popular opinion, and even here it is nowhere near so common as a lingering exit. Of course, by sudden death we do not mean death in those cases where dropsy, dyspnœa, or other well recognized symptoms had already indicated the severity of the condition. The only other valvular disease where sudden death can properly be spoken of is mitral obstruction, and even here it is far from common. If we take all the valvular diseases together, contrary to the popular conception, "dropping down dead," as the phrase is, is quite rare. This is a great comfort to many people, and it is fortunate that we can conscientiously give it to them.

Another element very important in the prognosis, regardless of the particular lesion, is the actual amount of obstruction or regurgitation present in any individual case. The first impulse of the student, or even of the physician, is to attempt to measure this amount by the loudness of the murmur; but we know very well that this method is unreliable and misleading. You cannot measure the bite of a dog by the size of his bark. Indeed, a murmur which has been uniformly loud with a hypertrophied ventricle may become very weak or even disappear entirely when the hypertrophy gives way to dilatation, and when the heart is in a much worse condition than before. A tree is known by its fruits. The size of a lesion is known by the effect it has on the walls of the heart, and much light can often be thrown on it by the relative intensity of the second sounds at the base, by the evidences of pulmonary and other visceral congestions, by cerebral anemia, etc., etc. When we know fairly well how long the lesion has existed, dating back, for instance, to a rheumatic fever, and then measure the amount of hypertrophy or dilatation of the heart which has been brought about, we can calculate very readily the amount of interference with the circulation and so decide on the size of the lesion. From the amount of progress in the disease made in the past, we can judge something of the future, barring the accidents and events which have already been mentioned. As chronic valvular diseases generally result from two classes of causes, from acute disease, like rheumatic fever, for instance, the results of which once effected are not progressive, unless another attack comes, and on the other hand from slower causes, as from the stress of laborious occupations or from alcohol or syphilis, or from diseases of disordered metabolism like gout, chronic nephritis, arterial degeneration, etc., the results of which are slow but progressive, it is evident that the outlook of the first class will be more encouraging than that of the second.

In some cases we shall find the amount of the lesion, as measured above, to be very small in spite of long continuance, the patient seeming perfectly well even on exertion, the pulse

being good and the murmur accompanying and not replacing the heart sounds, the size of the heart being near its normal. Here we may predict a long life, barring accidents. Even if the size of the heart is increased, if the cause of the lesion is non-progressive (or of our first class) there is no present danger, and the outlook for a long life is fairly good; but if from atheroma, which will go on increasing, the outlook is much more unfavorable.

If the trouble is more extensive, with pulmonary or systemic congestion, with habitual shortness of breath on slight exertion, irregular pulse, oppression in the præcordia, œdema of the ankles, and enlargement of the liver, we recognize that danger is near and must be very carefully warded off, or else disaster will follow. But with proper care such a patient may live for years. If such symptoms come on from removable causes, the outlook is more favorable than when one has been living the best life possible and has always taken the greatest precautions.

Finally, if the disease is quite advanced, and the patient has fallen and risen again several times, with a big, weak heart and with extreme dyspnœa and dropsy, even with rest in bed or in a chair, without apparent cause, especially with a complication like kidney disease, the chance for getting up again is very small. And yet, even under these circumstances, wonderful to relate, occasionally such a case with appropriate treatment will temporarily recover. We certainly must not lose courage in any case at the first appearance of extensive dropsy, when we occasionally see such remarkable rallyings several times repeated.

A few words more distinctively as to each of the four valvular lesions of the left heart. Even in aortic regurgitation, the worst of all, if the second sound is distinctly heard in the neck, the water-hammer pulse feature not pronounced and the size of the heart not excessive, the patient may be free from symptoms and work hard for many years, if endocarditis caused it and not degeneration. The more we depart from these exceptions the worse the outlook becomes, but even in young patients, when symptoms are readily induced by exertion, danger threatens. Bad signs are increasing pallor, vertigo, tinnitus, quicker pulse and respiration, lack of rhythm, and reduction of blood pressure on exercise. At any time angina pectoris may be looked for. If influenza or diphtheria come, they are to be dreaded.

Aortic obstruction may be well borne until symptoms appear. Dropsy and dyspnœa are really mitral effects and not aortic, and yet after aortic disease has existed for a certain time mitral troubles are often superadded. Then when mitral regurgitation is added to aortic obstruction, it is exceedingly hard to preserve the compensatory hypertrophy of the left ventricle, even in youth; and in later life, with degenerative additions, the difficulty is increased. Also in such cases aortic regurgitation is easily added, and coronary disease which melts down the myocardium.

Sir Clifford Allbutt in the second edition of his "System of Medicine," Vol. 6, just issued, after being importuned, reluctantly expresses his prognosis of aortic diseases in terms of years as follows (p. 482):

"Given a moderate lesion and good conditions within and without, I should say that, embolic or vagal accidents apart, in a patient under thirty-five years suffering from rheumatic, syphilitic or traumatic aortic regurgitation, sufficient to evolve considerable hypertrophy, the prospect of life is about ten years; rarely more than twelve, save in very static cases in which the lesion is slight in degree. To persons over fifty, in whom the arteries are atheromatous, and the aortic insufficiency is a leap forward in the work of decay, three or four years may be given; or if the aortic insufficiency be part of a slow development of atheroma about the base of the aorta, and the patient is in easy circumstances, death may be kept at bay for six or eight years. The previous rate of the change in the individual is, of course, an important element in our judgment. If it be syphilitic, instant, careful and continuous management will mitigate the disease and may compass a cure. In obstruction alone the expectation is much longer. If the contracting lesion be syphilitic, the mischief may be arrested and frequently cured, but fibrotic change may encroach upon the tract of His, or atheroma upon the coronary arteries."

In mitral regurgitation, if the case is not too severe, a man may live many years, do much work and survive many sicknesses, and women may bear child after child and live to bring them up, if due care is exercised. Occasionally, even in spite of carelessness and abuse, old age is reached. One case, which has made a powerful impression on my mind, came to me when I was quite young in the profession, more than thirty years ago. Deceived by the loudness of the murmur and the size of the heart, I predicted for the young man death in perhaps two or three years, whereas he still persists in living in good health, in spite of having been quite dissipated at times, and of marrying and bringing up a family, and of working fairly hard all the time. This experience caused me a good deal of chagrin, but I hope it has been salutary. I try to console myself, however, with the reflection, to which you will all agree, that the man who never makes a mistake is an ass.

And yet many people die of the results of mitral regurgitation. The dangerous symptoms are well known.

Since we have understood better what is called *relative* mitral regurgitation or incompetence without damage to the valves, when the mitral orifice, owing to dilatation of the left ventricle secondary to aortic disease, or to high tension or to weak heart muscles, is stretched out of proportion to the valve, we are able to pronounce some cases of this reflux really curable, on improving the tone of the heart muscle. In this connection

also must we speak of the mitral regurgitation of anemia and some acute febrile disorders.

Mitral stenosis starting in childhood is more serious than when starting later, because the constriction tends more to increase, and also because the constricted orifice does not enlarge with the growth of the heart. The amount of the stenosis has to be measured, so far as we can do it, by the size of the right ventricle, which works hard to cover the pulmonary congestion. Very little trouble need be anticipated, so long as the second sound is heard at or beyond the apex. If this is not heard there, an over-exertion or worry might easily weaken the compensation, whether symptoms have been present or not. When decided dyspnœa and dropsy, etc., have set in, we begin to worry in earnest in proportion to the severity of the symptoms. But even here, as in mitral regurgitation, we must not lose courage too soon and give up the fight, as if all were lost.

JUBILEE NUMBER OF THE ANNALS OF SURGERY.—The December number of the "Annals of Surgery" has been made a special jubilee number as it is the sixth number of the fiftieth volume. It consists of nearly four hundred pages of surgical material in which a number of articles of unusual interest are found. Such men as Macewen, of Glasgow; Jones, of Liverpool; Cushing, of Baltimore; Mayo, of Rochester; Rovsing, of Copenhagen; Bastianelli, of Rome; Lane, of London; Scudder, of Boston; Barling, of Birmingham; Eisendrath, of Chicago, and Deaver, of Philadelphia, together with a number of other somewhat less prominent writers have combined to make a volume that will long be unsurpassed in the limits of a single number of any of our present periodicals. Both the editors and the publishers should be congratulated upon the success that they have attained in this semi-centennial number.

HOMŒOPATHIC LEAFLET SERIES.—The *Gazette* is in receipt of Vol. I., No. 1, of an homœopathic leaflet series that began to be issued in January of the present year. It is planned to have this appear quarterly, and to make it more particularly for the layman than for the physician. Its purpose is to demonstrate that the practice of homœopathy is not a series of experiments founded on impossible opinions, but is based upon a law that is scientifically demonstrable. The first leaflet consists of four pages in which we find short notes upon "The Origin of Homœopathy," "What is Homœopathy?" "Progress of Homœopathy," "Samuel Hahnemann," and a number of other similar subjects. To those who are instrumental in starting this propagandistic idea we extend our best wishes, and will gladly do anything in our power to further their plans for the advancement of a cause in which we all have the most vital interest.

THE SELECTION OF A REMEDY.—Dr. Wheeler, in the "Homœopathic World," in an article on "Symptoms," has the following to say concerning the selection of a remedy. We would like to recommend the entire article to our readers as most worthy of perusal, and regret that our space prohibits its complete abstraction: "The question of the selection of the remedy led to the old argument as to whether the totality of the symptoms is the safest guide, or whether the pathological condition is not pre-eminently to be considered. Of late years there has been a very obvious change in the precept that is most followed, and whereas ten or fifteen years ago the second of the alternatives mentioned above would have been generally acclaimed, there is now a tendency, and a growing tendency, to revert to a position nearer to Hahnemann's own."

HEART DISEASE IN PREGNANCY.

By Henry Edwin Spalding, M.D., Boston, Mass.

A serious chronic cardiac lesion in a pregnant woman should always be a source of anxiety to the attending physician. This, in the first place, because the increased strain upon the circulatory apparatus in a normal pregnancy tends to seriously aggravate the pre-existing heart lesion; and, second, because the changes in the heart, blood vessels, and blood current, incident to pregnancy, and the ever present liability to septic infection, not only aggravate the present trouble, but also invite new and acute complications.

It is generally conceded that there is normal hypertrophy of the left heart incident to gestation. To some extent, in cases of valvular or aortic lesion or stenosis, this is a protection because it allows compulsory dilatation within the bounds of safety. But if from repeated pregnancies, or other causes, there is already extreme dilatation, there is then little relief to be gained from this hypertrophy.

The limits of this paper will not admit considering in detail the various forms of heart disease, any one of which may complicate gestation and parturition.

Generally speaking valvular disease, if not extreme, that antedates pregnancy is not a serious matter if properly cared for. When, however, it develops acutely during pregnancy it is more dangerous. This may be because it is usually accompanied by simple, or ulcerative, or exudative endocarditis, suppurative myocarditis, atrophy or fatty degeneration of the myocardium, and by disturbances in other organs, which are the direct result of the cardiac troubles, or come from the same causes which have produced the heart lesions themselves. Other organs most likely to be affected are the kidneys from congestion and albuminuria, and the lungs from congestion and edema.

Prognosis. In all cases there is danger. In mild cases of chronic heart lesions, with proper care, the prognosis is not grave. Various authorities estimate the mortality at between 25 and 50 per cent. of severe cases, during gestation, parturition, and the puerperium. These estimates are, of course, taken from hospital statistics where the mortality would unquestionably be greater than in private practice. Most of these cases come to the hospital only when they have reached the critical stage, without having had any proper medical care. Personally I do not recall any mortality, but my forty-three years' experience has been mostly in private practice. During my several years' service in the maternity we have had many mild and serious cases. I recall only three extremely hazardous cases, all of which went through parturition, and left the hospital in an improved condition.

Abortion occurs from placental apoplexy or degeneration, or from hemorrhage in about 25 per cent. of serious cases. Usually a cardiac case begins to improve immediately after delivery. The free escape of blood relieving the heart strain, and the emptying of the distended abdomen, removing mechanical pressure against the heart, doubtless account for this. Somebody has very aptly said "there is a maternal and a cardiac delivery."

Treatment. Should a woman with serious heart lesion be allowed to go to full term gestation? If gestation is to be interfered with, at what stage? These are momentous questions. It is a recognized rule that when the mother and fetus are in equal danger, the mother's safety should have first consideration. At best the chances for the life of the fetus, in these cases, is only as three to four. The danger to the mother increases with the advance of pregnancy, not from the disease only, but also from the immediate effects of forced delivery, if that is deemed necessary. I believe, then, that if the woman's condition is such as to quite surely demand an abortion, it should be done in the earlier months of pregnancy. I will briefly report an illustrative case.

Mrs. J——, age 45. Has had eleven children. Her family physician gave this history: "Mrs. J—— was confined about eight months ago. Delivery was followed by eclampsia. She came through this by an eyelash. There was albuminuria and cystitis, which had probably been present some months previous to labor. She picked up slowly. Albumen continued in the urine for months, headache, memory impaired, etc. There has been a slight trace of albumen of late. The bladder trouble shows itself from time to time. There has been more or less edema of the face, and lately she has complained of more or less shortness of breath on exertion." I found a bad mitral lesion with dilatation. It was two and a half months since her last menstruation. I declined to advise interference at that time, and asked her physician to keep her under close observation for one month. He then sent her to me again. The heart symptoms had grown markedly worse. Dyspnea quite severe from moderate exertion. Swelling of feet. Varicose veins in right leg quite large. With this change for the worse I did not hesitate to advise an immediate abortion, which I induced a few days later. In cases like this I believe that an early forced abortion is not only justifiable but advisable. On the other hand, if the case has gone on until near the end of gestation, the changes that take place in the pelvic walls, the uterine tissues, and the parturient canal as normal delivery approaches, promote an easy delivery to such a degree that it seems safer to watch the patient closely, using such medicinal and hygienic measures as may be called for from day to day, and allow the case to go until full term, unless uterine contractions supervene naturally. Care should be taken that gestation be not prolonged beyond the normal period, for an early delivery is greatly to be desired, and an unnatural growth of the fetus should not be allowed. Fortunately in cases of

this kind the fetus is ordinarily under the average size. If, however, labor threatens any time after the seventh month it may properly be encouraged.

The three maternity cases already referred to were as serious as any I have ever seen. There was general anasarca; dyspnea from edema of the lungs so severe patients could not lie down; albuminuria; vertigo, and all of the other bad symptoms usually found in extreme cases. They were in the hospital for observation and treatment from one to three weeks before labor commenced. As labor pains came on they were put in the new chest position, and cautioned not to strain or bear down in the least. Thus the uterine contractions were allowed to do all of the work. Their labors were easy and entirely without complications. The loss of blood incident to delivery so relieved the circulation and heart-pressure, that they were at once able to lie down for the first time in several weeks.

As regards general treatment not much can be said, for each case will present special individual symptoms that are distressingly prominent. These distressing conditions must first be relieved, when, perhaps, others may come to the front to demand special attention. In all cases the urine should be frequently examined, and free diuresis maintained. A vegetable diet should be urged, first, to spare the kidneys and, second, for its effect on the fetus in promoting an easy delivery. The digestion should be watched, for flatulent indigestion is a common accompaniment of cardiac weakness. All violent exercise and sudden movements must be avoided. A sudden chilling of the skin should be guarded against, lest increased work thrown upon the kidneys be greater than they can endure, and a crisis of eclampsia be precipitated. Of course the patient should be spared all undue anxiety or violent excitement.

I cannot close this paper without a brief reference to the part the thyroid gland performs in gestation. There seems to be no question but the thyroid gland assumes greater activity and becomes hypertrophied during gestation, thus aiding in the increased nitrogenous metabolism incident to that condition. We all know the depressing effect on the heart's action and the lessened uresis which results from atrophy of the thyroid, or from Graves' disease, which materially lessen the quantity of thyroid secretion. If then the thyroid fails to hypertrophy or take on greater activity than in the non-pregnant state—and certainly if we have atrophy—we shall have deficient metabolism, which is so important as a guard against toxemia, a weakened heart's action, and scanty uresis.

While it is so recently that I have been considering the function of the thyroid in pregnancy, that I am unable to speak with the assurance that comes from large experience, I am convinced that in the administration of thyroid glands, in cardiac diseases and toxemia of pregnancy, we are to find one of our most potent aids. I would commend it for earnest consideration and careful trial by the profession.

COMPLIMENTARY DINNER TO DRS. WARREN AND BARTON.

One of the most attractive social occasions of the year took place at the State Mutual Restaurant in Worcester on Tuesday evening, March 1. This consisted of a complimentary reception and dinner tendered to Drs. J. K. Warren and J. M. Barton upon the fortieth anniversary of their graduation in medicine. Friends and associates in the medical profession gathered to the number of more than fifty to do honor to these two respected gentlemen. Representatives came from the various parts of Massachusetts and Rhode Island. At six o'clock an informal reception was held in the parlors, followed by the more formal dinner. The post-prandial exercises were particularly pleasing. Dr. J. P. Rand of Worcester proved to be a most congenial toastmaster, and

J. K. Warren

J. Marcus Barton

showed his witty vein most aptly. The first toast was to the memory of Dr. Hans Burch Gram, and was given in silence, all standing. Dr. George N. Lapham, of the Rutland Sanatorium, president of the Worcester County Homœopathic Society, voiced the greetings of that society in a succinct speech. One particularly pleasing part of Dr. Lapham's talk was the statement that, while somewhat skeptical upon the question of homœopathy at the time of his graduation, he has become a firm adherent to the law of similars, and is, if possible, becoming more so from day to day as he takes advantage of his unusual opportunity to compare the results of the two methods of treatment in vogue in his institution.

From the Homœopathic Medical Society of Western Massachusetts Dr. Oscar W. Roberts brought greetings. From this

society both of the guests of the evening originally came, and, as might be expected, early reminiscences were numerous and humorous.

Dr. Henry A. Whitmarsh of Providence conveyed the good fellowship of the Massachusetts Surgical and Gynecological Society in a speech full of witticisms and eloquent for professional friendship. In the absence of Dr. Percy, Dr. J. P. Sherman spoke extemporaneously for the Massachusetts Homœopathic Medical Society.

The American Institute of Homœpathy was represented by Dr. Henry E. Spalding of Boston, a former vice-president and a boyhood friend of Dr. Warren.

Congratulations and greetings were borne from the new homœopathic hospital of Worcester by Dr. Crisand. One of the features of the doctor's speech was the following birthday greeting written by Miss Ann B. Wheeler, one of his patients.

A BIRTHDAY GREETING.

Once more, dear friend, another year
Is added to the past;
And four and sixty useful years
Are rounded out at last.
Oh! how distant seemed this birthday
In childhood's days so bright,
When the skies were fair and smiling,
With not a cloud in sight.

Then the heart was light and happy,
And existence was a joy,
With no thought of the tomorrow
To the merry, laughing boy.
Yet how like some grewsome spectre
It mocked and beckoned you,
But so far off, in the distance,
That it was almost hid from view.

The years, at first, crept slowly on,
Then swiftly took their flight,
Till life in all its earnestness
Dawned fully on your sight.
The struggles and the heartaches
Which you saw, from day to day,
In your work among the lowly,
Have slowly paved the way.

And today the ghastly spectre,
Which so mocked your childish years,
Has vanished, and another form,
All clad in light, appears.
He takes you gently by the hand,
And on his radiant face
You gaze, and deep within your heart
You bless this day of grace.

And standing on life's summit you
Review the vanished years,
All their failures and successes,
Their hopes, and joys, and fears;
And a love for all humanity
Springs in your heart anew,
And delight is mere existence,
Which childhood never knew.

Then you leave your mute companion,
And begin the slow descent,
And your soul is awed within you,
Filled with a sweet content.
And the future just before you
Stretches out so bright and fair,
That you wonder how life's summit
Seemed in youth so plain and bare.

Crowned with love, success and honor,
Pray what more can life bestow?
For the future holds no terrors
If our souls expand and grow.
Back of all our griefs and crosses,
Which are oft misunderstood,
Is the great First Cause—abiding,
Working for man's final good.

And what seems unjust and cruel
To our visions, so obscure,
In the chain of evolution
Is a link both firm and sure.
May the future give you freely
Every blessing of the past,
And its shadows melt in sunshine,
To remain while life shall last.

Dr. Crisand brought his toast to a happy conclusion by presenting to Dr. Warren a sterling silver loving cup suitably inscribed. That this was a surprise to the recipient was evident by his response, which was very heartily received by all.

Dr. Amanda C. Bray made the presentation speech to Dr. Barton, following which a loving cup similar to the one presented to Dr. Warren was brought forth. Dr. Bray's speech was so unique that we have persuaded her to allow us to print it in full. It is entitled "Maxims to Guide the Young," being particularly adapted for the assumed youth and inexperience of the two gentlemen to whom it was addressed.

Mr. Toastmaster and Guests: It is with hesitancy that I respond to this toast to our dear genial Doctor, for I realize my complete inability to give advice to one of his tender years. Although it is quite a number of years since I pitched my tent among you, I have not forgotten, nor ever can forget, the cordial welcome given me by the Doctor and his good wife when I and my little daughter were strangers here, and they opened the door of their hospitable home, bidding us enter and partake of their good cheer on what would otherwise have been to us homesick and lonesome Thanksgiving and Christmas days. Little did they dream that bread cast upon the waters in 1891 would come back to them in 1910 as dry toast.

We are marking a milestone in the Doctor's professional journey, but, as he says, he is not to blame for its being a fortieth milestone. We will all have one if we only hold on long enough. And so we have gathered here tonight to get fresh impulse for the pull before us; to get from each hand-grasp the friendly thrill of good fellowship; to look into each other's faces and exchange greetings of kindliness, respect and forbearance; to absorb the intangible something that makes us feel the better for having been here.

This toast looks as if I were expected to give our good friend some suggestions for his next forty years; but, alas, I am not a Jahr; I can not compile a forty years' practice.

Forty years ago, when you first started on your medical career, matrimonial felicities filled your mind; but you selected the indicated remedy; the similimum has worked well, and those mental convulsions have not been hard to relieve. You have probably made some mistakes —most men do; women, never—but doctors' mistakes are well covered up, and it is useless to say you cannot repeat them on those same cases.

Entering upon this grand climacteric, it will not be needful for you to try to look older than you are, or appear more mature. It will not be necessary to be called from church in the middle of the pastor's prayer, or to have your clothes made in the latest fashion of strapped and buckled pockets, to wear the bell-topped hat or adorn yourself with vivid four-in-hands. You will not need to exceed the speed limit as you go through the main thoroughfare in your automobile, with an obstetric bag beside you, and carrying an obstetric fork (as a patient called it), in your hand. As you have thus far escaped the temptations of polypharmacy, do not yield at this epoch; the single remedy, the minimum dose is still the ideal of the scientist.

Avoid the isms; error, like darkness, is only the absence of light.

Beware of the mysteriousness of the mystery surrounding mind, which is the I or Us, the only spirit, soul substance, life, truth and love; and beware also of matter, which is the apostle of truth—and spirit—which mortal mind sees, feels, hears, tastes, and smells only in belief.

Some people who use their minds to think with hold that mind is not everything, especially when by idealizing they can make a juicy steak out of nuts, and delicious coffee out of burnt bread crumbs. So, as I have said, do not plunge in the metaphysical pond of chemicalization unless you are a good swimmer, for unless you are brought to the shore by Truth's phychopompos you may drown in this sea of eliminations.

Personal magnetism and its therapeutics I would strongly advise you to look into. Personal magnetism by the man who is charged with it, and who charges for it, is a form of gentle massage that works wonders. The first step is to learn the laying on of hands, which starts the unseen forces wobbling. In order to get the correct results you must wear an inward battery concealed beneath a tight flannel band, saturated with sweet oil and talcum powder to maintain lubrication and avoid chafing, and a cure is effected as soon as the vibrations from your hands give rise to harmonious vibrations in the patient. But it is difficult to get imposing magnetic undulations on an old-fashioned vertebra which has had no college football education.

Always impress your patients with your profound learning by using technical terms and Latin synonyms. Pat said to Moike: "The Doctor says as how he wus goin' to examine me in the anteroom; phwat does he mane by that?" "Sure, Pat, don't yer know phwat that is? That's the Latin for sthummick," said Moike.

Now a man's physiologic centre is his stomach, although he may not look at it in that way, and to be a stomach specialist is a thought worthy of study. The simplest form of animal life, the protozoa, the scientists tell us, are roaming stomachs; so are tramps, and they lead simple lives too. Babies have heartlessly been referred to as stomachs.

every disease is remotely caused by digestional derangement. In order to break the endless chain of abnormal action it is only necessary to unhook a link. Germans have done more than any other people in research work on the stomach. They have looked it over with electric lights; they have cut holes in it, and peeped in to see how the breakfast was digesting, and they have cut it out to learn if we can get along without it just as well. Vermiform appendices are thrown out by the pailfuls from every hospital every day in the week, and soon stomachs will go the same way. But I would suggest you study the washing-out process; it reminds one of a chicken swallowing a string. A hen with half a yard of twine safely rolled round her gizzard, and still gulping to get in the remaining two yards, is a fair notion of the first step in the work. After the tube is all in, turn the patient upside down to make a siphon of him. Follow this with an electric light let down in the stomach; turn on the current, and a patient with a chandelier in him will match the soft radiance of the glow-worm. He actually becomes phosphorescent, north, south, east and west, with the elusiveness of a searchlight. So keep in touch with those who are habitual banqueters, for although the stomach used to be of limited capacity, today civilized man is cursed by an elasticity induced by his forefathers, and the field of the stomach specialist is boundless.

Then there is orthopedic work for one who has loads of time and an office large enough for the equipment. The breaking up of people and soldering them together straight is fascinating indeed. And the money considerations are not to be mentioned.

Some knowledge of sinusoidal currents and high frequency saturation is also necessary.

Do not fail to get an insight into these two most popular forms of treatment. As a nerve tonic there is nothing like electricity. A man having an electric treatment feels as usual except that his hair stands up, and he has a goose pimple wherever he has a hair; and when he sees the ten-inch spark shocked out of the machine he feels positive every button is torn off, and he just knows his shirt is flayed into kite tails, what with all the prickles, noise and fire, and he is sure he has been paralyzed, but happily he is disappointed.

Do not forget to purchase a vibrator; nothing like it for office work. It resembles the burr wheel the dentist puts into an aching tooth. It revolves two million times a second, and you run the dimpling up and down a patient's back, over the ridges, into the gutters, across the plains, going lightly over the dessert—because a man's stomach is more tender than his heart, and a vibrator makes a great impression on a patient. It is fine for cases of locomotor ataxia, and that reminds me of Mrs. Malaprop, who, on being told that a dear old gentleman, a friend of the family, had locomotor ataxia, remarked: "Why, isn't that too bad: does he have to whistle at every crossing?"

Then there is the Emmanuel Movement and Fletcherism to be worked out.

There is really no limit to the suggestions that can be made to the physician, whether he is in his novitiate or an expert. He can hunt for big game in nose and throat work; he can seek his Klondike in the leucodescent lamp; try for the North Pole with his electric currents; search the jungle with his shot gun prescriptions; dally with the automobile and flying machine. The strenuous life is not in it with the up-to-date physician, but these few maxims you can easily remember:

A wise physician makes a glad father, and a good homœopath is a blessing to a whole community.

Better a little dose of the right remedy than great compounds and trouble therewith.

Come unto the allopath all ye that labor and are heavy laden and he will give you rest.

Do not the abominable things of the quack.

Except an allopath be born again he may not know a drug from a remedy.

Foolishness is bound up in the hearts of the people, but the rod of correction is held by the homœopath.

Grieve not a doubtful patient lest he depart from thee.

Homœopathy becomes the watchword of the wise.

It is good to draw near to Hahnemann's teachings.

Keep your pocketbook full with all diligence for out of it cometh all the issues of life.

Liars shall have their part in the lake which burns with fire and brimstone but sulphur high shall quench their thirst.

Many are the afflictions of the people, but the infinitesimal dose relieveth them all.

Now is the accepted time; now is the day of the homœopath.

Out of the abundance of nostrums doth the quack flourish.

Pray on thy patients in secret, and thy patients which hear in secret shall reward thee openly.

Quit you like homœopaths, be strong, stand fast in the faith.

Remember homœopathy in the days of thy weakness.

Salvation belongeth to the homœopath.

Trust in the similium at all times, ye people, pour out your gold into it.

Upon the faithful shall rain an abundance of good health.

With these admonitions I present to you, Dr. Barton, this loving cup as a token of the respect and good fellowship your colleagues bear you.

Young man, overcome the temptation to pass it from friend to friend; rather keep it to yourself, and fill it with the laurel of your vintage.

Zeal hath consumed me for time has forgotten to stand still.

With these words I conclude my remarks: Continue in the good way you have begun—

Have communion with few,
Be intimate with one,
Deal justly with all,
Speak evil of none.

Dr. DeWitt G. Wilcox spoke in the manner in which only Dr. Wilcox can, concerning the doctors' wives, their troubles, their vicissitudes and their rewards.

The exercises closed by singing "Auld Lang Syne."

To Dr. Rand, we learn, is due the origination of the evening's enjoyment, with whom were associated Drs. A. C. Bray, Carl Crisand, Edgar A. Fisher, Albert E. Cross, Lucy E. Wetherbee, George A. Slocumb, and Charles A. Croissant. Invitations were sent to a selected list of physicians, friends of the guests of honor, and eighty-four of these combined to contribute for the loving cups. We would like to publish this list in full, but it is too extensive for the space that is at our disposal. Suffice it to say, however, that the contributors came not only from the immediate vicinity of Worcester, but also from all parts of Massachusetts, from Rhode Island, and even from outside New England.

We can sincerely agree with Dr. Rand in his statement that "it seems good to have a love feast once in a while," particularly

when the guests to be honored are so universally respected and beloved as are these.

The *Gazette* can voice its feelings best by repeating a verse from a quotation by Dr. Lapham:

"Health to enjoy the blessings sent
From Heaven; a mind unclouded, strong;
A cheerful heart; a wise content;
An honored age; and song."

THE TRANSIENT AND PERMANENT IN MEDICINE.

By Maurice Worcester Turner, M.D., Brookline, Mass.

While both transient and permanent elements obtain in every science, yet those in the latter group have in many cases, in recent years, become more and more subject to change, paradoxical though it may seem, so that many are now properly classed as active elements in the transient group.

It is inevitable if the science be a living, growing one, that changes should occur, and in no living science is this more marked than in medicine.

This tendency to change extends throughout scientific medicine, so called, as those conversant with practice, in the last twenty-five years will readily acknowledge.

This is eminently true in surgery and needs no comment; in regard to the various departments of general medicine, comprised in the term pathology, it requires but slight effort to recall the changes and evidences of growth taking place. In nosology a constant rearrangement is going on, resulting from new divisions based upon bacterial or other modern diagnostic tests. The same is true with etiology, in which there is a steady readjustment with corresponding and necessary changes in symptomatology. In diagnosis the modern aids which supplement the classic signs are being added to each day, all making the decision as to prognosis more definite.

And lastly we come to therapeutics, including, of course, the study of those substances used in practice, *i. e.,* materia medica.

Just here a curious thing is to be noted: while in other departments such change as I have briefly outlined is evidence of growth, and hence to be hoped for and encouraged, yet if it obtain in pharmacodynamics, therapeutic nihilism results. This is evident from and explains the lack of medicinal treatment in allopathic practice today.

Therefore, it seems clear that while certain parts of medical science may change and grow with profit, the vital elements, if I

may so call them, *i. e.,* those having direct relation to the cure of diseases by drugs, should be fixed on a firm and unchanging basis, for while the department of materia medica must be and is capable of endogenous extension, it should not be subject to fundamental nor outside change if confidence in the efficiency of medicines is to be preserved.

It is needless to say that such a condition of therapeutic permanence *exists only in homœopathy,* and while all things else in medicine change homœopathic materia medica and therapeutics do not.

Unfortunately this fact, for fact it is, is unrecognized by some and ignored by others. Unrecognized by those who have always antagonized homœopathy, though often they do not hesitate to make use of it, without giving credit, as far as a superficial knowledge of it permits, and ignored by those who presumably educated in homœopathy prefer the far easier practice of eclecticism or even allopathy.

But by far the most serious result of the failure to recognize the importance of the unchangeable elements in homœopathy, and one which affects the future, occurs in our medical schools. There the teaching generally ranks homœopathy "as a method," not emphasizing the value of this solid therapeutic foundation to the specialist and to the physician in general practice, but putting it aside and giving preference to the mutable belief of the hour, thus divesting the future of the hope of trained practitioners of Hahnemannian homœopathy.

It is just here that both our weakness and our strength lies,—weakness that this unchanging therapeutic law is not taught to its logical extent and exemplified clinically, for, from the standpoint of homœopathy, it is the most important subject in the curriculum. The ideal way to teach it would be to unite the chairs of materia medica and practice, including homœopathic philosophy, and give this consolidated chair not only hearty support, but also preëminence over all others; the instruction to be given by those who believe in and are able to demonstrate the truths of homœopathy in practice.

The truths of homœopathy being the largest asset we have, should be imparted honestly, and with strict adherence to Hahnemann's teaching, otherwise we are recreant to our trust.

As no one would be intrusted with the chair of surgery who was not a competent surgeon, so no one should be given the task of teaching materia medica,—not eclectic nor pseudo allopathic materia medica but homœopathic materia medica, homœopathic therapeutics, and homœopathic philosophy,—whose ability had not been demonstrated, and whose belief in the homœopathy of Hahnemann was not genuine and well grounded.

The teaching of homœopathy and homœopathic materia medica so arranged, would constitute the greatest bulwark against empiricism, and also the greatest hope for the future in

medicine, for homœopathy is not dead, nor out of date, neither is it a thing to be ashamed of, nor is its work done.

Homœopathic philosophy, homœopathic materia medica, homœopathic therapeutics, the homœopathy of Hahnemann, theoretic and applied, is the strength of the school, the only reason for its existence.

If taught honestly, fearlessly, the future of the homœopathic school is assured; but if taught half-heartedly, apologetically, there can be but one ending.

To quote from Constantine Hering: "If our school ever gives up the strict inductive method of Hahnemann, it deserves to be mentioned only as a caricature in the history of medicine."

CLINICAL DEPARTMENT.

Conducted by A. H. Ring, M.D.

Case III. Diagnosis:

Blepheritis Marginalis caused by two diopters of far sight and a slight degree of astigmatism.

Blepheritis Marginalis, as its name implies, is an inflammation of the margin of the eyelid. It varies in extent from a slight scaliness or scurvy condition of the lid edge to an intense inflammation with an accumulation of yellowish, sticky secretion which agglutinates the roots of the lashes, forming numerous small tufts, or we may have a thickening and erosion of the lid edge with a partial or complete loss of the cilia. It is rarely, if ever, a primary affection. The most frequent cause is some abnormality in the size of the eyeball producing near or far sight, or some irregularity in the curvature of the cornea with its resultant astigmatism. Catarrhal conditions of the nasal passages may be the exciting cause. In these cases there is a dry, congested nasal mucous membrane with a red, irritated or excoriated condition of the edge of the anterior nares. A fair proportion of the cases develop in scrofulous children. Occasionally we find a case which has resisted all treatment. A number of such cases give a history of some form of skin trouble in early life, probably an eczema. In regard to refractive errors I cannot too strongly emphasize the fact that a patient may have a high degree and still possess normal visual activity.

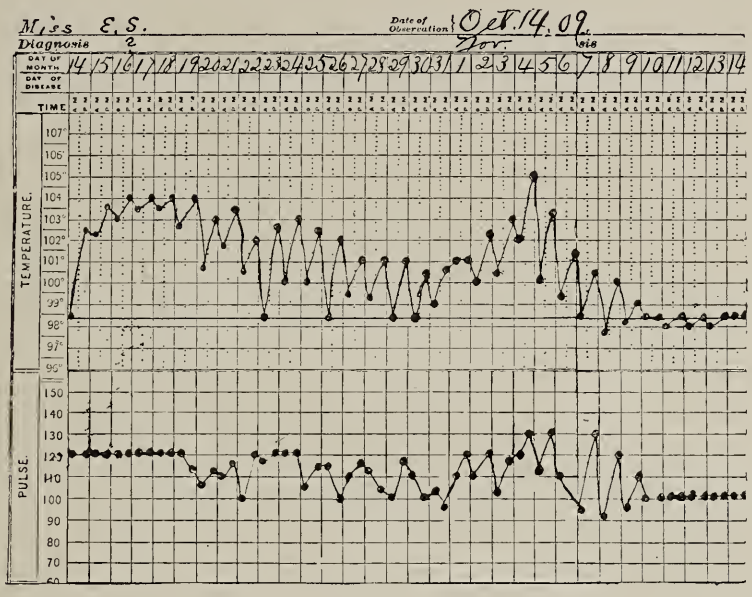
The treatment is the correction of any refractive error. Attention to hygiene and dietetics. The local use of a solution of boric acid and the application of Unguent Hydragerum flavus 1 per cent. to the lid edges. The remedies most frequently indicated are graphites, sulphur, the calcarias, petroleum, hepar, arsenicum, antimonium crudum, and pulsatilla.

Case IV for Diagnosis:

Miss E. S. Age 22 years, single. Occupation, pupil nurse. Born and grew up in a water-front town in Maine. Family history negative.

The patient has always been a well girl, thin, wiry, active. No previous illness of importance. No accidents, injuries, or operation. At onset of illness had been training for nursing about three months, and was at the time having the special care of an advanced case of tuberculosis. Two weeks before giving up she had diarrhea, lasting a week. Then followed a week when the bowels moved normally, but she had headache and chilliness. The next week the headache became severe and tempera-

ture, then taken for the first time, was 102°F. The patient was put to bed and remained there five weeks, during which time the pulse and temperature ran the following course:



The headache was the symptom most complained of and persisted for two weeks. There was no vomiting; digestion cared for liquid food well, but the bowels were stubbornly constipated. Physical examination of the lungs and heart negative. Abdomen somewhat retracted, and at the end of a week in bed showed some red spots. Urine was concentrated and high colored but otherwise normal. The blood———— What was the diagnosis?

The Case of Miss Liu Lan-yii:

Dr. N. S. Hopkins, who, after twenty-five years of work in the missions and medical schools of China, is home on a year's leave, kindly gives us the following interesting description of medicine as practised by the native Chinese physician:

Miss Liu Lan-yii had been ill for a long time. Many domestic remedies had been tried and suggestions from the friends of the family had been carried out, but they were of no avail. Last spring, while suffering from daily rise of temperature, she had, at three different times, taken a half cup of tadpoles, but the coldness of these did not reduce it save for a time. Later in the season she had selected a cucumber the exact length of her forefinger, and going to a lonely spot where no one could see and break the spell of the magic sentence she recited, she swallowed it whole, not allowing even the end to come in contact with her teeth, but even this did not cure her.

There seemed no other way left for them but to call a physician. This was no simple task, for Miss Liu had never held converse with a man outside of the family, and it would be exceedingly immodest to talk over her symptoms with an entire stranger. The women of the household were very much disturbed, when the father offered a suggestion that seemed a way out of the difficulty. Mr. Wang, the village schoolmaster who had recently come among them, had, in a friendly way, written prescriptions for some of his friends with happy results, and the village druggist had said that they were the most scientific compounds he had ever compounded, some of them calling for his rarest, most expensive drugs, and for others he was obliged to send to the city as he

did not have the ingredients in his shop. The boys in his school were full of stories about him. Two boys who had returned to the school room one night had seen him making his famous plaster and could testify that the eight poisons were put into it, for on his table were scorpions, lizards, snake skins, bats, turtle, rat and toad and black feathers all dried and ready to be put into the mortar to be ground up. These boiled with resin, beeswax and honey had, when applied to an abscess, caused it to discharge pus in less than twelve hours. Mr. Li, who was a chronic sufferer from lumbago, is now up and about his work. These and many other cures were cited to show that this modest man was of no mean talent. It was further stated that in diagnosing disease he was an expert. He could not only detect the six pulses at the wrist and locate the disease, but a lady in a village nearby had been successfully treated without seeing him. She had held a string and he had located the trouble by it. It needed but little discussion to convince the family that this great teacher and healer was ordained of heaven to minister to them in their necessity.

The servant was sent in haste to the distant market, for it must not be due to any lack of courtesy on their part that Teacher Wang would not do his best. Birds' nests for soup, sharks' fins for relish, ducks fattened by forced feeding, and the strongest wines were a few of the things purchased.

A card was written on red paper, and in the most minute characters, for by this they could show how happy they were to invite him, as expressed in the red paper, and their own modesty, by the size of the characters. At the appointed hour Mr. Liu went in person to remind him of his engagement and escort him to his house. He assures him that before he had condescended to come to their mean village, he had heard of him by reputation, and since coming, there were none who were not singing his praises. On reaching the house of Mr. Liu they were seated at a table and were served to roasted melon seeds and salted peanuts while waiting for the feast. A curious crowd had lined up under the windows, and wet fingers had insinuated holes in the paper that would accommodate as many eyes. Mr. Wang's reply is still remembered by many in the village. He said that he was living a simple life. Often in his zeal to help others he would forget his own food, and like Confucius in his younger days, welcomed poverty because the simple life allowed him more time to devote to others. For the want of a pillow he could sleep dreamless sleep with his head resting on his bent arm. (Quotation from the Confucian classics.)

The feast progressed and wine was served before the cause of the meeting was discussed. The maiden's tender years, Mr. Wang's youth, and the custom of the country, were cited as reasons why the patient should not be seen. Mr. Wang was equal to the occasion. Taking from his sleeve a ball of string he asks that it be carried into the sick chamber and held by the patient. His face takes on the gravity of one who feels that he is dealing with momentous questions and alert to do his best for the fair sufferer. For one moment he hesitates before interpreting the subtle waves that come to him on the cord, but when he does speak it is to the complete satisfaction of the anxious friends crowding the doorway behind the curtain and the crowd elbowing outside the window. It more than repays them for their long wait. He says: I detect in the patient a condition seldom met with in one so young. The gases in her stomach are of sufficient pressure to suspend the food therein. These gases divide into hot and cold. The hot filling the air passages going to the head, causing headache, the cold passing down, causing pain in back and limbs. These gases must not be allowed to roam at will over the body. I shall strive to close up the air passages and force them into natural channels. The eczema that she has on the feet (all Chinese women with bound feet have eczema as they seldom if ever

wash them) must be cured, natural heat restored and red blood supplied to her system.

When Wang had finished speaking the father rose to his feet, adjusted his cap and gown and prostrated himself three times before him, saying: "Your name will live as long as Yas Wang (the Medicine God) and spread to the borders of the four seas." Mr. Wang produced a pen and paper from his ample sleeves and wrote the following:

Skin of a Manderin orange 1-2 ounce.
Skin of a toad.
Red peppers, aa 2 1-2 drachms.
One copper cash filed to a powder.

The whole to be steeped in one pint of water to four ounces, and taken at one dose.

In explaining the prescription, he said: "The skin of the orange is loose and will, when taken, cure her condition, tightening her skin and closing the air passages. The skin of the toad is rough and will cure similar roughness on the patient. The peppers are hot and will cure her fever, are red, reducing the redness of her cheeks, the copper cash was to lead the medicines to their proper places, for what is more persuasive than money?"

That night after hearing Mr. Liu's story and seeing this prescription, I thought of this great people and their wonderful history. They have the credit of inventing gunpowder, the mariners' compass, and the automobile. Can it be possible that they may also claim to have originated the law of similia similibus curentur?

Referring to a tabetic patient who gave a history of specific infection six years before, Dr. Colby said to the class: "Well, ladies and gentlemen, it looks very much as if the patient had come to the end of the path and found it led up a tree."

BOSTON'S DECREASING DEATH RATE.—It is a satisfaction to learn that the death rate in Boston appears to be steadily decreasing and was during the last year the least on record, being 17.75 per thousand inhabitants as against 19.16 in the year preceding. The decrease is particularly notable in connection with tuberculosis, typhoid fever and diphtheria, and is partly contributable doubtless to the more intelligent methods now in vogue in the treatment of these diseases. It is estimated that there are at present about 6,000 persons suffering from tuberculosis in the city.

THE NON-OPERATIVE TREATMENT OF APPENDICITIS.—Prof. Thomayer, in the *Bulletin der IV Versammlung der bohm. Naturforscher u. Aerzte*, lucidly states his disbelief in the theory so zealously propagated since the '80's, that the treatment of appendicitis is, emphatically, the operative. Both before and during his clinic work, Thomayer never saw death follow his internal treatment of the condition. During the first five years, he had 119 cases of appendicitis which were treated according to his method, viz., avoidance of laxatives or cathartics, a minimum of nourishment, 3 cg. of morphine in solution *pro die*, and an ice bag where it was needed most. Of the 119 cases, 1 died—of miliary tuberculosis.—"The Hahnemannian Monthly."

LETTER FROM DRS. WARREN AND BARTON.

To the members of the profession, who gave us such an enjoyable evening on our fortieth medical birthday, March 1, we wish to express our hearty thanks, and to assure them that the loving cups will be a constant reminder to us of their fraternal good will.

J. K. Warren,
J. M. Barton.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

FRATERNAL SPIRIT.

The two principal dissenting sects in medicine, the eclectics and the homœopaths, have much in common in their protest against dominant medicine as it exists and particularly as it has existed in the past. Many evidences of fraternal feelings have been noted from time to time in various places. In fact, probably a large number of homœopaths are in the truest sense eclectics in that they make use of those forms of treatment which they deem best for the welfare of their patients. In theory, at least, eclecticism is the ideal in medicine, and in this sense all true physicians should be adherents to this belief.

The new official journal of the International Eclectic Association recently brings to us further indication of the above mentioned fraternal feeling, and of the readiness with which this association recognizes the good wherever found. In the December number is found an article entitled "Pathfinders," by Felter of Cincinnati. This article, which is an extensive one of about fifteen pages, is devoted entirely to the reminiscences of two men, Drs. Hans Burch Gram and Wooster Beach. The first-mentioned is notable for introducing homœopathy into America; the second was the founder of eclecticism. Photographs of both men are included. We have read with much pleasure this article, and are pleased with the fairness and unprejudiced manner in which it has been written. We therefore desire to express to the author our appreciation of this courtesy, and trust that in our own school its members may always be found as willing to give fair and frank acknowledgment of truth and good works from whatever source.

BACTERIOLOGY AND THERAPEUTICS OF COLDS.

Allen, of England, has done a large amount of work and has made many investigations concerning the bacteriology and therapeutics of common colds. Hhis results and those of Benham recently pub-

lished show that the most common organisms causing these conditions are the micrococcus catarrhalis and the micrococcus paratetragenus. In addition to these the bacillus septus, the bacillus of Friedlander, and the bacillus of Pfeiffer have frequently been found. Investigations by both of these men have been made particularly with the view of obtaining some therapeutic agent for the cure and also as a prophylactic agent of the disease. Of the bacillus septus and the bacillus of Friedlander no satisfactory cultures have been obtained. Of the other organisms, however, cultures have been made and vaccines prepared.

The use of these vaccines has been followed in a large number of cases by distinct benefit, decreasing the severity of the symptoms, aborting an attack, and preventing reappearance of the disease. In a number of instances the vaccines have been used as a prophylactic agent in infants particularly susceptible to the disease. Here, by instituting a regular course of treatment two or three times a year, the patients have escaped with the minimum of discomfort and disturbance. In America comparatively little has been done along this line of work. A number of cases have, however, been treated in the clinics of the Massachusetts Homœopathic Hospital, mostly among the physicians themselves. The results have been distinctly gratifying, and suggest that possibly we have obtained a therapeutic agent in this somewhat troublesome condition that will compare favorably with any other one now generally used. At least, sufficient encouragement has been obtained to justify the pursuance of the study in future.

A COMPARISON.

A short time ago we noticed in the "Homœopathic World," under "Clinical Notes," by Margaret Tylor, a paragraph that arrested our attention. She was writing of the influence of graphites in adhesions, and in conclusions drew a moral. This moral is good and true homœopathy; in fact, we would, of course, expect nothing else from such a source. That which did arrest our attention, however, was the fact that the statements made would apply equally well to the treatment of many diseases by vaccines. This treatment, as all know, is becoming a very favorite one in all classes of practice, and is by many considered to be closely allied to homœopathy. It is, therefore, as aforesaid, of interest, if nothing further, to realize that both can be guided by identical ideas. The paragraph is as follows:

"How few and infrequent doses are needed in these chronic conditions! With frequent doses one of two things is likely to happen—either the drug produces symptoms and may have to be discontinued before sufficient time can have elapsed for the wrong to be righted, for you cannot expect to get rid of such conditions in a week or two; or toleration is established, and the patient gets so accustomed to the drug that repeated impacts cease to stimulate."

CLINICAL WEEK.

We wish to call the attention of the readers of the *Gazette* to the fact that "Clinical Week" will be observed at the Medical School of Boston University as usual during the first week in June. It will, as heretofore, consist of clinics, demonstrations, lectures and laboratory sessions in the various departments of the School and at the Massachusetts Homœopathic Hospital. Sessions will be held from 9 A. M. to 4 P. M. daily, and will be open for the attendance of all practitioners of medicine of whatever school. As applications for tickets have in the past been very numerous, we would advise those planning to attend to enter their applications early, as it is possible that some will not be able to obtain the desired tickets, which are to be limited in number.

Further information and tickets may be obtained by application to Dr. W. H. Watters, 80 East Concord Street, Boston.

Plans are now being made, looking toward the establishment of a regular series of post-graduate and special courses during both the summer months and the regular school sessions. A very decided demand for them has been noticeable for a number of years, and it is the hope of the editor that definite announcement of such will be made within a short time.

BOOK REVIEWS.

THE MONTH'S BEST BOOKS.

Diseases of the Stomach and Intestines. Kemp. $6.00. W. B. Saunders.

Materia Medica of the Nosodes. Allen. $4.00. Boericke & Tafel.

Clinical Medicine. Saville. $7.00. Longmans, Green & Company.

Diseases of the Genito-Urinary Organs. Keyes. $6.00. D. Appleton & Company

Serum Diagnosis of Syphilis. Noguchi. $2.00. J. B. Lippincott.

Immunity. Emery. $3.50. Paul Hoeber.

Specific Diagnosis and Specific Medication. Fyfe. $5.00. Scudder Brothers' Company.

Diagnostic Therapeutics. Abrams. $5.00. Rebman Company.

Medical Diagnosis. Greene. $3.50. P. Blakiston's Son & Co.

Ophthalmology. Fox. $6.00. D. Appleton Co.

Surgical Anatomy. Macewen. $3.00. Wm. Wood & Co.

CORRESPONDENCE.

NEWS NOTES FROM MONTREAL.

The annual report of the Montreal Homœopathic Hospital has been issued and shows a prosperous year. Excellent work was done during the typhoid fever epidemic.

Last week Dr. Arthur Fisher celebrated his ninety-fourth birthday at a quiet dinner party. The doctor is the oldest living homœopath in Canada. At one time he had a very large practice in Montreal. He is the father of Hon. Sidney Fisher, Minister of Agriculture for Canada, and of Roswell Fisher, a wealthy and influential citizen of Montreal. Old members of the American Institute will remember Dr. Fisher for he was a regular attendant for many years. He is still quite active and bright.

The province of Quebec offers a number of first-class opportunities for homœopathic practitioners. Dr. Charles J. Patten, 19 Essex Avenue, Montreal, is the registrar of the homœopathic association, and will gladly answer any inquiries.

Dr. E. M. Morgan was recently elected surgeon of the Homœopathic Hospital. He is a progressive and energetic physician who has made good.

A. R. Griffiths.

PITTSBURG LETTER.

After many months of planning, working, and waiting, the new Homœopathic Hospital opened its doors to the public on Washington's Birthday. There was some decoration with plants in the central foyer, but for the most part the corridors, offices, rooms, and wards were allowed to remain in their beautiful simplicity, and the large gathering of friends were loud in their praises of the completeness and quiet repose of the various portions of the building.

Eager parties inspected the establishment from the modern, up-to-date operating rooms on the fifth story, to the kitchen, etc., in the sub-basement.

The capacity of the building is 150 beds, but this is only a nucleus of a very extensive plant. Architecturally, there is room for unlimited expansion conformably to a well-selected scheme of interdependent units united with each other through a central rotunda, and the hospital, as it now stands, is but the beginning of the great institution it is expected to become some years from now.

It is furnished with the finest of equipment from the mechanical departments through the medical and surgical wards and operating rooms to the roof gardens with attractive pergola effects on each end of the roof of the main building fronting on Center Avenue.

The entire furnishing was undertaken by the Ladies' Aid Society, which excellent organization also undertook the furnishing of the coffee and ices served during the afternoon and evening of the holiday.

The "Gazette Times" of February 21 published, editorially, the following excellent notice: "Henceforth the old building in Second Avenue will be operated only as a down-town emergency station. Few cities are better equipped than Pittsburgh as regards institutions of this sort—the most practical of all charities, and one that has received divine sanction through the parable of the Good Samaritan. Among these noble institutions which have reflected honor upon our city's name, the Homœopathic Hospital has a record for efficiency in administration and unostentatious activity that has been equalled by few. It has never blazoned its work by the methods of the press agent, nor has it come involuntarily before the public through internal ructions, but has gone quietly on its way; doing good in a community where it was much needed.

"Since 1866, when the hospital was founded, 60,000 patients have been cared for within its walls. During the same time fully 600,000 have received dispensary treatment. The broad spirit of the institution is shown by the fact that over 65 per cent. of the patients have received free treatment, and many of the remaining 35 per cent. have paid but nominal fees. About 500 accident and emergency cases have been treated every month, the location in the down-town section making the hospital most accessible of any in the city. At the same time it has perhaps received less in State appropriations than any similar institution of equal rank.

"This record is one to be proud of. Dr. J. H. McClelland, chairman of the executive committee for over a quarter of a century, and on the hospital staff since its foundation, shares in the honor. The determination to maintain the down-town branch for emergency cases is largely due to his broad conception of the hospital authorities' duty. With such men at its head, and such a spirit of unity and humanity animating all who are connected with it, the Homœopathic Hospital is sure to continue its history of efficient philanthropic endeavor. It is an institution that Pittsburgh may justifiably boast of, and the methods and spirit of which others might imitate with credit."

The auspicious opening augurs well for the success of the hospital, and the profession, for its part, must see that these preliminaries are but an added incentive to further and even more careful scientific work.

Truly a giant oak has grown from the small acorn of our Master's founding. May its leaves continue to grow "for the healing of the nations"!

Richard Blackmore, Jr.

WASHINGTON LETTER.

Dr. J. B. Gregg Custis, Sr., an ex-president of the American Institute of Homœopathy and one of its present trustees, has recently visited New York. Dr. Custis takes the liveliest interest in all things homœopathic.

Dr. and Mrs. Macpherson Crichton have also had an outing during the past month.

Several new clinics have recently been opened in the out-patient department of the National Homœopathic Hospital. Dr. A. H. Taylor: Children's Clinic, Monday and Thursday. Dr. F. H. Towner: Surgical, Monday, Wednesday and Friday. Dr. J. B. Gregg Custis, Jr.: Surgical Tuesday, Thursday and Saturday.

This gives a bi-daily service in Surgery; a daily service in Medical; a bi-weekly service in Eye, Ear, Nose, and Throat, Genito-urinary, Tuberculosis, Chest Diseases, and Gynecology, and four clinics per week in Pedology.

Doctor Vessie, who, since June last, has been one of the internes in the National Homœopathic Hospital, left, January 20, for Ohio, to accept a more remunerative appointment. The vacancy thus created has been filled by the appointment of Dr. Coggswell, who comes to us from Philadelphia, where he has spent the past eighteen months. Prior to that time Dr. Coggswell lived near St. Paul, Minn.

The homœopathic and allopathic medical societies of the District of Columbia have joined forces to defeat a bill, granting to the osteopathists the right to full medical licensure. Protest was made against their being licensed to practise obstetrics, to treat contagious and infectious diseases, and to sign death certificates. The bill, as finally recommended by the Commissioners to Congress, provides that the osteopathists shall be permitted to sign death certificates, denying them the other two privileges, and the Commissioners further recommended that thirty-two instead of twenty-seven months' study be required of them. The bill in this form, it would seem, should be satisfactory to all. It is not such a very long time ago since we homœopathists were being similarly assailed by the then prevailing school.

Louise Ross.

PERSONAL AND GENERAL ITEMS.

Dr. Horace Packard sails for Europe in May, to return on or about October 10. A part of his time abroad will be spent in the clinics of Vienna, Berlin and London.

Two internes are wanted for Grace Hospital, New Haven, Connecticut, for a term of one year. The hospital contains eighty beds and has a separate house for maternity cases. A small yearly salary is paid. For information address Dr. Stuart E. Skiff, 1183 Chapel Street, New Haven, Conn.

Dr. Macdonald, who has for several years filled the position of medical examiner of the south district of Suffolk County, has recently died. As his successor Gov. Draper appointed Dr. Timothy Leary of the Department of Pathology, Tufts College, who was already the associate medical examiner of the county. To the position of associate medical examiner thus left vacant, the Governor has appointed Dr. W. H. Watters of Boston University School of Medicine.

RUDOLF VIRCHOW HOUSE.—German physicians and pathologists in particular are busily engaged in raising a sum of money sufficiently large to enable them to erect a suitable memorial to Virchow, the eminent pathologist. They have already purchased a piece of ground in Louisenstrasse and await only the completion of the fund to erect the building. The plan is to have this serve as a meeting place for various societies in the capital. German physicians throughout the world, and particularly those of America, are requested to interest themselves both by personal donations and by solicitation from wealthy patients.

The Homœopathic Society of Ohio will hold its forty-second annual session at the Hollenden Hotel, Cleveland, Ohio, on May 10 and 11, 1910. A fine program is being prepared. Many of the best men in the State will read papers. The local committee at Cleveland promise a surprise in the kind of entertainment for Tuesday evening. Every homœopath, either in or out of the State; every physician interested in homœopathy or homœopathic teaching is invited to be present. A pleasant and profitable time is assured all who attend.

A letter has been received stating that Bismarck, N. D., affords a fine opening for a woman homœopathic physician. Bismarck is a town of about 6,000 people, the center of a large agricultural area, and it is stated that many of the best people would employ a homœopathic physician if there were one there. Dr. T. M. MacLachlan (Harvard 1900), located in this place, is responsible for the information. He writes that an up-to-date woman physician would make a good living from the start.

The "American Journal of Clinical Medicine" for January, 1910, appears in a form reflecting much credit on those having it in charge. The special feature is the appearance of numerous illustrations of people and places throughout the country, particularly photographs of contributors to the issue mentioned. Perhaps the most interesting of the contributions is that by Crothers upon the International Anti-Alcoholic Congress.

WOMEN STUDENTS IN COLUMBIA.—During the coming summer women will be admitted to the courses in law and in medicine at the summer session of Columbia University. They will not be eligible, however, for the degrees in medicine unless they have been accepted as students in the College of Physicians and Surgeons.

The *Gazette* learns that a pharmacist is wanted for the Fergus Falls (Minnesota) State Hospital, with a salary of $55 per month, and board and laundry. The pharmacist's duties include ward work, and preference will be given someone who has had experience in general practice and who takes an interest in pathological work. Address Dr. George O. Welch, Supt., Fergus Falls, Minn.

YELLOW FEVER IN THE UNITED STATES.—During the year ending December 31, 1909, there has not been a single case of yellow fever reported in any part of the United States. When we compare such a record with the numerous cases in past years, particularly prior to the investigations of Reed, Carroll and Agramonte, we can fully realize the epoch-making work of these men who gave their lives for the benefit of mankind. Such martyrs in the cause of humanity should be remembered and their names long held in the highest esteem.

Dr. W. I. Bonnell (Cleveland Homœopathic Medical College, 1908), of Chickasha, Oklahoma, writes that there is a great call for homœopathic physicians in Oklahoma, and many fine locations are available. The State is rich in natural products, and the soil fertile and productive. There is reciprocity between Oklahoma and many of the Eastern and Northern States. For information, address Dr. Bonnell, or Dr. Arthur E. Gue, Oklahoma City.

Dr. Edgar F. Haines, class of 1906, B. U. S. M., was married on March 7 to Miss Nathelie Davis of Chelsea, Mass. Since October last Dr. Haines has been located at Fort Moultrie, South Carolina, service of United States Army, Medical Corps. He expects to be transferred in May to the General Hospital at Manila for two years' service.

Dr. Frank O. Cass, class of 1909, B. U. S. M., has recently married and located at Derby Line, Vermont.

Dr. J. C. Gilfillan has returned from the West to Beebe (formerly Beebe Plain), Vermont, and has resumed practice in that place.

Dr. Charles Leeds of Chelsea was recently the victim of an accident in which three ribs were fractured by a fall from his carriage.

Dr. Anna M. Lucy announces the removal of her office to 1083 Boylston Street, Boston. Office hours: 8 to 10 A. M.; 4 to 6 P. M.

Dr. E. B. Hooker has recently been elected president of the Hartford County Homœopathic Medical Society.

FOR SALE.—$3000 practice for sale in a large manufacturing city twenty-five miles from Boston. Ninety-five per cent. collections. Woman physician only. For terms, apply to Dr. R. F., care N. E. Medical Gazette, 422 Columbia Road, Dorchester, Mass.

Dr. John E. James, one of the foremost in homœopathic ranks in Philadelphia, died on February 17. Dr. James was not only an active and successful practitioner but was for many years connected with the Hahnemann Medical School and Hospital of that city. In his death the medical profession at large has lost an influential counsellor.

Dr. Winifred M. Woolls, class of 1908, B. U. S. M., sailed with her mother on March 24 on the steamer Canopic for Mediterranean ports, to be in Europe for two or three months.

Dr. Laurence R. Clapp, class of 1908, B. U. S. M., was married in New York City on March 23 to Miss Helen Wadsworth Rhone. Dr. Clapp is in practice in Farmington, N. H.

CHRISTIAN SCIENCE FEES.—The latest edict from Christian Science circles, and presumably from Mrs. Mary Baker Eddy herself, is to be the fact that practitioners of "Christian Science" charge for services rendered fees equal in amount to those usually demanded by the physician. To the rest of the world which has heard so much about this sect in treating disease by exercising a sore of religious influence, this rather sordid attitude comes as a surprise. The *Gazette* feels that too much cannot be said against it, as it means the competitive entry by these healers into a field where they have heretofore let it be assumed they would not intrude. Their exclusion has been, and still is, one of the means of protecting the medical profession and the laity against charlatanism and all its evils, and is not one to be readily given up.

FREQUENCY OF DUODENAL ULCER.—Certain statements made in an article by Codman on diagnosis of ulcer of the duodenum, appearing in a recent number of the "Boston Medical and Surgical Journal," will probably cause surprise and possibly some skepticism to many of the members of the medical world. The article that he prepares, however, seems to justify his statements, and we will await further statistics with interest. He says: "The statements which I make in these papers are not entirely original, for Moynihan in England, Mayo in the West, and John Munro here in Boston, have been preaching the best of them for some years. My chief claim for your attention is that a study of fifty cases of *proved* duodenal ulcer from the records of the Massachusetts General Hospital shows that these gentlemen have been right in the main in their claims that duodenal ulcer is a common disease which we all meet and which we can diagnose and cure if we try to. It is, at least, twice as common as gastric ulcer, and nearly as common as acute appendicitis."

In the course of this paper an excellent summary is given of the common symptoms of duodenal ulcer. This is as follows:

"When a young or middle-aged man complains of a severe though bearable pain when the stomach is just becoming empty a couple of hours after his last meal, and if at times he is subject to relatively acute attacks with continuous pain, epigastric tenderness and vomiting, you may suspect duodenal ulcer. If he is an active, hard-working individual, and interested in his work, but unable to enjoy it because tormented by this pain, you may be fairly sure of the diagnosis. It is more than likely that you will find that he has attributed his trouble to different articles of diet which any healthy man ought to digest perfectly. He has cut out one after another of these articles so that he is practically starving himself in the vain effort to get the particular articles which cause his pain, removed from his diet list. You will think him fussy, and put him down as a nervous dyspeptic. As a matter of fact, he would not be able to get rid of his pain entirely by the most judicious diet. Some patients find this out, and instead of starving themselves, eat three extra 'between meals,' and these patients surprise you by looking so stout and well and yet complain of their stomachs. Their healthy appearance, apparently incompatible with a serious lesion, makes you put them down as nervous. If they are able to take rest enough to digest this extra food, they get along pretty well, but a little hard work, tiring them out and interfering with their natural digestion, makes them start down hill again. Improvement from rest and a careful diet, and freedom from work and worry, may be expected in duodenal ulcer as well as in nervous dyspepsia. But the very individuals who have duodenal ulcer are difficult ones to drive away from work. Exploratory operation may be necessary to convince them that their disease is organic and not 'nervous.' "

What a mosquito uses when he bites is made up of his antennæ, his clypeus, his hypopharynx, his labium, his mandibles, and his maxillæ. We thought as much some years ago, and said so.—Exchange.

CHANGE AT GRACE HOSPITAL.—It is reported that the board of managers of Grace Hospital at New Haven, Conn., has recently voted to open its doors to all physicians of the city for the treatment of their private patients. Heretofore it has been restricted exclusively to homœopathists.

ONE VIEW OF HOMOEOPATHY.—The "Medical Sentinel" in reporting a speech by Dr. R. A. Gove, at the Pierce County Medical Society, thus quotes his tribute (?) to homœopathy. It will certainly prove interesting reading to all, and is submitted without criticism, as none is needed.

"I am much inclined to blame Homœopathy for the present nihilistic tendencies in medicine. Homœopaths have been given handsome tributes on account of their personal or social qualities. A Homœopath, however, can no more save himself from the history of his sect than a mule can separate himself from the lineage of his sire. It is only an infinitesimal minority of the people who now retain faith in their preposterous claims. The people cannot forget that they once believed in Homœopathy and when they realize how badly they were duped it is not strange that they should lose faith in medicine."

Clinical laboratory findings are objective symptoms and are no longer to be spoken of merely as "an aid" to diagnosis. The laboratory is many times the " all sufficient" method of diagnosis. There are very few, if any, measures used by us now which have not evoluted through the laboratory. Can we imagine what would be the present status of surgery, of neoplasms, of physiology, of serum therapy, of sanitation, of disease etiology, of drug proving, etc., except for the discoveries and verifications coming directly through the laboratory? In the true sense, a *direct diagnosis* has and needs no "aid" while an *indirect diagnosis* is reached through every diagnostic means at our command.—Iowa Homœopathic Journal.

MEDICAL SUPPLY DEPOT BURNED.—The medical supply depot of the United States army, situated in New York, was destroyed by fire on February 4th last, and resulted in a loss of nearly one million dollars. The loss is of particular importance on account of the fact that a large consignment was stored here prior to its shipment to the canal zone. This was entirely destroyed, and it is feared that possibly much inconvenience and delay may be caused before the supplies can be duplicated.

WHERE THE SULPHUR FUMETH.—The editor has taken the liberty of abstracting *in toto* the following short article by Dr. J. B. S. King that recently appeared in the "Medical Advance." This, although written in a facetious vein primarily with the intention of pleasing, contains a number of points that are well worth bearing in mind:

"What in Hell is that extraordinary noise and commotion at the Western Gate?" inquired Satan of his Grand Vizier.

"That, Sire, is the excitement consequent upon the arrival of a Distinguished Physician from the Earth."

"Let a Deputy Examiner of Hearts look into his character and bring the report to me; if he is a skillful physician I will get him to prescribe for me, as I am suffering from a slight indisposition from an overindulgence in Antimonial Wine."

While these commands were being executed by an attendant imp, His Sulphuric Highness tried to kill time or rather eternity by catching flies and mashing them with a preoccupied air, between his fingers. Suddenly he gave a violent start: "Ho, there," he roared, "who is that standing on my tail? Can I rest it upon no portion of my royal throne without some awkward devil walking all over it?"

With that he seized a heavy agate inkstand and threw it at the Grand Vizier, who was the offending party, with such deadly accuracy of aim that that worthy received it full in the eye, to his great discomfort.

His Majesty, with his face still swollen with passion, tenderly felt his caudal appendix to see if any bones were crushed. He then carefully wrapped it around his waist thrice, for its better protection, and resumed his former occupation.

Several diabolical courtiers covertly chuckled; it was so devilishly amusing.

This diversion was very ill-timed and unfortunate for the unhappy doctor, for it undeniably put His Majesty in a dreadful temper.

Very shortly after this the Deputy Examiner appeared with the newly arrived aspirant for infernal honors in his charge, and presented an inventory of the results of his examination of the doctor's character.

"Hum, hum, much the same as the last," muttered Satan as he cast his eye over the list; it read as follows:

CONTENTS OF THE BRAIN BOX.

Four purges, rather cloudy about three of them.

Five tonics, rather hazy about four of them.

Four kinds of anti-toxin serums, rather wabbly on two of them.

Thinks that vaccination should be performed on everybody at the point of the bayonet, and repeated every year. Rather vague on what good it does.

Thinks that Quinine is good for seven-eighths of all diseases and Morphine for the rest. Rather misty on how it does it.

Convinced that mankind would be better off without the vermiform appendix. Rather foggy on why it was put there.

Etc., etc., etc.

CONTENTS OF HEART AND SPLEEN.

Strong dislike for all other doctors.

Much hate for Homœopathy and homœopathic physicians.

Strong liking for surgical operations and for attractive lady patients.

Enormous greed for money, fame, reputation, etc.

Great admiration for himself.

Etc., etc., etc.

"What would you recommend for a too free indulgence in Antimonial Wine and Arsenical Pie?" asked Satan rubbing his stomach with a soothing hand.

The Distinguished Physician had very few clothes on and endeavored, with very mediocre success, to assume a pompous air; he replied, however: "I would recommend your Highness to take a laxative dose of Phenophthaline, and an injection, under antiseptic precautions, of Anti-streptccoccus serum——"

"Stuff," interrupted Satan, scowling fiercely, "that treatment is no good; have tried it."

The Deputy Examiner caused the Distinguished Physician some concern at this moment by testing the point of his pitchfork on his thumb, and then looking steadily at him with an anticipative air.

"The same old story," growled the Devil, "the last ten thousand consignments of doctors have exhibited as little variety as one would find in a quart of peas.

"I wish we could get a homœopath once in a while, but they all seem to go to Heaven.

"Put him in Pit No. 2,829,322 and set him to mixing sulphur and molasses."

SANITARY IDEAS IN COURT.—We learn from the press that in the Lambeth police station of London witnesses will no longer be required to kiss the Bible as a token of the truth of their statements. This is a custom we trust may become extended, not for the purpose of decreasing the reverence to be felt for the Scriptures but rather as a rcognition of a hygienic law.

UNUSUAL HEROISM.—The New York newspapers have recently made public a case of unusual heroism by the awarding of $20,000 each to John McGlynn and Orlazus Jude in their suit against the Pennsylvania Steel Company. This company is now building the new bridge from Manhattan to Long Island City. During the construction these two men were engaged in putting into position a heavy steel plate more than 100 ft. up in the air. On account of some error the plate began to slip. The men, seeing that if it fell it would undoubtedly destroy a number of their fellow-workmen, each put a hand into the crevice beneath the plate and prevented it falling. As a result their hands were so seriously injured as to require immediate amputation.

In 1906, Dr. John H. Edwards, president of the British Electro-Therapeutic Society, published an appeal to his colleagues, in the British Medical Journal, for some remedy to relieve him from a dreadful X-ray dermatitis which was causing him untold agony, and which threatened soon to end his existence. He writes: "I have not in more than two years experienced a moment's freedom from pain, which is at times so severe as to render me incapable of work, whether mental or otherwise. The pain cannot be expressed in words."

In 1900 he went to South Africa, where he labored with the X-ray, locating many a bullet for the wounded soldiers of the Boer war, and laid the foundation for a subsequent life of the most extreme suffering. His left arm has been amputated since the publication of his appeal. and his great fears are that he will not survive until the publication of his book on the subject which has been the cause of his suffering and impending doom.

In 1903, Dr. M. Radiguet, of Paris, who experimented extensively with the X-ray, became afflicted, and died after two years of suffering. In 1904, Dr. Blacker, of St. Thomas' Hospital, died from the same effects. In 1906, Dr. L. Weigel, of Rochester, died after repeated amputations, first of the fingers of the left hand, then of the elbow, and finally of the shoulder. In 1905, Mr. Wolfram Fuchs, of Chicago, died from X-ray destruction, after submitting to five operations, involving removal of fingers from both hands and subsequent removal of the right pectorals. Added to these names may be that of Miss Bertha Fleishman, of San Francisco, an assistant in the laboratory of Edison, who also paid with her life for repeated exposure to these rays.

"What means of torture has medievalism devised comparable to those which these sufferers have willingly anticipated and endured? The muscles begin to fail; without premonition the color of the hands and face changes; swelling ensues; bran-like scales appear, then itching papules, pustules, ulcers, cumulative lesions; irritation of the cutaneous nerves becomes progressive until it is permanent, and then the pain becomes cruel and constant. Betimes there is inflammation, disintegration, intense itching, successive crops of sores, until there is honeycombing of small, indolent, perhaps confluent, ulcers, with sanious malodorous discharges; then destruction of the skin, which has become glossy, of the nails; alopecia, dreadful disfigurements—scars, pits, pigmentations, cicatrices, drawing down of the angle of the mouth, impaired vision."

Such lessons ought to teach the average practitioner the folly of monkeying with an X-ray apparatus. It is a dangerous proposition—at least has been in the past—and better be left with those who are capable of handling the dangerous agent with little risk, if such a process is possible. The time is past when the neophyte, with such examples before him, ought to waste money on an expensive and practically useless X-ray outfit. This is not saying, however, that it is not a real benefit to those who seek to locate foreign bodies and pathological entities.—Eclectic Medical Journal.

NEW SURGEON-GENERAL FOR THE NAVY.—In February the surgeon-general, P. M. Rixey, voluntarily retired from his official connection with the navy. As a successor Dr. Charles F. Stokes has been nominated. Dr. Stokes is a graduate of the College of Physicians and Surgeons of New York, and for several years was Professor of Surgery at the Naval Medical School in Washington.

BILL FOR REGISTRATION OF NURSES.—A bill has been introduced into the present legislature that provides for a board of registration in nursing. This board is to consist of five persons to be appointed by the governor and his council, three of whom shall be graduates of different training schools and with at least eight years' experience in actual nursing. One shall be a superintendent of the hospital having a training school for the nurses and the fifth shall be secretary of the board of registration in medicine. Anyone may appear before this board for examination who is 21 years of age, shows evidence of good moral character and pays the examination fee of $5.00. Those passing the examination will be entitled to the term "Registered Nurse," and others using this term will be liable to a fine. For those nurses already busy in their vocation provision has been made. The bill seems to be one that should appeal to the profession as a desirable advance.

MEDICAL SUPPLY DEPOT BURNED.—The medical supply depot of the United States army, situated in New York, was destroyed by fire on February 4th last, and resulted in a loss of nearly one million dollars. The loss is of particular importance on account of the fact that a large consignment was stored here prior to its shipment to the canal zone. This was entirely destroyed, and it is feared that possibly much inconvenience and delay may be caused before the supplies can be duplicated.

OFFICIAL ROUTE AMERICAN INSTITUTE OF HOMOEOPATHY, LOS ANGELES, CALIF.

The Transportation Committee of the American Institute announce the following as the selected official route for the California meeting at Long Beach in July:

Burlington—Chicago to Denver, with stops at Omaha and Lincoln.

Missouri Pacific and Union Pacific—St. Louis and Denver, via Kansas City.

Colorado Midland—Denver to Salt Lake, with stops at Colorado Springs, Leadville, Grand Junction and Salt Lake.

Salt Lake-San Pedro Route—Salt Lake to Los Angeles. This road is at present out of commission, but we have the assurance of the general passenger agent of this road, as well as of the general passenger agents of several other roads, that the line will absolutely be in commission of July 1.

The itinerary will be about as follows:

Leave Chicago in the evening. Arrive Omaha early in the morning; Omaha two hours. Arrive Lincoln about noon; Lincoln two hours, where Dr. Bailey and others will entertain us during that time. Arrive Denver early in the morning. Will stay there all day. For those who wish to be entertained by the local profession, arrangements have been made to see Denver and its environmnts. For those who wish to take the Moffat trip, arrangements will be made so that they can spend the

entire day seeing the scenery. Colorado Springs late that afternoon and evening. Day scenery Colorado Springs to Grand Junction, with an hour at Leadville and another hour at Glenwood. Glenwood good place for rest, luncheon, bath, etc. Natural cave stream; Turkish baths there if wanted. Grand Junction an hour toward dusk. Fine fruit valley. Chamber of Commerce actively interested in our coming, and will entertain us. Arrive Salt Lake City next morning; stay there three hours, see the city two hours, and spend on hour at the Lake. Only stop in California will be one hour at the Insane Hospital at Patton. Arrangements will be made Sunday morning so that we can get to Long Beach by noon for memorial services that afternoon.

The Burlington will take us through a very attractive part of Illinois, Iowa, to Omaha, thence through Southern Nebraska and Northern Colorado to Denver, with brief stops at Omaha and Lincoln.

The Union Pacific has been very friendly to us and helped the committee much in getting the round-trip rate, and runs through one of the best parts of Kansas, through the central region, and we trust the profession of the South and Southwest will avail themselves of this route.

At Denver the special Institute train from Chicago, those from Kansas City and St. Louis, and others, will unite and join our Institute special the balance of the way. At Colorado Springs a stop of a few hours will be made for the purpose of visiting the city, Manitou, and the Garden of the Gods; and if we have time, those who wish to ascend Pike's Peak can do so on the Cog Railway.

The Colorado Midland goes through the mountains high up, the scenery is gorgeous, Marshall Pass being the highest point of the Colorado mountains reached by a railway, and the whole scene through this section of the country is very attractive.

The committee has decided this as the official route after careful investigation of the various lines, with a view to two things: First, having the coolest possible route for those traveling, which is essential in a long journey; the other being that we can do much good to the members of the various cities en route, as well as much propogandistic work on the way. We have then, a cool route, splendid scenery, and an opportunity of doing good for the Institute as well as the profession in the local cities, which we think will be for the good of all.

We trust everyone will join us in our endeavor to make this special train a success. The equipment will be the finest obtainable. We will have our own Pullmans, both sectional and compartment cars, an observation car and through diner. We have already made arrangements for the diner through to Salt Lake, and we have a guarantee of the Salt Lake route to have a diner in readiness for us at Salt Lake City, so that we will not be handicapped in that particular.

Much good can be accomplished, too, by the profession getting together on this journey, meeting each other and making the acquaintance of each other, and outlining the best plans to meet the local profession everywhere, and gathering them into the Institute.

We ask the profession to support the committee in its choice, because the committee has acted for what they believe to be the best interests of all concerned. They have favored no special road, have selected the route largely because it could attain in that way the idea that they set out to accomplish, viz.: to aid the Institute in furthering the cause as we go along.

The Secretary of the Transportation Committee would be pleased to have communications from all those intending to go, and will be glad to place them on the list and make reservations for them at any time. Those wishing compartments will please make application early, because the number will, necessarily, be limited.

C. E. FISHER, Chairman.
T. E. COSTAIN, Secretary,
42 Madison Street, Chicago.

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ORIGINAL COMMUNICATIONS.

AN ENQUIRY INTO THE NATURE OF ARTERIOSCLEROSIS.*

By Frank W. Patch, M.D., Framingham, Mass.

It is not the purpose of this paper to go over the familiar ground of pathology and clinical aspects of arteriosclerosis, but rather to enquire, very briefly, into the etiology and the economic aspect of the disease in the light of modern research. In this way it may be possible to bring to your attention a few thoughts that will throw light on a vexed question, or stimulate others to clinical observation and discussion that shall lead to valuable results in the future.

Arteriosclerosis is a disease of the arterial system which has been described as: "A condition of thickening, diffuse or circumscribed, of the intima, consequent upon primary changes in the media and adventitia."—(Osler.) We are prone to think of arteriosclerosis as an accompaniment of age. As physicians, we are more frequently called upon to deal with the results of the disease than with the disease itself. To see a patient presenting himself for treatment, voluntarily, for arteriosclerosis, is a somewhat unusual thing, yet the care of cases of apoplexy, aneurism, heart disease, etc., resulting from diseased arteries, forms a moderately large percentage of the work of almost every busy practitioner. This would seem to point the need of a better understanding of the conditions leading up to the dire results mentioned, in order that the public may in some manner receive a greater measure of protection than has yet obtained. Of some of the early causes preceding the actual presence of hardening of the arteries we have knowledge. It is well understood that undue consumption of alcohol and tobacco hasten the process. Furthermore, it has been found that a certain form of arteriosclerosis can be produced artificially in animals, by the injection of andrealin or nicotin into the tissues. (B. M. J. 1906.)

The relation of food to the causation of the disease has not until recently been so clear. Some authors have included overeating among the causes, others mention only certain groups of food products as being at fault. On the whole, there seems to have been very little united understanding of the subject. It is fairly well set-

*Read before the Massachusetts Homœopathic Medical Society.

tled, however, that the disease has increased largely in recent years, and that deaths from its resulting catastrophes are becoming more and more frequent. Consequently, we must look for a solution of the problem to some phase of modern society which differs from that operative half a century ago. Hahnemann, in his "Chronic Diseases," classes apoplexy among the conditions brought about by the suppression of scabies. This may be true and yet operative only in those previously suffering from arteriosclerosis—a primary condition. The arterial system, being thus affected, would be unable to withstand the shock of suppression; resulting symptoms would then simply follow along lines of least resistance, and the already weakened arteries must naturally give way. This interesting observation hardly makes it easier for us to understand the presence of primary lesion, however.

It must be confessed that any consideration of this subject will, at present, be largely a matter of speculation; but that need not deter us from bringing together what evidence we have in order to subject it to the test of experience.

What conditions of society, for instance, do we find today that are materially different from those of a few generations ago? Two things, I am sure, will immediately come to the minds of all: (1) Congestion of people in cities and large towns with the consequent development of transportation; (2) the greater prevalence of wealth with all the abundance that luxury supplies.

Is it possible that these beneficent changes have brought in their wake other changes that are less desirable because we have not, as yet, been able to adjust ourselves to these new conditions? To show how evil may have developed out of this evolution is one of the reasons for this paper.

Not long ago a physician of my acquaintance suggested the idea that the hardening of arteries and the concretions on the valves of the heart as found in advanced cases, might be due to the retention of waste material in the system which, under other and more healthful conditions, would have been eliminated by natural means. There was a tendency on the part of some of his hearers to laugh him out of court, so to speak; yet, he was not without authority, as we find several well-known men have advanced the same theory, as witness the following words from one of our Boston physicians, uttered only a very few years ago: "When the kidneys begin to fail in completely eliminating the waste material brought to them, we get retention of this material in the circulation, and it acts as one of the toxic causes of arteriosclerosis." (H. D. Arnold, M.D., Prof. Clin. Med., Tufts.)

Also: "That arterial hypertonus may be the result of dietetic errors there can be no doubt. The latter operate in one of two ways, viz., by causing the blood to be poisoned by the products of disordered digestion and by burdening the tissues with an excess of nutrient material." The poisons most pernicious are (according to Russell) those resulting from the putrefaction of animal protein.

"There is no reason, however, to suppose that the behavior of vegetable protein in the body differs essentially from that of animal protein." (G. A. Sutherland, M.D., F.R.C.P., London, 1908.)

The question, then, before us is this: Are we warranted in believing that there is today, generally, an overconsumption of protein? And, if so, may we assume that the decomposition of this protein within the body, beyond the actual needs of the system for daily repair, is a menace to health? Does the effort at elimination put undue strain on the excretory organs, resulting in frequent organic disease? Failing in their full function, does the retention of this excess of waste material gradually accumulate in the tissues, resulting in arteriosclerosis, gout, rheumatism and kindred states of autointoxication, or what might well be termed—nutritive diseases?

You will readily see the importance of these interrogations relating, as they do, to the great economic questions of community health, not to speak of the welfare of thousands of suffering individuals.

You will further see, without indication of mine, the great responsibility of physicians in this vital matter. With us rests the ability to solve these questions, and it is for us to bring our knowledge to the public in such a manner that it will bear fruit. It is for us to investigate and satisfy ourselves as to what is right in nutrition; then we must, if we are to fulfill the confidence that is reposed in us, teach our followers through precept and example, what we know to be the truth, and what we know to be necessary to the preservation of health and long life.

The whole subject of intestinal autointoxication has been admirably studied by Combe and Albert Fournier, whose work has been translated and is now available in English. They show in elaborate detail the results of the breaking up in the body of the various foods, by-products resulting, and bacteria assisting in the process. They take up, in some measure, the pathological conditions brought about through autointoxication, among others, the condition of the arterial system and lining membrane of the heart. They discuss, moreover, the means of prevention through a diminished intake of protein. Less frequent and less elaborate meals is the key-note of prevention. For some reason physicians have been slow to appreciate these facts now before us for several years. They have long been apparent to close observers, though they have been scientifically demonstrated but a comparatively short time.

Louis Cornaro, who was born in Italy in 1464, and died in 1566, discovered that life could be preserved and made valuable through absolute temperance in all things, especially abstemiousness in food, and he left us a most interesting treatise on the subject, written when he was nearly a hundred years of age. From time to time since then occasional obscure authors have put forth similar thoughts in different form, but it has remained for the present generation to begin fully to realize that the prevention of disease is at

last of equal importance with the study of pathological states and drug therapy, though even today it bids fair to be some time before the great body of physicians will actively use the knowledge they have at hand in a systematic campaign against existing evils by means of preventive measures.

In this country the work of Professors Chittenden and Fisher has shown conclusively, by the most painstaking scientific experiment, that the needful daily intake of protein should be only about half what the older physiologists had taught. That on this limited amount perfect health and strength can be maintained and a normal amount of work performed. Even before this, an elaborate study of the practical side of the question had been made by the Hon. R. Russell, who investigated with characteristic English thoroughness the daily dietetic practices of most of the nations and tribes that could be studied. His conclusions were the same as those of the Yale professors and, more recently, those of the Swiss and French scientists already mentioned, namely, that the daily consumption of protein by the majority of well-to-do Anglo-Saxon people today, is far beyond the needs of most individuals, and that disastrous results cannot be avoided as long as present practices are continued.

Closely associated with the study of arteriosclerosis is the consideration of gout and rheumatism, those bugbears of every physician. Prof. Chittenden has said in a summary of his studies under the head of "Physiological Economy in Nutrition," that it is his firm opinion that: "Ordinary gout and rheumatism are entirely preventable by reasonable care and judgment in the matter of diet," and the experience of the writer would largely confirm this feeling.

But in a well-established case of rheumatism it is not a matter of the giving up arbitrarily of one or two articles of diet for a few weeks, by which we may hope to accomplish any far-reaching result. There must be a systematic inquiry into dietetic habits, and a reform instituted that shall be sweeping and permanent. Patients do not like this; they usually prefer to take a little medicine with the expectation of experiencing a magic relief. But the more one sees of these maltreated bodies of ours the more he realizes that the practice of medicine is, after all, less a matter of drugs than a study of causes and effects and the application of principles. It is certainly impossible for us to cure an advanced case of arteriosclerosis by the use of any known drug; but it is entirely possible, if the results of recent studies in nutrition can be depended upon, for us to prevent the development of such a malady. To do this, however, we must think over a long period of time; we must instill into parents precepts which they must carry out with their children if they are to expect them to go through life successfully. We must show our young men and women means whereby they may reasonably expect to become successful old men and women. But it will never be enough for us to advise our patients to do that which we are not willing to do ourselves. We can never convince men that three or four meals daily at a table laden with the richest food, a

frequent glass of wine and a morning cup of coffee, together with an increasing avoirdupois as the years advance, and a tendency to take less and less exercise, are unhygienic if we indulge in the same habits ourselves, any more than we can convince others that excessive indulgence in tobacco is injurious when our own clothes are reeking with the fumes of the drug. It is example rather than precept that is needed in the instructor, whether he be teacher or physician. Nowadays, nobody pays any attention to the preacher who is not conspicuous by his works. Talk is too common, even the newspapers have lost their influence because everybody knows what is behind the printed page, and what is *not* there.

Assuming then, for the sake of argument, that arteriosclerosis is a preventable disease, unnecessary under proper dietary habits, what means have we for overcoming it? Combe tells us in his suggestions for treatment of intestinal autointoxication: (1) "To diminish the nitrogenous putrefaction in the intestine so as to bring it back to normal, if the antitoxic organs are competent." (2) "To stimulate the antitoxic and excretory functions of the organisms when they have become insufficient."

In simpler words we may understand this to mean: Limit the intake of protein and we shall thereby accomplish, in a large measure, the second desideratum; for if the excretory organs are not overworked in an effort to eliminate a great surplus of waste, they will rapidly regain their normal health.

In this especial field it would seem as though the work of the physician was largely educational. The lack of information in regard to dietary matters, even among most intelligent people, is astonishing, and only equalled by the amount of misinformation in circulation. This, of course, is largely due to the efforts of advertisers, and to the popular press which feels called upon to act as public adviser in almost every field, offering chiefly erroneous statements. And yet the majority of people want to be healthful, they want to live up to the most recent knowledge, and are willing to make a considerable effort to conform to good hygienic practice. But with physicians paying little attention to these vital matters and often ignoring well-known facts, or differing among themselves as to what is essential and what non-essential; with a myriad of ill-advised writers exploiting as many panaceas, and with every neighbor advocating his own especial plan of life to all those who come within his radius, it is little wonder that only a state of confusion remains.

It is plainly evident that the time has come when medical men ought to take up the matter of education for health in a more far-reaching manner than has yet been done. A course of lectures has been conducted in this city for the general public during the past two years, but can only reach a limited number of people. Another plan which would supplement the work of individuals and greatly extend the usefulness of our society, would be an issue from time to time, as vital topics come to the front, of a series of health

pamphlets, written by members competent to deal with given topics and censored by a larger body of members, published by the society, and supplied free or at a very nominal cost to physicians or others throughout the State for circulation among the people.

The health of the body politic is the most important element in our national welfare, and the office of a medical society need not necessarily end with its immediate members. It is the first duty of physicians to guard their fellows from evil in whatever form it may appear. If we become convinced that arteriosclerosis is a preventable disease due largely to ignorance and indiscretion we should not rest until we have taken every possible step toward its prevention. We cannot cure; we *may* prevent; here, then, is our opportunity.

PUS TUBES IN THE MALE.—Belfield has prepared a paper upon the above subject which has recently been published in the "Journal of the American Medical Association." Certain abstracts may be of interest and of value:

"The frequent failure of vaccine therapy against infections of the male genital tract is undeniable; its occasional spectacular success, unknown through other means, is equally indisputable. The successes warrant the suspicion that the failures are not the fault of the principle but the efforts to apply the principle—in other words, of inaccurate treatment.

"My own experience has been a steady improvement, from customary failure especially with stock vaccines, to customary benefit especially with autogenous vaccines, against infections of the seminal duct by the tubercle bacillus, gonococcus, staphylococcus, streptococcus and colon bacillus. Against these infections accurate vaccine therapy impresses me as the most valuable of all constitutional aids to local treatment.

Summary.

"1. Pus infection of the seminal tract plus occlusion of the ejaculatory duct soon converts vesicle, vas and finally epididymis into a closed abscess.

"2. Vasostomy is the simplest and least objectionable means of evacuating pus, relieving tension and medicating vas and vesicle.

"3. Among the effects of these infections on the urinary organs are bladder irritation and obstruction of the ureter with consequent kidney lesions.

"4. Impotence, sterility and sexual neuroses in the male are frequent results of pus infections of the seminal tract and amenable to appropriate treatment thereof.

"5. Vaccine therapy, accurately applied, is the most valuable internal measure against the infections which produce pus tubes in the male."

THE TREATMENT OF GOITRE AND MYXEDEMA.

By Dana Fletcher Downing, A.M., M.D.,
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The comparatively recent discovery of the function of the parathyroid bodies, and the part that their enucleation has in the post-operative development of tetanus, has given a new impetus to the surgery of the thyroid gland for the alleviation or cure of goitre. This paper is written not so much to deny the usefulness of thyroid surgery, as to point out the fact that most of such surgery is unnecessary. I should be the last person to deny my patients the benefit of surgical procedure whenever such is obviously the best method of treatment. On the other hand we must not yield too readily to the specialist in the surgical field, whose perspective is essentially surgical, and who would have us operate upon every case of goitre or other surgically borderland disease.

What are the facts regarding goitre under surgical as compared with medical measures? Eulenburg of Berlin, writing in "Die Deutsche Klinik," says: "After an experience of forty years with more than 600 patients suffering from Graves's disease (I now see at least 30 to 40 new cases every year) I maintain that in the overwhelming majority of cases operative treatment may be dispensed with, that without it and by a well chosen and individualized mode of treatment we may secure at least as favorable results, and that its employment accordingly should be limited to the few rare cases in which there are extremely severe and threatening local symptoms. And instead of seeking in Basedow's disease a present or future field for surgery or even of regarding it as a debatable borderland, we should rest assured that for the present we are upon the certain ground of internal medicine and only under most absolute necessity should we swerve to the surgical side. In the recent work of Drs. Ochsner and Thompson entitled 'The Surgery and Pathology of the Thyroid and Parathyroid Bodies' the writers assure us that more than one-half of the total cases of goitre are capable of cure without surgery. These writers, who certainly cannot be accused of a bias in favor of medical treatment, deplore the resort to surgery except in cases where a resort to other procedures for a reasonable time has brought no relief or where serious symptoms develop due to pressure of the enlarged thyroid on vital organs in its vicinity." Forcheimer in speaking of the surgical treatment of Graves's disease says: "Kocher, who has had the greatest experience with thyroidectomy, has reported through his son, 59 cases of Graves's disease operated on by him. Four of the patients died; of the remainder 39 had post-operative symptoms, 16 were free from them. Finally, in 45 cases, i. e. 76 per cent., a cure ensued, in 8 or 14 per cent. there was improvement, in 2 or 3.5 per

cent. only slight improvement; the four deaths were due to acute tetany. In view of such results as these one can appreciate the statement made that every case of Grave's disease should be treated surgically. Here, again, the best results by the most experienced surgeon are taken as a basis, and naturally the conclusion drawn must be fallacious. That such is the case is shown by a collection of cases made by M. A. Starr from various sources (1896); of the 190 cases reported, 23 patients died as the immediate result of the operation; 45 were improved; in 45 the result was doubtful; in 3 there was no improvement, and in 74 there was a complete cure. The cures were less than 40 per cent. and 14 per cent. died as the result of the operation. Taking into consideration that these statistics were published in 1896, it is possible that with the advance in surgical technic a better showing might now be made, but even granting this, there must still be left a large number of cases that are either not improved, or are left with post-operative symptoms which may become permanent and are entirely independent of surgical technic. Thus the conclusion that every case of Graves's disease should first be given the chance of thorough medical treatment will be generally accepted. If all attempts are unsuccessful and the patient's condition warrants it, he should be operated on." The indications for operation as given by Forcheimer are (a) Local: When the thyroid gland becomes so large that it produces symptoms of compression; (b) General: When the patient gets rapidly worse on medical treatment; when he loses weight continuously; when there is constant fever; when the tachycardia cannot be controlled; when the disease renders him unfit to pursue his usual vocation. Operation is contraindicated by bad general condition as also in organic heart changes. The physician should not put off the operation until the patient is so reduced that any operative intervention becomes out of the question.

Statistics compiled from operations on the thyroid where goitre is endemic are valueless to guide us in this country where the disease is not endemic. Hence any conclusions drawn from operation on the inhabitants of Switzerland are of little or no value to us, no matter how favorable the outcome may have been. The reason for this is obvious. Apparently in Switzerland, and other places where the disease is endemic, there is some cause which is acting contantly. This being so we could hardly expect improvement unless the cause can be located and removed. But the first cause or causes of goitre is most uncertain as far as our knowledge of it goes. Since this is so surgical interference in endemic goitre would be indicated much more frequently than in countries where the disease cannot have a constantly acting cause or causes.

Personally, I am willing to consider the opinions of the authorities I have offered, and, in goitre, as in most diseases where there is to be a choice of treatment, make use of all kinds of non-surgical treatment before resorting to surgery.

In order that we may understand in as great a degree as pos-

sible the rationale of the medical treatment of goitre, it may be well for us to review briefly the history, pathology, etiology, symptomatology and diagnosis of the various forms of goitre. In 1835, the eminent Dublin physician, Graves, described a condition which we know as Graves's disease or exophthalmic goitre. Basedow, a German physician, about 1840 described a disease in which the eyes became prominent. And in Germany, where everything English is questioned, the disease is known as Basedow's disease. A typical case of the disease is characterized by tachycardia, exophthalmos, and enlargement of the thyroid gland.

But the diagnosis of this condition is not as simple as it seems on first consideration. For we have cases, which are undoubtedly goitres, when exophthalmos does not occur. Much more rarely we find the cachexia of goitre without enlargement of the thyroid or without the tachycardia. Of the less important symptoms from a diagnostic standpoint, the general condition of tremor is the most constant. Among the symptoms of goitre which are present more or less intermittently may be mentioned, sensations of heat, diarrhea, sweating, tremor, discoloration of the skin, alopecia, amenorrhea and dysmenorrhea, polyuria and vomiting. The typical emaciation, cachexia, and the other symptoms indicate that goitre in its last analysis is a form of neurasthenia, or perhaps better hysteria, caused by the disturbance of thyroid function.

The diagnosis of typical cases of exophthalmic goitre or of simple goitres where enlargement of the thyroid gland is present is very readily made. Sometimes we can make out none of the cardinal symptoms, but if we have the symptoms of rapid metabolism and of disturbed thyroid function such as sweating, amenorrhea, diarrhea, edema, emaciation, glycosuria, we can feel fairly sure that we have a form of Graves's disease to deal with. If on the other hand we have a case which shows tachycardia and exophthalmos, or tachycardia and enlargement of the gland, or enlargement of the gland and exophthalmos, without the development of the neuro-psychical disturbances common in this affection, the diagnosis of Graves's disease cannot be made positively.

Basedow and Graves, the pioneers in this field, described facts but left to succeeding generations the very difficult task of discovering the etiology of this disease of the thyroid.

There are or have been three theories of the causation of Graves's disease, namely, the hematogenous, the neurogenous, and thyrogenous theories. Time does not permit of a full discussion of these theories, nor would it be profitable for us to go into the matter of etiology at length in a paper on the treatment of the diseases. And yet, while we as homœopathists may at times feel able to treat diseases with good results from a purely symptomatic understanding of a disease, in a disease of this kind a proper understanding of the accepted theory of causation is one of the essentials of treatment.

Briefly, then, the hematogenous theory holds that the disease

is caused by altered blood conditions. There are, however, so many facts opposed to the arguments in favor of this theory that an anemic or chlorotic condition of the blood cannot reasonably be supposed to be the cause of this disease. The neurogenous theory is more tenable than the hematogenous theory. This theory consists in its final evolvement in what may be called the constitutional neuropathic theory. There are many things which favor this theory, especially the development of the disease after psychical or physical shock; an hereditary etiology in some cases; also the multitude of nervous diseases with which it may be associated. But these may all be explained in other ways, and this theory of causation leaves us as much as ever in the dark as to just what constitutes the stimulus to the nervous system which leads to the development of Graves's disease.

This brings us to a consideration of the theory which we hold today, the thyrogenous. Moebius, who described Basedow's disease as an "intoxication of the organism from the pathologic activity of the thyroid gland," laid the foundation for our views as held today. These views may be summed up in these words—thyroid autointoxication.

The over-activity of the gland furnishes a secretion not only abnormal in amount but also of abnormal composition, which enters the circulation rapidly without passing through the lymph channels and causes the characteristic toxic action.

Professor Eulenburg of Berlin is sponsor for the statement that the "first cause in the pathogenesis of Graves's disease is the abnormal quantity and quality of the blood circulating in the thyroid itself (hematogenous element); the second, the abnormal secretion by the thyroid gland of a specific, pathogenic, intoxicating glandular product (the thyrogenous element); third, the neurosis or neuropsychosis depending upon autointoxication and subsequently upon cachexia which is so frequently met with in severe forms of exophthalmic goitre combined with a more or less advanced local affection of the thyroid gland." So it is apparent that in the etiology of Graves's disease as we consider it today, we must include as a part of the thyrogenous theory what is found to be true in the hematogenous and neurogenous theories, neither of which has been found adequate to account for the symptom-complex as we usually find it.

While the theories of diseases modify the treatment of them, and while it is true that the theories mentioned have profoundly influenced us in the treatment of Graves's disease, still the test of a theory is its application in therapeutic practice. Consequently we should avoid as much the overestimation of theory as its underestimation in the treatment of this disease.

Theory tells us there is over-action of the thyroid gland, too much gland tissue. The obvious thing then is to remove the superfluous tissue by surgical procedures; the entire gland cannot be removed without causing the disease known as myxedema, but a part

of the gland can be and is removed for the cure of Graves's disease. But that this is the best treatment for all cases or for the majority of cases is, as I have already said, open to question.

I doubt very much my ability to add to your knowledge of the possible non-surgical measures. But possibly a recapitulation of some of the agencies which have helped me as well as other physicians who treat these cases may not be without benefit.

For convenience we may divide the methods of treatment as follows: (a) hygienic, in which we include dietetic, climatic, hydrotherapeutic; (b) electrical; and (c) medical. Under hygienic treatment we advise the patient to lead the simple life. To prevent loss of weight over-feeding is at times necessary, a diet made up of milk, vegetables with restricted meats is often desirable. Violent exercise should be forbidden but moderate exercise should be encouraged. The water supply should if possible be examined to be sure that it may not be a causative factor in any given case. Attention should be directed to secure regular and sufficient elimination of the waste products of metabolism through the kidneys, gastro-intestinal tract and the skin.

Hydrotherapeutic applications are of great value. Warm general baths, as well as spinal douches, application of cold water to nape of neck or the ice bag over the gland or precordial region are valuable measures. These are calculated to decrease the circulation to the gland, overcome nervous symptoms or raise the general body tone. A change of climate is helpful but rarely practicable in most of our cases. Low mountain or seashore locations are best. But some excellent results have been obtained by residence in very high altitudes.

When we speak of the electrical treatment of the disease we enter upon a large field. All currents have been used, general faradization and galvanism, d'arsonvalization, local galvanic and faradic applications to the cervical sympathetic and high frequency currents. Personally I have made use of and can vouch for but one of these electrical methods, namely, the application of the galvanic current, anode at suprasternal notch and kathode on side of neck below the angle of the jaw, mild dosage, two or three milliampere for five minutes, as often as once a day if the patient can come. I have seen benefit from this method, however, when the patient could have the treatment only twice a week. The sphere of electrical treatment has been called "the playground of the neurologist for all time," but the results of electrical treatment on matabolism, both general and local, is such that no physician nowadays can dispense with its use in his practice without failing to do all that he could for his patients.

Practically all patients with goitre who appear for treatment in the clinics of the Outpatient Department of the Massachusetts Homœopathic Hospital receive electricity in some form at some time in the course of their disease.

The medicinal treatment of Graves's disease is extensive, but

too often empirical. Some form of iodine is valuable in the treatment of this condition. This is used in local applications to the gland as well as internally. The iodide of lime in the first decimal trituration and arsenicum iodide in the second have each served me well in these cases. Another remedy which can be called almost a specific in goitre cases is lycopus virginicus in the tincture. I have in mind a patient who came to me July 9, 1909. At that time she had a pulse of 140; marked tremor and exophthalmos and severe pain in the eyes. She was given lycopus tincture 5 drops twice a day. One week later the pulse was 120, pain in the eyes better. The measurement of the neck at line of largest diameter of tumor was 32 1-2 centimeters. The same prescription was continued. Two weeks later pulse was 90, measurement of neck 31 1-2 centimeters. Four weeks later pulse was 72, not so much choking as formerly, showing that the tumor was really reduced; the measurement was the same. At the end of six weeks her pulse was 62, measurement of neck 31 centimeters, her nervous symptoms were much better. But in spite of advice that she must keep up the treatment she disappeared from observation as many of our patients do.

In a number of cases I have used lycopus and nothing else, so that, if possible, I could get its pure effects uninfluenced by anything else. And I must conclude that this remedy in many cases will control the nervous symptoms, the tachycardia, and the tremor, and I have seen recent enlargements of the thyroid without exophthalmos reduce in a few weeks with what would seem to be wonderful rapidity.

The use of iodine in the form of the iodides or as such, the use of electricity and of lycopus does not exhaust even the empirical remedies which serve various practitioners. Forcheimer, for example, has used for twenty years with excellent results the hydrobromate of quinine with or without ergotin. I have found various homœopathic remedies selected on the totality basis to be of service in goitre, and think we have our usual advantage over the non-homœopathic practitioner in this as in every disease.

Myxedema is the condition caused by atrophy of the thyroid gland. Although we are at present ignorant of the process by which the secretion gets to the circulation, still we are able to suppose that there is a secretion and that it gets into the circulation because of the fact that when the thyroid gland is lacking we have a peculiar constitutional condition develop.

There is also but one treatment for myxedema, namely, the feeding of thyroid extract of the sheep. Various remedies, including iodine and the iodides, may be of great service as adjuvants, but the main treatment is, as I have said, to furnish an artificial thyroid element to the system. While patients having myxedema may be taken off the thyroid extract for a time, still you can assure yourself that the patient will be obliged to have thyroid feeding as long as she lives.

The main difficulty with myxedema is not its etiology or its

treatment, but its diagnosis. The disease is rare as compared with goitre and is more often mistaken for some kind of cardiac or renal condition than anything else. Two sisters having this disease sat in our Outpatient Department, diagnosed as probable nephritis, for some time, before one of our neurologists, seeing them sitting there one day, diagnosed them on sight and haled them into the nervous clinic where thyroid treatment was given. I saw one of them recently and hardly knew her, so marked had been the improvement.

The principal points of differential diagnosis of myxedema are (1) the solid character of the edema and the fact that it does not pit on pressure as does renal or cardiac edema; (2) the loss of hair, its peculiar dryness, the dryness of the skin; (3) the peculiar mental state, defective memory, delayed mentality, irritability, and delusions of various sorts ending in dementia and coma in untreated cases; (4) the peculiar stolid, vacant face, and (5) the markedly slow pulse, 50 to 60.

Myxedema seems to render the patient more liable to infections. Tuberculosis is a common cause of death.

Both goitre and myxedema affect women more often than men, goitre three to one, and myxedema six to one, the reason for which is not known. The symptoms of the two diseases may exist in rare cases in the same individual.

To generalize somewhat from what I have said we may conclude that the treatment of goitre and of myxedema is non-surgical rather than surgical; that only in a small minority of cases is it wise or justifiable to resort to surgery in these diseases of the thyroid gland.

WHAT KIND OF TUBERCULIN?—Peter, in an article appearing in the "Medical Record" upon the use of tuberculin in ophthalmic practice, thus expresses his opinion concerning the kind of tuberculin that gives the best results: "In the selection of tuberculin, von Ruck has only recently tabulated series of cases treated by modern methods without tuberculin, with tuberculin, and with the watery extract or the emulsion. His conclusions are so concisely and overwhelmingly in favor of the latter that there seems to be little room for doubt as to the superiority of the preparations which contain the solid tubercle bacilli. The latter products yield to a more accurate dosage and to greater uniformity than other preparations placed on the market."

PRESIDENTIAL ADDRESS.*

By Charles R. Hunt, M.D., New Bedford, Mass.

Members of the Massachusetts Homœopathic Medical Society, Ladies and Gentlemen:

> "The Moving Finger writes! and, having writ,
> Moves on: nor all your Piety and Wit
> Shall lure it back to cancel half a Line,
> Nor all your Tears wash out a Word of it."

Whatever we do goes on record, and as the queer old Persian cynic indicated so clearly and so cleverly, there are finality and inflexibility about the writing of that fateful finger which attract even as they repel.

> "Nor all your Piety and Wit
> Shall lure it back to cancel half a Line,
> Nor all your Tears wash out a Word of it."

This evening, I would like to present for your consideration some of the lines which have been written of our predecessors, and also some that may be written of our doings as a society of homœopathic physicians.

This association is the outgrowth of the first meeting which took place in December, 1840. We are observing the seventieth annual meeting tonight, and so the time seems appropriate for comparison of our work, with the work formulated and begun so many years ago, by a few energetic and enthusiastic men who met for mutual benefit, and who succeeded in organizing a society, which has developed a vigorous influence, indispensable to the growth and advancement of our school of medicine.

The increase in strength and symmetrical development can be traced primarily to loyalty to principle, and to the wonderful tenacity with which the founders held to their first plan of common good. The need for united effort brought those men together, and the same great need brings us together tonight.

Right here, let us recognize our obligation to meet the growing demands made on us to attend to the affairs of this society. There are so many calls upon our time that, without realizing our delinquency, we allow opportunities for moral and material support to pass by without giving them any attention whatever. The personal responsibility which the average man feels toward society, decreases in proportion to the increase of his business responsibility and success.

The busier you get, the more valuable you are to us. You doc-

*Delivered before the Massachusetts Homœopathic Society, April 13, 1910.

tors, who find it hard to get a minute, we want hours of your time, and more than that we want *you*.

> "*To* every man according to his needs:—
> *From* every man according to his ability."

The greater the talent which is lavished upon you, the greater your obligation is to share the gift.

Those others, the loss of whose personal influence is felt more keenly as time passes, gave without stint, and without reckoning the cost in money or strength: but the years of man's life "are three score years and ten, and if by reason of strength they be four score years," yet man feels the wear and tear, the grievous strain, and in proper time he passes on his way. *He* passes, but the evidence of his work remains: "nor all your tears" can erase the record of one act, good, bad, or indifferent.

There is no quarrel with the record of good and bad. Consideration of the positively good action and the positively bad, not only makes plain to us how far-reaching are the results of activity, but also, by contrast, makes evident the insidious effect of inaction and lack of interest. The positive, whether good or bad, promotes growth. Indifference means death to all enthusiasm, all progress; not the death which results from natural growth and ripening, but the blight which kills prematurely, and provides no succession of growth. As it is written in Revelations: "Thou art neither cold nor hot: I would thou wert cold or hot. So then because thou art lukewarm, and neither cold nor hot, I will spew thee out of my mouth." What was true in Bible times is true today. There is no place for indecision and indifference.

Of the pioneer workers of our society "the moving finger" wrote of the good and of the bad, but of indifference there is no record. Of indecision, there is no trace; on the contrary, we may note the puritanical, almost fanatical rigidity of those men, who deviated not a hair's breadth from their belief in homœopathic principles. Not a hair's breadth! How far back must we walk to get our feet into the straight and narrow path once more?

Some of us are perilously near the broad and easy way which leads to the destruction of our hopes and ideals. It is bad enough that we have strayed toward it thoughtlessly; but worse if, through our indifference, we wander on, jeopardizing the principles which have been protected at such great cost.

Shall we stop right here to put a few questions and find just where we stand tonight? How many would take a single chance of social ostracism for the sake of our cause? How many would risk expulsion from the society of physicians in good standing for the sake of an ideal? How many would bear daily, hourly ridicule and derision for the sake of a so-called whim? How many would go hungry, lonely, and shunned by those who had been friendly, for the sake of avowed belief in homœopathic laws?

The men to whom we owe the inception of our success, endured unflinchingly whatever came—ostracism, ridicule, physical as well

as mental suffering, secure in their faith that right must prevail. It is obviously difficult to live up to the high standards set by them; but we should see the necessity for constant effort toward a high moral plane.

Perhaps those men were cut off from other interests and had nothing left but to practice homœopathy. We know they sacrificed everything, and devoted their lives to the upbuilding and strengthening of our faith. Because a single remedy, carefully selected, would give a good result, they gave the single remedy, and knowing materia medica, they did not give three drugs at random, trusting that one of them might be right. They studied and pondered how to submit their message acceptably and convincingly to those who, through ignorance or bigotry, refused even to tolerate their methods.

The sacrifice of what men commonly hold dear—the esteem of their fellows—the work done uncomplainingly, unceasingly, without hope of reward, and the indifference to derision, finally kindled a spark of admiration from their opponents; and so, through dogged persistence along one line of thought and insistence in the application of their belief, the first step was made toward recognition of that band of zealous workers. On the stepping stones of their loyalty, we have progressed rapidly, and have attained to an enviable position among our contemporaries.

What can we do to maintain our position, and to encourage the continued progress of homœopathy? The young physicians, our successors, are watching us critically. What we are doing will affect their actions in the future. Where we are indifferent, they will be unconcerned; where we are lukewarm, they will lack enthusiasm; where we lose sight of the vital, they will be blind to it. In short, we are responsible for singleness of purpose, and loyalty to the teachings of our great benefactor, Hahnemann.

For the founders of our society, whose efforts served to gain recognition of homœopathy, there was constant struggle for existence. In our day, when the tendency of men of all conditions is toward peace and tolerance, we must bend our energies toward fostering a kindly spirit, at the same time maintaining our individuality and dignity as a separate school of medicine. Have peace and be tolerant; but hold fast to our faith for conscience' sake.

It is true the schools of medicine agree in many essentials. Physicians follow one path in agreement almost absolute, but the path comes to the parting ways—the application of medicine—and the followers of each school go in different directions, more peaceably than they went fifty years ago, but just as surely.

Those who find the present atmosphere of peace a soporific, and who are now quite willing to sit down, emanating an air of well-being and good deeds accomplished, were roused to their best efforts by the disturbing gale of opposition and biting criticism. We endured the gale of opposition in the past, and came through vigorous and stimulated, confident in our power to survive storm and stress. Our fighting blood was up. It would be easy now to

rest, if this were the time to rest, but it is the perilous time, when we must be more watchful and work more persistently than ever. My friends, the old school are not ready to associate with us. Our brothers of the dominant school offer us opportunities of affiliation on condition that we merge our identity in theirs. To accept such an offer would suggest a situation best illustrated by the familiar limerick, which goes something like this:

"There was a young lady of Niger
Went to ride on the back of a tiger,
They returned from the ride
With the lady inside
And a smile on the face of the tiger."

Apparently, there is doubt that such an accident can occur to us. Need we be as trusting as the young lady of Niger? There is a tendency to treat the matter of affiliation too lightly. In reality, it is a subject of great importance, worthy of earnest consideration and careful discussion. We shall do well to proceed very cautiously. Our need of adoption no longer exists. Our friends of the other school have some points of agreement with us; but the founders of this society defended homœopathic principles. We have defended them, and must go on with the defense of our faith.

Some professed homœopathists are declaring smilingly that there is practically no difference between our school and the old school of medicine. We are in danger of deterioration from the influence of these so-called associates, and our peril is the more imminent because of forces exerted from without to undermine our principles. There is a difference as great as there ever was, and our opportunity is here to encourage to go along with us any of the profession who are hesitating at the parting ways. The other schools of medicine can at least give our principles a trial. The use of homœopathic treatment is resorted to by progressive and able men who are quick to recognize the efficacy of our methods, but who are seemingly oblivious of the quality of treatment which they apply so confidently in every-day practice. Therefore, now is the time to put evidences of truth into their hands. To present them in such a way that the principles must be accepted, seems to be the work of our State Society at this time.

Our predecessors were faithful to their convictions. Are we loyal to what we believe? As Dr. Forrest E. Martin said so competently: "The specialists have developed their work to so fine a point that their methods of examination, of tests, and countertests, are clever and interesting in the extreme. These and the various adjuvant treatments are taught to our students in an able and complete manner. When it comes to the application of the indicated remedy little or nothing is said, or at best, a list of drugs by name suitable for study is given. The rest is left for the chair of materia medica."

Our friends of seventy years ago adhered strictly to the law of similars. They studied materia medica, and today our school is a force to be reckoned with. They practised according to their convictions and were recognized as consistent workers, although at the same time they were denounced as heretics.

"A chain is as strong as its weakest link." Our chain is materia medica, and the weak link is just where indifference, ignorance, and disloyalty have worn upon it. If the link breaks, we shall be guilty of criminal negligence. We must work in season and out of season to strengthen our materia medica. Dr. Martin is right. Too little is said of the indicated remedy. Not from ignorance, not from disloyalty, but from indifference we are giving too little attention to the practical work which should supplement theory. Give our students opportunity for thorough preparation in all branches. The importance of our materia medica can hardly be overestimated. Young men and women place themselves under our guidance, believing that we are able to furnish proper equipment. We can supply it for them but we do not. The responsibility is ours, and it is for us to provide suitable material.

We, who have been at the work for ten or twenty years, know when an emergency arises it is too late to study the indicated remedy. There is not time: we must know, or we must bluff. The material accumulated by mental effort is on the one hand, and on the other, ever-ready, ever-tempting, there is the combination tablet. Get back to homœopathic materia medica and hold fast to it. The combination tablet may have its place—every good thing is ours by right. Remember that, "the homœopathic physician is one who adds to his knowledge a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." At the same time safety lies only in thorough knowledge of all essentials. We are adding to the history of homœopathic endeavor, and should make our record commendable.

In spite of our belief and years of work in homœopathy, we must confess ourselves backsliders sometimes in practice, though firm believers in theory always. Understand, neither you nor I backslide all the time. We apply our remedies homœopathically on the whole, but not as those men applied them, whose praises I sound tonight—not "instant in season out of season," first, last, and always. I make a special plea for consistent methods of practice, for closer application of the principles we stand for.

Nature's method, slow, but sure and safe, provides for the survival of the fittest, the perfection of species. Luther Burbank, close observer of her methods, by careful selection and experiment, maintaining favorable conditions, improved upon the natural product and a new flower and perfect fruit were developed. Consistent application of natural laws has gained for us many acquisitions to the vegetable world, and no one hesitates to acknowledge the source of our benefits. Every little while some new method, or maybe

only a hint of method, is brought forward for help to right living. So we are trying to give nature an aid in her slow work by maintaining sanitary conditions and employing clean methods. With logic as faultless as Mr. Burbank's our results are just as wonderful and just as worthy of universal recognition. It is true, "an ounce of prevention is worth a pound of cure," but when prevention is not possible, we must be on the spot with the remedy which is to heal the sick in the shortest time, and in the safest and most reliable manner.

If we fail in any of the three essentials, we are not worthy followers of the great leader of our school. We are told "the people who help us most are those who make light of our achievements and have faith in our possibilities."

Activity is a ruling passion of Americans. The spirit of energy is inherent in most of us, and the tendency is toward reform in every direction. There is plenty of legitimate work to do, but there is a peculiar indifference to work which lies close at hand. The unusual attracts the attention, and the spectacular holds it.

My friends, I make one last appeal to you tonight. Let us keep our minds concentrated on the maintenance of our standards. Our legitimate work consists in preserving our ideals, controlling the growing tendency toward commercialism, and in developing and keeping alive a keen sense of individual responsibility for the purity of homœopathy and its protection from enemies both within and without our ranks.

The death rate from tuberculosis among the Chinese residents of the United States is 658.5, and among the Japanese 239 per 100,000 living, while among the white population of the country the rate is 173.

According to tests made recently on 728 children from the tenement house section of New York City, 28 per cent. showed signs of tuberculosis either of the joints, glands or lungs.

In the prisons of Bengal, India, tuberculosis kills about two prisoners in every one hundred.

Consumption is a common disease among plants and flowers, being most frequent in house plants.

Tuberculosis among the insane is very prevalent. The lowest estimates show that 5 per cent. of all the inmates of hospitals for the insane in the United States have tuberculosis, while in some cases the rate is over 20 per cent.

ADDRESS TO THE MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY.

By Lafayette G. Blair, Esq., Boston, Mass.

Mr. President, Ladies and Gentlemen: I think this is one of the happiest moments of my life. From my earliest recollections I have been exceedingly familiar with the medical profession. Many is the dose, against my will, that I have had to take at their hands; and tonight I have you in a bunch before me, and propose to give back some of the materia medica which has been spoken of by your President, which may do you good, but not be agreeable.

I want to say, moreover, that as I look about me I am delighted to be here and accept your hospitality, particularly for the reason that Dr. Hunt is a very dear personal friend of mine, and he is a personal friend because I never had to use him in my business, nor he use me in his, and so we are very good friends. For that reason I am very glad to come tonight and say a word to you about a few things I have in mind.

I consider that your profession, next to mine, is the noblest profession in the world. There are three so-called literary professions in the world; first, the Law, then Medicine, and last Theology, and our professions of law and medicine of course take precedence of theology, because you know we are abler men in these professions than are those in the ministry, and have a harder time of it in this world. It is much harder to practice than it is to preach; and so we who have to practice, you in medicine and I in law, know what it is to have a hard time, and one of the hardest times I have in my profession is to try to collect a doctor's bill. If there is anything that people hate to do in this world, it is to pay a doctor's bill or a lawyer's bill, and you and I are on the same footing so far as that is concerned.

There are a good many similarities. One thing that is essential for us both is that we must both obey the law, using the law in its broadest sense. Of course we know that the universe is governed by law, and that any infraction of the law of our being brings with it sickness, pain, and death. Any infraction of the laws of our community brings with it punishment of fine, or imprisonment, or death, so the two professions are parallel.

I think that your profession, the profession of medicine, is the grandest profession that I know of, because your mission in life is to relieve pain and suffering, to do good to your fellowman, irrespective of your own personality. And singularly enough, you are a strange set of men. I suppose there are some ladies who are doctors, but you know the men embrace the women and so I speak of you all as men. You are a strange set of men, and

the only people in the world who are all the time trying to undermine your own profession, trying to make people well and keep them well. The less sickness there is the less you will have to do. You are taking the bread out of your own mouth, and cutting your own throat.

In China the doctors are paid as long as the people are well. When a man is taken sick, his pay stops. That would be a good plan to adopt in this country, and if that were done I know of a good many who would have a hard time of it.

Now to be serious for a moment. In addition to practicing your profession, to studying the pharmacopeia, to looking at the tongues and feeling the pulses of your patients, and going from house to house to try to relieve individual pain and suffering, you, as well as I and the other people in the community have other and higher duties to perform, and that is the duty of citizenship—the duty of making your community, your state and commonwealth, the Republic, a better place, a more wholesome place in which to live; making the community happier, making it better, making better citizens, having a sound mind in a sound body to the end that the whole nation may be happy and more prosperous, and may fulfill the end for which is was established. There never was a time, in my judgment, in the history of our country when it needed more than it needs today men like you in your profession. If I understand what you are, what you mean, and what you believe, you do not believe in death, pain, suffering, and destruction of your fellow, but you believe in the eradication of all disease, in the alleviation of pain, in giving life rather than death. In our country today there is a sentiment abroad in the land, I am sorry to say, which has been inculcated in the youth of our country that the grandest thing in the world, the thing most to be desired is the destruction of life, the building of warships, the enlarging of navies and armies inciting men to riot and to bloodshed; and to be great according to the views inculcated in the press, and I am sorry to say in some of our pulpits today, a man must leave a trail of suffering from Africa to Alaska. I believe I would rather have the reputation, the feeling, and the sentiment of a poor village doctor who went about with his little gripsack filled with medicines to relieve pain and suffering, unknown, unsung, not heralded in the public press, than to be known as the greatest hunter in the world, whose object was, perhaps, for science, but rather for pleasure, to kill and to destroy; and I want to say to you, and I do say in all seriousness that it is a phase of our present American life. It is your duty and my duty to combat it with all our strength, to see that it is stamped out of the youth who are growing up about us.

Had I my way, instead of building dreadnoughts to levy taxes upon our people, to take away from them a part of their hard-earned living, I would use the money for the establishment of hospitals, schools, schools of medicine if you please; institutions

where the sick, the halt, the lame, and the blind could come without money and without price and be restored to the full measure of manhood. Instead of having armies to tramp across our broad fields, carrying death and destruction, I would have the implements of civilization—the schoolhouse upon every hill and in every valley in the land. I would educate our youth to know that it is the character of a people, rather than armies, which makes them strong. I would teach our youth that it is the moral principles which give us the greatest safety, and not ships of war or armies. And I want to tell you that unless this great Republic, this old Ship of State, can be swung back to the moorings from which she has drifted, then, indeed, are we entering upon a period parallel only to that of Rome in its later days. I am sorry to say, as I read history, the parallel between the two countries is very close indeed, and I want you men as I want the men in my own profession, to use your efforts, your ability, your courage which your President has spoken of—aye, your courage, even at the risk of being sneered at by some of your fellows—the courage to defend the high principles upon which the Republic was founded, and which our great President Washington left when he left the presidency. Let us carry out in our own lives, public and private, that great axiom which was uttered by the angels upon the plains of Bethlehem two thousand years ago: "Peace on earth, good will to men." And unless we can have that fruition of our hopes, then has our labor indeed been in vain, and I appeal to you as men who go about relieving individual distress, that you also take into consideration the distresses of a community which has been made sick by human greed, where the dollar has taken the place of principle, and where the golden prize which is held up to the youth of our land has not been taken in its highest and best sense. It has not been character, as it should be portrayed, but has been the so-called success, which, to their minds, is nothing but the accumulation of dollars. It was never truer than it is today that, "the love of money is the root of all evil."

So do not, in building up the bodies of your patients, in helping them to the full stature of their manhood, forget that the soul also is sick, and that it is for you, with your education, attainments, knowledge of men and of affairs, to also help the sick soul to regain its wholesome, healthy condition, for unless we have wholesome, well minds in strong, wholesome bodies we have failed in our mission to perpetuate this Republic for which the fathers died, for which our brothers bled in the War of '61.

I wish to congratulate you upon the apparent success of this organization. It is a great thing that we are living in the Commonwealth of Massachusetts, under a free government, where you are free to practice your profession according to the dictates of your conscience, and according to the light of reason which you have and which you have gained by study. But we also have to do with other professions which claim to be advanced

even beyond your own, and it is a question with me whether or not it is the pill which cures or the absent treatment given by the Christian Science Church. I do not know whether materia medica is really the thing which we need so much as it is the encouragement of men like you to believe that we are not half so sick as we think we are, and I think your profession is coming to that belief—less medicine and more hope; more sunshine and less gloom. So that the sick chamber shall be made a bower of roses rather than a sepulchral tomb filled with caskets.

As I heard our minister say a year or so ago, he thought if a dog got hold of a Christian Scientist by the leg, he would have something else in his mind besides the conception of a four-footed canine.

And so I think your profession is necessary as well as mine. I have to try to relieve people who come to see me of the worries of their mind, and some of their money if I can get it, and you do the same. I want to leave with you, gentlemen, this sentiment: that you and I and all of us together are working for a certain purpose in this world—to relieve men from their burdens, to make the world a freer, better, purer place in which to live than it was before we came, to do some little thing, so far as in us lies, to make our fellowmen glad that we have lived, that we have done the little work we had to do.

"To make men free has been the dream
Of every noble soul on earth—
To bring a better time to birth,
To see the future's hill agleam
With the first holy light
Of a new era bright,
From which the human night
Of ages speeds away,
Its sable folds withdrawn
Before the golden dawn,
Where earth goes rolling on
Into the younger day.

To make men free from court and throne,
Free from the money-changer's greed,
Free from hypocrisy and creed,
Free from the dreaded lash of need,
And free to reap where they have sown;
Free from earth's scourge, the conqueror,
Free from the murderous lust of war,
Free from the robber's cry of 'More'
And free to have their own.
Free voluntarily to share
Their blessings for the common good;

Free to each other's burdens bear
In helpfulness and brotherhood;
Free in security to live
And seek the blessings of content;
Free in the freedom love can give,
The freedom of enlightenment.

To make men free! It is with me
The dearest purpose of my heart,
That I may know and do my part
To help the cause of liberty;
My energy and life to be
Made consecrate to the one theme,
The single purpose and the dream,
O'er all the earth to make men free—
To make men free."

And, ladies and gentlemen, as your President has said, we are all passing along, and we pass this road but once. For some of us, I among the number, already the western sun is setting, and my wish and your wish will be that after we have ceased to be, men may say of us: "Whatever his faults and his failings, he did the best he could."

"When I am dead, if men can say
'He helped the world upon its way,
With all his faults of word and deed
Mankind did have some little need
Of what he gave'—then in my grave
No greater honor shall I crave.

If they can say—if they but can—
'He did his best, he played the man,
His ways were straight; his soul was clean;
His failings not unkind nor mean,
He loved his fellow-men, and tried
To help them'—I'll be satisfied.

But when I'm gone, if even one
Can weep because my life is done,
And feel the world is something bare
Because I am no longer there;
Call me a knave, my life misspent—
No matter, I shall be content."

TYPHOID FEVER IN MONTREAL.

By A. R. Griffith, M.D., Montreal, Canada.

Montreal has recently passed through a typhoid fever experience that caused much suffering and the sacrifice of many lives. And yet the reports circulated throughout the country were enormously exaggerated. The disease was largely confined to the outskirts of the city, where the people were supplied with drinking water from a private water company. No attempt had been made at sterilization or filtration, the water being pumped direct from the St. Lawrence river into the pipes. The intake was situated less than a mile below the sewage outlet of a growing suburban town. The water supplied to the city proper is taken from the river several miles further up the stream, and very few cases of fever were recorded where the people used this water. The type of the disease was a very severe one, and where recovery occurred it was lingering and patients were susceptible to relapses. The first case during this epidemic that came under the writer's notice was a child of seven years. The parents brought her to my office one evening, with a history of lassitude and indifference for ten days. They could not understand why their active little girl should be so languid. On taking her temperature the thermometer registered 105°. Of course I sent her home and warned the parents of the danger and necessity of care in looking after her. During the following three weeks the only trouble I experienced with the case was in keeping the child in bed, and on a fluid diet. She made a happy recovery.

A large number of cases showed no unusual symptoms, but they lingered long in the convalescent stage. Three cases of interest were a prominent lawyer and two of his children. A boy of fourteen years was the first to succumb to the disease. He had a temperature of 104° when first I saw him, and had been ill for nearly a week, although continuing at school. This was at the beginning of the outbreak before people had begun to be cautious. He was removed to the Homœopathic Hospital. The disease rapidly progressed. Restlessness and delirium were marked. I found hyoscyamus 3x very efficient in controlling many of the nervous symptoms in this case. For days the boy made poor progress. Emaciation increased to an unusual degree. Fortunately, no complicating hemolysis occurred. During convalescence a slight myocarditis occurred. While gaining weight, his pulse persisted in beating from 110 to 140, although during the height of his fever it never went over 100. Moderate exercise was permitted, and his diet slightly curtailed. Crategus, five drops of tincture three times daily, helped the heart until now it is almost normal again.

Ten days after the admission of this boy to the hospital, the father was taken ill and removed to the same institution. He ran a comparatively mild course, until at the end of the third week he developed a vertigo that at first was puzzling. His tongue was coated yellow; it was thick and flabby. His general appearance indicated mercurius, and I gave this remedy; and later, lycopodium for appropriate symptoms. But the vertigo persisted, and was now of an intense and distressing nature. Even turning his head *sidewise* or moving his eyes would give him distress. He simply could not turn himself in bed, and when assisted by the nurses the vertigo was intense. After a little study conium loomed up so big and bright that it was given, and from the first dose the patient began to improve until, in a few days, all signs of vertigo had disappeared, and he made a good recovery.

The second boy, five years of age, was taken ill ten days after the father. He was nursed at home. His temperature was high for three weeks. He rebelled against the fluid diet, but was not allowed solids. At the end of the fifth week he was having an intermittent temperature from 98° to 101°. He was constantly asking for food. Finally I told his mother to give him milk toast. "Take it away," said the patient. I asked him what he wanted. Calling his mother to the bedside he whispered: "Beefsteak." And beefsteak is what I gave him. His temperature became normal from the time he received food. But his pulse also perceptibly increased, while he was gaining rapidly in weight.

An unfortunate experience was the death of an undergraduate nurse who had been caring for two of the patients in the hospital. She developed typhoid symptoms and was sent to bed. Her pulse ranged from 100 to 124 from the beginning. She was nervous and had an anxious expression. At first milk was given. On the fourteenth day she suffered two rather severe intestinal hemorrhages. All nourishment was withdrawn and she improved. Two days after, liquid peptonoids and water were given. She seemed to be improving when intestinal hemorrhages recurred. Under nitric acid and hamamelis the bleeding was checked, and we had begun to hope for ultimate recovery. On the morning of the twenty-fourth day she complained of a slight pain in the vagina. It was not severe. There was no tenderness in the abdomen, and nothing beyond this vaginal pain to suggest a perforation. But by seven o'clock in the evening the pulse had become greatly accelerated. An accentuated anxious expression of the face denoted severe shock. As quickly as possible she was prepared for operation, and Dr. Armstrong, one of the foremost surgeons of the city, operated, repairing two ulcers that had perforated. Evidently oozing had been going on for some hours, and the pain in the vagina must have been a reflex from this perforation. The attendants had been looking for this accident

for three days, but I am free to confess the true condition was not detected until too late. The operation was quickly and skilfully carried out, and the patient seemed greatly improved. She lived just twelve hours. Dr. Armstrong had previously operated upon two perforations in our hospital, and both patients are living and well today.

The cases related in this brief way may be of some interest. I am happy to say that the epidemic has been completely checked. The manner in which the people responded to appeals for help in equipping a typhoid emergency hospital was a revelation. The city aldermen and health authorities were lax and indifferent. Many cases could not be accommodated in the regular hospitals. A committee of citizens took charge of the work, and within three days a large empty factory was cleaned and equipped, and patients were admitted. Within a week there were nearly one hundred patients under treatment.

REDUCED INCOMES OF PHYSICIANS.—In the "Lancet-Clinic," November 27, 1909, appears a letter in the correspondence department signed "A. Medicus, Jr.," which discusses the economic side of the practice of medicine. Commenting on a previous communication, Medicus admits the influence of recent financial depressions, increasing accessions to the ranks from medical colleges, the influence of present-day preventive medicine and public sanitation, etc., in decreasing the average income of physicians, but adds that three great evils are mainly responsible for present economic conditions: the abuse of medical charity, the development of contract practice, and the lack of system on the part of individual physicians in keeping and collecting their accounts.

Discussing the average income of the physician, which he places at $600 per annum, or about $1.60 per day, he says: "Compare this with the average wage of the most ordinary laborer and then you may feel that comparisons are indeed odious at times. If you wish to know where the shoe pinches most, ask the physician's wife and his creditors. Ministers' and schools teachers' wives have been immortalized in prose and poetry for their ability to make both ends meet and for their heroic fortitude in facing genteel poverty. The physician's wife is fast joining them." He states that the names of 20,000 physicians appear on the dead-beat list of a national organization, and that an officer of the organization states that the list should contain the names of at least 20,000 more. This, he says, is six times larger than the average number of dead-beats in other professions and occupations, "which either speaks very ill of our morals or points to some very erroneous conceptions of our relations to the general public."

After discussing the abuse of medical charity and the work done along that line in Chicago and the development of the contract and lodge practice system in Germany, he takes up the third factor, namely, lack of system in keeping and collecting accounts, to which he attributes a large share of the economic loss which the profession is sustaining.—Journal of the American Medical Association.

CLINICAL DEPARTMENT.

CONDUCTED BY A. H. RING, M.D.

Case IV. Diagnosis: Typhoid Fever.

The blood when diluted with nine parts of sterile water and mixed with a fresh culture of typhoid bacilli, showed the clumping of bacteria, and when they had ceased to be motile, a positive Widal reaction. The temperature dropped on the ninth day, but rose again and ran an irregular course, dropping suddenly on the twelfth day at noon; the pulse was soft and full, suggesting hemorrhage. Ice bags were applied for three days. Toward the end of the fever constipation was stubborn, necessitating manual emptying of the rectum. The remedies mostly used were aconite, bryonia, mercurius corr., and baptesia.

The typhoid vaccine so far has not seemed to materially influence the course of the disease, though it does lessen the headache and delirium, and quiet the patient.

Case V for Diagnosis:

Miss S., age 31 years (O. P. D. 16,137). Family history: Mother always delicate, suffers from headache; father died of heart trouble at 35 years. Past history: Patient was a delicate girl; no accident, injury, or operation. Taught school and music, but had to stop because of eyes. Has always had an irritable heart. In the summer of 1907 she began to have attacks of suffocation, obliging her to go out of doors to get her breath. When first seen (January, 1908) she was intensely emotional and restless. She would not look up when addressed, and the color came and went from her face. She complained of headache which "went all over her," and a constant sense of soreness and tiredness in the back muscles. Excitement made her palms perspire profusely. She had nervous constipation, nervous digestion, and sense of lump in throat.

Physical examination showed a tall, light, thin, nervous woman with bright, full eyes and a muddy, spotted complexion. Much evident vasomotor irritability and hands and feet working listlessly; manner reticent, sensitive; at times tearful. Examination of eyes showed error of refraction and eyes fatigued easily. When lids were closed there was fine tremor. When hands were extended, the fingers spread and a sheet of paper laid over them, a fine tremor was evident. Examination of the throat revealed a slight enlargement on either side of the larynx, and she said that she had to make her collars larger of late. Lungs were normal and the heart sounds regular and good, but the pulse 160, and she reported it had not been below 120 for some months. After two years of treatment she is much better, but still has nervous dyspepsia and headaches. The throat measures a half-inch less than it did six months ago, and she has gained in flesh and general appearance. Her pulse has been down to 112, but stays mostly at 120.

Diagnosis is what? Treatment?

THE EDUCATIONAL TREATMENT OF CONSTIPATION.—We must grant at the outset that there are a certain number of cases of constipation following laparotomy that find it almost impossible to get on without a laxative drug or enema. Also that some old people suffer from a torpid bowel which is best relieved by alumina or other indicated remedy. Again, that in certain mental states such as the psycho-motor retardation of manic depressive insanity, in which the inhibitory mechanism is hypersensitive, the patient automatically inhibits any desire to stool, and defecation is accomplished only with the use of cathartics or repeated enemata.

These cases aside, there remains a large number of patients, especially among women, who habitually, though quite unnecessarily, use laxative drugs or enemata much to the detriment of their digestion and nutrition.

Some will tell you frankly that their bowels are regular, but they believe that twice a week or so they need an extra clearing out; as though Dame Nature had appointed them guardians over this particular function. Then there are those who grant that Nature is pretty good but needs "regulating," and there is a good old lady from the country who knows that all she needs is a little "physical" medicine.

One sometimes meets a patient who is literally bowel-minded. She talks of nothing but her bowels, and when and what sort of a "passage" she had last. She spends her days worrying as to whether she shall take forty or sixty drops of cascara at night, and can tell you the relative value of each proprietary preparation. This condition might be well named—enterophobia.

But the most common of all is the woman with the New England conscience, who is so afraid that she will neglect her household duties that she habitually neglects the call of Nature until, like all habits which are oft repeated, the stimulus fails to awaken any consciousness of its presence, that is, it fails to rise above the threshold of consciousness. She then believes that she has no desire, and resorts to some drug which will sufficiently irritate the bowel to awaken it. Having thus benumbed her cerebral bowel centers, she must keep on repeating and increasing the artificial stimuli in order to get results.

This, in time, cannot but bring about errors in metabolism, resulting in an ill-defined set of symptoms, and the patient comes complaining of nervousness, liver trouble, headache, anorexia, etc., etc.

These patients rarely require drugs for the relief of the constipation itself. The best psycho-therapeutists say plainly that here we may dispense with drugs altogether. What they do need is to have the whole matter patiently explained in terms on a level with their understanding. They need to be educated to the importance of a regular habit of the bowels in the bodily economy. This takes much time and self-confidence. There can be no hesitation or inflection of doubt in one's instructions. It is noteworthy that the mindcurists have long been familiar with the fact that the bowels are the organ of all organs most susceptible to the mental attitude of the patient, and, consequently, they often begin by treating the constipation first as a sure wedge to the confidence of the doubting patient. If the vagaries of Christian Science can and actually do bring about results in the treatment of constipation, how much more surely should we expect results from the intelligent explanation of a qualified physician?

Begin your treatment, then, by explaining to the patient that we are made up of a number of organs, each in a sense an individual, and each having private and communal interests, but all working for the harmony of the whole body; that these organs each have a kind of mind not so unlike that of a pet animal, an instinctive mind, and may with a little persistence be taught to obey in much the same way. At first they will have to be alternately coaxed and prodded, but can ultimately be taught to move at will just as one normally micturates.

Let the order of the day be as follows: (1) Drink a glass of water before rising. This may be either hot or cold, but the latter is more stimulating to peristalsis. (2) Exercises may be taken while still on the bed, as follows, being careful to begin moderately and with sufficient pauses: a. With hands crossed on the chest and the toes caught under the iron rod of the foot of the bed raise the trunk on the hips to a sitting posture, up and go back slowly four times or more. b. With the trunk on the bed flex one leg on the abdomen and down again slowly four times and repeat with the other, then both together. c. Back on bed, knee stiff, raise limb to right angle with trunk four or

more times and return slowly; repeat with other limb; then both together. d. Standing erect on floor, heels together, hands on hips, bend well to right, to left, forward, backward, each time resuming the erect posture. One may elaborate these exercises indefinitely according to the condition and requirements of the case. The object is, of course, to improve the tone of the abdominal muscles, awaken peristalsis, and stimulate the abdominal circulation. Finally, a cold or tepid sponge bath may be taken, followed by a brisk rub with a coarse towel. Some prefer to take a morning walk or à horseback ride in place of the more mechanical exercises. These have the advantage of offering a more stimulating and enjoyable mental setting.

Breakfast comes next and is the most powerful of all peristaltic stimuli. Stewed fruits may aid, as do all foods containing a large amount of fiber. A cup of black coffee is often an excellent mild laxative.

Within an hour after breakfast the patient should go to stool. The attitude of mind in which the attempt at defecation is made is important. Realizing that an hour and a half or more are spent each day in taking in food, it is unreasonable to expect that a few minutes only must suffice for its main mode of elimination. One must wait patiently and with the mind on the successful outcome of the effort. Fear and doubt inhibit. Twenty minutes or more is none too long to wait. The mind ought not to be allowed to dwell upon urgent duties that one must hurry to. This restless inattention to the thing in hand is perhaps one of the commonest sources of failure. There is perhaps no one bodily function partly voluntary, the fulfilment of which is so easily influenced by the attitude of doubt or assurance with which one undertakes it as that of defecation. The patient should be warned not to strain or urge, because this, in constipation, often brings about inhibitory tenesmus, which only further discourages. A passive confidence, with the mind attentive to the purpose but not anxious, seems to be the desired condition.

DuBois advises that if success does not follow the morning effort, the movement should not be allowed to take place until the appointed hour the next day, this as a sort of punishment to the disobedient bowel.

A well poised mind with normal judgments leading to rational deductions and decisions, presupposes normal sensory end-organs (receptive apparatus), normal perceptions and apperceptions.

Letters and mail-bags are frequent carriers of tuberculosis. According to testimony recently given before the Postal Commissioner of the British Empire, during the last 20 years, 80 per cent. of the deaths among letter sorters had been due to consumption, contracted by men after they had entered the service.

For 1,000 active troops in the armies of the great world powers, the following figures show the percentage of cases of pulmonary tuberculosis: United States, 4.72; Great Britain and colonies, 2.4; France, 5.3; Germany, 1.5; Austria, 1.0; and Russia, 2.7. The percentage in the general population is much larger.

Improper breathing is a frequent cause of consumption. A large majority of people are too lazy or too ignorant to breathe deep, and hence the lungs are developed only to part of their capacity and thus afford fertile field for the growth of the tuberculosis germ.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

POST GRADUATE WORK AT BOSTON UNIVERSITY.

In the last number of the *Gazette* we noted the prospective repetition of "Clinical Week" that has proved to be so successful in past years. This will doubtless prove to be as attractive and successful as it has been heretofore. The idea of a more comprehensive course of post-graduate instruction, of which this Clinical Week was planned as a test, has been in the minds of the Faculty for several years. At first it seemed too ambitious, but gradually, as there has been an increasing demand for some more specific courses, a plan has been evolved that is now offered to all practitioners. At about the same time as this number reaches our readers they will each receive an announcement of the final results of these deliberations. Beginning immediately after the close of Clinical Week this post-graduate work will be offered in seventeen different departments, some of which will have several courses. It is probable that the attendance for the first year or so will be limited until a more general knowledge of the work becomes prevalent. The fact, however, that such an extensive work has been arranged will serve as an indication of the progressive spirit of the Faculty, and should serve to give to the Alumni a more enthusiastic interest in the welfare of their Alma Mater, as well as to show to the profession at large that the Medical School is ever in the van of progress and activity.

THE VALUE OF THE RECENT TESTS FOR TUBERCULOSIS.

During the past three years much has been seen in the medical press of the world concerning certain new tests introduced for the purpose of early recognizing the presence of tuberculosis. The most prominent of these tests are: The cutaneous, of Von Pirquet; the per-cutaneous, of Moro, and the conjunctival test, of Calmette. All three of these have been subjected to extensive tests and experimentation, and each has had enthusiastic supporters. It

is probably now time for a clear understanding of the relative value of these, after this extensive study. Calmette's test at first sight seems to be the simplest, consisting, as it does, merely in the installation of a drop of liquid into one conjunctival sac. On account, however, of the contra-indication in many ocular diseases, and on account of the fact that the conjunctivitis resulting is liable to persist for days or even weeks, this test has decidedly lost favor. In fact, in a few instances complete loss of vision has been reported. It is, therefore, now quite generally considered to be unwise to use it, as the data obtained from its use are less satisfactory than those obtained from the other tests. The second test, that of Moro, consists in the introduction of the tuberculin beneath the skin by slight abrasion such as is caused by rubbing an ointment containing the tuberculin into the skin with a piece of sterile gauze. The value of this is probably considerable, although it has not as yet, at least, very generally appealed to the public taste.

The test that is by far preferable, and the one that offers at the same time the maximum of information with the minimum of danger, is the test introduced by von Pirquet, and commonly called the "cutaneous test." The majority of the readers of the Gazette will undoubtedly be familiar with the technic of its performance. This technic is simple, consisting merely in the slight scarification of the sterile skin and the application of a concentrated or a moderately diluted preparation of old tuberculin. The injurious results reported have been so few as to render the procedure practically without danger when employed under aseptic precautions. We now know that the positive results obtained are of more value in children than in the adult, not on account of the inaccuracy of the reaction itself but on account of the fact that so many adults have at some time suffered with a greater or less attack of the disease. In other words, it might almost be said that the test is too delicate for adults, although under proper conditions and with certain precautions the information thus obtained by it even here will be considerable.

The "Medical Record" in a recent number well summarizes the subject in an editorial which says: "The real value of the test, however, lies in the diagnosis of tuberculosis in childhood. The percentage of positive reactions increases steadily and proportiontaely with the increase in age, and these results have proved to be quite parallel with the pathological findings at autopsies. New-born children give a negative reaction without exception. A positive reaction in an infant below one year of age almost infallibly shows the presence of tuberculosis; a negative result means absence of the disease, if cachectic patients suffering from a manifest infection be excluded. In other children the reaction is the more valuable the nearer they are to infancy; a negative reaction speaks almost infallibly for absence of tuberculosis. A positive result in the great majority of cases means the presence of an active tuberculous process. Von Pirquet's test, therefore, is indicated in practice

among children, its general applicability, easy technic, harmlessness, and specific character making it, perhaps, the most valuable single measure of diagnosis.

"Bandelier and Roepke have hardly any words of commendation for the conjunctival test. It is evident, of course, that this test is dangerous. Moreover, it is contra-indicated in the presence of most external affections of the eye, in which the specific reaction cannot be judged. Finally, if positive, it speaks only for the presence of a frankly tuberculous process which can be diagnosed by other methods. If negative, it is of no value, for it is not nearly as sensitive as the cutaneous test. Thus this test, the authors contend, so indiscriminately used at first, finds hardly any excuse for being included among diagnostic measures in tuberculosis."

Those physicians who are opposed to vaccination will probably also be similarly opposed to the application of the cutaneous test; others, however, and we believe them to be in the great majority, will use the test widely and extensively and will obtain from it undoubtedly much information that will be of distinct value to their patients.

HOMOEOPATHY.

Dr. J. H. McClelland, the well-known homœopath of Pittsburg, has recently published in reprint form a paper read before the Homœopathic Medical Society of the State of Pennsylvania last fall. This paper is entitled "Homœopathy: A System of Rational Therapeutics. Its Right to Survive." This is an article we believe to be of much worth in the presentation of the major facts of homœopathy by one who is of unquestioned authority in that field.

The Doctor begins with the consideration of medicine as it existed at the beginning of the last century, and well shows the need of some new form of therapeutics. He then gradually advances from the early historic years to modern times, and cites example after example of the results of modern research that tend to bear out the tenets of the School. This paper is one safely conservative, in which all truth is not assumed to lie within the law of similars, and one in which facts are stated rather than deductions drawn from insufficient premises. We particularly like the Doctor's definition when he says: "The science of homœopathy, or of medicine if you please, has for its foundation a definite principle fairly well expressed by the form "similia similibus curantur." Quotations are taken from a number of different sources, almost exclusively from men preëminent in the profession.

We trust that the article may have wide distribution, and we gladly recommend it to our readers. Copies of this article can no doubt be obtained from the author.

OBITUARY.

WALTER FORESTER ADAMS, M.D.

Dr. Walter Forester Adams died on Friday, April 1, 1910, at the Rutland State Sanatorium after a prolonged and heroic contest against heavy odds.

Dr. Adams was born in East Boston, May 13, 1873. He received his early education in the city schools and took the degree of A.B. from Boston University in 1895, and of M.D. in 1900. Shortly thereafter he located in Waltham and was building up a very enviable practice when overtaken by the malady that finally proved fatal. Leaving his practice he went to Rutland, where for several years he held the position of pharmacist and assistant physician. Recently, however, failing health compelled him to relinquish even this work.

In addition to his regular practice he served with much acceptance as instructor in pharmacology at Boston University School of Medicine and as lecturer in chemistry at the Waltham Hospital.

Dr. Adams was most favorably known, respected, and beloved by his colleagues, and particularly by the members of his own class in the Medical School. Seldom has one of the younger men in our ranks who has passed beyond, left a deeper impression or received more heartfelt sympathy than has our late comrade and friend. Honesty of purpose, integrity in action, and faithfulness in all things marked his course, and he leaves behind an enviable reputation, and an enduring memory.

Funeral services were conducted by President W. E. Huntington of Boston University, and by Monitor Lodge of Masons, of which Dr. Adams was a member.

According to United States Consular reports, the tuberculosis death rate is twice as large in Syria and Turkey as it is in the United States. There is only one special hospital for this disease in the entire Ottoman Empire.

National Anti-Tuberculosis Associations have recently been formed in Russia and Greece. Similar organizations are now in existence in the United States, England, Germany, Sweden, Switzerland, Hungary, Italy and France.

Dr. Bertillon, the eminent French vital statistician, has shown that tuberculosis is twice as prevalent among the retail liquor dealers of France as among other shopkeepers. He attributes it to the fact that the alcohol which they handle and use all day long weakens their bodies and thus renders them more susceptible to the disease germ.

Statistics published by the Imperial Gazette show that in recent years there has been a steady decrease in the number of deaths in Germany from tuberculosis, and especially from tuberculosis of the lungs. In urban centers the death rate per 100,000 fell from 226.6 in 1903 to 192.15 in 1908.

LETTER FROM DR. SHERMAN.

Mr. Editor:

At the late meeting of the Boston Homœopathic Medical Society we had a very interesting subject for consideration, viz.: "Heart Disease in Pregnancy." I did not participate in the discussion, as there were others who were better able to talk, although they may have been wanting in my experience. When I tell you that my first baby, if living, would be fifty-three years old, and that I have been in the active practice of medicine since, and in my palmy days had an obstetrical practice that would average two cases a week, you must conclude that I am no novice in the work. I have had many cases of this class, and never but one that was not pulled through by our homœopathic remedies.

This exceptional case was one of unusual gravity, the patient a primipara about thirty years of age. She was greatly emaciated, having taken but little nourishment for weeks, and most of that was not retained. She had great dyspnœa and orthopnœa, anasarca and general edema. I treated the case for several days with homœopathic remedies but with no satisfactory results, then called one of our best men, Dr. David Thayer (this was twenty years or so ago). I wanted his advice about inducing abortion. He did not advise it; said the patient would probably die and we would get the credit of having killed her. I went on with the case a day or two longer when the husband put the question to me as to what I would do if the case was that of my wife. Without hesitation I said: "I would induce abortion immediately." "Then," he replied, "I want you to do it." I asked his wife how she felt about it. Her reply was: "I don't care what you do, but I want relief." I at once ruptured the membranes, which was quickly followed by a gush of amniotic fluid; labor set in in due time, and the patient actually seemed to grow stronger as the pains increased. She had complete delivery without incident. The dyspnœa was relieved at once, and she was able to lie down in bed for the first time in weeks; the anasarca and edema gradually disappeared, and her recovery to usual health was uneventful.

Sequel: Two years subsequently this patient was in the same condition again, and for some unknown reason did not call me, but a physician of the dominant school. He called counsel, and the result was the death of the patient undelivered.

In cases like the above, what is to be done? My object in reporting this case is to enable the inexperienced to form an opinion as to the answer to this question. There are times when we must assume the responsibility, and act even under adverse advice. Who cares for criticism when a human life is at stake in your hands? Be convinced that you are right, and go ahead, buoyed up by the consciousness that you have done your duty.

J. H. Sherman.

CALIFORNIA LETTER.

The regular monthly meeting of the Los Angeles County Homœopathic Medical Society was held at 622 Auditorium Building, Los Angeles, March 9. A paper on "The Value of Elimination" was read by Dr. Florella Estes, and one on "Epilepsy" by Dr. Charles R. Clapp. Both papers were followed by very interesting discussion, especially that by Dr. Estes. In the absence of the trustees of the Homœopathic Hospital Fund, their report was read by Dr. F. S. Barnard. Considerable enthusiasm was manifested over the subject of a homœopathic hospital, and a committee from the Society was appointed by the chair to meet the trustees of the Hospital Fund, discuss with them the conditions, and report at the next meeting of the Society. This committee consisted of Drs. Shepherd, Hunt, and Clapp.

Dr. Harlan T. Kerr (Eye and Ear) has moved from the Union Trust to the new Story Building, Sixth Street and Broadway, Los Angeles.

Dr. W. J. Hawkes has bought a new home among the foot hills in Hollywood, with the intention of moving from his Elden Avenue house in April.

Dr. E. C. Buell left Los Angeles on March 16 for a trip around the world, and expects to be away about a year. During his absence Dr. Hovey L. Shepherd, formerly of Winchester, Mass., takes his practice. Upon his return Dr. Buell intends to devote himself entirely to surgery and Dr. Shepherd will retain the medical practice, the two physicians sharing offices together at 607-610 O. T. Johnson Building.

H. L. S.

CHICAGO LETTER.

Undoubtedly Chicago has one of the most rigid health boards in the country. Dr. W. A. Evans, Chief Commissioner, is fearless and persistent in what he considers is for the best interests of the public, regardless of what the public, itself, may think, and many times has clashed with individual doctors and medical organizations; but he has been unyielding, yet, withal, has left the impression of being honest. Just now he is in a fight with an amendment to the milk laws before the City Council. In 1908 an ordinance was passed providing that all milk should be from tuberculin-tested cows, with a provision that for five years, while the law was being enforced, pasteurization should be an alternative. This went into effect January 1, 1909. The proposed amendment will, in effect, exclude all milk from Chicago, except from tuberculin-tested cows, its provisions to be in full force immediately upon its passage. Dr. Evans is opposed to this amendment, claiming that in 1909, since the ordinance went in effect, the infant mortality was 521 less and the number of deaths from typhoid fever 80 less than the previous year; further, that it would cut the milk supply to an inadequate quantity, and make prices prohibitive for the poor. He also claims that the amendment provides safety from only one danger—tuberculosis—while pasteurization insures immunity from other things, and says the experience of the board is that those who have had their herds tested are inclined to think themselves released from further obligation. He does not claim that the present ordinance gives us the best milk possible, but the best that can be had at a price the poor man can pay. He holds that what has happened since it went into effect in two conditions especially influenced by the milk supply, is a better argument than what anyone may think will happen.

Chicago has been the butt of uncomplimentary and facetious comment, at home and abroad, on account of its untidiness, but Chicago's general death-rate is one of the lowest in the world. Probably some of the men of our country holding high honors, as youngsters went to school with dirty faces. Chicago is a lusty youngster among cities, but it holds promises of greatness.

At the last meeting of the Chicago Homœopathic Medical Society, March 17, Dr. Clifford Mitchell gave a paper on "The New Urine Analysis and Its Relation to Metabolism." Dr. Mitchell being a thorough chemist and a specialist in kidney diseases, the paper was really a thesis. He reviewed the work in urinalysis during the last ten years, with special reference to the work of Professor Folin. He showed the relation of urinary products to physiological and pathological conditions, and their new value in diagnosing other than kidney diseases, such as intestinal toxemia and hepatic insufficiency. It was complete and valuable in every line.

At the After-Dinner Club the same evening the topic for discussion was of purely local interest. It was: "Why Has the Health Department Lessened Quarantine Exactions, and Increased the Exactions of Mortality Reports?" Dr. Effa V. Davis, President of the Woman's Medical Society (allopathic), opened the discussion, the members quite generally taking an active interest in it. The most important thought brought out was, that the Health Department should be accorded the cheerful and hearty support of the profession at large, and that, graciously approached, the board considerately granted special privileges when desired by any doctor.

The April meetings of the city societies, and the meeting of the State Association in May will close their year's work. Undoubtedly a fair number will attend the American Institute of Homœopathy, but not by any means the majority. Dr. Mitchell has just issued a little directory of the physicians practising medicine in Chicago who are graduates of hom@opathic colleges. They number five hundred. He has indicated by a star those who are members of the Chicago Homœopathic Medical Society, only about one hundred. Allowing fifty as members of other organizations it makes a very discouraging showing. Only 30 per cent.! I fancy other cities would find the conditions much the same. Surely we homœopaths need to be more aggressive. Perhaps not as pugnaciously so as the old school has been, but enough for healthy advancement.

Rhoda Pike Barstow.

BOOK REVIEWS.

Progressive Medicine. Edited by Hobart Amory Hare, M.D. Assisted by H. R. M. Landis, M.D. March 1, 1910. Six dollars per annum. Lea & Febiger. Philadelphia and New York.

In the March number of this Quarterly we find first an excellent review of the year's progress in surgery of the head, neck, and thorax, by Frazier. That part dealing with the brain is of particular interest, as progress is being so rapidly made in this direction. The surgical treatment of tumors of the hypophysis is given in detail with numbers of illustrations. The results of the treatment of trigeminal neuralgia by the ordinary surgical means by avulsion and by alcohol injection is carefully detailed. In view of the recent progress in the surgery of the thyroid, that subject is very properly treated in detail. Thoracic surgery also offers an interesting topic and seems to promise much for the future.

Ruhräh has prepared a chapter on infectious diseases, a section that is alone worth the price of the entire number, as it covers so well the numerous advances that have been made recently in the treatment of these very common disturbances.

The Wasserman reaction, the entire question of vaccines, the antimeningitis serum, echinococcus disease, leprosy, malaria, pneumonia, rabies, tuberculosis, and typhoid fever, are a few of the numerous topics discussed.

In the section on diseases of children, by Crandall, a good article is found on the care of the new-born infant; also one on status lymphaticus. Artificial feeding is, of course, considered in detail.

That part devoted to diseases of the nose and throat should prove of much interest, not only to specialists in those disturbances, but to every practitioner as well.

In the section on otology by far the greatest amount of space is devoted to the labyrinth and its various lesions.

As usual, the entire number contains an immense amount of material collected into a small space, easily accessible to the general practitioner who desires to ascertain the best of the year's advances in medical knowledge.

The Materia Medica of the Nosodes. With Provings of the X-Ray. By H. C. Allen, M.D., author of "Therapeutics of Fevers," "Keynote and Characteristics," and "Bœnninghausen's Repertory." Five hundred and eighty-three pages. Buckram, $4.00, net. Postage, 23 cents. Philadelphia. Boericke & Tafel, 1910.

The appearance of this book, which represents the culmination of Dr. Allen's literary endeavors, has, unfortunately, been delayed until after the death of its gifted author. We are told that the doctor himself considered it to be his greatest work. It will probably be of particular interest as so much is now being said and written concerning nosodes. To a small minority in the homœopathic profession this book will bring a great amount of information that should be of value, as it contains a large number of symptoms of the various remedial agents.

The writer believed that nosodes should be used only in a manner similar to that of other drugs after adequate proving, and not empirically as is so frequently the case. In other words the drug picture or symptomatology should always be considered of primary importance. To the large majority of homœopaths, and to all other members of the medical profession, the contents will probably prove fantastic to a varying degree. This is not a volume fairly representative of the average scientific homœopath, or to be contrasted with similar scientific works of other departments in medicine, as some of the remedies will certainly be subject to criticism, if not to derision. Thus, a drug prepared from exposure of a substance to the positive or to the negative pole of a magnet scarcely seems to be acceptable to the average mind. The method of preparing malaria officinalis is not in accordance with our modern knowledge of the causation of the disease, but rather a relic of the old and now disproven theory that the infection is due to marsh gases from decomposing vegetable material. On account of the varying changes in medical knowledge, it is not safe to say that any substance is inert or valueless. When, however, claims for the efficacy of such substances are made, they should be accompanied by proof that is irrefutable.

Specific Diagnosis and Specific Medication. By John William Fyfe, M.D. An entirely new work, based on the writings of the late John M. Scudder, with extensive extracts from other eclectic authors. 8-vo. 782 pp. Cloth, $5.00. Law sheep, $6.00. The Scudder Brothers' Company, Publishers, Cincinnati, Ohio.

This book has been written with the intention of giving to the public an adequate idea of the present status of specific diagnosis in medicine as it is applied by the eclectic profession. The earlier section is confined to diagnosis, consideration of the general symptoms and the specific expressions of disease, to the diagnostic features ascertained by the auditory and tactile senses and to examination of the various secretions from the diagnostic standpoint. Physical diagnosis is then considered in a quite complete chapter.

The second part of the volume has to do entirely with specific medication. It takes up the theory and practice of such medication, the study of therapuetics as a whole, and the individual remedies used. These remedies form really a quite complete materia medica as the eclectic understands it, giving the general characteristics of the drugs, indications for their use and dosage. It is a large, well-printed volume, attractive in general appearance, and one that will doubtless hold a high place in the minds of eclectics, as well as one that will probably be valued by many other members of the profession.

An English Handbook to the Paris Medical School (With Map). By A. A. Warden, M.D., Visiting Physician to the Hertford British Hospital, Paris. Second Edition. Price 2s. J. and A. Churchill, London. P. Blakiston's Son & Co., Philadelphia, 1910.

This little book has been prepared to serve as a guide to those pursuing post-graduate medical studies in Paris. It gives the names of the medical men associated with the various services in the different hospitals of the city; also a list of the various scientific societies, and a daily diary of the lectures, clinics, etc., that are being held at the several institutions. It should be of great value to all who are either pursuing or contemplating pursuing medical work in that city.

THE MONTH'S BEST BOOKS.

Diseases of the Nose, Mouth, Throat and Larynx. Bruck. $5.00. Rebman Company.

Sexual Life of Woman. Kisch. $5.00. Rebman Company.

Pocket Therapeutics and Dose Book. Stewart. $1.00. W. B. Saunders Co.

Pathology. McFarland. $5.00. W. B. Saunders Co.

Modern Medicine. Osler. Vol. VII. Lea & Febiger.

SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The 70th annual meeting of this society was held in Pilgrim Hall, Beacon street, Boston, on Wednesday, April 13, 1910, under the presidency of Dr. Charles R. Hunt.

The report of the Committee on Insanity and Nervous Diseases, Dr. F. X. Corr, chairman, consisted of four papers:

1. The treatment of Goitre and Myxedema, Dana F. Downing, M.D.
2. The Use of High-Frequency Currents in Neuritis, Benj. T. Loring, M.D.
3. Folie à Dieu, E. M. Jordan, M.D.
4. Modern Views with Regard to the Causation and Treatment of the Psycho-neuroses, James J. Putnam, M.D.

This was followed by the business session.

A vote of thanks was extended to Mr. Bliss for his courtesy and kindness to the society.

Upon the motion of Dr. J. P. Rand the president-elect was directed to investigate the question of the exact date of the birth of Dr. Hans Burch Gramm and to make any necessary corrections in the records.

Several committee reports were read and accepted.

The election committee reported the following as the officers for the ensuing year:

President, George B. Rice, M.D.; vice-president, Thomas E. Chandler, M.D.; vice-president, George D. Bliss, M.D.; recording secretary, Ed. S. Calderwood, M.D.; corresponding secretary, Benj. T. Loring, M.D.; treasurer, Thomas M. Strong, M.D.; librarian, Carolyn Y. Wentworth, M.D.; censors, Edward E. Allen, M.D., Carl Crisand, M.D., George E. Percy, M.D., N. R. Perkins, M.D.

The following new members were elected: Drs. H. F. Gammons, Rutland; C. F. A. Hall, Newburyport; H. W. Jewett, Lowell; L. P. Leland, Lowell; M. M. Stevens, Woburn.

After luncheon papers were presented as follows:

1. The Importance of the Physical Education of Children, Howard Moore, M.D.

2. The Medico-surgical Aspect of Gastric Ulcer, DeWitt G. Wilcox, M.D.
3. The Reporting of Chronic Cases, Frank W. Patch, M.D.
4. Obstetric Traditions, George H. Earl, M.D.
5. Report of Cases, Deborah Fawcett, M.D.

Adjournment to Young's Hotel for dinner.

Following the dinner was the address of the president, Charles R. Hunt, and an address by Mr. Lafayette Blair.

The meeting was notable for the large attendance and for the interest displayed.

The *Gazette* is fortunate to be able to announce that the majority of the papers will appear in the present or in the coming numbers.

In addition to the formal post-prandial addresses which appear elsewhere in this number, were several shorter and extemporaneous ones which are of so excellent a character that they are here included.

Dr. Putnam: I am not an after-dinner speaker, and I did not come prepared to respond to any toast. It happens that I heard only yesterday that delightful story, which is very old but still very new, of the chemeleon which was given by a father to his son. When the father came home one night he said: "Well, my son, how is the chemeleon?" And the lad said: "When I put him on red he turned red, and when I put him on blue he turned blue, and then I put him on a plaid shawl and he busted all to pieces trying to make good." I felt in danger of being called on, and the story came to my mind. I am perfectly sure I shall bust all to pieces trying to make good. If I do I wish you would send the fragments home.

I confess that I felt a little shy in coming here this evening. I did not know exactly whom I should meet, but I clasped the hands of many friends whom I had met without serious injury on many previous occasions, and I felt reassured; and when I saw Cape oysters at the head of the menu I felt at home, because I passed many a pleasant summer in the Cape bay.

As a matter of fact, when I thought of coming to this pleasant meeting tonight, I wished that our schools of medicine would be united and brought together more and more, and I wished I might say something that might help to bring this about. I confess that when I heard the speech of your president tonight, and after talking with my friend Dr. Richardson, I rather came to the conclusion that perhaps that was a mistake. It would not take a very great number of the courtesies and kindnesses which you have extended to me to put yourselves in danger of a close amalgamation.

I have never been a believer in the amalgamation. It represents to my mind something different—different sentiments, and a different type of character and personal tradition. So you, also, represent different types of principles and tradition, which may conform, perhaps, to a certain extent, to those which we represent. Do not ask us to give up what we consider to be true, and we will not ask you to give up what you consider to be true.

It is only necessary that we should all go on keeping on the most friendly terms, all of us seeking to arrive at the truths. It would be impossible for any one body in medicine to know what the truth exactly is. It can be approached from a great variety of sides, and all that I can urge is that we approach it in absolute sincerity, and there should be no shirking of principles, no playing with the very important subject that we are all interested in; that we should absolutely and sincerely, without any drawbacks, endeavor to find out exactly what the facts are, and so long as that is done I have no fear but what the generations to come will find themselves able at least to talk together better than the generations which preceded ours.

I than you once more very heartily for your kind hospitality, and congratulate you on the evident prosperity of your association.

Dr. Hooker: Mr. President, Members of the Society, I was instructed to tender the greetings of the Connecticut State Society to the Massachusetts State Society this morning, and also to bring their best wishes for continued prosperity and for a successful meeting, which I now wish to do, and when I report to the meeting in Connecticut next month it will give me a great deal of pleasure to tell them what a pleasant and successful meeting you held this forenoon, and how interesting the discussions were; also what a fine banquet you had here this evening, how interesting the President's address and the speeches, but it will give me further pleasure to tell them that outside of the walls of the Temple of the Mystic Shrine I never heard such fine, jovial singing of popular songs as I have had the pleasure of hearing tonight. It did my heart good. It seems like coming home here to meet the members of your society, with which I was connected for so many years, with whom I have worked so long, both in the college and in the profession.

It is pleasant to look around and see the faces of those who were formerly before me on the benches, to see how they have grown up, so much so that I no longer recognize them as my children as I used to feel towards them. Now they seem as old, if not older than I am, because the past few years, especially the time I lived in California, I have constantly grown younger than I was before. Those who live here in the East grow older and older.

Since I had the pleasure of being with you three years ago I have been on the Pacific coast for a part of the time, and I would urge every man and woman who hears me tonight to do their best to attend the meeting of the American Institute at Long Beach, near Los Angeles, in California. If you go out there you will have the time of your lives. I speak of what I know. The climate out there is beyond compare. The hospitality that you will meet, the open-handedness are something that only those who live in California understand and know how to practice. Everything out there is done on a big scale. There is no half way about it. Everything goes forward with leaps and bounds.

The city of Los Angeles has more automobiles in proportion to the population than any other city in the United States, more telephones to its population than any other city in the United States; it is growing fast. Today there are about 225,000 persons in the city of Los Angeles, and mark my words, within fifteen years you will see the city of Los Angeles bigger than the city of Boston.

If you go out there you will find that the physicians have made great preparations to receive you. Everything will be done for your happiness and your comfort. It is no more than fair to them, when those on the Pacific coast have been coming across the continent to attend the meetings of the American Institute of Homœopathy, that a large proportion, at least, of the Eastern members should now take the western pilgrimage, and if they do they will be well paid.

One more thought occurred to me in regard to my former connection with the profession here—if there were nothing else on which I could congratulate myself in my work as a homœopathic physician, it would be that when I was connected with the Boston University School of Medicine and taught the classes there year after year, I tried to inculcate in their minds the great truths of homœopathy. I tried to make them believe that homœopathy was true, that other things also were true and right in their places, but that homœopathy was the thing for them to understand first and thoroughly in its application to mental diseases, nervous diseases, and all diseases; and the President tonight has brought forth clearly the very thoughts that I have tried to instill in the minds of the students during my connection with the school.

Then, another thing that I congratulate myself upon is that at a meeting of this same medical society, I introduced the resolution which led to the appointment of a committee, on which I had the pleasure of serving,

that carried forward the work that resulted in the establishment of your grand hospital in Westborough, Mass. That was a good many years ago, and some of you whose recollection goes back to that time would know of the hard, persistent work that we had to do in order to accomplish our ends. Dr. Calderwood was the chairman of that committee, and he worked and we all worked in season and out of season until we gained our point, and the hospital was established.

I am glad to be with you. It is like coming home, and always will be as long as I live, and am able to travel.

Introduction of the President-Elect.

Your President has told you that this society was founded in 1840 or 1841. That means that sixty-nine presidents have stood before this society and have said, as I say now, I thank you with all my heart for the honor you have conferred upon me.

When I think of the work this society has accomplished in these sixty-nine years, when I think of the illustrious men who have preceded me in the president's chair, I am almost overwhelmed with my responsibilities, but whatever my ability, my courage is good, and I know with your help and your coöperation and your kindly criticism, I shall be able to accomplish something this year; and to signify that I have your help, I wish you would sing with me that beautiful tune, "America," with the words "So say we all of us."

DISCUSSION

Dr. Chas. T. Howard: I have listened to Dr. Downing's paper with a good deal of interest, and I feel sure that you all have. It is a carefully prepared paper.

One of the first things to be considered in thyroid treatment of goitre today is the revolution which has taken place in the last two years. We must bear in mind that any statistics which have been formed prior to that date are practically of no value. With the better understanding of parathyroids and the rendering of the operation almost dangerless, we cannot take into consideration statistics which have been made prior to the last two or three years, because before that the dangers of operation were very much greater than they are today.

I agree with Dr. Downing in almost everything he has said. I think he takes almost exactly the right stand. There are a certain number of cases, however, which we must eliminate before we form conclusions as to which is the proper treatment and which is erroneous. We must remember that there are a number of cases which develop a pretty large goitre, and which, in a comparatively short length of time, get well of their own accord. This comes along the same line as the goitre which we see develop during pregnancy, and sometimes during menstruation—during the time of the month when menstruation occurs.

I recently saw a case which came from Somerville. That patient had had a rapidly enlarging thyroid for a month or six weeks, and was brought into the hospital for advice as to whether she should be operated on or not. The pulse was rapid and had symptoms of acute thyrotoxicosis. Two of us saw the patient together, and we agreed that because of its rapid growth there was a possibility of its being malignant and advised the taking of a section to find out, because in that case the less that was done the better for the patient. That woman went home, and inside of two weeks the goitre was practically down to its normal size, very much diminished, and there seemed to be nothing necessary to be done.

That is one of the spontaneous cases which may and do occur very frequently. For that type of case, surgical interference is uncalled for. We do not think of operating on goitre which reduces itself in a comparatively short period of time. Neither would we advise operation on a patient suffering from goitre until the proper and intelligent line of medical treatment had been followed out. The medical treatment should

precede any surgical interference. The only point to be borne in mind is not to continue medical treatment indefinitely. When a case has been treated intelligently with medicine, three or four months, it is, I think, long enough to find out whether we are going to accomplish anything or not, and if satisfactory results are not obtained, then I believe we should operate, and operate before the patient has gone on for a year or two years or three years and developed all the symptoms of exophthalmos and the attending nervous symptoms. I believe the results of surgical interference will be found more satisfactory than they are under the present circumstances if the patients are not allowed to go the limit before having surgical relief.

A heart which has been going at the rate of 140 to the minute for a considerable period of time is a weakened heart, and even after relief is given can probably never get back quite to its normal tone. Also if the toxin is allowed to go on indefinitely, that heart is going to be weakened, and then a surgical operation will not give the relief that it would in an early stage of the disease; therefore, my advice is to operate before it is too late, but not until an intelligent course of medical treatment has been undertaken to find out whether it is one of the cases which will recover under medical treatment.

I do feel, too, that we should look at the operative treatment of goitre much as we look at a number of other surgical conditions,—that it is not possible that they cannot be relieved by medical treatment, but that they can be relieved much more speedily, with less interference with their normal habits than by being obliged to have treatment two or three times a week, keeping it up for a long period of time. Both convalescence and recovery from a goitre operation are very prompt, consequently, from the surgical side, the patient will make a more speedy recovery than he will from medical treatment, which is one potent argument in favor of surgical interference.

Dr. Ellen L. Keith: I want to say something in regard to two cases of long-continued treatment. One case I saw at the Massachusetts Homœopathic Hospital about nineteen years ago. The case proved to be myxedema. In a very few months she was able to take up some line of work, and has earned her living ever since, but has never been able to stop the treatment, in small doses.

Another case came to me in my private hospital about four months ago. She was recovering from a mental condition. Myxedema developed, and I put her on thyroid and it has been necessary to continue ever since.

Dr. John P. Rand: I would like to ask Dr. Downing what the dose of thyroid is?

Dr. Downing: Five drops of tincture three times a day. You can increase it if you wish.

Dr. B. T. Loring: There is one point I would like to make. I have had several cases of enlargement of the thyroid to such an extent that it did cause pressure symptoms, where they have been unable to come as often as recommended by Dr. Downing for electrical treatment, and I have had marked improvement by using the galvanic current in about the same way as Dr. Downing recommended it, using the current as strong as the patient would tolerate it, and repeating once a week. There has been a marked improvement and in time the trouble has largely disappeared.

Dr. Downing: I think the use of a strong current for five minutes is as efficient as a weak current for twenty minutes, and perhaps that may account for the improvement in Dr. Loring's patient.

I do not think that all surgeons are as fair to the treatment of medical conditions as Dr. Howard, or our surgeons at the hospital; as a rule, there has been a tendency to wish to operate a great many goitres which, as Dr. Howard says, may improve spontaneously, or under medical treatment may disappear altogether. My paper was written simply as a

protest against that sort of thing, and not in any way to depreciate the value of surgery in well-selected cases.

VACCINES IN JOINT TUBERCULOSIS.—Ochsner, in the "Illinois Medical Journal," says that by vaccine therapeutics a triple effect is possible: "First, it reduces the mortality; second, it hastens convalescence; and, third, it improves the ultimate functional results. He believes that if patients with joint tuberculosis come to the surgeon sufficiently early, if they are placed under proper hygienic conditions, if suitable measures are adopted for the prevention of secondary infection, if the joints are perfectly immobilized for a sufficient length of time, and if vaccine therapy is instituted under control of the opsonic index the great majority of cases will secure perfect or nearly perfect functional and anatomic results. Up to a few years ago we were very well satisfied if we were able to bring a case of simple tubercular arthritis to a successful healing of the tubercular process without surgical intervention, and we were quite satisfied if we accomplished this result with ankylosis, providing the limb was ankylosed in a useful position. A larger joint with mixed infection sometimes resulted in the death of the patient, often in the loss of the limb, and very commonly in persisting sinuses. But now we can practically always save the life and limb of such a patient and sometimes even secure a useful joint. In tubercular joint uncomplicated with mixed infection, we can, if the patients come to us sufficiently early, secure perfect functional and anatomic results in the great majority of cases."—North American Journal of Homœopathy.

EXTRACT OF CORPUS LUTEUM.—W. H. Morley, in the November number of the "Journal of the Michigan State Medical Society," reports his results from the use of corpus luteum extract in eighteen cases of disturbances of the artificial and physiologic menopause. This report is a continuation of the one that appeared in the August number of the "Detroit Medical Journal." The author uses an extract made from the corpora lutea of beef ovaries rather than an extract of the entire ovary, as the consensus of opinion seems to be that the internal secretion of the ovary is produced by the yellow body. The extract is given in five grain doses, three times a day, one-half to one hour before meals. His results in eighteen cases may be summed up as follows: Five were cured, twelve were improved, and one obtained no relief. Included in the twelve cases that were improved are grouped those that are still taking the extract. A permanent cure may result in a few of the cases under treatment. Of the eighteen cases, fourteen suffered from disturbances of operative or artificial, and four from those of natural or physiologic, menopause. While the results obtained in so small a group of cases do not warrant the drawing of any definite conclusions, still the author thinks that the results are favorable enough to justify a continuance of the treatment in other cases, in which there is a disturbance incident to artificial or physiologic menopause.—Cleveland Medical Journal.

PERSONAL AND GENERAL ITEMS

Dr. Leonard W. Atkinson, class of 1884, B. U. S. M., has removed from North Fryeburg, Maine, to Covina, Los Angeles County, California.

Dr. Homer I Ostrom has removed his office from 42 West 48th Street to 130 West 57th Street, New York City.

Dr. Herbert C. Bradford, for many years located in Lewiston, Maine, died in January at the age of seventy-seven.

Dr. Laurence F. Keith, B. U. S. M., 1907, has removed from 30 West Emerson Street, to 74 Myrtle Street, Melrose.

Dr. John B. Garrison has removed from 115 East 71st Street, New York City, to The Sydenham, 616 Madison Avenue. Telephone 1470 Plaza.

FOR SALE.—$3000 practice for sale in a large manufacturing city twenty-five miles from Boston. 95 per cent. collections. Woman physician only. For terms apply to Dr. R. F., care New England Medical Gazette, 422 Columbia Road, Dorchester, Mass.

Dr. Olive Ella Smith, class of 1909, B. U. S. M., has resigned her interneship at Fergus Falls (Minnesota) Insane Hospital, and has begun practice at 1112 Minnesota Avenue, Kansas City, Kansas, in association with Dr. William Davis Foster. Dr. Smith's position in the Hospital has been taken by Dr. Cora M. Johnson of Skowhegan, Me.

The Oklahoma State Board of Medical Examiners has repealed the reciprocity clause of their laws, this change to take effect after the July meeting of the Board.

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann Medical College on Saturday, March 19, at 8.30 P. M. The program consisted of: "A Report of Three Cases of Tetanus, with Special Reference to Magnesium Sulphate Treatment," Charles D. Fox, M.D.; "Rare Abdominal Perforations," J. D. Elliott, M. D., and D. Roman, M.D.; "The Bensidin Test for Occult Blood," S. W. Sappington, M.D.

B. K. Fletcher, Secretary.

The Philadelphia Ophthalmological Society held its first scientific meeting on April 4 at the office of Dr. W. W. Speakman. Dr. Wessels presented a case of Parinaud's conjunctivitis. Dr. Speakman presented a case of lentocomus and a case of atrophy of lens following recurrent iridocyclitis.

W. M. Hillegas, Secretary.

The Dispensary Staff of the Hahnemann Hospital of Philadelphia held a meeting on Friday, April 8, at the Hahnemann College Building at 3 P. M., at which meeting topics of interest to the Dispensary were discussed, and rules and regulations acted upon.

William C. Hunsicker, Secretary of Committee.

The Philadelphia Society for Clinical Research held its regular monthly meeting on Wednesday evening, March 16, 1910, at the office of Dr. Ralph Bernstein, 37 South 19th Street, at which meeting Dr. Bernstein presented a paper on "Epithelioma: Its Manifestations, and Successful Treatment with Solidified Carbon Dioxid."

John F. Rowland, Secretary.

The Women's Homœopathic Medical Association of Pittsburg held its regular monthly meeting at the office of Dr. Anna D. Varner, 616 Wood Street, Wilkinsburg, Pa., on Thursday, April 14, 1910, at 8 P. M. A paper was read by Dr. Walker, subject being "Hereditary and Acquired Ataxia: Prognosis and Treatment." E. D. Goff, Secretary.

The West Branch Homœopathic Medical Society held its regular bi-monthly meeting at the office of Dr. G. W. Maust, Lock Haven, Pa., on Thursday, April 17, 1910, at 3 P. M. The subject for discussion was: "Some Kidney Conditions, with Their Treatment." Dr. A. E. Heimbach presented a paper on "Ferrum Phos."

Lydia Reinhold Baker, Secretary.

The Women's Homœopathic Medical Club of Philadelphia held its regular monthly meeting at the office of Dr. Leon T. Ashcraft on Wednesday evening, March 30, 1910, the subject of the evening being "Chromo Cystoscopy" and "Diagnosis of Kidney and Bladder Lesions by Aid of the Cystoscope." Ellen Woodward Howell, Secretary.

Dr. Charles M. Thomas announces his retirement from ophthalmologic practice. It gives him pleasure to inform the medical profession and his patients that Dr. W. W. Speakman, 1825 Chestnut Street, who has been his associate for many years, will assume his private practice, have access to all records of patients, and succeed him in his college and hospital work.

Dr. Clarence Bartlett, 1437 Spruce Street, Philadelphia, acted as host for the entertainment board of the Germantown Homœopathic Medical Society on Wednesday evening, March 30, 1910, being most generous in his hospitality.

Dr. Ralph Bernstein delivered an address at the annual banquet of the Pi Upsilon Rho Fraternity of the Hahnemann Medical College, Philadelphia, on Tuesday evening, April 5, at the Hotel Windsor, his theme being "Fraternalism."

Dr. D. P. Maddux, Chester, Pa., reports a case of advanced carcinoma of the breast and lymphatic glands with marked alleviation of the general serious condition by an intercurrent attack of facial erysipelas.

Dr. and Mrs. H. L. Northrop sailed for a three weeks' tour of the Bermudas on Thursday, March 24.

Dr. G. Harlan Wells was a guest of the Carl Vischer Surgical Club at its recent monthly meeting at the Hotel Majestic, being the guest of Dr. D. Roman.

Dr. Joseph McEldowney is delivering the course of lectures on Anatomy at the Hahnemann Medical College in the absence of Dr. H. L. Northrop.

Dr. John G. Wurtz recently gave an interesting paper on "Antiformin in the Diagnosis of Tuberculosis." Ralph Bernstein.

The Oxford Medical Club held its regular monthly meeting on Friday, April 1, at Kugler's, 1412 Chestnut Street, Philadelphia. The host of the evening was Dr. W. D. Bayley, whose address was entitled "Some General Considerations on Insanity." L. B. Griffith, Secretary.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at the Hahnemann Medical College on Thursday, April 14, 1910, at 8.30 P. M., Dr. Erving M. Howard, President, in the chair. The program of the evening was in commemoration of the one hundredth anniversary of the publication of Hahenmann's Organon. "An Introductory and Historical Address" was delivered by Dr. Theodore J. Gramm. "The Organon and Its Doctrines" was the theme presented by Dr. Augustus Korndoerfer. "Drug Proving the Basis of a Rational Therapeutics," by Dr. Thomas H. Carmichael. Short addresses were delivered, also, by Drs. Wm. W. Speakman, Herbert L. Northrop and Oliver S. Haines. Dr. W. H. A. Fitz and the College Glee Club rendered an interesting musical program from 8.30 until 9 o'clock. The meeting was largely attended, there being a large number of laymen and ladies present. Percy A. Tindall, Secretary.

The Philadelphia Academy of Medicine held its annual banquet at Kugler's Restaurant on March 15. Seventy-five members and guests were present, including a large number of representative physicians of Philadelphia and Pennsylvania. The following toasts were responded to: The Preservation of Homœopathy, Dr. O. S. Haines; Medical Coöperation, Dr. Clarence Bartlett; What the Young Men Can Do for the College, Dr. H. L. Northrop; What the College Can Do for the Young Men, Dr. John A. Fisher; The Philadelphia Academy of Medicine, Dr. Leon T. Ashcraft; The State Society, Dr. H. F. Schantz; Our Duty to Our School, Dr. Augustus Korndoerfer; Homœopathic Organization, Dr. Horace Ware.

The Committee on Arrangements consisted of Dr. W. M. Sylvis, chairman; Drs. G. M. Golden, G. E. Raiguel, W. J. Snyder, F. R. Shute, J. F. Rowland, W. C. Cheeseman. Dr. G. Harlan Wells acted as toastmaster.

Among the prominent guests present were: Drs. H. L. Northrop, Clarence Bartlett, O. S. Haines, J. A. Fisher, Augustus Korndoerfer, Thomas Carmichael, W. W. Speakman, William H. Keim, Caleb Middleton, Thomas Dunning, C. S. Raue, Gilbert J. Palen, E. M. Gramm, Captain John F. Cushman, all of Philadelphia; Dr. E. M. Howard, of Camden; Dr. Thomas Youngman, of Atlantic City; Dr. Belting, of Trenton; Dr. Horace Ware, of Scranton; Dr. Schantz, of Reading; Dr. D. P. Maddox, of Chester; Dr. Washburn, of Wilmington.

Ralph Bernstein, Secretary.

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its annual spring meeting in the new Young Men's Christian Association Hall at Chester on Tuesday, April 12, 1910, at 1 P. M., President Dr. William D. Kennedy, in the chair. The annual planked shad dinner and Hahnemann Birthday Celebration was the program for the day. The Organon Medical Club, of Chester, presented the following practical, interesting and instructive papers on "Disorders of Menstruation," viz.: Dr. G. C. Webster, "Physiology and Pathology;" Dr. D. P. Maddox, "The Treatment;" Dr. I. Crowther, "The Homœopathic Remedy;" Dr. E. L. Clark, "Office Gynecology."

The meeting was well attended, many of the noted physicians from the surrounding counties being in evidence. The meeting was quoted as one of the most successful of the year. Isaac Crowther, Secretary.

The Carl Vischer Surgical Club held its regular monthly meeting at the Majestic Hotel. The following papers were presented: "Types of Insanity as Represented in Shakespearean Characters—Hamlet," by W. D. Bayley, M.D.; "Paths of Infection from the Naval Cavities to Neighboring Parts," by George W. McKenzie, M.D.; "The Later Effects of

Gonorrhea," by John Hubley Shaw, M.D., of Brooklyn. The meeting was largely attended and proved very instructive.

W. H. A. Fitz, Secretary.

The Germantown Homœopathic Medical Society held its regular monthly meeting at Kugler's, Chestnut Street, above Broad, Philadelphia, on Monday, March 21, at 9 P. M. The address of the evening was delivered by Dr. W. D. Bayley, whose topic was "That Neurotic Patient." The meeting was well attended and hearty discussion entered into by many of those present. Landreth W. Thompson, Secretary.

The American Proctological Society will hold its twelfth annual meeting at Atlantis Hotel, St. Louis, Mo., June 6 and 7, 1910. From the preliminary program received, we judge that the members of this society must be active in truth as well as in name, as all but seven are on the program to present papers.

In the last annual report of the trustees of the Massachusetts State Sanatorium at Rutland, a table is given in which the total results of the entire number of patients treated are tabulated. In this we find that, of the 7,356 patients admitted, 2,591, or 46.22 per cent., were discharged as having the disease arrested and apparently cured; 2,454, or 43.78 per cent., were discharged as improved, while 560, or 9.99 per cent., were not improved.

In Germany there are 99 public sanatoria for adult consumptives with 10,539 beds, besides 36 private sanatoria with 2,175 beds. In 18 sanatoria for children with tuberculosis there are 837 beds, a total of less than 13,000 beds. In the United States there are over 300 sanatoria with over 15,000 beds, showing that this country is in the lead in the Anti-Tuberculosis war. France has only 12 sanatoria for adult consumptives with a total capacity of 148 beds. All of these institutions are private except the sanatorium at Agincourt.

The United States government operates three tuberculosis sanatoriums, one for soldiers and officers of the regular army at Fort Bayard, N. M.; one for seamen in the merchant marine, and others employed in coast service of the government, not in the navy, located at Fort Stanton, N. M.; and one for officers and enlisted men in the navy at Las Animas, Col. The first hospital is conducted by the Department of War; the second by the United States Public Health and Marine Hospital Service, and the latter by the Navy Department.

On the basis of 150,000 deaths yearly from tuberculosis in the United States the National Association for the Study and Prevention of Tuberculosis computes that there are 684,934 persons constantly sick with this disease. Allowing only $500 as the average earnings of the workingman who dies, the annual loss to the country from the ranks of labor alone is over $114,000,000 each year.

Prof. Karl Pearson's theory that the first-born children of a marriage are more likely to fall victims to consumption than the latter-born offspring has been freshly tested by Prof. Van der Velden of Frankfort, from material furnished by Prof. Riffel of Karlsruhe, who shows from an investigation of 2,500 families that in normal families the fourth, fifth and sixth children are more liable to die of tuberculosis than are the first, second or third.

That poverty is a friend to consumption is demonstrated by some recent German statistics, which show that of 10,000 well-to-do persons, 40 annually die of consumption; of the same number of only moderately well-to-do, 66; of the same number of really poor, 77; and of paupers, 97. According to John Burns, the famous English labor leader, 90 per cent. of the consumptives in London receive charitable relief in their homes.

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ORIGINAL COMMUNICATIONS.

MORAL PROPHYLAXIS FROM AN EDUCATIONAL STANDPOINT.*

By G. W. Spencer, M. D., Cleveland, Ohio.

At the present period of human evolution, problems in every department of activity—social, physical, moral, religious and intellectual—are being solved through the medium of education. At no time in the history of the world has the human mind been so broadly trained; at no time has it so developed the power over self, and made the forces of nature so subservient to its commands. This is the result of the operating laws of psychic development, and, especially, the hereditary law which makes the mind of today the product of centuries of study and experience.

While it seems that every human interest has been reached by this clearing and refining process of education, there are a few things which affect the civilization of today yet left untouched or allowed to remain under the bane of false teaching, superstition, and ignorance. One of these subjects which general education has left under the shadow of false teaching is that of procreation and its relation to the development of the human race. One of the first accounts of the origin of man told of his creation in the image of God, and then of the making of a helpmeet out of his rib, and that she was called woman, because she came out of man; and they were both naked, the man and his wife, and were not ashamed. They knew no evil until they ate of the fruit of the tree of knowledge of good and evil. They were, at once, ashamed and covered their genitalia.

For their disobedience the sorrow and conception of the woman were greatly multiplied. In sorrow she was made to bring forth children and live subject to her husband. Because Adam listened to his wife and ate of the forbidden fruit the ground was cursed, and thorns and thistles sprang up to cause him trouble in his agricultural pursuit to which he was assigned; also, as an additional punishment, Adam and Eve became vagabonds.

The literal acceptance of this Hebrew legend by the Jews

*Read before the Ohio Homœopathic Medical Society. May 10, 1910.

throughout the thousands of years of their history, and the further adoption as true by the Christians for nearly two thousand years, has fastened upon the sexual function the complexion of evil, and made it something of which to be ashamed. For this reason true educational development, in regard to the sexual system, has been delayed to within a very recent time.

The sexual appetite became, very early in the history of man, one of the strongest motives of action. Procreation was so desirable that polygamy was practiced among the first generations of men with the sole idea of gratifying the sexual appetite and for increase. It, therefore, became a ruling power among men in their own individual lives. In consequence of this, communities, states, and nations felt its powerful influence.

Literature, at its very birth, reflected the power of the sexual passion over the emotions and aspirations of men. This influence spurred them on to deeds of wickedness as well as to acts of valor and sacrifice. The loftiest sentiments that ever moved the human heart were created by stimuli having the sexual element in their composition.

The male sexual organ, and what it was made to represent, was early incorporated into the religious life of men. The Phœnicians traced its introduction into their worship to Adonis; the Egyptians to Osiris; the Greeks to Dionysius. It was considered a symbol of the power of procreation. It was an object of common worship throughout the nature religions of the East. According to Westropp, three phases in its representation should be noted: (1) When it was the object of reverence and religious worship. (2) When it was used as a protection against malign influences, and, especially, against the evil eye. (3) At a later period, when ancient Rome had become the hotbed of natural and unnatural vices, its worship became an intolerable nuisance, and was put down by an act of the Senate on account of the more than usual immorality to which it gave rise. The Jews did not escape this worship, as seen in Ezekiel xxl:17, "Thou hast also taken thy fair jewels, of my gold and of my silver, which I had given thee, and mad'st to thyself images of men, and didst commit whoredom with them."

The ancients had a certain knowledge of the effect of the internal secretion of the sexual organs upon the development of men. This is shown by the practice of castrating boys about the time of puberty, which made them eunuchs, or chamberlains, who served as guards and attendants in the harems. Eunuchs are said to be cowards, envious, liars, utterly deceitful, destitute of social and moral feelings, because their minds are mutilated like their bodies. With the deprivation of the sexual growth and energy, the mental growth and energy which it inspires is stunted.

The functional development of the reproductive organs, which takes place abruptly at puberty, produces a complete change in the mental character. The individual seems susceptible to impressions

which before were indifferent to him; a look, a tone, an odor, a touch, arouses emotions new to him, and sympathetic ideas that come, he knows not where or how. His mental life undergoes radical changes; there is an awaking of sensual impulses, clothed in mental form; of mental necessities taking the form of sensual images. At this time, also, altruistic feelings begin to germinate in the mind. The boy before puberty is a complete egotist, taking as a matter of course all the affection and care bestowed upon him; but after puberty he begins to have some sense of what others do for him, and shows some feeling of his obligation.

Were we to follow the development of the sexual instinct to its highest reach, we should not fail to discover its influence in the highest feelings of mankind, social, moral, and religious. It is probable that, if man were deprived of the instinct of propagation, and all that mentally springs from it, most of the poetry, and perhaps all the moral feeling would be taken out of his life. It is undoubtedly true that the sexual nature of man has a range of influence in the development of his character and destinies that no other organic function possesses.

The prominence, then, which this part of our economy occupies in promoting the physical, mental, and spiritual development of mankind, should place it among the subjects for deepest study, to the end that this energy may be expended in improving rather than in destroying human beings. For the fact that the destruction wrought by the abuse and indiscriminate exercise of this function is so alarming, scientific men are now awake to the need of applying educational methods to accomplish that which the Church and legislative bodies have failed to accomplish, namely, the elimination of this curse from the lives of men. This can be accomplished only through teachings based upon the truth. It is the fundamental nature of organic elements, whether of low or high degree, to pursue all that which is agreeable, and follow that which favors preservation, increases vitality and expansion; and, therefore, to shun all which hinders or prevents activity and development.

To have a care for one's self is not a matter to be scornfully looked at, for one has neither the power nor desire to do otherwise. Every man is desirous of that which is good for him and shuns that which is the chief of natural evils, death.

"All the component parts of man, as well as the complex whole which they constitute, seek for a larger activity and increased vitality. Whatever contributes to this increase is the proper good of each part; but it will be easily seen that the good of the whole demands the due subordination and coördination of parts, must necessitate restraint on the undue development of the parts, just as the welfare of the social organisms plainly demands the subordination of individual impulses." (Maudsley.)

It must be borne in mind that a stimulus which, in moderation, gives rise to a pleasant idea or emotion, will, when too prolonged or

too powerful, produce discomfort or pain and consequent effort to escape from it.

These principles of organic nature are the fundamentals to be applied in the education of the child, when psychically and physically he is undergoing the changes incident to the transition from childhood to youth, and thence to man's estate.

When the child is given an ill-constituted or imperfectly developed brain at the time or when the sexual appetite makes its appearance, what is the result? None other than what happens with the lower animal, when love is only lust, and the sight of the female excites an uncontrollable effort for gratification. On the other hand, when the brain is well constituted and naturally developed, the sexual desire undergoes a development in consciousness in which its energy becomes refined through the plexuses of the ideational organization. Then is evolved all those delicate and exalted feelings of love which play so important a part in human happiness and sorrow. What is true of this particular desire is true of all our desires. Bacon fitly said: "The mind in its own nature would be temperate and staid, if the affections, as wind, did not put it in tumult and perturbation."

In considering educational prophylaxis from the above standpoint, the following primary elements are important to consider: (1) The fact that from the earliest history so much connected with this function has been stamped as evil and left to the guidance of the brute brain, which every human brain contains. (2) The well-established facts in regard to the influence of the sexual function in the physical, psychical, and religious development of man. (3) The dire consequences arising from ignorance and false teaching; consequences which are, indeed, alarming. (4) The fundamental nature of organic elements which guides them to the selection of that which favors preservation and increase, and eschewing all that hinders or prevents activity and expansion. (5) The difficulties which attend an effort to change the constitution of the mind and body, which it has taken ages to establish. (6) The realization of the impossibility of correcting these errors by one fell swoop of moral teaching or legislation. (7) The fact that a principle or element established or created by a process of evolution, must, if changed, be accomplished by the same means. (8) The period at which we can best obtain results is the time when the mind is in its earliest stages of development. (9) The most important of all is the fact that it is only through the training of the mind that any permanent results can be effected. This is important because this education must begin before the general educational institutions are permitted to reach the individual.

At this time only a few suggestions can be made pointing towards the seemingly best methods of educational prophylaxis: (1) As it seems important that this education should begin at a very early age, it can only be carried on within the family circle, there-

fore the family must be made a part of our educational institutions. (2) In order that this department of our school system can be made efficient, the public schools and colleges must lead in training boys and girls who are to become parents until, at least, the primary teaching can be left to the family alone. (3) The more specific suggestions are: (a) Early and truthful instruction in regard to the function of procreation in all departments of living matter. (b) The early teaching of psychology so that the child may understand the influence of unhealthful thoughts, as well as healthful thoughts, which are motive stimuli to action, and not be left to the learned metaphysician whose explanations are more dense than the subject itself. This is important because of the direct and intimate relations existing between the emotions, imagination, and volition, and the formation of the character of the individual. (c) Every effort should be made to disseminate true knowledge among the adult population with the hope of eliminating the evils and promoting the good.

The National Confederation of State Medical Examining and Licensing Boards will hold its Twentieth Annual Meeting in St. Louis, Mo., on Monday, June 6, 1910, at the Southern Hotel.

The subjects to be taken up at this meeting will be a consideration of Practical Clinical Instruction in Medical Colleges, A Report on Medical Education in the United States by a representative of the Carnegie Foundation, and A Report on a Proposed Materia Medica List by a special committee. These topics are all practical and of vital interest to examining boards, medical schools, and the profession. The contributors of papers to the symposium on clinical instruction are men of the highest standing in the medical profession, many of them teachers in some of the foremost institutions in this country, and their productions will be worthy of the most careful consideration. The chief object of this symposium is to determine, so far as possible, whether clinical instruction in medical schools can be made sufficiently practical and thorough so as to warrant the Medical Boards in demanding practical examinations in the principal branches of the medical course.

An earnest and cordial invitation to this meeting is extended to all members of state boards, professors and teachers in medical schools, and all others interested in securing the best results in medical education.

The officers of the Confederation are: President, A. Ravogli, M.D., 5 Garfield Place, Cincinnati, Ohio; Secretary, Murray Galt Motter, M.D., 1841 Summit Place, N. W., Washington, D. C.

OBSTETRIC TRADITIONS.*

By George H. Earl, M. D., Boston, Mass.

We are said to be creatures of habit and this is probably as true in our practice of midwifery as in other matters.

Habits may be good or bad; and both kinds are influenced, in their formation, more or less by traditions; and so tradition may bind and hamper us in practice, or, on the other hand, may teach us important truths.

Tradition may mean one of two things: (1) The generally accepted account of some important event, handed down by succeeding generations, or (2), simply the habit of doing certain things in a certain way, this habit acquiring apparent authority by long use and familiarity.

It is the influence of tradition in this sense upon our practice, to which I wish to call your attention, and see whether from popular traditions or legends we may learn some truths; and, on the other hand, whether we may not unlearn some things. It may be that some of our common practices are really habits, acquired by our predecessors under other conditions, and would be better omitted or changed.

It has been said that tradition is the really true history of events of national or universal importance, because tradition in that sense is the generally accepted account of an occurrence at the time of its occurrence; and that written history is the more or less prejudiced view of an individual or set of individuals, writing at a later period.

Tradition, then, has its foundation in fact or facts, which are generally accepted, but may, in the lapse of time, become distorted and even changed altogether.

There are a number of obstetric traditions, which are familiar to all. Among them may be mentioned the following:

1. "That a seven months' child may live, but that an eight months' child will not."
2. "That the lying-in woman must not eat fish."
3. "That the child born with a caul will be lucky."
4. "That the 'morning sickness' is inevitable, and means nothing wrong."

There are many others, but these will serve for illustrations.

These legends or superstitions, in order to have become as commonly believed as they are, must have been based on facts occurring frequently enough to attract universal attention, and finally general acceptance, otherwise, they would not have become "traditions."

The first: "That a seven months' child may live, but that an

*Read before the Massachusetts Homœopathic Medical Society.

eight months' child will not" has a very evident basis of fact. A spontaneous delivery at seven months with no other complication would be rapid and easy. The child would be subjected to very little pressure and that for only a short time. Whereas a child at eight months would be subjected to more pressure and delay, and being still premature, not well prepared to stand it.

Our deliveries today at seven and eight months are usually deliberate procedures, probably by version and rapid extraction, and so the same contrast fails to hold.

There is a valuable lesson to be drawn from the old notion, however. If it is decided in a given case to induce premature labor, not to delay until the head will have any difficulty in passing the brim. A premature child which passes the brim *easily,* with practically no pressure or delay, will stand a better chance of surviving than one a week or two older, but which will meet with pressure and delay during delivery.

"That the lying-in woman must not eat fish." This may be explained in several ways. We know that fish improperly cared for rapidly becomes a dangerous food for any one. Also, the almost universal custom of frying fish in pork fat renders it rather difficult of digestion. Or it may be that the well-known fact that the eating of shell-fish causes an urticaria in many individuals, may have given rise to the idea. But, certainly, raw oysters are as ideal an article of diet for the lying-in woman as anything can be.

"That the baby born with a caul will be lucky." It has sometimes been spoken of as a reproach to the attendant to allow a baby to be born with the membranes unruptured; but rather the mother, baby and doctor are to be congratulated, when dilatation and expulsion can go on in that way. As to the tradition, such a baby is lucky because its safety has been assured, as far as any mechanical complication of the labor is concerned. It is an axiom that as long as the membranes are unruptured, neither mother nor child is in any danger from pressure or delay. The baby's eyes are also protected from the danger of infection by contact with the vaginal discharge. And so, why is it not true that such a baby will be lucky? He has escaped a hard labor, a long period of pressure, with all the evils which may result.

The prevalent popular notion that the "morning sickness" of pregnancy requires no treatment is, of course, a mistake. We know that it is an early manifestation of toxemia and should receive careful treatment.

It was my fortune to begin the study of medicine at what may be called the dawn of the modern antiseptic era. We have passed now into the day of asepsis. But before that time there were many practices and traditions which have no reason to apologize to the methods of today. As an illustration take the treatment of the cord. I was taught to wash it clean, dry it, take a piece of soft, clean linen, fold it to make several thicknesses, the pad being three

or four inches square. Then cut a hole through which to place the cord, and, before applying, burn the edges of the hole with the flame of a match or a live coal. After linen was in place, powder with burnt starch, fold one layer of the pad over the stump and apply the band. I should be willing that any baby of mine should be so treated today. The only improvement we have made is in the matter of convenience in accomplishing the same security.

There is a comparatively recent tradition or habit which is responsible for many of the poor recoveries from labor. I refer to the custom of following a rule as to when a woman may sit up. It is not unusual to require a woman to remain in bed ten, twelve, fourteen days. Some women should remain as long as that or even longer. But whatever time it is, she should have her position in bed frequently changed, should lie flat on her back as little as possible, and several times during each twenty-four hours, should turn or be turned on her face for three to ten minutes. Also, a woman should be allowed out of bed as soon as she feels able. Not to sit up until she is exhausted, and not to walk around under a week; but the rest and change from the bed will hasten her recovery, and tend to prevent the displacement and congestions which so frequently follow. It is not possible for a parturient canal to properly drain with a woman lying on her back, and lack of drainage is at the bottom of many post-partum ills.

Rotating the placenta in order to twist the membranes into a cord, is a relic of the time before Credé, a time of placental forceps and hooks and careful instructions as to how to pull on the cord in the proper direction.

The placenta should be supported near the vulva, so that no strain is made on the membranes until they are released from the grasp of the cervix. The contraction which has helped to expel the placenta is holding them, and to twist *them* usually means twisting off a portion. Our boasted "Credé" method of expelling the placenta is the almost universal custom among savage and primitive peoples, and has been for hundreds of years.

Leaving sutures in the perineum, ten, twelve days, is a tradition handed down from the time when such wounds usually suppurated, and, in fact, were expected to. A suture which has been properly placed in the perineum and is holding anything, has cut and loosened by the end of four or five days at the longest, and is doing nothing but harm after that time.

The rule that an intra-uterine douche must be given after any manipulation within the cavity, has probably caused infection in more cases than it has prevented it. There is constant bleeding going on during any such manipulation, and usually good contractions following it. Further intra-uterine interference for the sole purpose of preventing infection is meddling.

The surroundings and condition of the woman after labor do

not favor deliberation and complete asepsis, and so, once the parturient canal is empty, it seems wise to let it alone.

In a study of obstetric tradition, we should seek to separate the wheat from the chaff. Recognize the grain or more of truth and make use of it. We should especially scrutinize common customs and practices, decide for ourselves whether they are good or bad, and follow our convictions in practice.

A WORD FOR THE SPECIALIST.

It is a bit of gallery play that always elicits applause to sympathize with the general practitioner, especially the old country doctor, and to deride the white-handed, mercenary, overpaid, leisure-enjoying specialist, safe in his office from rain, snow, flood and germs.

Just for once we want to present the other side of the question. Different kinds of specialism involve very different clienteles and methods. It is, therefore, impossible to give any one description that is applicable to all. As far as we have observed, any man that makes a success of anything does so by hard work. In general, the specialist commands his time of working better than the family doctor, he has fewer periods of enforced leisure and fewer of excessive strain, he spends more energy in laboratory work and study and less in the necessary but adventitious exertion of getting to his patients, but, on the whole, he works just about as hard. An eminently successful operator once said that the more his reputation grew the more his work involved the hardships of a drummer for country towns or a one-night-stand actor, on account of the numerous short trips to operate in an emergency. Even certain medical specialties, involving consultation work, with reference to visceral disease, require the same kind of preparedness and slavery to a bell as is required of a fireman.

There are very few specialists which do not, more or lsss frequently, involve physical, even muscular fatigue.

So far as we have observed, more specialists fall victims to strictly professional dangers than general practitioners. X-ray workers, bacteriologists, syphilographers, dermatologists, operators, laryngologists, relatively to their numbers, have been killed by irritation and infections, respectively, more often than these dangers or mere exposure to the weather have killed general practitioners.

As to the charge of being mercenary, we believe that it is very rarely that any member of the profession refuses his services because the patient cannot pay.

With some exceptions, it does not appear that the specialist is overpaid. First of all, the majority of specialists have, and all should have had, a preliminary experience as general practitioners. Thus, their fees should be compared not with the average earnings of the profession, but with the average for successful general practitioners of more than five years' experience. The specialist can, on the average, see fewer patients than the general practitioner, he must spend more time on each, must incur greater expense for each and, in addition, he must spend more time and money in keeping himself abreast of the times and in being in readiness for emergencies. All things considered, we are inclined to think that a general practitioner in medicine, with a good reputation which leads to considerable consultation work, earns more than the average medical specialist, and the same is true for the general as compared with the special surgeon.—Medical Times.

THE IMPORTANCE OF THE PHYSICAL EDUCATION OF CHILDREN.*

By Howard Moore, M. D., Boston, Mass.
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In these days of preventive medicine the importance of so developing the human organism that it will be prepared to best meet the increasing demands made upon it by the ever-increasing artificial element in our lives, and further making its development in posture and structure such that its accomplishments may be proportional to the potential of the individual, justifies any attention we may give to the subject.

During the years of evolution of the human being, muscular exercise in labor, war, or the chase, has been one of the major elements of human experience. An examination of the structure of the human body reveals that both in form and function it is adapted to a life of considerable muscular exertion: (1) Because of the proportion of the muscular system; (2) the lungs and heart indicate more capacity than is needed for a life exclusively or largely sedentary, and (3) the nervous system appears designed preëminently for the initiation or control of muscular movements.

The necessity for muscular exercise has been constant and predominant throughout the whole history of the life of the species: it has been so constant and so large a factor in the adjustment to the total environment as to have had a chief share in determining the character of the organism itself.

The progress of civilization and specialization in occupation have produced a marked change in the human being as a type, and there are so many results from this change that the importance of attention to the subject is apparent.

By means of clothes, man has been able to maintain a fairly constant thermic environment in spite of the temperature of the atmosphere; but these artificial coverings have restricted muscular development as it existed before clothes were worn. He has come to do things by machinery instead of by hand. The skilled artisan of but recent years, who was master of all that pertained to his trade, has been succeeded by an automaton who presses buttons or reverses levers in a monotonous routine. Even where the machinery handled is complicated, or there is hand work done, it is not muscular force which is demanded, but muscular skill and intelligence. In the United States the amount of steam power alone used, is represented by an engine of 11 1-2 horse-power for every adult male inhabitant. To this we must add the enormous amount of water power and gasoline engines. The horse-power of the latter

*Read before the Massachusetts Homœopathic Medical Society.

used in automobiles alone is tremendous. One hundred years ago man's work was hard, principally muscular, and through long hours. Today it is principally machine labor through few hours, and is largely mental. The former needed relaxation, the latter recreation.

The process of urbanization has been extremely rapid and progressive. In 1790 about 4 per cent. of the population of the United States lived in cities, and in spite of the immense tracts of sparsely-settled country acquired since that time, the census of 1900 shows that about 40 per cent. of the population are in the cities. If we consider some of the Eastern States, the percentage living in cities is still more startling: in Connecticut, 75; New Jersey, 70; New York, 72; Rhode Island, 95, and our own State, 91.

Another process making necessary a careful attention to physical development is the growth of the school population, and the increasing length of time during which the children go to school. From 1840 to 1890 the percentage of the school population to the total population increased from 11 to 23 per cent. All the time the child is in school he is being deprived of the activity which he needs; and, as exercise is fundamentally related to growth and development, the harmfulness of this lessening of muscular exercise and activity is readily seen. A disturbance in balance is resulting between the expenditure of the neural and muscular systems, a new balance in the total activity of the body, in other words, an environment with reference to activity different from what the organism is adapted to, and has previously had.

Inasmuch as every characteristic of a developed individual depends so largely upon the moulding and education of that individual as a child, we should see the importance of considering this subject of the physical education of children, and that the health and physical development of children stands first in order in all educational work at home or in school is a statement to which all will give assent and support. Mental training and mental development accompany and follow. An educated mind without a sound body is as incapable of dealing wisely with the questions confronting it as is a good foot incapable of good function encased in a poorly-shaped, tight boot.

From the very beginning of the child's life its proper development is often prevented or greatly restricted by the clothes it wears. He is bundled up in so many long skirts and blankets that he can scarcely move his arms or legs, and in addition he is too often deprived of out-door air and sunshine which he needs just as much as an adult.

The period between the time when the child begins to stand and walk, and the time when his school life begins is an important one to the child, because it is so short a period and in it so much may be accomplished. This period allows the freedom which the school deprives him of. When this period has passed and school life has commenced, our problem is a large one. We are all agreed as to the duty of properly educating children, mentally as well as

physically, so as to fit them for the increasing requirements and competition of modern life; but as to the extent to which the former should be carried, and the latter neglected, there is a great discrepancy, especially between the rules of the educators and the views of those who have to deal in disease and deformity with the consequences of so violating nature's laws. There is no greater physiological mistake possible than attempting a great amount of brain culture before there has been a development of sufficient physical stamina.

School life begins as an average at too early an age. Individuals vary markedly, and one child would begin school life at an age that would be disastrous to another. Nevertheless, the fact remains that a large part of the time in the early life of the individual which should be devoted to physical training is given up to the development of the mental powers. The young child is forced to attend school where the immature brain is forced into abnormal and disastrous channels, and where its body is deprived of that freedom and activity which is absolutely essential for the balanced development of the child. We must add to the restriction of freedom the long period of confinement in a closed room with, oftentimes, poorly-regulated temperature and ventilation.

Looking at the anemic, poorly-developed children in the schools we might be tempted to say:

> "'Twas not the sires of such as these
> Who dared the elements and pathless seas,
> But being of another mould—
> Rough, hardy, vigorous, manly, bold."

A certain standard of vital force must be produced and provision established for maintaining it before any part of the organism can function properly.

Poor children, debilitated by privation, are necessarily equally incapacitated for mental or physical strain, so that, theoretically, if a state provides for compulsory education in school, it should afford the means by which it may be least injuriously and most effectually carried out, by providing also for physical exercise and food.

Often the environment of school life makes defective children. Eyesight is being impaired, deformities are being produced, normal growth prevented (mental and physical), poor nutrition allowed because of too long work in school and too little life out of doors. The importance of a proper-fitting desk and chair at school so that there may be as little waste of energy as possible through faulty posture, should be emphasized, and, equally, that the ventilation, light, and temperature of the school room should be the best obtainable. Then there should be less restraint and restriction of the normal activities than is the rule, especially in the lower grades. When physical activity is at its highest, pupils cannot be kept in the school room, in seats screwed to the floor, for a large part of the day without sustaining physical and mental injury.

Growth is an expensive process, and during childhood, the individual's period of most rapid growth, the health is often well-nigh destroyed by over-pressure of one kind or another; so that, however necessary class instruction may be, either in the mental or physical training of the child, the economy of the pupil's energy and time demands more individual consideration and instruction than most of them now get.

It is often during school life that the destiny of the child is fixed for the various professions and pursuits, into training for which the young are nowadays too prematurely forced by the increasing demands of the struggle for existence, wealth, or position. What wonder then that the intellectual advantages, secured at the expense of health, are too dearly purchased. The physical stamina, as well as the mental powers being too frequently thus so overstrained that both thereby become prematurely exhausted, and if not permanently at least temporarily incapacitated for ordinary function. Thus infirmities of body and mind are acquired, multiplied, transmitted from parent to child, and consequently perpetuated.

The dress, habits, and occupations demanded of girls in school, especially in the cultured classes in an effort to secure a high standard of accomplishment at any hazard, has been and is the cause of a great tendency to defect and weakness, both mental and physical. A daily routine of sedentary employment, with no play or other out-door exercise, is often the rule.

The dress of boys is a fairly sensible one, but that of girls is in many respects poor. One common fault with all children's dress is excessive warmth. Too much reliance upon artificial means for keeping warm is physiologically wrong. Dress materially interferes with the normal freedom of the body in many of its functions and produces many variations from the normal posture. The drag of the shoulder straps of waists and hose supports upon the shoulders of the child, with the resulting round shoulder deformity, the alteration in the curves of the spine by the corset and hose supports, and the alteration in the contour of the feet by shoes, we are all familiar with. The greater tendency for these variations at the age of puberty should be mentioned, as at this time the dress is changed from the easy to the fashionably formal.

The influence of music, dancing, and similar forms of entertainment or occupation often produce serious defect in the girl's makeup. Many hours of mental application are often required of young girls in acquiring musical accomplishments, and this, usually, after too much mental application to studies in school. Besides the excessive waste of energy which it produces in the general economy of the child, the stimulative effect of music thus daily applied to the sensitive nervous system of female youth is likely to and often does increase any preëxisting tendency to hyperesthetic morbid condition of mind, and indirectly it is of great harm in that it deprives the

child of that much time for play and other exercises of the right kind. We must also bear in mind the fact that often the remaining time before bedtime comes is spent in the reading of books, often of sensational fiction with its ill effect.

Poor development is poor health, and often far more reaching in its consequences than many of the diseases; lowered vitality due to defective development, both physical and mental, makes disease more common. Parents and teachers are apparently too often unaware of the far-reaching influence of these defects. Every physical defect is a vitality sapper and energy waster, whether it be an eye strain, a round shoulder, a flat foot or an over-worked mind. These defects of whatever nature, if untreated, produce physical limitations in the child, and it is a question whether once established, such a limitation is ever outgrown. The period of manhood or womanhood with its increase in strength and power may appear to overcome it, but in later years, with the waning of the strength, the limitation again presents itself. Any strain may be endured for a time, but invariably disaster follows long, continued strain.

Obviously physical exercise is most essential, for these defects have only developed and become common since the child has been deprived of it, essential for health as well as strength. Almost all defects could be markedly, if not entirely improved by corrective training; but instead, as a rule, a large percentage of these defective children continue in the routine of school life without this, losing their health and many of life's possibilities which, with right care, they might just as well enjoy.

In conclusion the subject may be summed up as follows: (1) A certain degree of physical development is essential to the best mental and moral growth of the child, and to a balanced organism, in other words, a healthy one; for further physical development, few care. (2) For mental and moral excellence each individual has a certain capacity beyond which he cannot go, no matter what the surroundings; but to this development, he may not attain unless the right surroundings, mental and physical, are at hand, and timed to the individual child's power to respond. (3) In development, inheritance counts for little; environment, training, and opportunity for much.

THE EFFECT OF BLUE COLOR UPON FLIES.—Marre and Fe ("Centralblatt für Agric. Chemie," No. 46, 1909). The authors observed that cow stables, the walls of which had been painted blue, were evidently avoided by the common house fly. It is, therefore, recommended, in order to keep the flies away from the stables, to paint the walls once or twice yearly with chlorinated lime solution to which some ultramarine blue has been added—ten pounds of slaked lime and 500 grs. ultramarine blue in 100 liters of water. The most favorable time is in June and in August as the times when the flies begin to multiply and when they are especially numerous.—Medical Review of Reviews.

PUS IN THE ABDOMEN.

By G. M. Cushing, M. D., Chicago, Ill.
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In the consideration of the various conditions accompanied by pus in the abdomen, I wish to approach the subject from a slightly different point of view than that generally taken. I shall not assume, as is generally done, that patients so afflicted suffer and die from peritonitis; but rather that when they die, they die from the absorption of the products of infection, and that the peritonitis which accompanies the infection is a life-saving rather than a life-destroying process. Furthermore, that in all cases of pus in the abdomen the infection springs from some local point, and one of two conditions prevail, viz., the pus is either localized in the peritoneal cavity, forming a pus cavity within the abdominal cavity, or is floating free within the peritoneal cavity. In the latter instance the abdominal cavity becomes a pus cavity and must of necessity be so treated. All of such cases proving fatal do so because of the absorption of toxic products springing from the point of original infection, and the greater the absorbing surface involved the surer is the case to terminate fatally. These points being granted, the principal of the treatment should be readily conceived, since it must be directed toward the removal of the material (pus) being absorbed, and the elimination from the system of such toxins as have already been taken up by the lymphatics, the whole to be accomplished without soiling any unsoiled peritoneal or absorbing surface. It is the tendency of the peritoneum when irritated to throw out a plastic exudate which enters into the formation of adhesions, whose object it is to wall off the irritating substance from the remainder of the peritoneal cavity. When this condition is found in cases of pus in the abdomen, we have to deal with a localized and circumscribed focus of infection, and we know at once that nature has been at work throwing up defenses, and that we may pursue our surgical course with almost a certainty of the patient's recovery. The serious cases are the ones in which when the peritoneum is opened, the omentum and bowels are found floating about in a sero-purulent material or in pus, and in which no effort has been made by nature to limit the extent of the infection by the formation of adhesions. It is also important to note that even in cases where pus is found free in the abdomen, the extent of its contact with the peritoneal surface may not be general, a considerable portion of the surface remaining uncontaminated. The most rational treatment of any condition must be based upon the observation of nature's own efforts to combat that condition, for all that any treatment can do is to anticipate such efforts and carry them a little farther than nature could do alone.

Every case of pus in the abdomen is primarily a surgical case, whether the pus be free or localized. Nature gives the surgeon his first cue in treating such cases by the manner in which it handles the infection when it succeeds in localizing it, viz., the protection of the general cavity by the adhesions formed about the pus. In these localized cases, it is not until after the localization has taken place that the pus begins to burrow toward some surface always, of course, in the direction of least resistance. From a mechanical standpoint all that nature ever does in any case of abdominal infection is, first, to localize, and, second, to liberate the pus. All that we as surgeons can do then in a mechanical way, is to anticipate its efforts and assist in the localization and liberation of the pus. We are never justified in disturbing any of nature's work more than is absolutely necessary to accomplish the two things just mentioned.

When we operate for the removal of pus from a localized cavity in the abdomen, we endanger the life of the patient when we do more than open the abscess and, by the introduction of iodoform gauze, cause a temporary walling off of the abscess from the peritoneal cavity, the gauze producing protecting adhesions by the irritation set up. The temptation is great in these cases to go searching for the offending lesion, such as a perforated appendix, but unless this can be accomplished without disturbing the adhesions already formed, and without contaminating an uncontaminated portion of the peritoneum, all efforts in this direction should be abandoned. It should be remembered that the prime object of the operation is the saving of the patient's life, and not necessarily the removal of an offending organ. After the abscess has been opened, and the pus has escaped solely as the result of relief of pressure and not by tamponing or wiping, the introduction of a large perforated rubber drainage tube into the pus cavity facilitates the escape of pus, and should constitute the last step in the operation. With the exception of changing the dressings, nothing need be done to the wound until the fourth day, when the gauze may be removed, with the assurance that on the fifth day the adhesions formed will be sufficiently strong to permit irrigation of the pus cavity through the drainage tube, without danger of any of the fluid escaping into the peritoneal cavity. Cases of this kind that die usually do so as a result of too aggressive surgery, the surgeon feeling it his duty to remove or close the point of original infection. Such removals or closures are always dangerous, and should not be attempted unless the parts to be removed or closed are within easy access, and can be dealt with without disturbing adhesions or soiling clean peritoneum.

As a rule, the operation for the liberation of the pus cures such cases so far as recurrence is concerned; but if it should not, and symptoms develop at a future period, as sometimes occurs in appendicular cases, an early secondary operation may be performed, and the offending organ removed with much less danger than would accompany its removal during an active suppurative stage of inflam-

mation. Irrigation of the pus cavity should never be attempted at the time of operation, or at any time before sufficient adhesions have been formed to protect the peritoneal cavity. This is usually a day or two after the gauze packing has been removed.

When once the irrigation has become a part of the dressing of the wound, it should be kept up daily until all evidence of pus has disappeared. For this purpose I use a soft rubber catheter connected with the tube of a fountain syringe, containing warm boracic acid solution. The catheter is introduced into the cavity, and the fluid allowed to run gently through it. This permits of copious irrigation from within out, and washes everything away from the walls and bottom of the cavity. After the irrigation I always dry the cavity by attaching a piston syringe to the catheter, and drawing all of the remaining solution out into the barrel of the syringe. I prefer to reinsert the drainage tube daily into the cavity, as a final step to the dressing, until sufficient granulations have formed to leave only a space large enough for its passage, when I remove it and allow the wound to close. I prefer the tube to gauze drainage, since the gauze tends to check rather than assist in the discharge of the pus. If when the abdomen is opened, free pus without any protecting adhesions is found, the abdominal cavity is really a pus cavity and must be so treated. The case, of course, presents a much more serious aspect than in the case of localized pus, but need not necessarily terminate fatally. These are the so-called cases of diffuse suppurative peritonitis, when in reality, in the beginning, they are cases of diffuse infection without peritonitis or with delayed peritonitis, thereby permitting large quantities of pus to be absorbed and the patient to become septically intoxicated before a protecting peritonitis with fibrinous exudate ensues. We have no right to assume upon opening the abdomen in these cases, that every portion of the peritoneum is bathed in pus, for frequently have I seen upon the post-mortem table in the abdomens of patients who have died from so-called diffuse peritonitis large areas of peritoneum uninfected and uninflamed. Since this is true, our duty ought to be clear in the management of such cases, at least, so far as irrigation or washing out the abdomen is concerned. We must not forget that the peritoneum is always ready and willing to protect the body against disease if given an opportunity, and that the reason the pus is free in the abdomen is that, because of its extreme virulence, it has dealt the peritoneum such a staggering blow at the outset, that its recuperative power in the form of leucocytosis and plastic exudate formation is delayed; or that, because of the rupture of a viscus or abscess cavity, a large quantity of infectious material was liberated at once into the peritoneal cavity. It is an anatomical fact that the stomata of the upper and diaphramatic portion of the peritoneum, are much larger and more numerous, and absorb more rapidly than those of the pelvic peritoneum. This being the case, such patients should be placed in the Fowler's position as soon as pus in the abdomen is suspected, and kept in that position up to, during,

and after their operation. This facilitates the flow of pus toward the pelvis, where the absorbtion will be slow and the parts may be easily drained.

The operation in these cases of free pus in the abdomen is even simpler than in the case of localized pus, since it consists merely in opening and draining the abdominal cavity. The opening, of course, will be made over the point indicated by the symptoms, so that the point of original infection may be removed or closed if within easy access. If it is not, no manipulation or irrigation should be indulged in, aside from that necessary to insert a large drainage tube into the bottom of the pelvis. Strips of gauze may be inserted in various directions from the margins of the wound, but these are usually unnecessary as the drainage tube will furnish sufficient drainage, and, when this is once established, nature will build its own adhesions much more satisfactorily than can be done by the surgeon's gauze.

As soon as intra-abdominal pressure is relieved by opening and draining the abdomen, the absorption stops, and the current of pus is directed in an outward direction. The Fowler position facilitates this greatly, and prevents the pus from flowing back upon uninfected peritoneum and into a region where it will be rapidly absorbed. The operation in these cases should be done with the greatest possible rapidity, the average time required being from six to ten minutes, during which time the patient should not be allowed to recline into more than a semi-recumbent position. The short operation, with no manipulation of the abdominal contents, is not accompanied by great shock, and patients will usually leave the table in at least no worse condition than when placed upon it.

In all cases of pus in the abdomen, the case is more than operative. Every such case has absorbed more or less of the products of infection, and these are floating about in the blood causing chills, temperature, and general septic intoxication. It is obvious when our mechanical interference has caused a liberation of the pus from the abdomen, and the absorption to stop, that our next duty is to liberate or remove the already absorbed toxins from the blood. Our present knowledge furnishes us no better way of accomplishing this result than that of washing the blood after the method suggested by Murphy, viz., by continuous normal salt installations per rectum. This may be accomplished by attaching an ordinary hard rubber vaginal douche tip to the tube of a douche can, and inserting the tip into the rectum, the can being placed at such a level as to allow the solution to flow into the rectum drop by drop. In this way large quantities of the solution will be retained and absorbed into the circulatory system, to be followed by diminution of thirst, marked diuresis, and increased discharge from the wound. This continuous irrigation should be kept up for from 24 to 36 hours or even longer, if necessary, intervals of rest being allowed occasionally, at which time the douche tip should not be removed from the rectum, since the gas will escape through it,

and its repeated removal and insertion tend to irritate. In addition to these rectal instillations, I give my patients all the water they want to drink from the moment they awake from the anesthetic until they leave the hospital. Thus far I have found none who could not retain the water, and I find that they all crave it and are veritable sponges when it comes to absorbing it. I like to wash the blood of its soluble toxins by causing diuresis, diaphoresis, and increased discharge from the wound in the most natural way possible. Cathartics of all kinds should be avoided in these cases, in my opinion, until after the fifth day, when the adhesions will have become sufficiently strong not to make active peristalsis dangerous. Liquid diet should be adhered to until the bowels have become active and the temperature has reached the normal point.

By way of summary, we have these essential points to consider in the management of these cases: (1) That it is the absorption of infectious material that kills; (2) that it is the peritonitis that saves; (3) that when the pus is free in the abdominal cavity, that cavity becomes a pus cavity and must be so treated.

THE INSTITUTE SPECIAL A TRAIN DE LUXE.

To the Members of the American Institute:

In order that the membership may know that "The American Institute of Homœopathy Special" to the California meeting will be a veritable Train de Luxe, the following correspondence is submitted to the journals:

"Chicago, Burlington & Quincy R. R.,
Chicago, Ill., April 18, 1910.

Mr. W. L. Barnes,
Supt. Transportation,
Chicago,

Dear Sir:

Kindly refer to my letter of March 25 ordering equipment for the Institute Special train for the occasion of the meeting of the American Institute of Homœopathy, to be held at Pasadena, California.

The attached letter from Dr. C. E. Fisher is self-explanatory and is sent you in order that you can instruct the Pullman Company of the necessity of furnishing the very highest type of sanitary sleepers.

Yours truly,
(Signed) H. A. Cherrier,
City Passenger Agent."

"Dr. C. E. Fisher:

This refers to your letter of April 11, and you may rest assured the Pullman Company will be instructed to furnish you the very best equipment available.

Yours truly,
(Signed) H. A. Cherrier."

On account of the recent epidemic in Boston and the surrounding towns, the Haynes Memorial Hospital has been taxed to its utmost for a number of weeks, at one time having 167 patients, when the nominal accommodations are supposed to be only about 100. Even with this surplus many were refused admittance on account of lack of room. The wisdom of the donor of the institution is made evident by such occurrences.

THE USE OF THE REPERTORY.*

By Maurice Worcester Turner, M. D., Brookline, Mass.

No one thing in the method, practice, and armamentarium of the strict homœopathic physician has been more misunderstood than the repertory.

The repertory of the materia medica is peculiar to homœopathy; its employment, save in the crudest index form, in any other school of medicine is impossible, the use of remedies in homœopathy being based upon provings from which positive deductions and analyses may be made, whilst in other schools no such data are available.

The repertory has been decried as "taking too much time," as being "mechanical," as causing "neglect of the materia medica," and in other ways spoken of with contempt. As is usual, this is done by those having little knowledge of or experience with it.

I expect to show that it is not only useful, a thoroughly scientific procedure, and in the end a time saver, but that it also leads to what is best of all—the more certain and rapid cure of diseases because of the careful analysis and study of cases it necessitates, and the precision in the use of remedies it compels.

The word repertory means to find again, and it is, the dictionary tells us, an index or treasury in which things are disposed in an orderly manner so they can be easily found. This is all that the first repertories of the homœopathic materia medica were, indices or reference books, and while they were needed in the early days of homœopathy *we* need them much more on account of the greatly increased size of the materia medica.

As time went on it was found that the utility of a repertory could be increased by making it not only an index but analytic as well, so now we have two kinds of repertories, the indexical and the analytical, these being commonly combined.

The index form is only valuable as a reference book or index. In it a symptom is given more or less in detail with one or several appropriate remedies following, little or no attempt at analytical arrangement being made. Examples of this class are Vol. III. of "Jahr's New Manual" and the repertory of "Hull's Jahr."

The analytical repertory is the result, so far as I know, of Bœnninghausen's genius, although not including the latest remedies, certainly no other repertory compares with in in accuracy and completeness. It is the best general repertory extant and is both an index and analytic arrangement of remedies. With its aid Bœnninghausen arrived at *the* remedy (simillimum) in a case, with as much certainty as a chemist makes a chemical analysis.

*Lecture given at Boston University School of Medicine during "Clinical Week," June, 1908.

Bœnninghausen arranged drugs in classes, according as symptoms were emphasized in provings and (perhaps) more or less repeatedly verified in practice, by taking the Hahnemannian schema of the parts of the body, and indicating under each rubric the different values of remedies by means of four distinct styles of type. For instance in Allen's Bœnninghausen, which edition I take for illustration because of its more general use, in the medicines affecting the vertex are to be found Acon., *Lach.*, **Phos.**, VERAT. A.; to these he gave a numerical value respectively of 1, 2, 3 and 4.

Nor was this all, Bœnninghausen observed that a complete symptom consisted of three parts:

(1) The part of the body affected, or location; (2) the kind of pain or discomfort experienced there, and (3) the modalities, i. e., the aggravations and ameliorations of time, temperature and weather, rest, position, motion, etc., these three parts of the complete symptom being expressed by the words where, how, when.

In some cases of sickness a symptom-complex develops which is not to be found in the proving of any drug, but by following out this idea of the completed symptom of Bœnninghausen a remedy may be discovered, by the aid of Bœnninghausen's "Therapeutic Pocket Book," which will cure even though this remedy has not in its proving shown a similar symptom group. This is because the "Therapeutic Pocket Book" is based upon an analysis of the known general action of drugs which admit of more combinations than the provings have disclosed. Such a prescription is a synthetic one as it results from the bringing together and harmonizing of what appear to be incongruous elements.

There are modern repertories arranged on the plan of Bœnninghausen's "Therapeutic Pocket Book," the most recent being Kent's, which gives more details and sometimes symptoms in full. Lippe's repertory is to a limited extent analytical; on the other hand Knerr's "Repertory of the Guiding Symptoms," while it has the numerical value of the remedies indicated, is simply an index full of cross references but not well arranged for repertorial study. The repertory to Clark's "Dictionary of Materia Medica," while possessing novel and useful features, is only an index and not complete; the latter part of this statement is also true of the repertory of the "Cyclopædia of Drug Pathogenesy." Many other smaller repertories are arranged on the Bœnninghausen plan and are correspondingly useful.

We may note then as the essentials of a good repertory: completeness and accuracy, to which should be added analysis.

It would seem, therefore, that the compiler of a repertory should not take upon himself to decide as to the value of a symptom, or the suitableness of a drug under certain conditions;

everything should be incorporated though he may point out symptoms which, in his opinion, are of questionable worth.

How can we make use of a repertory like the Bœnninghausen "Therapeutic Pocket Book"? There are five necessary steps, four preparatory and one following the repertorial study.

The first, and most important, is the proper "taking of the case," according to Hahnemann's instructions in the Organon (§84 et seq.). He tells us (§104) that "when all of the prominent and characteristic symptoms, collectively forming an image of a case of chronic or of any other disease, have been carefully committed to writing the most difficult part of the labor will have been accomplished."

(2) The next step, and one which may be made coincident with "taking the case," is the selection of the symptoms useful for prescription purposes according to §153 of the Organon, in which the two general types of symptoms are contrasted: (a) "the prominent, uncommon and peculiar symptoms," sometimes called the idiosyncratic, hence the personal equation of the patient, useful in selecting the remedy, with (b) "the more general and indefinite . . . common to every disease," or diagnostic symptoms, of value, as a rule, only for indicating the nature of the affection. Consequently for this reason alone, i. e., to be able to discriminate between these two kinds of symptoms, if for no other, the homœopathic physician should be familiar with disease processes, familiar with disease symptoms, and skilled in the diagnosis of diseases.

(3) Third, is the decision as to the relative value of these prescription symptoms. Hering elaborates this in his comments on Hahnemann's Three Rules, which I abbreviate at discretion. He says, not only must the symptoms of the drug and disease be similar, they must also be of the same "rank of value," as this often decides the selection of the curative remedy. To determine this rank of value ascertain, if possible, when examining the patient, the chronological order of appearance of symptoms and give prominence to those which were the latest to appear, for to these especially must the remedy be similar, i. e., to the complete disease picture.

"This holds good also in regard to patients who have been drugged, our antidotes to be most effective must be directed especially against those last given." Many chronic cases require only careful antidoting in this way. Symptoms during the previous part of the illness should be, of course, confirmatory and lead up to those last to appear; therefore the development of the case will be in harmony with the unfolding of symptoms either in the pathogenesis of the remedy now needed, or in that of a remedy or remedies which would have preceded it sequentially. When the symptoms which were the latest to appear are incomplete, for prescription purposes, we have to go back sometimes even to the childhood of the patient for sufficient data. The

exception to this rule, of using the latest developed symptoms, is the

(4) Fourth requirement—to discover, if possible, the origin or cause, exciting cause in many instances. The patient may know it or if not symptoms may point to it. It is of use in both acute and chronic cases, as it is the most satisfactory symptom to start with in the repertorial study, being the foundation many times upon which all the symptoms rest (Boger).

We have to consider, in general, two groups of causes—the (1) external, as injuries of various kinds, effects of heat, exposure to sun or weather, etc., and the (2) internal, as consequences of mental shock from fright, grief, fear, etc.; also effects of suppressions—of emotions; of discharges, not uncommon; of eruptions, not less frequent and important—of diseases from drugging, as intermittent with quinine or syphilis with mercury and potassium iodide. These are mostly to be found, in the "Therapeutic Pocket Book," under Aggravations, or in the section on the Skin.

This completes the four preparatory steps of (1) taking the case, (2) separating the idiosyncratic from the diagnostic symptoms, (3) determining the "rank of value" of the former, and (4) discovering the cause, so at this point the case will be ready for the repertory. This may seem a tremendous amount of labor, but an expert can usually do it all while taking the case. In acute cases as all the symptoms appear at about the same time the difference in rank is not as manifest, though that depends altogether upon the rapidity with which the case develops and the changes occurring from day to day.

Definite rules for the order in which to use the symptoms thus selected are hard to formulate, as each case must be studied by itself, but the systematic way is to begin with (1) the cause, as the foundation, and then follow the Bœnninghausen arrangement of (2) the part involved, (3) how it is affected, and (4) the modalities; remembering that the principal group of symptoms of the case, whether of the head, chest, abdomen, or some other part, around which the case revolves, so to speak, *is to be taken first and must be covered in its essentials* by the remedy, after which the other groups, i. e., the concomitants, are more or less available and confirmatory.

It may not be possible, in cases badly taken or partly developed—the partial or one-sided diseases Hahnemann calls them—to make use of the symptoms in this manner, consequently then we have to resort to an irregular order of procedure and do the best we can. The old rule that "the remedy covering the greatest number of symptoms will cure" is correct, provided, however, that the symptoms covered be of the proper kind, i. e., idiosyncratic and recent. Mental symptoms are of high rank; they are characteristic of the patient, but the rules just given as to "rank of value" apply to them also.

The fifth step or rule, the one following the repertorial study, I will speak of later, in a more appropriate place.

I have several illustrative cases to offer, the first being one of my earliest successes with the repertory nearly twenty years ago.

Case 1. This was a woman, six months pregnant, who developed a severely painful condition in the liver region. The pain was "tearing" and at the same time a "raw" feeling. This came on each evening; then her clothes felt unbearably tight so she had to loosen them with some relief, but she was worse again in bed. Some nights the pain prevented sleep, on others, after sleeping for an hour or two, she waked with the pains, which generally diminished about midnight. She could not lie on the right side, but was somewhat comfortable on the back. When the pain was at its worst she had to get up and walk about, often till after twelve o'clock, then she became easier and could lie down and sleep. The pain extended from the liver region over the epigastrium to the left side. In the morning only a sore feeling remained from moving, bending or stooping, which again developed into the severe pain in the evening. Bowels were irregular. Disposition naturally mild, gentle, patient under suffering, now inclined to weep.

Pulsatilla 3x in water, every three hours, gave no help, though suggested by the temperament, time of aggravation and relief from motion. Of course I had made a mistake most evident when the aggravation lying on the painful side, in the case, is considered as Pulsatilla conditions are as much relieved by lying on the painful side as are those calling for Bryonia. After several days of waiting for the remedy to relieve I turned to the "Therapeutic Pocket Book."

The available symptoms were:

1. The cause, "aggravation during pregnancy," p. 294; next
2. The part affected, "right hypochondrium," p. 82;
3. The kind of pain, "tearing internally, p. 188, and "rawness internally," p. 175; then
4. The aggravations: Of time, "worse fore part of night," p. 271; and "worse after sleep," p. 300; of position, "worse lying in bed," p. 289; "worse lying on painful side," p. 290;* from "pressure of clothes" (worse), p. 295; also
5. The ameliorations of: "better lying on back," p. 316; "better from walking," p. 320; "better from loosening clothes," p. 315.†

The extension of the pain across the epigastrium is not found in Bœnninghausen under either "tearing" or "raw," the bowel condition having no characteristics was not available, but the mental state

*Not "worse on *right* side," but because pain there "worse lying on painful side."

†Almost a duplicate, i.e., reverse of, "worse from pressure of clothes," and so it may be omitted if desired.

6. "Weeping": Sadness in Bœnninghausen, p. 19, is to be included, the whole working out as follows:

71 Remedies in First Rubric.	Agg. Pregnancy.	Rt. Hypochondrium.	Tearing Internally.	Rawness Internally.	Agg. Forepart Night.	Agg. After Sleep.	Agg. Lying in Bed.	Agg. Lying on Painful Side.	Agg. Pressure Clothes.	Amel. Lying on Back.	Amel. From Walking.	Amel. Loosening Clothes.	Sadness.	Totals
Acon.	2	4	2	2										
Alum.	1	3	2	3	1									
Ambr.	1	3	3	3	1	2	4	2						
Am. m.	1	1	1	2	2	1	2	1						
Arn.	2	2	2											
Ars.	1	2	2	2	4	1	2	3						
Asaf.	1	2	1											
Asar.	3													
Bar. c.	1	4	2	1										
Bell.	4	4	4	4	3	2	1	2						
Bry.	3	4	4	1	3	2	3	3	3	4	3	3	2	38
Calc. c.	3	3	2	3										
Calc. ph.	2													
Caps.	3													
Carb. ac.	2													
Caust.	3	2	1	3	3	3	1	2	3	1	1	3	1	27
Cerium	2													
Cham.	4													
Chin.	2	2	2	2	1	1	2	3	1	1	1	1	2	21
Cic.	1													
Cocc.	4	4	2	3										
Coff.	2													
Col.	2													
Coloc.	2													
Con.	2	3	4											
Croc.	4													
Cup.	2													
Dulc.	1	1	1	1	1									
Equis.	2													
Fer.	2	2	1	1	1	3	3							
Glon.	2													
Graph.	1	2	1	2	3	2	2	3						
Hyos.	3	2	1	2										
Ign.	2	2	3	1	1	2	2	2						
Ip.	3													

Jab.	2													
K. br.	2													
K. carb.	1	4	2	2	1	1	3	2						
Kalm.	2													
Kre.	2													
Lyc.	2	4	4	1	4	3	4	3	4	3	3	4	3	42
Mag. c.	2													
Mag. m.	1	2	1	2										
Mang.	1	1	2	2	3									
Merc.	2	3	4	1	3	4								
Merc. i. f.	2													
Mill.	2	1												
Mos.	2	3	2											
Mur. ac.	2													
Nat. m.	2	3	3	1	1									
Nux m.	3	2	1	2										
Nux v.	2	4	4	4	1	2	3	3	4	2				
Petrol.	2	3	1	3	2									
Phos.	1	1	3	4	4	3	4	3						
Plat.	3	1	1	1	1									
Puls.	4	2	4	3	4	3	4	2	1	4	4	1	3	39
Raph.	2													
Rhus	3	2	1	3	3	2	3	3		(4)	(4)		(4)	(32)
Sabi.	4	2	1											
Sang.	2													
Sec. c.	3	3	1											
Sele.	2	3	2											
Sep.	4	3	4	3	3	2	4	2	3	1	3	3	3	38
Sil.	1	3	4	1										
Spig.	2	1	4	1	3	2	3							
Staph.	2	1	2	2	3	3	2	2						
Sul.	3	2	4	4	1	4	4	1	1	2	4	1	4	35
Sul. ac.	2	2	1	3										
Tab.	2													
Valer.	2	1	2											
Verat. a.	2	3	1	3										

First begin with the list under "aggravation during pregnancy," which comprises seventy-one remedies, and write the names of all these medicines in a column, indicating in the next column the value of each remedy, according to its type, in figures. This is the foundation, the orderly starting point of the cause.

Second, take the remedies under the rubric of the "part affected," here the right hypochondrium, and indicate their value numerically in the next column. This rubric of "location" is the logical starting point in the study if no cause can be ascertained. If a remedy does not occur under this rubric it is a vital lack, because the medicine to be useful in the case *must cover* (have acted on in its pathogenesis) the "part affected," and

consequently if it does not occur it is henceforth dropped in the study; see Asarum, Calc. ph., Cham., etc.

Some in a repertorial study carry all remedies clear across i. e., put them in wherever they occur (see Rhus above), then can be noted what important symptoms they do or do not cover.

Third, under "kind of pain": here "tearing internally" and "rawness internally," take the remedies in the same way. This is again a vital point and here remedies also drop; and so on through all the rubrics.

Now the vital places are, as I have indicated, all the rubrics in the principal group of symptoms, in this case, as there is only one general symptom-complex, the rubrics are all essential, though the minor aggravations and ameliorations need not all necessarily appear in the pathogenesis of the remedy.

Note that Rhus, which seems in general suited to the case, running well under the first eight symptom-parts (except the tearing pain) comes to grief in regard to the pressure of the clothes, which is perhaps of as little importance as any rubric, but on the whole Rhus does not total high. I have carried it through, wherever it occurs after the ninth column, in parenthesis to illustrate.

Having taken the case thus far we come to the:

(5) Fifth step, the appeal to the materia medica, the comparison of the results of the repertorial study, i. e., the remedies which run through all the essential rubrics, and especially those that total high, with their pathogeneses. This should always be done, as several medicines may, from lack of distinguishing characteristics, work out about equally strong; they do in this case.

The criticism that the use of the repertory is a mechanical process is true if attention be not given to the values of symptoms as I have pointed out; but when this is done and the analytical element added, the mechanical part becomes comparatively minute, especially if this fifth step of a final appeal to the provings be carried out, the process then being one of logical induction, i. e., reasoning from particulars to generals—from the particulars of symptoms to the one remedy for the case. Thus incontrovertible facts only are used, and theorizing and suppositious reasoning is avoided, for the proper use of Bœnninghausen automatically, as it were, sorts the symptoms and excludes those not of prescription worth, working in a simple, efficient and logical order from cause to effect.

If several remedies have worked out about the same, a careful study of them in the materia medica may show that *one which is not numerically the highest* is the simillimum hence the importance of this fifth and final step. This is where the "rank of value" may come in particularly; as Hering said, "it often decides the selection of the curative remedy." Here we may say that there is a double or triple rank of value, because these

important symptoms selected in accordance with the rule are now emphasized by the analytical repertory and confirmed by comparison with the provings.

On looking up Lycopodium in the materia medica I found not a duplicate of the case, but enough congruence to warrant its exhibition, it was particularly in general conditions that it agreed; evidently then this was a "synthetic" prescription.

Lycopodium was given every three hours (3x, one trituration tablet in half a glass of water and two teaspoonfuls at a dose) for one day, and it helped at once. Twelve days later it had to be repeated, in the same way, as she took a slight cold and the pain returned, this time in the left side, extending clear around the body, other characteristics as before; once more relief in twenty-four hours and no return.

Sometimes instead of the "numerical value" being indicated just a mark is made against each remedy in the different columns; in so doing the analytical value is lost—Bry., Caust., Lyc., Puls., Sep., and Sul., would each in that way have totalled thirteen and Rhus eleven. This is one difference, and perhaps the prime one, in the way to use the "Therapeutic Pocket Book," and the results obtained from it, and the use and results from an index repertory.

After one has become skilful time can be saved by taking the first two, or preferably three rubrics, and then an important but short one (a modality), i. e., one which has few remedies in it, which will cut down the list of medicines at once. In this case we can take the first three columns or, better, the first four, as that covers cause, part and sensation, and so preserve the regular order, because these rubrics *must* be used as the foundation; this gives thirty-seven remedies, then aggravation lying on painful side cuts them to eighteen.

The *Gazette* has received word that Louisiana offers many opportunities to homœopathic physicians. Any who contemplate locating there would do well to communicate with Dr. John T. Crebbin, Secretary of the Hahnemann Association of Louisiana, 1207 Maison Blanche Building, New Orleans.

	Agg. Pregnancy.	Rt. Hypochondrium. Tearing Internally. Rawness Internally.	Agg. Lying on Painful Side.		Agg. Pregnancy.	Rt. Hypochondrium. Tearing Internally. Rawness Internally.	Agg. Lying on Painful Side.		Agg. Pregnancy.	Rt. Hypochondrium. Tearing Internally. Rawness Internally.	Agg. Lying on Painful Side.
Acon.		10		Dulc.		4		Nux v.		14	3
Alum.		9		Fer.		6		Petrol.		9	
Ambr.		10	2	Graph.		6	3	Phos.		9	3
Am. m.		5	1	Hyos.		8		Plat.		6	
Ars.		7	3	Ign.		8	2	Puls.		13	2
Bar. c.		8		K. carb.		9	2	Rhus		9	3
Bell.		16	2	Lyc.		11	3	Sep.		14	2
Bry.		12	3	Mag. m.		6		Sil.		9	
Calc. c.		11		Mang.		6		Spig.		8	
Caust.		9	2	Merc.		10		Staph.		7	2
Chin.		8	3	Nat. m.		9		Sul.		13	1
Cocc.		13		Nux m.		8		Sul. ac.		8	

After this the rest can be worked out rapidly. As a rule time is well spent working a case all out as the remedies running high are useful for further study, but an expert soon learns to recognize the essential diagnostic symptoms of the remedy—one, two, three or four—and look them up in repertory and materia medica; so it is a short piece of work.

In this case if Lycopodium had failed either Bryonia or Sepia would have been the most probably useful remedy, as Pulsatilla had been tried without success; also if Lycopodium had not acted the second time Bryonia or Sepia would have been in line, therefore we have suggestions for the second remedy worked out in the study.

(To be continued.)

CLINICAL DEPARTMENT.

Conducted by A. H. Ring, M.D.

Case V. Diagnosis: Exophthalmic Goitre.

The emotional instability, slight enlargement of the thyroid gland, fine tremor of the fingers and tachycardia makes the case of Miss S. (O. P. D. 16,137) easily diagnosed.

However, the physical signs are so slight and the emotional tension so marked, that one at first assumes that he has to deal with one of the more common neuroses, possibly a sexual neurasthenia.

There have been three principal theories advanced as to the causation of Graves' Disease: (1) The hematogenous, which assumed the primary error to be in the blood; (2) the neurogenous, which laid emphasis on the nervous system, especially the sympathetic; and (3) the thyrogenous, which placed the primary trouble in the gland itself, accounting for the symptoms as an intoxication of the organism from the pathologic activity of the thyroid gland. According to recent authorities, all three play their part. A. Eulenberg (Berlin) sums up the etiology thus: First, an abnormal quantitative and qualitative composition of the blood circulating in the thyroid gland; second, the abnormal secretion by the thyroid gland of a specific, pathogenic, intoxicating, glandular product; third, the neuro-psychoses and subsequently upon cachexia.

Dr. F. H. Packard, of the McLean Hospital, has recently published an exhaustive analysis of "The Psychoses Associated with Graves' Disease," in which he comes to the conclusion "that in many cases Graves' Disease is rather an exciting than a fundamental cause of the psychoses, and that the psychoses themselves are not essentially different from the ordinary recognized functional psychoses, except as modified by the prominence of those symptoms seen to a lesser degree in the sane with Graves' Disease." "The prognosis is, on the whole, much more grave and is especially bad in the delirious cases."

The treatment of exophthalmic goitre is in an unsettled state. On the surgical side Dr. Charles T. Howard has well summed up recent progress, and shown the advance made as the result of experiments upon the parathyroid bodies. According to Dr. Howard and Dr. C. A. Porter of the Massachusetts General Hospital, the outlook from early operation is most hopeful.

The medical treatment so far in typical cases is, on the whole, disappointing, though occasional good results have been obtained from the prolonged use of physiological doses of Belladonna and Lycopus. Thyrodectine has been lauded and is worth a trial. Electricity, especially galvanism, and hydrotherapy, especially the full pack, combined with relative isolation, have proven beneficial. Though the emotional mechanism is much disturbed only transient benefit can be expected from psychotherapy.

Those interested in this subject should make an effort to be present at the Medical Library on Tuesday, June 7, at 2 P. M., when papers will be presented and discussed from both the medical and surgical side of the subject at the regular summer meeting of the Massachusetts Medical Society.

Case VI for Diagnosis:

Dr. J. W. Schirmer tells of the following case: He was called to see the patient, Mrs. C., aged 29 years, at 11 P. M., in the absence of her regular physician. She appeared to be in good general health, but had

been suffering from the middle of the afternoon with violent pain in the right side of the abdomen below McBurney's point. She had vomited once or twice in the early evening, vomitus consisting of undigested food taken during the day. She had had a similar attack two weeks previous and also one several months before. Bowels were regular.

Examination: Temperature 102.6°; pulse 90; respiration normal. Patient restless and groaning. Complains of frontal headache. Abdominal muscles slightly retracted but not tense. Slight increase of pain on deep pressure in lower right abdomen. On questioning the patient she said that she had had occasional vaginal discharges, but not excessive; menses had always been regular; had been married a year; no pregnancy. She further said that for several months she had not felt as well as usual and thought she had lost a little weight. At the hospital the next day the diagnosis under ether after vaginal examination was ——

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Prof. Sigmund Freud of Vienna is now familiar to us in this country, especially since his visit to Clark University last summer. His great work on the psycho-neuroses has, however, only been available in English for a few months since the publication in the Nervous and Mental Disease Monograph Series of "Selected Papers on Hysteria and Other Psycho-neuroses," translated by A. A. Brill, Ph.D., M.D., of New York. To those interested in the functional nervous diseases these papers make most instructive and interesting reading.

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THE EDUCATIONAL TREATMENT OF INSOMNIA.—Whether or not sleeplessness in a given case is due to some perversion of the physiological functions, as indigestion, or is the result of some error in the psychic mechanism, is often most difficult to decide. Until very lately we have been in a deplorable state of ignorance regarding the cause of normal sleep, so that much of our advice on this subject has frankly savored of the experimental. It has for some years been known that waking consciousness is the result of the sum of all stimuli reaching the brain from the various sense channels. What, then, could be more reasonable than to suppose that, by reducing these stimuli to a minimum, the tension of the mind can be let down till each sensation reaches its threshold value, when sleep would naturally ensue? Yet it is only within two years that this simple deduction has been backed up by experimental proof by Boris Sidis, M.D., Brookline, Mass. Now, whether the persistent incoming stimuli which cause insomnia in a given case are the result of some disturbed bodily organ, or whether they are due to the fixation of attention upon the sufferer's own fears and worries, is the question to be first decided in the treatment of these cases. If the former, then proper medicinal and other treatments should be prescribed. If due to a mal-adjustment of the mental factors, then psychotherapy is in order. Sidis finds that (1) the shutting out of all stimuli, together with (2) limitation of motion, (3) relaxation of attention, and (4) monotony (as from the tick of a clock or the murmur of the wind) form the essential conditions of sleep. In this connection he made the interesting observation as a medical student that, if he was listening to a monotonous, uninteresting speaker, he became drowsy during the speaking, and was kept awake by the lecturer's pauses. Here is food for thought for the teacher. Practically it has been found that in the insomnia of the various neuroses, no treatment is quite so efficacious as the cold pack. To apply this it is only necessary to have a blanket spread over the bed, and a sheet wrung out in tap water and

spread over the blanket. Upon this the patient lies and is snugly wrapped. There is a momentary chilliness, after which a warm glow follows and a sense of restfulness. If the patient does not react readily, hot bottles may be placed at the feet and sides. This is, however, rarely necessary. A cold, wet towel should be placed upon the forehead. The pack enforces limitation of motion and assists in relaxation of attention. Monotony may be secured by placing a watch under the pillow at a distance which makes the tick barely audible. The combination of pack and watch, together with the excluding of all noise and light, best fulfills the ideal indications for producing sleep and practically it will be found to work.

Do we not, as medical men overtrained in the material facts about the body, sometimes try too hard to find physical causes for illnesses which are at base psychic? Hysterical paralysis is not the only markedly somatic symptom of perverted nervous impulses. In our next number we hope to review the work of Prof. Sigmund Freud.

The Transportation Committee of the Institute congratulates the members that "The American Institute of Homœopathy Special" will consist of the very latest sanitary sleepers only, with a diner, a baggage car, and a combined compartment and observation library car to Pasadena. The train is promised to be one of the very best ever run out of Chicago. It will take us to the very "Heart of the Rockies," among snow-capped peaks from 9,000 to 11.000 feet altitude, with magnificent towering caps up to 14,000 feet alongside the train, will pass over a part of the country always interesting, never over-hot, never very dusty, never alkali plains, we will not swelter and suffocate and be uncomfortable for the best part of the way for hours and days at a stretch. Nor will there be any expensive side-trips, costing in the aggregate from $20.00 to $25.00 for a simple look-in. There will be scenery all the way from the time we reach Colorado, pleasant receptions by our colleagues at several important points, a hearty welcome at Denver, another, as the California line is reached from the California delegation, and minor receptions at Omaha, Lincoln, Colorado Springs and Grand Junction—a chance to do good all the way across the continent while yet enjoying the itinerary to the uttermost.

The importance and advantage to homœopathy and the Institute of having our own Institute Special to California cannot well be overestimated. It should be the delight of all the members to make it a unanimous pleasure, to go in one solid party instead of straggling along in smaller parties for special reasons. The Institute is not strong enough to have two "Institute Specials." It ought to, therefore, have one successful one. That will be the official train, leaving Chicago July 4, at 5.45 P. M., over the Burlington, Colorado Midland and San Pedro route to Los Angeles. The secretary should be notified at once for reservations. Many are already taken.

C. E. Fisher,
Chairman.

T. E. Costain,
42 Madison Street, Chicago,
Secretary.

For rates and particular details consult local ticket agents everywhere.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

THE CALIFORNIA MEETING OF THE INSTITUTE.

The *Gazette* takes this opportunity to urge as many of its readers as possible to endeavor to attend the meeting of the American Institute of Homœopathy in Los Angeles next month. This is spoken of for a double reason: First, as we believe that every person who does attend will be given a most enjoyable time as well as one profitable from the medical standpoint. Our friends in California are noted for their unusually warm hospitality at all times, and upon an occasion such as the present one we feel sure that they will even surpass their past records. Apart from the personal benefit to be gained, however, is another factor by no means inconsiderable. This is the encouragement that we of the East and Middle West are able to give to our comrades in the Far West. They have been, and still are, waging what is, in not a few instances, an uphill fight against strong odds. The presence of a large and representative delegation from our national organization will not only do much to encourage them to renewed efforts but also will tend to give those not of our way of thinking increased respect for our principles and those professing them.

One of the best examples of this Western aggressiveness and enthusiasm can be found in the person of the present president, Dr. James W. Ward, of San Francisco. Seldom, if ever, in recent years has the Institute been captained by a man of so forceful a personality, so tactful a diplomatist, and, withal, so successful a surgeon. Mention has already been made of the generosity of the President in arranging the finances of our late Institute journal in such a way as to permit of its perpetuation in the new one, and this at much personal expense.

Two pilgrimages have been made throughout the East for the purpose of arousing interest and enthusiasm in the coming

meeting, the second of which has just closed. Dr. Ward took a circuitous route by which he was enabled to visit the State societies in Iowa, Illinois, Michigan, Wisconsin, Indiana and Ohio. At the large Chicago meeting in particular, where it was the good fortune of the writer to once more meet him, enthusiasm was high. This meeting, which is one of the largest of our State society conventions, listened for over an hour to an address upon the various questions that are at present to the fore in homœopathy. Following the formal evening session, which was a special one, the Doctor was presented with a magnificent loving cup by the society. In the various phases of the work he has always shown much tact and personal magnetism to inspire others.

We trust, therefore, for these, as well as for many other reasons that might be cited, that the Los Angeles meeting will, in point of enthusiasm if not in numbers, prove to be most truly a banner one.

THE QUESTION OF VACCINATION.

This is a subject that is perennial; one that is much discussed, and one concerning which two very distinct and contradictory opinions exist. One view, the one held by probably the great majority of physicians, is to the effect that vaccination by the ordinary method of scarification is by far the best prophylactic means yet known in our work with smallpox. By those who uphold this contention the technic is made an essentially important part of the safety of the operation. They claim, and it seems with justice, that at the present time the deleterious results occasionally following the introduction of virus are due to secondary contamination at the time of its introduction or thereafter. They admit that in the past when arm-to-arm vaccination was employed it was not only by no means impossible but probably comparatively frequent to introduce other diseases than the one intended from the donor of the virus to the receiver. These occurrences have presumably been eliminated with the present improvement in the preparation of the material from animals that are proven to be perfectly healthy. On the other side a smaller coterie, numbering among its members intelligent, able and enlightened physicians, is strongly opposed to this which they call external vaccination. By them the unfortunate results of past years, and the presumably secondary contaminations of modern times, are brought forth and emphasized as strong contra-indications to the method.

It is probable that there will always be a debatable ground, and it is also probable that some of the contentions of both parties will in future be found to have been at fault. Occasional infections by tetanus bacilli have recently given added impetus to the objections of the anti-vaccinationists. In view of this fact it may be wise to give certain abstracts from an editorial in the November number of

"American Medicine." Among other things the editor says: "The question of vaccination is always before us. It is morally certain that a few perfectly sincere but none the less misguided people will always condemn this procedure, no matter how well proven the fact may be that through its agency smallpox has been conquered for all time. . . . Vaccine as now prepared and marketed is safeguarded in every possible way and the dangers of by-infections are entirely eliminated. But the occasional case of tetanus or other infection that is encountered and made so much of by the anti-vaccinationists carries its distinct lesson, and that is that the wound of vaccination cannot be neglected. To do so, is to court trouble. A goodly proportion of medical men realize this, and never undertake a vaccination without surrounding the operation with every aseptic precaution. The physicians who thus protect themselves and their patients never have any trouble, and the extremely sore arms of former and more lax days are seldom seen. . . . Vaccination is a surgical operation and the medical man who fails to use every aseptic precaution when performing it is not only jeopardizing the welfare of the patient but also the interests of society. Every accident following vaccination while regrettable for its immediate effects, is infinitely more so for the unwarranted fears and prejudices it creates in the minds of those who see only the general result. In no way can medical men do more to advance the practice of vaccination and overcome the objections of the anti-vaccinationers than to give the utmost care to the selection of the virus and its method of application. The most painstaking asepsis at the operation is not enough, but the resulting wound must be carefully protected against the possibility of subsequent infection. It is here that the principal danger lies and practically every case of tetanus or other serious infection has been traced to post-operative infection from careless after treatment. The patient should be told the exact situation and urged to present himself on the third day and for several days following until everything is satisfactory. When the reaction is severe and the wound becomes badly inflamed it should be treated as every other wound would be treated. To neglect a vaccination wound on the grounds that it will take care of itself is a grave mistake and nothing that we know of the course followed by such wounds ever justifies such treatment."

It is, of course, an open question whether here, as has so frequently happened in the past, the minority may not eventually be found to be in the right. In view, however, of the almost complete disappearance of smallpox from modern life, and in view of the fact that this disappearance began about the same time as vaccination was introduced, it would seem that for the sake of the community as a whole the procedure with which we are now familiar would best be continued at least until it can be definitely proven to be unsafe.

LIMITATIONS OF LABORATORY DIAGNOSIS.

The junior editor of this magazine has always maintained that in many places and by a number of individuals, laboratory findings and their proper interpretation have been carried to an unfortunate extreme. Of the importance of laboratory studies by properly qualified workers no intelligent physician at this date can decline to admit. The fact is so apparent as to need no proof at the present time. It frequently happens in other spheres and it has so happened in this, that some of those who are working exclusively in one department become over-enthusiastic concerning their findings in that department, and, with their eyes firmly fixed on one point, lose the entire perspective and fail to obtain the comprehensive view essential to a proper understanding of the broad matter as a whole. Such a fact is deplorable, as not only do such persons lose the confidence of their professional associates, but those associates judge of the entire subject by these unfortunates, and so fail to see in it the real advantages that it may give to those who properly apply for them.

The present has well been called the age of the laboratory, and hundreds are now giving it their entire time. Yet in only a comparatively small percentage of cases will the laboratory give a certain diagnosis unless some, at least, of the clinical facts are known. In blood examination, in uranalyses, in bacteriological work, and even at times in morbid tissue pathology, the results of microscopical and allied investigations more frequently are, or should be, aids to diagnosis rather than infallible and incontrovertable diagnostic measures independent of the clinical condition.

Occasionally, as with leukæmia, malaria, bacilli tuberculosis and a few other diseases the laboratory man can, with all certainty, recognize the abnormal entity, but for one such case there are probably fifty or a hundred where he cannot. This fact is not, however, any disparagement to such studies as when properly correlated with the observations of, or still better, the clinical pathologist, they all go to make one harmonious whole, without either of which completeness would have been impossible.

Accuracy in the laboratory is a proximal essential, but at the same time it must be remembered that mathematical exactness is frequently an impossible or an impracticable aim. The writer has frequently encountered a number of illustrations of the extremes to which some go in this direction. To illustrate: how much practical value can one obtain from the knowledge that the specific gravity of a specimen of urine is 1.018347 more than from the statement that it was 1.018? Or who can so accurately count blood disks as to report 4,763,264 per cubic millimeter? 4,760,000 would be exactly as instructive and probably fully as accurate. Yet these two reports were recently given and many similar ones are of daily occurrence.

It is, however, in connection with the alimentary tract that some extremists seem to have run riot. Here minute and accurate tests

of the most complex technic have been introduced for almost everything possible and impossible. All sorts of claims have been made concerning the certainty of diagnosis of various gastric and intestinal diseases. The test meal, in particular, has been exploited in one of many different forms, as of great value. And of great value has it indeed proved to be very frequently in a broad sense. Some of the results thus far obtained by the "authorities" must be opened to question on account of the publication of certain statistics. In the minds of some, absence of hydrochloric acid is always significant of gastric cancer, and if hydrochloric acid is present, particularly if in abundance, they exclude that disease. Similarly, ulcer of the stomach must always show hyperchlorhydria.

Without doubt, many operations have been performed upon the strength of these factors alone and even when opposed to the clinical symptoms. The fallacy of thus blindly following the dictates of those who are not fully qualified to judge is well shown in some reports emanating from the hospital of the Mayos in Rochester, Minnesota. These are prepared by Graham and Guthrie and are published in the "New York Medical Journal" recently. A series of cases is taken, all of which have come to operation, thus confirming the diagnoses. In all, a total of 250 patients with gastric ulcer and 150 with carcinoma were studied. Of the cases of ulcer fully 75 per cent. failed to show hyperacidity. This lack of hydrochloric acid was particularly evident in the older patients, and in those suffering from chronic ulcer. In the carcinoma series, lactic acid was present in only a little over 50 per cent.

It must be realized accordingly that the value of the test meal possesses decided limitations, that it is a valuable aid in association with corroborative clinical symptoms, but as an independent entity, particularly when opposed to those symptoms it must be viewed with much caution. In this, as in almost all forms of laboratory work, therefore, the pathologist must not arrogate to himself the air of a superior, but must give his findings with the realization that they seldom make a diagnosis except as studied in relation to the observations that we call clinical.

MARRIAGE IN THE TUBERCULOUS.

While the subject of marriage among those afflicted with tuberculosis cannot, perhaps, be said to be a distinctly medical one, its bearings are nevertheless those in which the medical profession is strongly interested. The physician who has not been consulted concerning this question by at least a few of his patients or friends is probably one who has been in practice but a little time. In the "Rutland Journal," a paper devoted to the patients and ex-patients of the State Sanatorium, Dr. H. C. Clapp, consulting physician of that institution, writes in a very common-sense manner upon this subject. He states what is

in all probability a fact that has been encountered by all, that those people who apply to the physician for advice concerning marriage do so in the majority of cases in hopes that the decision will be in accordance with their particular wishes. If by chance this decision is contrary to such desires it is very seldom that it is followed. The reason for such a course is probably one to appeal more to the sociologist than to the man in practice. The Doctor says:

"It is only the sour and crabbed among us, the incorrigible old bachelors and old maids, or else those who have been wretchedly shipwrecked on the tempestuous seas of matrimony, who would really like to frown on love's young dream. Those of us who have been happily married ourselves (even with the mothers-in-law thrown in) would be only too delighted to help such youthful ambitions along, *if it could be done with safety.* The question is, where shall the line be drawn? Very few patients would claim that it is a proper procedure when the disease is decidedly active, with temperature, high pulse, hemorrhage, etc. But many, when the symptoms have quited down a good deal, and flesh has been gained and the general appearance of health, and, as they say often, they 'feel all right,' even if the cough has not entirely stopped and the germs are still in their sputum, see no reason why they should not now be married. If this happens, sometimes (we must admit) everything goes well; but in the great majority of cases disaster follows. If the husband is the sick one, he feels the increasing burden of supporting the family, and sinks beneath it, perhaps after infecting his wife. If the wife is the sick one, pregnancy and childbirth are exceedingly apt to fire up the old disease and to rush the mother into a premature grave, unless the greatest precautions to safeguard the health are taken. The offspring of such marriages are very apt to be delicate, and often die early, unless they are surrounded by special safeguards. But love is blind, and such considerations as these are pushed into the background. Young people must get married, even if they do it in haste and repent at leisure.

But is there no chance for such folks? Must they be doomed to perpetual celibacy?

There is no rule which is of universal application, but perhaps this is a fair statement. If a patient will wait for two or three years after he has been pronounced to be 'apparently cured,' and if during that time he maintains his good condition, so that the word 'apparently' can be dropped, it will be in most cases safe for him to marry, provided that there is not likely to be any tremendous stress or strain, and also provided that he lives a temperate, hygienic and rational life. The same applies to the women, with the additional proviso that the children do not come along too rapidly."

OBITUARY.

Herbert C. Bradford, M.D.

Dr. Herbert C. Bradford died at his home on Pine street, Lewiston, Me., January 24, 1910. He was the son of Dr. and Mrs. Richmond Bradford, and was born in Turner, Me., August 24, 1833; was educated at the Lewiston Falls Academy and at Bridgton, Me. His medical training was obtained at Bowdoin Medical College, where he spent two years, and at the Hahnemann Medical College of Philadelphia, where he graduated in the Class of 1857. He married Miss Julia M. Fales of Rockland in the same year and settled in Lewiston, where he became associated in practice with his father.

Dr. Bradford was a member and a faithful worker in the Pine Street Congregational Church, being one of its first members. He was also active in educational matters, serving for many years on the City School Board.

He leaves one son, Dr. William H. Bradford, a prominent surgeon, practicing in Portland; one sister, Miss Clara F. Bradford, and one daughter, Miss Carrie A. Bradford, who have resided with him since the death of his wife, twenty-five years ago.

Dr. Bradford's straightforwardness and integrity were no less characteristic of him as a man than as a physician, for he was long known to be a most dependable and untiring worker for the interests of the Maine Homœopathic Medical Society, which he served for many years, both in office and as a member. He practiced homœopathy in Lewiston for more than half a century, and was widely known as a well-read physician and careful prescriber.

During the last two years of his life it was our pleasure and good fortune to personally know Dr. Bradford, and that acquaintance was rich in helpful suggestions and ever enlivened by rare humor.

The rank of the Old Guard are fast being mustered out. May the future Army of Homœopathy be renewed with that quality of manhood and professional ability which characterized Dr. Bradford.—W.

C. Maria Nordstrom, M.D.

Dr. C. Maria Nordstrom, one of the oldest physicians in the vicinity of Boston, died of apoplexy at her home in Malden, May 4, 1910, aged 77. She was born in Dorchester, Mass., September

7, 1832, and was educated in the Dorchester public schools. After serving as treasurer and financial secretary of Wilbraham Academy, she entered upon the study of medicine, taking her degree from Boston University School of Medicine in 1883. She located in Malden, and remained there in active practice until her death, except during the year 1903, when she fell and fractured her hip. Her husband was Gustavus V. Nordstrom, who was a well-known church organ builder. He has been dead more than twenty-five years.

Dr. Nordstrom was a member of the Massachusetts Homœopathic Medical Society and of many other medical and literary organizations, and for sixteen years served on the school board in Malden.

She is survived by a brother, Frank Ruggles of Dorchester, and an adopted son, Herbert A. Nordstrom.

BOOK REVIEWS.

Serum Diagnosis of Syphilis and the Butyric Acid Test for Syphilis. By Hideyo Noguchi, M.D., M.Sc. Associate Member of the Rockefeller Institute for Medical Research, New York. Fourteen illustrations. J. B. Lippincott Company, Philadelphia and London.

In this compact work the author has clearly outlined in several chapters the various principles governing hemolysis, and its relation to the antigens and antibodies; whether present in the blood stream or artificially developed. The well-known theories pertaining to immunity, agglutinins, etc., are applied in a practical manner, and are clearly shown by the author to be of value in the various methods herein described. The chapter on the complement fixation tests as applied to the serum diagnosis of syphilis is especially interesting. The technic of elaborating both the Wassermann and the author's system of diagnosis, together with tables and cuts, is so clearly and definitely described that this work cannot fail to appeal to the laboratory worker, to the student, and to the general practitioner who wants to familiarize himself with this modern but most complicated procedure. The deductions drawn and diagnostic value of these tests are so clearly outlined, as to leave little chance for error if one closely follows the chapters herein contained.

The bibliography and glossary are both very complete, thus adding to the value of this work as a reference book.

Familiarity with the contents of this book, together with careful laboratory technic, should enable one to attain rather constant and reliable results in diagnosing syphilis by either the Wassermann method or the author's modification of the same.

THE MONTH'S BEST BOOKS.

Surgical After-Treatment. Crandon. $6.00. W. B. Saunders Co.
Pulmonary Tuberculosis. Bonney. $7.00. W. B. Saunders Co.
Diseases of the Eye. De Schweinitz. $7.00. W. B. Saunders Co.
Medical Electricity. Tonsey. $7.00. W. B. Saunders Co.
Surgery. Thomson. 2 vols. $7.00. Oxford University Press.
Emergencies of General Practice. Sargent. $5.50. Oxford University Press.
Consumption—Prevention and Home Treatment. Thomson. $1.00. Oxford University Press.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston Homœopathic Medical Society was held in the Natural History Rooms, corner of Boylston and Berkeley Streets, Thursday evening, March 3.

The following program was enjoyed by a large audience:

Heart Disease in Pregnancy, Henry E. Spalding, M.D.; How Long Can a Person Live Who Has Valvular Disease of the Heart? Herbert C. Clapp, M.D.; The Effect of a Strenuous Life on the Heart, Frank E. Allard, M.D.; Anesthetics in Heart Disease, F. P. Batchelder, M.D.

The papers were discussed by Drs. Southwick, Piper, Leavitt, and others.

The Woman's Homœopathic Club of Philadelphia held a reception and musical at the residence of Dr. J. G. Waylan, 1832 Tioga Street, on Tuesday evening, May 10, 1910. A very sociable and enjoyable evening was spent. E. W. Howell, Secretary.

The Entertainment Board of the Germantown Homœopathic Medical Society was entertained at the residence of Dr. C. S. Raue, 1616 Walnut Street, on Wednesday evening, April 27, 1910; arrangements for the following meeting of the Society being made. Dr. Barker, Secretary.

The East End Doctors' Club of Pittsburg held their regular monthly meeting on Saturday, May 7, 1910, at the office of Dr. Thompson. The guest of the evening was Dr. Ralph Bernstein, 37 S. 19th Street, Phila., Pa., who presented a paper entitled: "Modern Thoughts on Epithelioma, with a Demonstration of the Successful Treatment Thereof with Solidified Carbon-Dioxide." Chas. I. Wendt, Secretary.

The Staffs of the West Philadelphia Homœopathic Hospital and Dispensary held a special meeting, called by order of the President, Dr. G. P. Stubbs, at the Hospital on Tuesday, May 10, 1910, at 9. P. M., when action was taken on the proposed affiliation with Hahnemann College.

Wm. M. Hillegas, Secretary.

The Homœopathic Medical Society of Chester County held its regular meeting at the office of Dr. B. G. Arnold, Downingtown, Pa., Thursday, May 12, at 1 P. M. A paper was presented by Dr. J. W. Frank, of Philadelphia, whose subject was "Radio-Therapy."

L. Hoopes, Secretary.

The Woman's Homœopathic Medical Association of Pittsburg held its regular monthly meeting at the office of Dr. E. D. Goff, Suite 31, Library Place, Allegheny, Pa., on Thursday, May 5, 1910, at 8 P. M. The paper of the evening was by Dr. Clara H. Williams, subject: "Spinal Deformities: Sub-luxations, Curvatures." E. D. Goff, Secretary.

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College on Saturday, April 16, 1910, at 8:30 P. M. The program consisted of: "Report of a Case of Carcinoma of the Penis and Inguinal Region," by L. T. Ashcraft, M.D.; "Demonstrations of Major Reflexes and Indicated Lesions," by L. W. Hicks, M.D.; "A Fatal Case of Pneumococcic Infection Occurring During the Course of Typhoid Fever," by W. H. Yeager, M.D.

Benj. K. Fletcher, Secretary.

The Woman's Homœopathic Medical Club of Philadelphia held their regular meeting at Hahnemann College on Thursday, April 28, at 8:30 P. M. The meeting was addressed by Dr. O. S. Haines on "Materia Medica." E. W. Howell, Secretary.

Alumni Association Hahnemann Medical College. The Hahnemann Medical College is to have a short home-coming week beginning at noon, Monday, May 30, and continuing until Thursday evening, June 2, finishing with the alumni dinner.

Monday, Tuesday, and Wednesday, from 12 M. to 1 P. M., there will be three live talks on "Materia Medica," by O. S. Haines, M.D. On Tuesday and Wednesday, from 10 A. M. to 12 M., there will be demonstrations of laboratory methods of teaching in the College. On Monday, Tuesday, and Wednesday, 1 to 2 P. M., there will be luncheon in Alumni Hall. Monday, Tuesday, and Wednesday, 2 to 5 P. M., a symposium of short clinics in the Hospital. Tuesday, 9 to 11 P. M., there will be a smoker at the Hotel Walton, S. E. corner Broad and Locust streets.

The Trustees and Faculty of the College extend to Alumni a cordial invitation to attend the annual Commencement exercises, twelve o'clock noon, in the American Academy of Music, Broad and Locust Streets. This will be followed by the annual meeting of the Alumni Association. Business meeting will be called at 3 P. M. sharp, Alumni Hall. Banquet will be served at 7 P. M. in the ball-room of the Union League.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at the Hahnemann Medical College on Thursday evening, May 12, 1910, at 9 P. M., the Pediatrists having charge of the scientific program of the evening, consisting of a paper by Dr. C. Sigmund Raue on "Some Advanced Thoughts in Infant Feeding," and a paper by Dr. John L. Redman on "Hemorrhagic Diseases of Children." The discussion of these papers was opened by Prof. Wm. Van Baun. The meeting was well attended, and hearty discussion of the papers entered into. Percy A. Tindall, Secretary.

The Philadelphia Academy of Medicine held its regular monthly meeting on Tuesday evening, April 19, at Odd Fellows' Temple, at 9 P. M. The scientific program of the evening consisted of the following papers: "Clinical Aids in the Diagnosis of Diseases of the Stomach," by Dr. T. B. Bradley; "The Diagnostic Significance of Occult Blood in the Gastric Contents and Feces," by Dr. G. Harlan Wells; "The Use of the X-Rays in the Diagnosis of Gastric Diseases," by Dr. J. M. Frank. Clinical demonstrations were presented with the papers, and hearty discussion entered into. The meeting was well attended.

Ralph Bernstein, Scretary.

The Oxford Medical Club held its regular monthly meeting on Friday evening, May 6, at the office of Dr. I. W. Heysinger, 1521 Poplar Street, Phila., Pa., the subject of discussion for the evening being "The Principles of Evolution," by Dr. Heysinger. The meeting was well attended and the subject well discussed. L. B. Griffith, Secretary.

The Germantown Homœopathic Medical Society held its regular monthly meeting at the Union League, Broad and Sansom Streets, Philadelphia, on Monday evening, April 18, at 9 P. M. The meeting was honored by the presence of Wm. H. Watters, M.D., Professor of Pathology, Boston University School of Medicine, who delivered an address entitled: "Hahnemann and Modern Homœopathy," and presented most important gems of rare knowledge. The Censors reported favorably upon the names of Dr. George W. Mackenzie and Dr. G. Earl Raiguel for membership. Landreth W. Thompson, Secretary.

The Philadelphia Society for Clinical Research held its regular monthly meeting on Wednesday, April 20, 1910, at the office of Dr. M. W. Sloan, 4825 Baltimore Avenue, Phila., Pa., and the scientific program of the evening consisted of a reporting of cases by Drs. Warren Mercer and W. C. Cheeseman. Dr. Sloan, as usual, was very liberal in his hospitality. John F. Rowland, Secretary.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Boston Homœopathic Medical Society was held in the rooms of the Society of Natural History on Thursday, April 7, 1910, at 8 P. M.

The meeting was called to order by the President, Alonzo G. Howard, M.D.

The records of the last meeting were read and approved.

It was voted that the Society go on record as being opposed to the passage of Legislative Bill No. 193, which would prohibit the reappointment of any member upon the Board of Registration in Medicine. That the passage of such a bill would be inimical to the best interests of the medical fraternity, and would be greatly detrimental to the established value of said Board.

The following program was then presented:

Diagnosis of a Case of Obscure Liver Disease, with presentation of the case in person, F. B. Percy, M.D.; Differential Diagnosis of a Few Abdominal Conditions, with presentation of the case in person, C. T. Howard, M.D.; The Significance of Certain Neurological Tests, with presentation of a case in person, Frank C. Richardson, M.D.

Dr. Howard: I have brought a patient for you to see who has been in the Hospital in Dr. Percy's service, the one just concluded, and under Dr. Spalding's care since the first of April, and it is through the courtesy of Dr. Spalding that I obtained him. I will first give you the history of the case.

Mr. Wm. R., age 42. Birthplace, England. Occupation, typefounder. Family history: Father died at age of 62 from a complication of diseases. Mother died at age of 60 from shock. No brothers or sisters. Past history: No serious illnesses. At age of 16 had attacks of dizziness which were relieved by catharsis. Habits: Patient does not use tobacco or alcohol.

Present illness: About one year ago began to have dizzy attacks accompanied by vomiting on getting up in the morning. Vomited before breakfast the food of the night before. He would suffer thus for perhaps a week at a time and then have a remission. Several times he has gone a month without vomiting. He has had pain in the epigastrium all of the time but worse immediately after eating, the aggravation lasting about one to one and a half hours. No difficulty in swallowing. The pain is also felt in the back and in the left lumbar region. Bowels are constipated and he is obliged to take 5 grs. of Cascara to have a movement, and then it is scyballous. He passes water freely and is obliged to get up once or twice in the night. Drinks several glasses of water daily. On one or two occasions he has noticed some swelling of the feet and ankles. For about one year has had shortness of breath on going up stairs. About one week previous to admission began to vomit every morning. Vomitus brown and coffee-ground in character. Sleeps well on two thin pillows. Steady headache over the eyes, dull in character. Has lost about twenty-six pounds in the last year.

Physical examination: Lungs negative. Heart without valvular lesion; apex beat fifth intercostal space one-half inch inside the nippleline. Liver and spleen normal in size. Stomach down to level of umbilicus. Very tender in the epigastrium and resistance apparently in-

creased. Abdomen somewhat retracted but no tumor or tenderness discovered. Tongue red and dry. Temp. 98 3-5°. Pulse 76. Examination of the back shows a tender spot over the ninth dorsal vertebra.

Pathological reports: Urine, February 18, tested for lead and none found; sp. gr. 1023, acid, normal color, no albumen or sugar.

Blood, February 9, hem. 60 per cent.; red discs 3,000,000; leucocytes 14,400; neut. 82 per cent. March 15, hem. 55 per cent.; red discs 3,800,000; leucocytes 9,000; neut. 72 per cent. Stomach contents, February 23, hydrochloric acid absent; lactic acid present. February 25, ditto. March 25, ditto.

Urinary report, April 7, 1910, amount 30 oz.; color normal, slightly cloudy; reaction acid; sp. gr. 1026. Total solids 53.80, urea 21.73, chlorine 9.82, phos acid 1.40, albumen slight trace, no sugar. Sediment, 3 hyaline casts, one with blood cells, some blood, very few pus cells, considerable crystalline debris.

In the diagnosis of this case we must consider chronic interstitial nephritis, lead poisoning, and pyloric stenosis both benign and malignant.

I think if any one of us were to see this man come into our office, at the first glance most of us would promptly jump at a diagnosis of chronic nephritis from the general appearance; and as we went into his history, as you have heard me read it, I think again we would be justified in assuming that we were getting nearer and nearer to the truth. Consider it on that basis and see what we have along that line.

First, the age of the patient, which is 42. He gives us a history of swollen feet and ankles; shortness of breath on going upstairs; frequent micturtion, being obliged to get up two or three times in the night to pass water, epigastric pains and vomiting, thirst and a dry tongue.

And the occupation, we must not omit that, because, of course, lead workers are among the class of people who are particularly prone to nephritis. The picture is almost complete when we consider that a little further, and we find that usually a patient who has reached the point of having cachexia, which this patient has, and having swollen ankles and the epigastric pains and vomiting of nephritis, there is usually associated with that a diarrhea rather than a constipation, the diarrhea almost invariably accompanying it. They do not usually reach the stage of epigastric pain and vomiting until they have reached also the stage of having very pronounced swelling of the limbs, which this patient has not. So much for nephritis as regards history.

The next thing which we would naturally consider from his history would be lead poisoning, and that is one thing which we would immediately jump at from his occupation. He is working in a shop where electro-types or electro-plates are made, and has been there a number of years, using a saw to cut his plates, the very place where he would be most prone to lead poisoning, so we must naturally consider it.

On physical examination we find no disease in the lungs. His heart has no valvular lesion, the apex one-half inch inside of the nipple line (?). The liver and spleen are normal in size, the stomach down to the level of the umbilicus. Marked tenderness in the epigastrium, and some resistance apparently found, although this is not definite. The abdomen is somewhat retracted, but no tenderness can be discovered. Tongue very dry. Temperature 98 3-5°, pulse 78. Examination of back shows tender spot over the ninth dorsal vertebra.

In regard to lead poisoning. We find in the physical examination one thing in addition to what I have given you before, which would tend to corroborate the supposition of its being a case of lead poisoning, and that is that the abdomen is somewhat retracted. Considering this a little further, we have instead of the general abdominal colic usual in lead poison-

ing, a pain confined to the epigastrium and the vomiting is more pronounced. We have, of course, all the other signs of lead poisoning except that since he came into the Hospital there has been no lead line on the gums. I think there is none there now. So that ruling out nephritis and lead poisoning, for the time being, it brings us back to some condition of the stomach, and in order to make any diagnosis of the stomach, it is necessary to go into it a little more thoroughly.

If this is a condition of the stomach, it is probably a case of pyloric stenosis, either of a benign or malignant character. He will retain food in his stomach for a considerable period of time and then vomit it, oftentimes vomiting the food of the night before, showing that the food taken into the stomach does not pass out. He also has a dilated stomach. On palpation we find it pretty well down toward the level of the umbilicus. There being some obstruction to the exit of the food from the stomach, dilation is caused in that way.

The character of the pain which this man has is a distinctly stomach pain. As you will remember, the stomach pains are usually felt in three places; first, in the epigastrium, which is the natural and usual place to feel it; second, in the back; and third, in the left lumbar region. He has all three of these pains to confirm the diagnosis of the stomach condition.

Now, if this is a benign condition causing stenosis of the pylorus it would probably be of one type—cicatrix following an old gastric ulcer. In the history of the case, however, there is nothing to lead us to suppose that this patient has ever suffered from gastric ulcer in the past. He gives no history of vomiting blood, he gives no history of long-drawn-out indigestion, or digestive disturbance, until the present attack of one year ago, so that probably the diagnosis is one of malignant stricture of the pyloris, and in confirmation of that, in addition to the dilated stomach, we have the character and amount of vomiting. The stomach examination shows the vomiting to be coffee-ground in character, that hydrochloric acid has been absent and lactic acid present. The first examination was made on February 23, and the last examination on March 25. There were three examinations extending over a period of one month, showing a pretty constant lack of hydrochloric acid and the presence of lactic acid, and that is one of the best criteria which we have of gastric carcinoma.

We find that the blood examination confirms this diagnosis as far as possible. It is not an anemia of the primary form from which this patient is suffering; it is secondary. The test shows the hemaglobin low.

In addition to the stomach condition from which this patient is suffering, there is a question still in my mind whether or not there may be associated with it a certain amount of kidney irritation, and this urinary report which I had made today tends to confirm my opinion, because there I find a slight trace of albumen and casts to confirm that diagnosis or the possibility of that diagnosis.

It is rather surprising that in spite of the diagnosis I have formed of malignant sinus of the pyloris, this man has gone on as satisfactorily as he has over the period of one year; starting in one year ago with pronounced vomiting, and then having several remissions, some of them lasting a month at a time, when he would get along pretty comfortably. He also lost twenty pounds in that time.

Dr. Percy has had this man under his care at the Hospital for some time, and I think possibly he would be able to add something which would interest you.

Dr. Percy: There are certain things which I think should be told about this patient. A year ago he went to the City Hospital for colic, chronic constipation, and anemia, which was very pronounced. At that time he was kept in the City Hospital under very careful observation, and

treated for lead colic or lead poisoning. When he left they told him that in order to be perfectly sure that he got rid of the lead it would be well for him to go on taking some drops which they gave him, 15 drops four times a day.

He came to our dispensary, and it was deemed a simple case of the condition which Dr. Howard has so thoroughly given. It seemed to us that the anemia, colic, and constipation which he had then, were connected with his occupation—an occupational disease; but when he came to the Hospital and we got into his history and learned of the 60 grains of iodide of potash, we were not at all surprised that his stomach did not improve.

With the Hospital regime and dietetic regime which we instituted and with Bovinine which he has taken, he has gone on three and sometimes four days without vomiting, and when he has vomited it is always from something which has been given him surreptitiously. I felt all the time that the condition was one of the stomach, and I told his wife that there was no question but that was the explanation of his trouble.

The extraordinary part of it is that the man apparently is getting better, and if this is so we ought to be a little bit grateful. Another thing is that a man could have gone on for a year or more taking the amount of iodide of potash that he did with so little stomach disturbance as he had when he came to the Hospital.

Dr. Briggs: I expected that man would be dead long before this time. I saw him at the Hospital about two months ago. When I was called in by Dr. Percy, I found this patient very anemic, with a well-marked tumor in the epigastric region, with a high, rapid pulse, and his general picture was such that I did not advise even an exploratory incision. I did not think he could improve. I was never more surprised in my life to see the man here tonight. Now he may have lost, but there is something wrong with my vision if he has lost any great amount. I thought at that time that he had cancer of the stomach, and Dr. Howard informs us that he has. I think it is quite probable that he has, but my experience has not been that a patient with cancer of the stomach, as low as this patient was a month or six weeks ago, would improve as markedly as he has improved.

I have not had the privilege of examining the patient tonight. I knew something about the condition a month ago, and if the condition tonight is better, and there is less of a tumor present than there was at that time, I am inclined to think the diagnosis is incorrect. I am inclined to think that the man has had gastric ulcer, and that most of the tumor that was present when I saw him was of the acute inflammatory type and that it has subsided. I gather from what Dr. Howard said tonight that there is no large tumor there. There was quite a definite area of involvement when I saw him last.

My experience with cancer of the stomach is very unfortunate, that is, the patient goes down hill very rapidly indeed after a certain stage. This leads us to the consideration of a condition which is very difficult to differentiate, that is, gastric ulcer from cancer of the stomach. We have the usual symptoms of gastric ulcer—acute gastritis, with sometimes the vomiting of blood, and quite frequently without any. Then we have a short period when the patient convalesces and feels fairly well; then a secondary attack, with an increase of stricture at the pyloric end of the stomach and vomiting with increased frequency, the vomiting peculiar to gastric sinus. That vomiting differs considerably from the vomiting of cancer. The vomiting of gastric ulcer occurs some time after the taking of food, the character of it being putrescent, having a very foul odor; vomiting a large quantity of food at one time. The patient may take food during a whole day, and go to bed with the stomach feeling as well as usual, and wake up at ten, eleven, or twelve o'clock. vomiting anywhere from a pint to two quarts of fluid, smelling badly, very foul. The vomiting of cancer is similar in quantity, and con-

tains some stomach secretions and blood in very small quantities. Also, the food is not held in the stomach so long.

This reminds me of a patient I operated on a few weeks ago for Dr. Percy. The patient came into the Hospital in a very debilitated condition, much exhausted, and practically starved to death. I found her in a very wretched condition, but with no tumor present that could be palpated, and with a history of previous attacks of very acute indigestion, but without vomiting blood, which led me to think that the patient probably was suffering, not from cancer of the stomach, but from contractions following an old gastric ulcer; and although she was in a desperate condition, vomiting frequently, we made an exploratory incision and found the scar of the gastric ulcer. There was nothing malignant about this case.

The patient did rather badly for the first twenty-four hours, but the second twenty-four hours improved markedly, and I thought she was going to get well, but on the next day she began vomiting again and succumbed on the third or fourth day. This was a convincing and instructive case. It showed that if we had had that patient a few weeks earlier, before she was starved to death, she would probably have pulled through the operation and been entirely relieved.

To go back to Dr. Howard's case, I do not want to say anything about the diagnosis I have heard tonight. I am well satisfied that the chances are even that it is a case of cancer of the stomach, but the fellow is doing better, and getting along better, than any case of cancer of the stomach I have ever seen.

PERSONAL AND GENERAL ITEMS

During June, July and August Dr. Joseph E. Sternberg's office hours will be 1 to 4 on Wednesdays, 9 to 3:30 on Thursdays. All communications should be addressed to him at Dennisport, Mass.

Dr. Frederick W. Colburn has removed from 661 Boylston Street to 174 Newbury Street, Boston.

Dr. Charles T. Howard has removed from 661 Boylston Street to the Charlesgate, 535 Beacon Street, Boston.

FOR SALE.—$3000 practice for sale in a large manufacturing city twenty-five miles from Boston. 95 per cent. collections. Woman physician only. For terms apply to Dr. R. F., care New England Medical Gazette, 422 Columbia Road, Dorchester, Mass.

Dr. Frederick W. Colburn has removed to 174 Newbury Street. Office hours, 2:30 to 4 P. M., except Sundays. Diseases of the Ear exclusively.

We understand that beginning in the early fall the State of Iowa will henceforth require two years of preliminary college work from all prospective students in medicine.

Dr. Horace Packard has sailed for Europe to enjoy his annual holiday. He expects to return early in October.

Dr. Anna T. Lovering, 10A Park Square, Boston, will spend most of the summer in Great Britain and France. Correspondence regarding literary work may be addressed after August 1 care Thomas Cook and Son, Ludgate Circus, London, E. C.

Dr. W. H. Watters has recently visited the state society meetings in Ohio and Illinois, delivering addresses upon various phases of modern medicine and immunity.

Dr. George R. Southwick has removed to 433 Marlboro Street, Boston, near his former location.

Dr. Robert J. Grand-Lienard, class of 1908, B. U. S. M., has returned from Oklahoma, and has located at 1224 Blue Hill Avenue, Dorchester.

Dr. Clara Barrus, class of 1888, B. U. S. M., has resigned her position as assistant physician at the Middletown State Homœopathic Hospital, New York, which she has held for more than seventeen years, to assume charge of a nervous invalid in Seattle, Washington. Her address is 814 East Highland Drive, Seattle.

Dr. G. Harlan Wells has been elected to the position of Clinical Chief of the Dispensary Department of Hahnemann Medical College, Philadelphia.

Dr. Gilbert J. Palen, Philadelphia, is to act as toastmaster at the annual reunion of the Alumni Association of the Hahnemann Medical College.

Dr. W. N. Sylvis has been appointed to the Department of Surgery of the Hahnemann Medical College and Hospital, Philadelphia, Pa.

Dr. Theo. J. Gramm announces his removal to 1614 North 15th Street, above Oxford Street. Hours until 11 A. M., 6.30 to 7.30 P. M., and by appointment. Gynecology and Obstetrics.

Prof. C. S. Raue is at present confined to the Hahnemann Hospital suffering with an attack of typhoid fever, but the indications seem to show a mild attack, and it is hoped that the doctor will soon again be himself.

Dr. Ralph Bernstein, 37 S. 19th Street, Philadelphia, Pa., announces a change in office hours to 9 A. M. until 1 P. M. daily, except Sunday; other hours by appointment. Diseases of the Skin.

Hon. Edwin S. Stuart, Governor of Pennsylvania, and the Hon. John E. Reyburn, Mayor of Philadelphia, will be orators at the Alumni banquet of the Hahnemann Medical College, June 2, 1910, at Union League.

Dr. Gilbert J. Palen, 1833 Chestnut Street, Philadelphia, announces office hours from 9 A. M. until 1 P. M., except on Thursdays and Fridays, when he will be in his office only until 11.30 A. M. No afternoon hours except by appointment. Diseases of the Eye, Ear, Nose and Throat.

Dr. Leon T. Ashcraft, Dr. G. Harlan Wells, and Dr. Walter M. James, Dr. Edw. H. Van Dusen and Dr. Ralph Bernstein were guests at the annual reception and musical given by the Women's Homœopathic Medical Club at the residence of Dr. Julia G. Waylan, Philadelphia.

Dr. Oliver H. Paxson announces his removal to his new office, 1821 Chestnut Street, Philadelphia. Office hours, 9 to 11 A. M., 7 to 8 P. M. Sunday, 9.30 to 10.30 A. M. Afternoon hours by appointment. Physico- and Electro-Therapy.

Dr. Thos. H. Dunning is at present confined to the Hahnemann Hospital, Philadelphia, having been operated upon for appendicitis.

THE NEW ENGLAND
MEDICAL GAZETTE

VOL. XLVI JULY, 1910 No. 7

ORIGINAL COMMUNICATIONS.

HAHNEMANN'S ORGANON.*

By August Korndoerfer, M.D., Philadelphia, Pa.

Although a century has elapsed since Hahnemann gave to the world that masterpiece of medical philosophy, the *Organon*, to this day no more logical and practical treatise upon the problems involved has been presented to the profession.

This great work was the outgrowth of prolonged study and exhaustive research, coupled with an unflagging zeal and untiring energy in the acquisition and philosophic correlation and interpretation of facts pertaining to his chosen field of labor.

Knowing the frailty of human reasoning, the disposition to theorizing, the proneness to error and the deterring effects of prejudice, he rigorously guarded his own mental processes by rigidly demanding facts, facts unalloyed by fancy or fad. Accepting nought save the logical and legitimate deductions from facts, he successfully reached a knowledge of nature's *law of cure* and developed a practical method for its application in disease.

Possessed of a profound knowledge of medical literature, both ancient and modern, and fortified by a wide experience in the practice of his profession, Hahnemann triumphantly threaded the labyrinthian maze of the then dominant theories and emerged into the open fields of scientific research and philosophic reconstruction. The results of these years of nature probings were embodied in his *Organon* and the *Chronic Diseases*,—works that have made Hahnemann's name immortal.

Hahnemann's writings were subjected to the most unjustifiable and abusive criticism, nevertheless every essential principle advanced by him has been abundantly proved by experience and is more or less fully acknowledged by the most astute observers and scientific investigators of our day.

What has made it possible, yea, necessary, to so largely accept the teachings of the *Organon* a century after its publication? The answer is, Law. The *Organon* explicitly treats upon the fundamental principles of the homœopathic healing art. Therein Hahne-

* An address delivered at the Centennial Celebration of the Publication of the Organon of the Homœopathic Medical Society of the County of Philadelphia.

mann expounds and elucidates his views relative to the dynamic nature of disease and the intrinsic value of the symptomatic picture as a guide to therapeutics. He forcefully portrays the weakness and inadequacy of the prevailing views of pathology, and the inutility, or rather peril, of basing therapeutics upon such unstable foundation; and in their stead he presents a philosophic concept of disease and a rational method of healing based upon physiologic law.

He does not ignore the material elements through which the dynamic changes are induced. The miasms, he taught, were material though subtle. Thus we find when speaking of the mode of propagation of the Asiatic cholera, he distinctly asserts the presence of an "invisible, probably animated, and perpetually reproductive contagious matter," which matter he conceives to be constituted of "myriads of invisible beings." Nevertheless he emphasizes the essential need of that other factor, a perverted dynamis, an impaired vital resistance; views which practically are universally accepted today. These casual conditions are aptly expressed by a recent allopathic writer as, "those dependent upon the biological properties of the infecting organism and those depending upon the conditions in the host and the tissues invaded."

The cardinal principles laid down in the *Organon* are "the law of similars, the single remedy and the minimum dose." But second only to the therapeutic law was the introduction by Hahnemann of his method of drug proving upon the healthy human subject for the development of a pure materia medica.

The most important feature of Hahnemann's work rests in the discovery and demonstration of the fact that natural laws govern every vital process, in disease as well as in health; and as a natural corollary that drugs in their effects upon the animal organism must likewise act in accordance with natural law. He further contends that for curative therapeutic use some definite law governing drug action must exist. To this end he presents for our consideration the three only conceivable methods under which drugs may act, using the symptomatic picture of the pathogenesis of each drug as a standard. He shows that such relation between drug and disease must be either heteropathic, antipathic or homœopathic. He proves by analogy and experiment that the latter alone conforms to the requirements of philosophy and logic; and further that the application of our proved remedies affords abundant confirmation of the correctness of his deductions.

To this curative relationship Hahnemann applied his well-known verbal formula of the law, *similia similibus curentur,* which today remains a true and comprehensive guide to the selection of the curative agent in all dynamic, non-surgical forms of disease.

The question naturally arises: Why call this a natural law? I think it is Tappen who says, "the greater the variety of phenomena explainable under any given hypothesis, the greater the probability that in it we have an expression of a natural law."

Applying this to the law of similars we find abundant confirmatory proof in the various departments of general physics as well as in psychophysics, but time forbids our following this interesting line of thought.

In the realm of medicine, independent of the results of a century of homœopathic practice, confirmations are so abundant and conclusive that we need cite but a few. Thus we have the undeniable confirmation of the world-wide use of mercury in the treatment of syphilis, and of quinine in malarial affections. In fact, these drugs are universally recognized as having positive curative action in these specific forms of disease, and each is known to produce in its action upon healthy human subjects a symptom complex intensely similar to the form of disease to which it stands in curative relation.

Again, the oldest efforts at prophylaxis as well as the most recent developments in the laboratory, forcefully accentuate the truth and wide applicability of the law.

Looking backward to the time of vaccination (similia) in its substitution for inoculation (idem) we find the earliest safe and practical method of prophylaxis in accordance with the law of similars. Yet the thought bore fruit but slowly, for its discoverer failed to discern the law.

More relevant from the standpoint of medical therapeutics and prophylaxis is the application of belladonna against scarlet fever, Hahnemann being guided to its use through the remarkable similarity between the symptoms of its pathogenesis and those of the true (Sydenham) scarlet fever. Its prophylactic and curative action in this disease was satisfactorily demonstrated by Hahnemann during an epidemic at Königslutter in 1799, and verified in innumerable instances since that time.

Hahnemann's report upon its efficacy was either ignored or ridiculed by physicians of the dominant school, nevertheless this method of prophylaxis continued to grow in favor. Thus we find in 1833, Hering, guided by the law of similars, suggested the use of anthracin, a dilution of an alcoholic solution of the toxin of anthrax, prepared from the spleen of infected sheep. This remedy was first employed by Dr. G. A. Weber, who published his results in 1836. Dufresne employed it in 1837. Each of these investigators met with excellent results in the treatment of sheep during an epidemic of anthrax then raging, and equally good results among shepherds who contracted the disease from infected animals. Lyssin, another valuable nosode, was introduced by Hering in 1833. He made provings of it upon himself and others during the subsequent five years. The comparatively recent use of lyssin by Pasteur in the treatment of rabies is too well known to require more than passing mention.

Based upon the same principle of similarity tuberculinum was employed by Clapp and Burnett years before Koch's tuberculin was brought before the profession.

These few illustrations from the long list of nosodes and proved remedies employed homœopathically will suffice to demonstrate the fact that, guided by the law of similars with that unerring prevision which law alone can insure, such toxins were homœopathically used more than three-quarters of a century ago. Note also the fact that it was the simile not the unaltered virulent toxin, the idem, that was used.

Many virulent articles appeared in the allopathic press during the past century because of our use of the nosodes, yet despite defamation and threats of prosecution for alleged malpractice, such useful agents were accorded place among or accredited therapeutic agents and employed with success by adherents of our school. Today, we are confronted with the astounding fact that these very nosodes form the basis of a wide range of therapeutic and prophylactic use in the dominant school.

Within recent years the laboratory has added to our triumph, and that, too, through the work of our early opponents. The microorganisms spoken of by Hahnemann in 1831, have been demonstrated as a verity; they have been carefully studied and the life history of each species more or less fully recorded. Their mode of entrance to the human body, the toxins they generate, the course of the infection and the tissues most susceptible to invasion have, with many species, been quite accurately determined. Immunity from their ravages has been sought and to a degree secured through the therapeutic application of specific forms of serum and bacterial vaccines in accordance with the principle of similars; yet, when we consider that the law gave the first intimation of this possibilty of the nosodes and further appreciate the fact that in our proven remedies we possess a positive and readily controllable force which is capable of arousing similar reactions against disease, we surely must recognize the unspeakable advantage possessed by the skillful homœopathic therapeutist over his less fortunate neighbor of the dominant school.

Advanced laboratory methods have indeed given the profession purified and unmixed forms of toxins which under the older methods were unattainable, but the germ truth of the principle and the successful test in practice, were as truly demonstrated in those early applications of the law as they are today in the most brilliant results of the latest and most refined products of the modern laboratory. Methods of preparation have indeed been wonderfully improved, both æsthetically and pharmaceutically, but the principle underlying the curative and prophylactic action of the nosodes ever remains the same, and applies equally to the homœopathically indicated proved drug. Scientific laboratory technic, however, has made possible an extension of the field of prophylaxis far beyond the most sanguine hopes of the pioneers in the use of the nosodes. Truth compels me, however, to say that until quite recently the members of our school failed to profit by their birthright and left others to reap much of the honor and glory of achievement.

The question of dosage which for years remained a stumbling block to allopathic investigators happily has been largely removed, for with the effort to apply remedies under the law of similars it soon became apparent that smaller doses were a necessity, and scientists with that independence which knowledge of the truth inspires did not hesitate to employ infinitesimals.

In 1891 Burnett wrote, "Koch and his world-famed remedy have come and gone! But they will return anon and remain, only the dose will get smaller and smaller until the long contemned homœopathic dilutions will acquire the right of citizenship in the universities and hospitals of the world." A prophecy now being fulfilled; in evidence of which we need but cite the doses recommended by such masters in this field of research as von Behring, Trudeau, Denys, Lambert and many others who administer doses equal to our sixth or even our tenth decimal dilution.

Another interesting feature of modern progress is found in the fact that Hahnemann's rule to give a single dose and wait on its action has its counterpart in the teachings of Wright and others, who advise allowing an interval of from three to twenty-one days to elapse after a dose of tuberculin so small as the ten-thousandth part of a milligram, assuring us that the premature administration of a second dose is sure to develop an aggravation with consequent prejudice to recovery. Clinical phenomena and the lowered opsonic index verify their conclusions.

Again, the "hitherto unknown force" discovered by Hahnemann through the process of potentization, though ridiculed by allopathic writers during the past century, is now coming to its own, and the unwisdom of those early critics is being exposed. The time has indeed come when scientists truly "discern forces but vaguely understood, forms of matter so subtle that it is almost impossible to say they are material." Every advance in our conception of the constitution of matter and the wonderful activity manifested by matter without appreciable diminution of substance, brings us a step nearer to an understanding of Hahnemann's dynamization through dilution with energetic succussion, or long continued trituration: a process that results in the liberation of a force which Hahnemann rightly classed as "hitherto unknown."

Today we know that "in every dilute solution the salts are almost completely dissociated into ions and we also know that with increased ionization the rate of molecular activity is increased." Thus, again, modern science confirms Hahnemann's keen perception of the philosophic necessity of some of the most modern discoveries. This subject is fraught with intense interest and is replete with astounding revelations, but the inexorable time decree of our trustees compels me to hasten toward a conclusion.

Another important confirmation of Hahnemann's teachings in reference to drug action is found in the now universally recognized "dual action of drugs," a fact that is revolutionizing their therapeutic application. This is especially manifest in the stress

which of late years is being placed upon *quality, not simply quantity or intensity* of action as related to dose.

A study of this subject in the line of recent investigation reveals some remarkable facts. Thus Sajous, in speaking of mercury, says: "The beneficial effects of mercury are obtained with doses which increase sufficiently the auto-antitoxin of the blood to destroy the cause of the disease, whether it be a microörganism and its toxins or endotoxins, toxic waste products, etc." "When this limit is exceeded mercury is a poison; it raises the functional activity of the adrenal center to such a pitch that the body's auto-protective system is converted into an auto-destructive system." Again, in speaking of iodine, he says, "small and moderate doses of iodine increase general metabolism and nutrition is improved; large doses produce emaciation."

According to Damerel, Demarquey and Lecointe, small doses of belladonna cause a rise of temperature, whereas toxic doses cause a fall of temperature. Quinine, according to Mauquat, in weak doses causes vaso-constriction, whereas larger doses are followed by vaso-dilation. The list might be extended to include every remedy, as this characteristic action is inherent in all drugs.

Many of the contradictory reports noted in laboratory studies of drug effects may be accounted for by the neglect of investigators to heed this important factor. As an instance we may note the contradictory results reported by Mosso and Delezenne, upon the effects of strychnine on the internal temperature of the animal body. Mosso found "a very pronounced rise of rectal temperature," while Delezenne, who used much smaller doses, reports "an abatement of central temperature which is often followed by an increase of the surface temperature"; or, as Sajous expresses it, we find "central contraction and peripheral dilation instead of the central dilation and peripheral contraction observed by Mosso."

Still further striking proof of the universality of this law of action is found in the well-known effects of the X-rays upon the living tissues. We find lesions which bear marked relation to the duration and intensity of exposure, ranging from a slight erythema to a deep and obstinate form of ulceration, and from slight indurations to conditions manifesting all the characteristics of epithelioma or sarcoma; for all which conditions it has proved an efficient remedy when administered in small doses.

Among the lastest results of laboratory research those which have given the most satisfactory proofs of the law of similars are related to Wright's discovery of the opsonins. The question naturally arises: Do drugs possess the power of raising or lowering systemic resistance as evidenced by the opsonic index, and if so, what relation does dose bear to effects?

Experiments conducted by that indefatigable worker, Dr. W. H. Watters, of Boston University, have demonstrated that our potentized remedies do indeed possess the power of modifying the opsonic index and offer conclusive proof of the correctness of the

clinical deductions of Hahnemann and our early homœopaths. In a recent article from his pen we find the following important observation, "we have also watched the effects of drugs given to patients suffering from infectious disease and found the opsonic index to be influenced just as it has been by the use of vaccines." Again, speaking of the law of similars, he says, "In our law we have a good and reliable guide for the use of drugs, a guide that now is being verified in the laboratory by the pathologist, even as it has been verified at the bedside by the clinician for the past many years."

Science during the past century has indeed aided much in verification of Hahnemann's teachings, elucidated many difficult problems which he had solved in practice, and interpreted many obscure details which he was unable to demonstrate other than clinically.

Our faith in the scope and power of the law of similars has thus been strengthened, and convincing proof of the universality of its application in all dynamic, non-surgical forms of disease has been definitely afforded.

Thus with laboratory confirmations through the prophylactic action of specific nosodes and innumerable verifications through the clinical use of drugs, proof has been added to proof until certainty has taken the place of conjecture, law has superseded hypothesis, and science has indeed supplanted empiricism.

Let us, then, on this centennial of the publication of the *Organon,* in grateful recognition of the inestimable benefits accruing to mankind and to the cause of scientific medicine through the discovery and application of the law of similars, accord all honor and praise to that illustrious savant, profound philosopher and prince among physicians, the founder of Homœopathy, Samuel Hahnemann.

SOME NOTES ON CAESAREAN SECTION.

By Geo. E. May, M.D., Newton, Mass.

Twenty years ago it was customary to operate for appendicitis only in those cases which seemed to admit of no delay, and I well remember the pros and cons which were offered in favor of operation or delay, some being regarded as distinctly medical cases, nearly all to be carefully watched for an unfavorable turn which might indicate surgical interference. This was quite a different attitude from that of the present, and the results were quite different from those we obtain today under a less hesitating regime.

The same boldness in the surgical treatment of gall stones, of gastric ulcer, of intestinal traumatism, of volvulus, of intussusception, has resulted in placing abdominal surgery on a much higher plane than in the days of what was termed conservatism, when surgery stood in the place of merely last resort.

In obstetrics, those of us who have a somewhat extended experience must, I think, look back to some cases of difficult operative interference, including version and high forceps, called for perhaps by the mother being well advanced in the child-bearing period of life, characterized by its attendant rigidity of soft parts and unyielding joints, complicated in some cases by more or less obesity; called for perhaps by the presence of a large child, by malposition, or mal-presentation, by uterine tumors or fixations, or by contracted pelvis. In some of these difficult cases our results have probably been more or less unfortunate. Perhaps now and then a child has been lost, or, if born alive, has given us no small degree of anxiety for some time, as a result of our manipulations and of severe compression by forceps. We have seen serious injuries to the maternal soft parts, requiring extensive repair at the time, with perhaps secondary operative measures. We have occasionally encountered alarming post-partum hemorrhage; sometimes sepsis has worried us for days or even weeks. We have seen some of our cases for months dragging out a more or less helpless condition of invalidism, and are fortunate indeed if some mother or some child has not died in consequence of some of the complications attendant upon difficult, tedious, vaginal delivery. Have we not all learned to dread the high forceps cases, to consider them among the most trying experiences which the practitioner of obstetrics is called upon to meet, and to look about for some method by which a less tedious and exhausting program could be marked out, with consequent increased safety to our patients?

Fifteen years ago the only indication for Cæsarean section was the presence of some definite obstruction to pelvic delivery, which rendered the birth of a living child impossible, and even then the question of sacrifice of the infant by craniotomy or other mutilating operation was gravely considered and often prevailed. I believe the question today is coming to be, not is Cæsarean section absolutely the only method of delivery, but rather, is not Cæsarean section a *safer course* than other methods in doubtful cases?

The experience of many operators has shown that Cæsarean section, done early, as the operation of election, before the beginning of labor, after a careful preparation of the patient, is a procedure of very low mortality. If, on the other hand, it be delayed until labor has progressed very far, it has a mortality which steadily rises in proportion to the length and severity of the labor which the patient has undergone, until among those cases which have been subjected to unsuccessful forceps attempts it is of very doubtful utility, and, perhaps, should not be advised at all, so high has been the maternal and fetal death-rate. This death-rate has been due not so much to the Cæsarean operation as to the combination with it of extensive, long-lasting attempts at vaginal delivery, with consequent exhaustion, hemorrhage, and the inroads of sepsis.

In a recent report of the first one hundred cases of Cæsarean section done at the Boston Lying-In Hospital, beginning in 1894,

the forty-three primary cases, *i. e.,* those done previous to or in the inception of labor, there was the loss of one mother and one child, a mortality of 2.3 per cent. In the fifty-seven cases in which the operation was done later in labor, and, in some cases, after the failure of forceps, there was a maternal mortality of 12 per cent. and a fetal mortality of 14 per cent.

In my own extremely limited experience I am aware that a certain amount of good fortune has seemed to attend the exercise of somewhat poor judgment in the selection of my cases, the operation having been done in one case following a labor of upwards of ninety hours, and in another case of forty hours. I should not wait so long again under similar circumstances before interference by the abdominal route.

The operation itself is one of the simplest abdominal procedures, can readily be completed in thirty minutes, and appeals to me as much more likely to prove a life-saving undertaking in certain doubtful cases than some of the high forceps operations or versions, provided (1) That it be done as the operation of choice; (2) that it be done under a good surgical regime by one with some familiarity with abdominal work. The following cases are briefly presented:

I. Mrs. M., 41 years, had borne eight children by normal labors. Was brought to the Newton Hospital in the ambulance with a history of quite a profuse uterine hemorrhage two hours before. Diagnosis, central placenta previa. After consultation Cæsarean section was advised and accepted. Operation completed in forty minutes, male child, weighing 9½ pounds. Both patients did perfectly well, baby nursed. Discharged in eight weeks, the long time in the Hospital being due to unfavorable home conditions.

II. Mrs. H., primipara, 42 years, a private patient. Pelvic measurements normal, position L. O. A. Was in labor when admitted to the Newton Hospital, and labor continued for ninety hours with considerable vigor, at the end of which time the os was dilated to about three fingers, head not engaged. After explaining the dangers of both vaginal and abdominal interference, the recommendation of Cæsarean section was accepted. Time of operation thirty minutes, male child, 11 pounds. Baby nursed and both patients did perfectly well. Discharged in four weeks.

III. Mrs. B., primipara, 31 years, weight 178 pounds. Pelvic measurements normal. Position O. D. P. Quite steady and forceful pains continued for forty hours, when head was slightly engaged, cervix dilated to about four fingers, membranes unruptured. Cæsarean section advised. Time of operation thirty-one minutes, male child, weighing 7¾ pounds. Both patients did well. Discharged in four weeks.

All the cases suffered a great deal from tympanites and there was considerable post-operative vomiting, largely due, I think, to inadequate preparation of the gastro-intestinal canal.

THE CAUSES AND PREVENTION OF INSANITY.

By W. N. Thompson, M.D., Hartford, Conn.

Very few, if any, ills entail suffering, privation and economic loss comparable to those which follow in the wake of insanity. Poverty and insanity go hand in hand, and if either parent of a family in moderate circumstances be the victim, the breaking up of the home, with all that it means, is apt to result. In view of the fact that not more than one in eight or ten of those who come to hospital care fully recover, and that in above forty per cent. of those who become insane the disease is due to preventable causes, is not the call for measures to mitigate the causes urgent enough to compel the attention of teachers, physicians and sociologists?

Preventive medicine is not a fad or fashion; it is the outgrowth of long years of patient investigation; its results are to be seen in the application of serotherapy, and in the hygienic measures that have done so much for the prevention of malaria, plague, tuberculosis, the disorders of early childhood and other diseases. Every year it extends its boundaries, but it is a melancholy fact that insanity is mostly without these boundaries. The reason is not very far to seek. Results of work directed against causes that lead up to mental disease are not apparent in a day or a week, nor, indeed, in a year or two—rather in a generation or two. Uncertain prospects of such remote returns do not stimulate active efforts. Moreover, many of the causes of insanity have to do with individual tastes, habits and inclinations, concerning which not many wish advice, and few will brook interference; consequently one looks almost in vain for concerted effort to combat the causes underlying conditions that make for mental and physical instability and deterioration, the sources from which spring the vast army of epileptic, inebriate and insane dependents.

Physicians may hope to continue to wage successful warfare against those diseases that show immediate results of their efforts, but education offers the only solution of the problem of how to avoid renewing defective stock. Laws and regulations, except for extreme instances, will miscarry, as they have always done, when it comes to interference with the cherished personal liberties and rights.

The causes of insanity, as assigned by friends of patients, are legion; hardly an occurrence is too trivial to be given prominence if it be coincident with the apparent onset of the malady; more often than not the true causes are either not recognized or are ignored. There is, then, need of enlightenment with reference to the causes no less than to their prevention.

It has been estimated that well toward fifty per cent. of all cases of insanity are preventable. At all events, preventable causes are operative in more than fifty per cent.; three of these are

closely correlated—any one may exist without the other, but in practice it is the exception rather than the rule that one is found independent of one of the others. I refer to alcohol addiction, heredity and syphilis. Too full or too frank exposition of the far-reaching injuries that this trio works upon the nervous system cannot be made.

The dangers that attend the use of alcoholics by those already predisposed in any way to insanity, and especially by the young, should be set forth in the light of actual demonstrable facts. The study of the subject of alcoholism has been impeded by fanatical enthusiasts whose claims and contentions have not always had sufficient basis in fact, but a literature of true scientific value has grown up from investigations of the subject by physicians who, without bias, have presented statistics to show the injurious results of the use of alcohol on the nervous system.

The facts or laws of heredity should be so understood that due consideration may be given the probable results of the union of two persons whose families show similar morbid tendencies.

The dangers of the social evil cannot be set too plainly before the young, for the wreckage from it is not alone in the insanity resulting from its direct action, but in the secondary ills that predispose to nervous and mental incapacity.

The most promising field, however, for preventive medicine as it relates to insanity and crime—there is no line of demarcation in a very large class—is in the upbringing of the lopsided, unstable children of neurotic or insane parents. Half of the lesson taught by contact with the insane is that the exactions of environment at some point in the patient's career, more especially in early childhood or early manhood or womanhool, have served to weaken rather than to strengthen. It is important, therefore, to take account of the weaknesses inherited or acquired, that the direction of development shall be to strengthen the weak points and minimize the dangers of mental impairment.

The role of alcohol in the causation of mental disease has been, first and last, the subject of a good deal of controversy, though of late there has been less disagreement than formerly. Differences of opinion and divergent statistics may be largely reconciled when it is recognized that on one extreme only those cases have been considered in which alcohol was regarded as the sole cause. This view has not taken into account a much larger class in whom changes in the nervous system have been induced by alcohol, and the soil has been prepared for mental trouble which is readily precipitated when an acute illness supervenes, business reverses come, domestic infelicities arise, starvation, physical or nervous, comes from trouble and deprivation, or, what is of greater importance, such exhaustion of the nervous system of the father or mother or both obtains, that the offspring come into the world so defective that they fall victims to incurable mental trouble before the period of mental development is completed. It has been contended on the

ground that acquired characteristics are not transmitted, that the effects of alcohol could not descend from parent to child, but it has been definitely shown that alcohol exercises some direct influence on the germ plasm; a fact that has an important bearing on the oft-recorded observation that drunkenness at the time of conception is a fruitful cause of idiocy, epilepsy, and imbecility.

That alcohol has a special affinity for the brain cells, and that it impairs their function, has been abundantly demonstrated. That it acts differently in different individuals is a matter of common observation, but its prolonged and excessive use is commonly attended by a very definite train of symptoms that eventuate in mental enfeeblement. The process of deterioration is in reverse order of development, and the impairment is first manifested in the higher faculties—judgment, volition, ethical sense, and memory. In due course grosser changes occur, varying to some extent in every case, but always displaying essentially a paralysis of function.

Very definite data has been obtained within the last decade in clinics at populous centers, and in the larger hospitals, which must be accepted as reliable for the given place. Any error found will probably be in the direction of under statement, as the friends of patients sedulously conceal facts relative to disease and intemperate tendencies. As long ago as eighteen hundred and eight-one, Echeverria, who collected a large number of statistics on the subject, reported the following in reference to the histories of sixty-eight males and forty-seven females who had experienced alcoholism in some of its forms: "The number of children born to these parents was four hundred and seventy-six, and of this total twenty-three were still-born; one hundred and seven died from other maladies; three committed suicide; ninety-six are epileptic; thirteen are congenital idiots; nineteen, maniacal or hypochondriacal; seven have general paralysis; five, locomotor ataxia; twenty-six, hysteria; twenty-three, paralysis; nine, chorea; seven, strabismus; three are deaf; and nineteen are scrofulous and crippled. Of these children, two hundred and five, or nearly 50 per cent., have exhibited drinking tendencies."

Francis Galton cites the case of a man who, after having five normal children, became a drunkard and had imbecile children; another case is that "of a healthy woman who, when married to a drunken husband, had five sickly children, dying in infancy, but in subsequent union with a healthy man, bore normal and vigorous children."

Dr. W. C. Sullivan in "Alcoholism, a Chapter in Social Pathology," records that " . . . of six hundred children born of one hundred and twenty drunken mothers three hundred and thirty-five (55.8 per cent.) died in infancy or were still-born, and that several of the survivors were mentally defective, and as many as 4.1 per cent. were epileptic. Many of these women had female relatives, sisters or daughters, of sober habits and married to sober husbands; on comparing the death-rate amongst the children of the

sober mothers with that amongst the children of the drunken women of the same stock, the former was found to be 23.9 per cent., the latter 55.2 per cent., or nearly two and a half times as much. It was further observed that in the drunken families there was a progressive rise in the death-rate from the earlier to the later born children."

Dr. Claye Shaw tersely says, "We have inebriate mothers and either abortions or degenerate children. The relationship between the two seems to be as certain as any other conditions of cause and effect."

These facts do not all have a direct bearing upon our subject, but they corroborate the fact that alcohol is an especially destructive poison, and that its effects upon the nervous system are very constant. If they point any truth, it is that the offspring of alcoholic parents are handicapped, and are ill prepared, from birth, to maintain the struggle for existence.

Dr. McKinniss in a study of five hundred and twenty cases admitted between April 1, 1907, and April 1, 1909, at the Norristown State Hospital found alcohol to be an aetiological factor in two hundred and forty cases, 46 per cent., and, of these, seventy-one, or 13.6 per cent. of the whole number, suffered from alcoholic psychoses. Of the remainder of the group, 75 per cent. exhibited psychoses of distinctly degenerative type. Alcohol was responsible for the commitment of 41 per cent. of the imbeciles and 34.5 per cent. of the epileptics.

Dr. Mabon found in a study of nine hundred and sixty-one cases in which a dependable history was obtained, that alcohol alone or in combination, was a precipitating cause in 37 per cent.—55 per cent. of men, 22 per cent. of women.

"Kraepelin found that 30 per cent. of the male patients and 6 per cent. of the female admitted to the psychiatric clinic at Munich were suffering from psychoses due to alcohol. He also states that in 44.9 per cent. of the psychoses not directly due to alcohol this agent was an important factor in producing the mental disease. In epilepsy he found alcohol to be responsible for the commitment in 65 per cent. of males and 28.5 per cent. of female patients. In 42.9 per cent. of the imbeciles, alcohol was the cause of their commitment."

It would appear from the statistics cited that one-fifth of the insane population of this country, probably in excess of two hundred thousand, has become insane from the use of alcoholics or from an inherited infirmity. Reduced to the matter of dollars and cents, they represent a cost to families or to the State of not less than ten millions of dollars annually, and of loss in wages of more than fifteen million dollars more. Cumulative proofs in statistics that show what a menace alcohol is, are having the effect to change in some slight degree the attitude of the public toward the use of alcoholics.

The relative position of heredity and the effects of alcohol as

causal factors of insanity, cannot perhaps be stated offhand, the difficulty of precise differentiation is heightened by the fact that the tendency of heredity would be toward correction rather than the reverse, but for the introduction of alcohol as an element. At all events, it may be granted that taken singly or in combination, alcohol and heredity predispose to, or precipitate, insanity in the majority of those who come to hospital care.

The subject of heredity is one of the most important with which the physician and sociologist have to deal.

The fact of the transmission of attributes, mental and physical, characteristic of the family, is seen wherever there is life, but how every species faithfully reproduces its kind even to individual traits, is an unsolved problem. We may, for practical purposes, content ourselves with a statement of facts of heredity and such rules as have grown out of the experience of observers.

The tendency for nature to return to the normal is observed both when morbid tendencies occur and also when exceptional ability appears in a family. This is nature's gyroscope. Interference with this fortuitous tendency by the union of similar unfavorable qualities results in intensification of disease and extinction. This fact is accepted for the physical side, but for the mental, alas, there seems to exist some sort of fallacious hope that out of the union of insane or defective stock, there may come healthy offspring; and it is this ignorance or careless indifference that we have to combat. It is a reproach to the medical profession that the unwelcome truth is not more generally credited that defects of parents whose tendencies are to disease or degeneration, will probably be perpetuated in their offspring when like tendencies exist in both families.

It should be taught that every individual has, outwardly or hidden, all the qualities of two broadening lines of ancestors, and the predominant attributes of one generation will in the usual course appear in some or all of the descendants. There is no fixed rule as to how these qualities shall be rearranged in the new being, and one may not positively predict which, if either side, will predominate, but it is generally a safe proposition that those characteristics that have passed with little change through succeeding generations, will continue in the ascendancy. This is true none the less for morbid than for the healthy attributes. While the probability of the continuance of morbid tendencies is greatest where both sides are similarly affected, the danger is only slightly less when either parent has inherited through several generations a tendency to some morbid mental state. In any case, those psychoses that are prone to occur early in life and are characterized by rapid deterioration, indicate a strongly predominant unfavorable tendency; on the contrary, however, if the disease is of a recoverable type, *i. e.*, is a functional disorder, the introduction of healthy counter tendencies may restore the normal balance.

The significance of insanity in collateral branches, as uncles,

aunts and cousins, depends upon the form of the malady, the number of persons affected, and the health of intervening stock.

The prospects are less favorable when epilepsy, dementia or idiocy is prominent.

When a case of insanity appears accidentally as the result of some infection or temporary unfavorable condition, it may be taken simply as indicative of a tendency that may give trouble in progeny if intensified.

Examples of apparent deviation from the simple laws of heredity sometimes mislead and confuse; children born of insane parents may go through life exempt, although this is exceptional where the disease has become fixed in the family; and there are examples of epileptic, idiotic, and other defective states, born of parents apparently healthy. These also will be found to be rather exceptional. But the occurrence of such deviation leads to the question in the public mind as to whether or not there are laws of heredity upon which safe conclusions may be founded. Scarcely a case arises which cannot be explained, in which the results, indeed, could not have been accurately foretold. The introduction of healthy counter tendencies in families where insanity has existed, will unquestionably eradicate the disease, though it is likely to persist here and there through two or three or more generations, and there are few families so strongly fortified that the introduction of unstable tendencies will not result in the appearance of defective members. It is most important it be understood that such indications of want of stability and lack of power of resistance as are evidenced by migraine, epilepsy, neuralgias, hysteria or psychasthenic and neurasthenic states are prone to appear in more serious form of nervous or mental trouble when such conditions or tendencies exist in both parents. Cancer, rheumatism, or tuberculosis also may be noted with considerable frequency in the generation immediately preceding a generation showing insanity.

The question of heredity from which there is no escape should be squarely faced, and the dangers that attend unions of like morbid tendencies should have some of the consideration the farmer bestows on the breeding of his sheep.

Statistics show that upwards of 20 per cent. of those who come to hospital care have near kin insane, and in the families of as many more are found tendencies to physical and mental disorders of a degenerative type.

The excess of defectives born of consanguineous marriages is explainable by the intensification of morbid tendencies which when found in both branches tend to increase in geometrical ratio.

Syphilis alone or plus alcohol is responsible for paresis which makes up from 8 to 10 per cent. of the insane population, and it probably gives rise directly or indirectly to from 2 to 3 per cent. of some of the other forms of insanity.

It is not to be expected that the habits or customs of the people will change to any extent in this generation or the next,

and practical measures for the prevention of insanity, if exercised at all, must be directed toward the proper education of those born with a moral or mental squint.

Conditions that require individual and special teaching and direction may be in evidence when the child enters school, or they may appear as late as the period of puberty.

Backwardness from a faulty, undeveloped brain may simply mark the child as a dullard who drags along and is dropped out as soon as the age limit is reached, and he may continue through life unresponsive and indifferent, or under favorable conditions development may take place late, or the inability to get on may mark a one-sided development with inability to do well in school, where his lack of capability may be interpreted as want of interest, ill temper or viciousness. Failure in school work may for such mean loss of self-respect and failure through life. Wholesale educational methods leave such children behind and it is uncertain where next they may be heard from, but the chances are that many will bring up in the juvenile court and the industrial school, and ultimately in the jail or asylum. That book knowledge for such is unattainable may well be admitted at the outset. Instead there may be inculcated habits of self-control, discipline, industry and love of order, supplemented by manual training in some line. By early determination of the bent of the child, it may be possible to bring out whatever powers he possesses, thus saving him to some extent from feeling and being twitted as a dullard, at the same time creating a spirit of self-reliance and self-respect that will overcome truancy tendencies and the possible formation of vicious habits. Routine methods and orderly habits of thought are important and should be the first aim throughout the school life.

The precocious offspring of neurotic parents, who early display artistic, imaginative, unpractical tendencies, suffer from the stimulation of school life, and their safety requires that they be brought up in an atmosphere calculated to hold in check the impulse to race to their goal. Like the Dominie's star pupil, they are ready to be filled until their heads won't hold another teaspoonful. Upon the character of the filling depends in great measure their future usefulness and happiness.

The importance of early determination of the mental status and capabilities of those children who show marked defects or deviations from the normal, suggests the propriety, if not the actual necessity, of having school physicians to examine and watch over the mental health of children in all grades. The ideally desirable thing would be to make the school training directly preparatory for the life work. Many misfits might then be found out early, thereby forestalling failure, over-strain and mental overthrow. In the chapter on the Hygiene of Work, Clouston says, "It would be an interesting sociological inquiry to ascertain in modern society the real proportion of square men and women who have got into round holes and vice versa. I have been looking over the list of my

friends and acquaintances, and I think one may safely say that at least 20 per cent. have failed to find the work for which they were most fitted." "For the neurotic, more especially, the choice of an occupation counteractive to their diathesis is important. I am persuaded, from my own experience, that if this was more frequently done much neurasthenia, nervous 'breakdowns,' misery and mental disease might be saved. There are so many young people with manifest defects of intellect, of adaptability, of sympathy, of character, of manners, of firmness of purpose, of organizing power, and of observation, that the teacher and the doctor would be fools indeed if they could not help in choice of work."

The man who follows an occupation against which there is constant conscious or unconscious revolt, who, in short, is not in love with his job, suffers unnecessary wear and tear, which, to the person of slight reserve, may stand in the way of health and success.

General dissemination of knowledge concerning conditions and diseases that make for mental instability and insanity, is of as much, if not greater importance, than the valuable work now being done for the prevention of tuberculosis.

The Connecticut Society for Mental Hygiene has undertaken social service work that promises to be of great value in holding before public attention the fact that insanity is preventable, and that prompt treatment for "breaking minds is quite as imperative as for broken bones."

THE USE OF THE REPERTORY.

By Maurice Worcester Turner, M.D., Brookline, Mass

(Concluded.)

As one case has been studied, with the aid of Bœnninghausen's "Therapeutic Pocket Book," it will not be time wasted to examine the repertory itself for a few minutes. Bœnninghausen introduced it about 1830; it then included one hundred and twenty-five remedies; in the new American edition by Dr. Timothy Field Allen, published in 1891, several remedies were, unwisely, I think, omitted, while about one hundred and seventy-five were added, many being but imperfectly noted. The Boger translation of 1905 consists of Bœnninghausen's "Characteristics of the Materia Medica and the Repertory." The latter is large, somewhat different in arrangement, and much more complicated than the Allen edition, but extremely useful as a reference book and analysis, containing one hundred and forty remedies.

The Allen Bœnninghausen, in spite of inaccuracies and unwarranted changes in rubric headings, is on the whole the best in size, arrangement, and conciseness for use at the bedside. The first 140 pages cover "all parts of the body," i. e., give the

remedies affecting those parts. It is most general in its arrangement, e. g., the Mind and Intellect are covered in thirty-six rubrics, so it can be seen that particulars have no place, and yet all mental variations are included in these six and thirty headings. After the parts of the body, in Bœnninghausen, follows 50 pages of sensations, then short sections in glands and bones, and 35 pages devoted to skin symptoms. Next, sleep and dreams 10 pages, circulation and fever 20 pages, and last in this part 40 pages of aggravations and 10 pages of ameliorations. After this 160 pages are devoted to the Concordances or Relationship of Remedies, an important and valuable part of the work; as Bœnninghausen tells us, "useful not only for the selection and confirmation of the remedy, but also for judging of the sequence of remedies, especially in chronic diseases."

The second case is one I reported in the "Hahnemann Advocate," February 15, 1900, under the title "Guiding Symptoms," and here is the part germane to this lecture:

Mr. X. came to me January 20, 1898, with a letter from a brother physician, portions of which were as follows:

"Dear Doctor: I send you the bearer, Mr. X., for treatment. The trouble is chronic gonorrhea of two years' duration. He has been under my care since April, 1897. He has had, at different times, Sulphur, Pulsatilla, Sepia, Thuja, Mezereum, and Belladonna. He is married and claims the gonorrhea came from his wife's leucorrheal discharge. However that may be, he is desirous of getting well. He has used about all the injections that were recommended, and has been under all sorts of treatment, before he came to me. Everything from patent medicine and quacks to the family doctor. He makes no attempt to conceal anything, therefore you will have no trouble in obtaining both history and symptoms. Sincerely, ————"

Mr. X. was of medium height, of full habit, with brown eyes and brown hair. Had been married four years, no children. His wife had been married before and had one miscarriage, before she became Mrs. X. He had had quinsy, colds, etc., but never any severe illness. The gonorrhea(?) came on two and a half years ago, and about six months later there was swelling of the right testis, with soreness, fever, etc. The discharge has been growing less, and is now very slight, only a drop in the morning; color grayish-white.

Micturition of normal frequency, never in the night. Meatus a little irritated, and lately, burning while urinating.

Appetite and sleep very good, craves fat meat.

Coldness of glans penis in the forenoon, also of the perineum, especially in bed.

Has had the cold sound passed twice; the first time with relief, the second with increase of the discomfort.

Since last April has had soreness and feeling of pressure in the perineum and tuberosities of the ischia, which is:

Worse when standing, better walking about, better lying down, i. e., the pain and soreness, better on waking in the morning, but soon the pain comes on and increases during the day, while he stands, and is relieved as soon as he sits or lies down.

There is soreness to touch or pressure on sitting or from pressure of the clothes. Frequent ineffectual urging to stool.

Mr. X. works in a shoe factory and has to stand all day with one foot on the treadle of a machine.

Taking the present, i. e., last symptoms of the case especially into consideration, I looked up Perineum as the "part affected," in Bœnninghausen's "Therapeutic Pocket Book," Allen's edition, on page 93, where there is a list, under that "location," of thirty-nine drugs.

Which is the simillimum? We are assisted in the choice by the difference in the value of the remedies as indicated in the repertory by the various sizes of the type. Thus under Perineum the six most prominent ones are Agn., Alum., Carbo an., Carbo v., Cyc., Sul., and while I originally worked this case out in full, by using the whole of the first two rubrics to begin with, which is the only proper and safe way for anyone to do in their first studies, I will now, for the sake of making the explanation shorter, take only these six medicines for this illustration.

On turning to the next group—the kind of discomfort—and taking the soreness (externally), page 181, we find that the first drug of the six, Agn., does not occur, so it can be dropped. The second, Alum. and Sul., also, are in the next to the highest type, while Carbo v. and Cyc. occur in the third size and Carbo an. in the fourth or lowest. Consequently the value of these six remedies under the two symptoms would stand as follows, reckoning four for the highest type, three for the next lower, and so on; (Agn. 4), Alum. 7, Carbo an. 5, Carbo v. 6, Cyc. 6, Sul. 7.

The third symptom, feeling of pressure, is really the last half of the second group, as it still further explains how the part is affected. In the repertory it is found as pressing in muscles, page 174, and in this list some of the remedies are wanting, so after adding to each the figure representing its value, under this sympton, there results Carbo an. 8, Cyc. 10, Sul. 9.

Now we come to the last group, the modalities, and take first, aggravation when standing, page 301, and following the same process, secure Carbo an. 9, Cyc. 14, Sul. 12, and the next symptom-part, amelioration walking, page 320, gives Cyc. 18, Sul. 16.

Having reduced the list of remedies to two a reference to the materia medica will aid. The pathogenesis of Sulphur gives little in the perineal symptoms that agree with the case, only: "Constant bearing down (toward anus); forcing down after sitting; itching in perineum with soft stool." Neither did the

case present any of the general symptoms of Sulphur, so it is set aside.

There remains Cyclamen, and its proving contains: "Drawing pressive pain in and about anus and perineum, as if a spot were suppurating; when walking or sitting," not exactly the same as the case and yet, as the general conditions of the drug concide, i. e., the relief from walking, the aggravation when standing and the fact that the part affected, and the way it was involved were particularly prominent under Cyclamen, it was given on January 20, 1898. He then received Cyclamen 50m (F), three doses, dry on the tongue, one at once, the second the next morning, the third the following night.

January 31, 1898, he reported: "Have been growing gradually better the last few days, though my work has been unusually hard and have been standing constantly." No medicine.

February 24, not much better than at last report, the bearing down has been about the same; it has been worse for the last two days. Urethra sore to touch, with dysuria. Cyclamen 50m two doses dry.

March 15, urinary symptoms better, less discharge, dysuria less, urethral soreness less except last two days. Has had an attack of spasmodic contraction of rectum which waked him at night. Soreness of perineum generally less, also coldness of glans and perineum. Sweat sticky, without odor, on scrotum and perineum. Is working very hard. On account of condition being worse the last two days I repeated Cyclamen 50m, one dose dry.

April 4, perineum very much better, some days no discomfort, but the last day or two a little toward night. Very little bearing down in rectum, no rectal spasm. Discharge about the same, also urethral soreness. Sweat less about the parts. Is working overtime and very hard. At this time he had a felon around the nail of the right index finger, caused by running a straw under the nail; as it was very painful, and the local symptoms called for it, I gave him Hepar 1m (F), three doses dry.

April 25, the felon improved at once soon after the last prescription. Had a sore throat and took various things for it, as tincture of iron and gargle of peroxide of hydrogen, also quinine for the fever, etc. All the perineal symptoms are worse again (naturally); they are not as much relieved by walking about, but are better after stool. Symptoms of urethra are also worse. Two rectal spasms have occurred. Cyclamen 50m two doses dry.

May 3, has been better the last four or five days. Soreness and bearing down are both less. Still some scalding in urethra, discharge slight. No rectal spasms. No medicine.

May 16, all symptoms better, except there is still some urethral soreness with slight milky discharge; as the length of

time the remedy usually acts had nearly expired I repeated Cyclamen cm (S) one dose dry.

June 6, very much better especially the last week; before that no improvement, but was worse. Urethral soreness and discharge less. No rectal spasms. Perineal soreness much less. No medicine.

June 21, received a letter from him, saying: " I have not been feeling nearly as well for the past week, but am not so bad as I was before." Cyclamen cm two doses dry.

July 2, very much improved. Soreness not all gone, but can stand much better. Less bearing down. Urethral discharge and soreness much less. No medicine.

As he was going away for a month, I gave him two powders of Cyclamen cm to take in case there should be an aggravation.

August 22, reported that he was worse about August 3 and 4, and took the Cyclamen powders with relief, so that now he is feeling well. Had a spasm of rectum. He noticed, he said, that he did not now have a return of the trouble as often, and when it did come back it did not last as long. Had an attack of cholera morbus two nights ago, and a few loose stools since. I gave him two powders of Cyclamen cm, as on July 2, to use when necessary.

October 6, 1898, reported that about ten days ago, September 26, was worse again and took the powders of Cyclamen. The soreness, discharge, bearing down, etc., all came back only much less than the time before. No rectal spasm. Is gaining right along now.

I have not heard from him personally since, but have seen the physician who sent him to me, and he assured me that Mr. X. was perfectly well and that if the perineal trouble returned he would see me at once. This was over a year later.

The time that elapsed between the repetitions of the drug are interesting. Starting with January 20, 1898, he then went for 35 days, then 21 days, then 41, then 21, then 36, next 43, and lastly 54 days, bringing it to September 26, 1898. The duration of action of Cyclamen is given as two or three weeks, in this case the effect never passed off in less than three weeks, and between the last two prescriptions of Cyclamen was nearly eight weeks.

Case III. This is a chronic one. Mrs. L., 60 years old, who had passed the menopause without incident, thought she had always had "liver trouble," though the first attack of icterus occurred in the spring of 1896. The next fall she was again jaundiced for six to eight weeks. Through the following winter her health was poor and in May, 1897, chills began, first with intervals of seven days, later quotidian and finally irregular. In June considerable quinine was given to her which for a time controlled, apparently, the chills, as only slight ones occurred in the summer, but in September she had two severe ones and two

more at the beginning of November, just prior to my seeing her in consultation.

The symptoms of the last paroxysms, the "latest symptoms to appear," were:

Time, 4 to 6 P. M., generally near six o'clock, an afternoon and evening paroxysm.

Exciting cause, any slight irregularity in diet.

Prodromes, none.

Chill, began "all over." Feet and hands very cold as if dead. Wanted to be wrapped up, without relief, though if she uncovered was no chillier. No thirst. Chill lasted from twenty to sixty minutes.

Heat, generally slight, though temperature rises from 1° to 4°, according to severity of paroxysm. Moderate thirst. Apathetic, very drowsy, lies with eyes closed. Face bluish. Pulse full and slow. Desires to uncover. Sometimes wishes to be fanned.

Sweat, generally begins by 8 or 9 P. M. Cold sweat, general, not profuse. She then goes to sleep and usually does not wake till morning.

Apyrexia, clear, though slightly icteric.

Other symptoms, has been constipated for years and takes laxatives, stools natural color. Liver normal size. Spleen can be felt. Digestion easily upset, but tongue clean and no bad taste. Has lost twenty-five pounds the past year, is emaciated, pale, sallow. Remedies already given: Nat. m. 30 and 200; Phos. ac. 30; Sul. 200 (last spring); Gel. 3x recently. No quinine for two months.

The useful symptoms were:

1. Cause; (a) drugging with quinine, p. 295 (as it partly suppressed the chills and modified them). "Our antidotes to be most effective must be directed especially against those (drugs) last given"—Hering, Hahnemann's Three Rules. (b) Exciting cause of paroxysm "aggravation disordered stomach," p. 277.

And next the characteristics of the paroxysm "the complete picture," including:

2. Time: (a) "aggravation afternoon" (4 to 6), p. 269, and (b) "aggravation evening," p. 270.

3. "Chill without thirst," p. 255.

4. "Heat with thirst," p. 259.

5. "Desire to uncover in heat," p. 259.

6. "Sweat cold," p. 263.

Taking the first two rubrics together, to shorten the work, we have:

19 Remedies result from first two Rubrics.	Abuse Quinine. Agg. Disordered Stomach.	Agg. Afternoon.	Agg. Evening.	Chill without thirst.	Heat with thirst.	Desire to uncover in Heat.	Sweat Cold.	Totals.
Ant. t.	5	1	4	3	1			
Ars.	6	3	3	4	4	1	4	25
Bry.	5	3	4	2	3	1	3	21
Calc. c.	5	2	3	1	4	3	1	19
Caps.	3	1	4	2	1			
Carbo v.	7	1	2	1	1	1	2	15
Cham.	3	1	3					
Cyc.	2	1	4	3				
Fer.	5	2	3					
Ip.	8	2	3	2	1			
Nat. m.	5	2	3	1	3			
Nux. v.	5	3	1	3	1	1	2	16
Phos.	3	3	4	4	1	2	1	18
Puls.	8	4	4	4	3	4	4	31
Sep.	5	4	4	2	2	1	2	20
Stan.	2	2	4					
Sul.	5	4	4	3	4	2	3	25
Sul. ac.	3	1	4					
Verat. a.	5	1	1	1	2	3	4	17

Now the materia medica was consulted—in such cases assistance is obtained from Dr. H. C. Allen's work "Therapeutics of Fevers"—and full confirmation of Pulsatilla for this case can be found either in that book or in Hering's "Guiding Symptoms," Vol. VIII, pp. 634-8.

November 9, 1897, she was given, during the apyrexia, Pulsatilla cm, (F), five doses in water.

November 17, slight chill at 6 P. M.

November 18, severe chill, then heat, no sweat, between 2 and 3 P. M.

November 20, Pulsatilla 1 mil., (F), three doses in water.

Two weeks elapsed and then a very slight chill, none after. Bowels regular, does not have to use laxatives.

The last report, April 19, 1905, seven and one-half years later, she had no return and was well.

Case IV. As an illustration of rapid work with the repertory at the bedside let me offer the following:

A man, forty years old, was taken suddenly in the afternoon with pain in the scrobiculus, a severe griping and also sticking

pain which extended to the back. For relief he either bent forward or lay on his abdomen. The site of the pain was sensitive to touch, there was no flatus, and no history of dietetic or other indiscretion. When seen the attack had been going on some two hours.

On taking the symptoms in proper order the first two rubrics "pit of stomach," p. 81, and "griping pain," p. 161, together, using only the remedies in the two largest sizes of type occurring in both, gave six remedies as follows: Bell. 6, Bry. 7, Calc. c. 7, Cocc. 7, Lyc. 6, Puls. 7.

Rubric number three, "sticking inward," p. 184, gave four remedies with the following totals: Bell. 8, Bry. 10, Calc. c. 10, Cocc. 8.

From the fourth rubric, "aggravation from touch," p. 304, there resulted: Bell. 12, Bry. 14, Calc. c. 11, Cocc. 10.

The fifth symptom-part, "amelioration bending backward," p. 311, cut out two, leaving only: Bell. 17, and Cocc. 13, and lastly, the "relief lying on abdomen," i. e., "amelioration pressure, external," p. 317, Bell. 17, Cocc. 16. The full working out of the case, the only safe way, and which I did at the bedside, gives the same result.

It required but a glance at the pathogeneses of the two remedies to confirm the choice of Belladonna, and one dose of the 200th relieved in fifteen minutes so he was free from pain; but in about an hour he tried to get up, when the pain returned, and as it persisted and grew in intensity another dose was given with prompt and permanent relief.

Case V. This is one more instance of quick repertory work and results.

A pneumonia of the middle and lower lobes of the right lung, in a woman about seven months' pregnant, yielded rapidly to Phosphorus, but after the crisis the cough developed much more severely and premature labor seemed unavoidable. Phosphorus repeated did not act. There was no fever; pulse 90 to 100 and regular; cough short, hacking, almost constant, worse from 4 to 6 in the afternoon; expectoration whitish—mucus sometimes bloody; no thirst; short breath; most relief lying on the back; much abdominal flatus.

What medicine would help, and how could it be found?

It was probable that a remedy which was related to or followed well after Phosphorus should be selected, and I turned to the Relationships under that remedy on p. 437. Here the rubric Other Remedies seemed to give the desired list; of these we will take the two highest types yielding twenty-five medicines, among which is doubtless the one needed.

The rubrics should be used in the following order:

1. Other remedies, p. 437.
2. Cough with expectoration, p. 115.
3. Expectoration whitish, p. 119.

4. Expectoration bloody, p. 117.
5. Aggravation afternoon, p. 269.
6. Amelioration lying on back, p. 316.
7. Respiration rapid, p. 113.
8. Flatulence in general, p. 83.

After these may be taken or not as one likes,—

9. Expectoration mucous (slimy), p. 118.
10. No thirst, p. 66.

The following is the working out in this way; the original study, with the first rubrics taken in full, gave the same result, and I give it cut down to save time and space:

Only the two highest styles of type used here.	Other Remedies.	Cgh. with Expect.	Except. Whitish.	Expect. Bloody.	Agg. Afternoon.	Amel. Lying on Back.	Respi. Rapid.	Flatulency in Gen'l.	Totals.	Expect. Mucous.	No thirst.	Totals.
Aloe	3	2										
Apis	4	3										
Arg. n.	4											
Bap.	3											
Bell.	3	1										
Bry.	3	3										
Cact.	3											
Calc. c.	3	4										
Cannab. i.	3											
Cimic.	3											
Crotal.	3											
Gel.	4											
Glon.	3											
K. bi.	3											
Lil. t.	3											
Lyc.	3	4	4	3	4	3	4	4	29	4	1	34
Merc.	3	2	2	3	3	2	3	4	22	1	1	24
Nux v.	3	2										
Pod.	3											
Puls.	4	4										
Sang.	3											
Sep.	3	4	4	3	4	1	4	3	26	2	3	31
Sil.	3	3	1	2	4	1	3	4	21	2		
Sul.	4	3	2	4	4	2	4	4	27	2	2	31
Verat. v.	3											

Though Lycopodium, Sepia, and Sulphur ran close together there was no difficulty, when their provings were consulted, in

deciding between them. Lycopodium cm (S) was given in water, four doses at two-hour intervals, beginning at 10 A. M., to develop as rapid action as possible. The cough was much less that afternoon and by the next morning was gone. Seven weeks later the baby was born; both mother and child are alive today.

Case VI. This is not an unusual one, but an instance of harmonizing of what seem to be incongruous elements in a case so that one prescription will cover, also illustrating the proper order in which to use the different groups of symptoms, and the assistance and confirmation the second group may give.

Not long ago an old lady of 88 years sent for me, and on questioning her I obtained the following story: She had felt weak since Christmas—this was in February—and had lately a painless though excoriating morning diarrhea, coming after breakfast but sometimes also a stool following the midday meal. Much flatus in abdomen with colicky pain. No eructations. The principal thing, however, which troubled her, and had preceded the bowel condition, was a pain in the left hypochondrium under the short ribs, a "sticking" seemingly deep in the side, of which there were no modalities except that she couldn't lie on that side, though that had been her habit. Nothing could be felt on examination. Her general condition was good.

While she complained especially of the pain in the left side, yet the bowel symptoms being "the latest to appear," were of highest rank in guiding. I therefore took the symptoms in the following order and looked them up in Bœnninghausen:

1. Painless diarrhea, p. 86.
2. Acrid stool, p. 87.
3. Aggravation after eating, p. 278, as the stools occurred after the noon meal also.
4. Flatulent pain, p. 84.

Taking the first two rubrics together and working out the rest gives twenty-seven remedies with China, Phosphorus and Pulsatilla each fourteen, consequently to decide between them I had to take in addition the concomitant group relating to the pain in the side.

5. Left hypochondrium, p. 82.
6. Sticking pain, internally, p. 183.
7. Aggravation lying on painful side, p. 290, and these gave the preference to China; this being a "synthetic" prescription the symptom-group was not found entire in the materia medica, under that remedy, only a general confirmation.

She was given China 200th (Dunham) one dose, and the troubles which had persisted more than six weeks were at once set right. The full working out of the case is as follows:

	Painless Diarrhœa. Acrid Stool	Agg. After Eating.	Flatulent Pain.	Totals.	Left Hypochon.	Sticking Inter.	Agg. Lying on Painful Side.	Totals.
Acon.	3	2	1	6	1	3	3	13
Ars.	8	4						
Bry.	3	4	1	8	2	4	3	17
Calc. c.	3	4	1	8	2	3	2	15
Canth.	3	1	2	6				
Cham.	6	3	3	12	3	2		
Chin.	7	3	4	14	3	4	3	24
Dulc.	5	1						
Fer.	7	3	1	11	3	3		
Graph.	5	3	3	11	2	1	3	17
Hell.	3	1	1	5				
Ign.	6	1	3	10	4	4	2	20
Merc.	6	1						
Nat. m.	3	4	2	9	2	3	1	15
Nux m.	2	2	3	7				
Nux v.	4	4	4	12	2	3	3	20
Petrol.	2	3						
Phos.	7	4	3	14	1	4	3	22
Phos. ac.	5	3						
Pod.	6	3						
Puls.	6	4	4	14	2	4	2	22
Sabi.	2	2	1	5				
Sars.	2	2						
Spo.	2	1	2	5				
Staph.	4	1	4	9	2	3	2	16
Sul.	6	4	1	11	4	3	1	19
Verat. a.	5	3	4	12				

It should be understood that every case studied by the aid of the repertory does not work out as well as these six I have used for illustration, far from it, but most will if the symptoms be used in the correct way, and for those cases that do not work out well much may be learned from a fragmentary study.

What I have been able to give in the hour is but an outline of the subject; many important parts of it are only touched upon, a few of them are: the management of mental cases; the status of mental symptoms, i. e., their rank of value and the importance to be attached to their modifications; nervous and hysterical

affections; details in chronic cases generally; contagious diseases; concordances (relationships).

Success with the repertory depends upon the ability of the physician to "take the case" properly and make correct deductions therefrom. The repertory should not be looked upon as necessarily a time saver at first, but rather as an aid to accuracy, the economy of time coming in the latter management of the case, as a result of the complete primary study, and ultimately in its more rapid cure. Short cuts in repertorial work, and there are many, are only profitable to the expert and should not be attempted by the tyro.

I cannot help feeling that if the knowledge of how to use the repertory were more general there would be many stronger homœopaths, stronger because of increased confidence in their ability to find the simillimum and hence less likely to employ unhomœopathic measures.

NOTES ON LAC CANINUM.

By B. C. Woodbury, Jr., M.D., Portsmouth, N. H.

My experience with this unique remedy, aside from the case reported here, is limited to its use in three cases of cephalalgia of long standing, in all of which the remedy, for a time at least, was seemingly followed by marked benefit.

The characteristic symptoms were the blurred vision, nausea and vomiting at the height of the attack, and, particularly, the alternation of sides; in one of the cases, entire cessation of attacks for the period of one and one-half years.

In corroboration of these results, in the February, 1909, *Gazette*, Dr. M. W. Turner reports one case of diphtheria and three cases of chronic headache, much similar in symptomatology to those mentioned, in which this remedy was not only palliative, but also permanently beneficial in the 2c and 1m potencies. My experience has been entirely with the 200th potency. The following is a recent verification of its action in throat conditions.

Follicular Tonsilitis.

August 9, 1909, at 10.30 A. M., I was summoned to Miss Farida P——, whose home was in a distant city. Her mother reported that she had passed a sleepless and very feverish night, during which she had endeavored to allay the child's fever and sore throat with aconite, belladonna, and gelseminum in frequently repeated doses.

Upon examination the child presented a very well marked exudate in yellowish-white patches on the tonsils and faucial pillars; glandular swelling externally, and during the night there had been vomiting and severe headache—no sign of an eruption. Temperature at this time was 104.2°, pulse 130. Symptoms had begun in the afternoon of the day before on the right side, shifting to left

the following morning. There was very little swelling internally, but the tonsils were of a very deep red color. Soreness, however, was very great even on swallowing liquids, increasing now on the right side, pain extending to ear on swallowing. The tongue was thickly coated; splitting headache, with vertigo on assuming the upright posture; alternate red and pale face.

Her age was twelve years, and her mother stated that she had had several similar attacks which had been called "ulcerated sore throat." In addition to the above symptoms, there was intense backache across the sacrum, also beneath bends of knees; intense thirst for cold drinks at frequent intervals; nose stopped up, and symptoms were generally worse after sleeping; is very fretful and cries on waking. Prescribed phytolacca 3x dilution in water, one teaspoonful every half hour; all other remedies discontinued.

Returning at 2.30 P. M. to take a culture of the throat, I found no apparent improvement; head and back still aching very intensely; temperature 103.6°, pulse 120.

At 7.30 P. M. temperature was 102.8°, pulse 110, but no appreciable improvement in the subjective symptoms. During the afternoon the soreness had changed to the left side, and by evening was again most marked on the right side. At this visit (7.30 P. M.) prescribed lac caninum 2c, a powder in water, one teaspoonful to be given not oftener than once in two hours.

The following morning nausea and dizziness were gone: the exudate had entirely disappeared from left side (last appearing); the external swelling was much diminished; temperature 98.6°, pulse 90; a slight pain remained over left eye; no pains in back or limbs. One more teaspoonful of the remedy, and then placebo.

Twenty-four hours later, case was discharged; the throat still red, but free from any exudate. Peroxide of hydrogen 1 to 3, and later 1 to 2 was used as a spray. A negative culture report was later received.

The happy results in this case may have been due in a measure to the solvent action of the peroxide of hydrogen, yet I feel doubtful if it could have had so striking an effect upon the constitutional symptoms. I feel, therefore, that if the indicated remedy in this case was not the most singularly curative factor, I should be glad to use the former alone in every case if such prompt results were sure to follow.

CHANGES AT DARTMOUTH.

The resignation of Dr. Miles Standish as Professor of Ophthalmology in the Dartmouth Medical School, was recently accepted by the trustees. Three new professors were also appointed: Dr. W. E. Butler of Brooklyn, N. Y., Professor of Medical Jurisprudence; Dr. Elliott Gray Brackett of Boston, Professor of Orthopedics, and Dr. E. H. Carlton, Clinical Professor of Diseases of the Eye, Ear, Nose and Throat.

ARSENICAL POISONING FROM THIRD DECIMAL TRITURATION TABLETS.

By A. G. Howard, M.D., Boston, Mass.

Mr. C——, age 22. Occupation: medical student, freshman. General health good. Well developed and active. Complained of coryza, which on questioning indicated arsenicum. The 3x trituration tablet (Clapp) was prescribed, one grain every two hours. Mr. C—— thought that relief would be obtained more quickly by taking one tablet every twenty or thirty minutes. He began taking the tablets Monday at 10 P. M., taking four one-grain tablets of arsenicum 3x before retiring. On the following morning (Tuesday) he began to take one tablet every twenty to thirty minutes, and continued until 3 P. M., when his supply gave out. Secured more arsenicum 3x at 7 P. M. and continued taking it as before until 11 P. M.

During the early part of the evening he felt bright and active, played the piano; mind clear; said he "never felt so good in his life." Then he went to visit another student. At 8.30 P. M. had an uncontrollable desire to go to sleep. Slept as in a stupor until 10 P. M., when he was awakened with some difficulty. He staggered home, half asleep, could not keep awake, and retired immediately on reaching his room. Slept soundly until 2 A. M. (Wednesday) when he awoke with severe muscular cramps in the abdomen, nausea, and an irresistible desire to stool. Stool watery, yellowish-green and shiny; the feces gushed out like water coming from a hydrant. Vomited while at stool. Stool stopped as suddenly as it came on, but he dared not leave the seat for fear of involuntary passing of feces. Had very severe cramps in calves and thighs, increased on bending forward.

2.50 A. M. Stercoraceous vomiting with stool. Vertigo on returning to bed. Could not see bed. Everything seemed to be moving. Very weak; reached bed with considerable difficulty. Profuse cold sweat while vomiting, and at the same time felt cold. Skin felt greasy and had a distinct odor. Lay on the bed, completely exhausted. Limbs cramped so he could not cover himself with the bed clothing. The vomiting, passing of watery stools, and cramps continued at very short intervals until 6.30 A. M., when the vomiting and stools occurred at longer intervals.

I was called at this time and found Mr. C. in bed. Face pale; eyes dull. Tongue bluish, tremulous, and cold tip. Tongue dry and has a disagreeable taste. Very anxious. Thinks he will die. Great thirst, not decreased by drinking water, except while water is held in mouth. Very weak; cannot stand alone. A sore, raw feeling from mouth to anus. Stools excoriating, with a burning, biting pain. Pulse 60 and weak. Temperature (axilla) 96.6°. Frontal headache, like pushing eyes out. Eyes feel heavy. Lumbar backache. Gave veratrum alb. 3x.

10 P. M. Pulse 86. Temperature 98.2°. Throbbing headache in temples like a toothache. Had slight epistaxis in afternoon. Bowels have not moved since noon. Passes a great amount of flatus. Belches wind. Some nausea. Occasional cramps in calves of legs and soles of feet. Thirst as before. Very weak. Not sleepy. Queer puckering feeling around umbilicus. Feels hot and desires to be uncovered.

Thursday, A. M. Very weak. Slept quite well.

Friday, A. M. Vertigo and nausea. Weak.

Saturday. Root of tongue and throat very dry ever since taking the arsenic. Feels greatly improved. Is up and dressed, about the room, but very weak. A twenty-four hours' amount of urine was sent to the laboratory for analysis and showed distinct traces of arsenic.

CLINICAL DEPARTMENT

Conducted by A. H. Ring, M.D.

Case VI. Diagnosis: Carcinoma of the Uterus.

Dr. Schirmer naturally made a tentative diagnosis of appendicitis, which was corroborated at the hospital the next morning before anæsthesia. After ether, however, the true nature of condition was revealed, and the discussion from this point is kindly given by Dr. Robert F. Souther, who assisted at the operation. He says:

This is a case of unusual interest. It has many of the subjective symptoms of appendicitis, as a sudden attack of pain, principally on right side of abdomen in region of appendix. Although below McBurney's point, we frequently find the pain somewhat remote from the anatomical location of the appendix in any direction. Several attacks of vomiting at various times. The temperature and pulse I do not consider characteristic of appendicitis, as we all know that it is common for even a suppurative case of appendicitis to exist without a rise of temperature or much increase in the pulse rate. Pain on pressure over appendix is an important diagnostic point in appendicitis. This symptom was present in the case. What the nature of the vaginal discharges was I did not know at the time of entrance of patient to the Hospital. The subjective symptoms presented were very much the same as occur in acute salpingitis, the temperature and pulse more in keeping with such a condition. One might think of extra-uterine pregnancy as well, but with this condition you rarely have an increased temperature. The pulse is likely to be high, due to loss of blood, particularly if the extra-uterine sac has ruptured. The patient is apt to appear shocked or even in a state of collapse, due to loss of blood. This patient did not present these symptoms.

Upon examination at the Hospital, patient appeared to be well nourished and strong. On pressure over appendix patient complained of pain. It was determined that she should be prepared for an ether examination and abdominal operation.

At the time of ether examination. when the diagnosis between salpingitis and appendicitis would be made, very much to the surprise of all concerned, it was found that patient was suffering from a carcinoma of the uterus, no vaginal examination having been made up to that time.

The involvement was so extensive that one could not tell whether salpingitis existed or not. The surgeons did not consider further operation, advisable, and the anæsthetic was discontinued. A day or two later, at the husband's request, the surgeons did an abdominal hysterectomy. The involvement was so extensive that an unfavorable prognosis was given. The tubes and ovaries showed evidence of some inflammation, but not of an acute nature, sufficient to cause the rise in temperature. The rise in temperature was undoubtedly due to absorption of toxins from this malignant condition. The patient died three days after operation.

Case VII for Diagnosis:

Miss Z., age 30; tall, fair; mother died of apoplexy two years after the first shock, having right hemaplegia in the interval and being unable to swallow for two days before death because of spasm of jaw muscles following second shock. The patient was a milliner by occupation, and a high school graduate, and except for typhoid fever when fifteen, had no illness until after mother's death. Then she was nervously broken down for a few month, and had, what her physician called, neuritis in right arm, and was unable to eat at times because of tonic spasm of jaw. She recovered, and worked for three years. Then she developed pain in the abdomen and was operated upon at the Massachusetts General Hospital by a good surgeon, for floating kidney. This was unsuccessful in relieving pain, and she had two years of invalidism, mostly confined to the house. Her friends said that since her mother's death they had noticed a change in her disposition and a tendency to stretch or distort the truth. One morning last fall she went to call her aunt to breakfast and found her dead in bed. The abdominal pain grew worse and she was operated upon again last winter and the kidney was "readjusted." After this she made a good recovery, but in the spring began to have attacks of mental fogging and confusion on slight excitement and to feel as if she must scream. During a menstrual period she was "out of her head," and did not recognize members of her family. She was much run down and complained of a peculiar occipital headache, quite unlike a neuralgic headache, to which she had been accustomed. In talking with Miss Z. one felt like a trespasser, an unwelcome visitor, because of a peculiar blank, bored expression, which, at certain junctures in conversation, crept across her face. The cramp-like abdominal pain recurred without apparent reason, and was unaffected by treatment. There was no diarrhoea.

Physical examination was negative. There was no limitation of the field of vision, no stigmata, and no anæsthetic zones. The knee jerks were slightly exaggerated, and she was readily fatigued by slight exertion.

What was the diagnosis? What the treatment?

FREUD'S CONCEPTION OF HYSTERIA.—To attempt a review of the work of Prof. Sigmund Freud, even as found in Brill's translation of "Selected Papers on Hysteria and Other Psychoneuroses," is, I know, presumptuous. Nothing short of a thorough reading of these papers can convey any satisfactory idea of the great breadth and depth of Professor Freud's grasp of psychological principals, or of his ability to apply them to abnormal mental states.

As early as 1881, Freud discovered, in studying "the causes and the processes which provoke the phenomena of hysteria, that they could often not be found from the history, no matter how detailed it might be, partly because we had to deal with experiences disagreeable to the patient, but mainly because they really could not be recalled."

He believes that back of all cases of hysteria there is a causal psychic trauma or traumas, and that it is this accident that provokes the syndrome. A trivial incident (accidental moment) occurring during a moment of great emotional stress or revery, and totally forgotten (if indeed it ever reached awareness), often serves as the symbol for later attacks. For example, a young woman reads a letter, telling her of the serious illness of her mother and while doing so forgets something on the stove which, therefore, scorches, filling the room with the burnt odor. Thereafter her hysterical attacks were ushered in by the subjective odor of burnt food, for which, however, she is unable to account. "Experience shows that the most varied symptoms which pass as spontaneous, idiopathic attainments of hysteria stand in just as stringent connection with the causal trauma." "The active etiological factor in traumatic neurosis is really not the insignificant bodily injury, but the effect of the fright, that is, the psychic trauma. Every experience which produces painful affects of fear, anxiety, shame, or psychic pain, may act as a psychic trauma."

Practically Freud found that the individual hysterical symptoms immediately disappeared without returning if he succeeded in thoroughly awakening the memories of the causal process, giving free play to the affect.

Emotion, that is, the affective part of an idea, is the great moving force which prompts us all to action. The amount of affect (moving force), which shall accompany any given idea, depends upon many factors, prominent among which are the peculiar mental soil of the individual and the experiences which go to make up his associative processes. Emotion is his normal reaction and represents a whole series of voluntary and involuntary reflexes, from crying to revenge, through which affects are discharged.

Freud says that if this reaction is normal and successful the result of the affect finds vent through these channels, and the idea or memory becomes harmless. This is attested in daily language by the expression "to give vent to one's feelings." If, however, the reaction is suppressed the affect remains united with the memory—"An insult retaliated, be it only in words, is differently recalled than one that had been taken in silence." In man speech is an adequate channel of discharge for such affective energy and permits of "ab-reaction."

Another way in which this affect may be normally ab-reacted is by being properly worked over in consciousness and adjusted and corrected by previous experience, that is, it may, and normally does enter into the great complex of the associations.

If, now, for any reason the affect of a psychic trauma is not thus normally discharged or associated the restrained excitement becomes displaced (converted) from the psychic to the physical, creating the hysterical symptoms, of which, as we said, the incident of the accidental moment is so often the only symbol.

All of this does not materially differ from Janet's cleavage theory with resultant parasitic ideas and disassociation.

In the treatment of hysteria Freud has given up the use of hypnotism except in occasional cases, and has adapted its antithesis, which is Brewer's "cathartic," or, as he prefers to call it, analytic method. He begins by gaining the patient's confidence and persuading her to give a detailed account of her life and illness. He listens closely for the lapses in memory, which he says are often striking. He then proceeds to fill in the lapses by patient and sympathetic questioning, finding little threads of association by which to pull the unpleasant memory from the unconscious to the conscious. Dream life and reveries are closely scrutinized and the sexual life and habits carefully rehearsed, for it is in these spheres especially that he finds most of the traumatic incidents. Once these traumas are found and gone over the result is sure.

But the analytic method is not as simple as it sounds. Its success presupposes a thorough comprehension of the work together with patient listening to endless seemingly unimportant details, keen judgment and sympathy and the willing co-operation of the patient. It is, too, only applicable to a relatively small number of cases.

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann Medical College on Saturday evening, May 21st, 1910, at 8:30 o'clock. Dr. R. S. Leopold presented a paper on "A Comparison of the Wasserman and Noguchi Serum Methods for the Diagnosis of Syphilis." A number of interesting clinical cases and speciments were presented.

B. K. FLETCHER, M. D., Secy.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting on May 18th, 1910, at the residence of Dr. Percy Tindall, No. 1613 S. Broad street, at 9 P. M. Dr. Tindall presented a paper, and Dr. Frank Frosch was elected to membership. The meeting was well attended, Dr. Tindall acting as the host.

JNO. F. ROWLAND, M. D., Secy.

The Entertainment Board of the Germantown Homœpathic Medical Society were entertained at the residence of Dr. Frank Abbott, 3116 N. Broad street, on the evening of May 25th, 1910, at 9. P. M. Arrangements for the following meeting of the Society were made.

DR. BARKER, Secy.

THE WOMAN'S HOMŒOPATHIC MEDICAL CLUB held its regular monthly meeting at the residence of Dr. McClure, 1919 Wallace street, Philadelphia, on Friday evening, June 3rd, at 8:30 P. M. A number of interesting cases were presented and high discussion was entered into.

E. W. HOWELL, M. D., Secy.

THE OXFORD MEDICAL CLUB held its regular monthly meeting on Friday evening, June 3rd, at the office of Dr. I. B. Gilbert, No. 2027 Columbia Avenue, Philadelphia. The subject for discussion was "The Evolution of Hydrastis." The meeting was well attended, and Dr. Gilbert acted as the host.

L. B. GRIFFITH, M. D., Secy.

THE WEST BRANCH HOMŒOPATHIC MEDICAL SOCIETY held its regular bi-monthly meeting at the office of Dr. Dye, Williamsport, Pa., on Thursday, June 2nd, 1910, at 3 P. M. The subject for discussion was "Gastro-endoritis in Children," paper being presented by Dr. Dye. Papers were also read by Drs. Follmer and Heimbach.

LYDIA REINHOLD BAKER, M. D., Secy.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

THE ROBERT DAWSON EVANS MEMORIAL.

Few occasions in the medical history of the country, and certainly very few such in homœopathic annals, have been more notable from the standpoint of important announcements than was the annual meeting of the Alumni Association of Boston University School of Medicine, held at Young's Hotel on May 31 last. Here, before the largest gathering in the history of that body, Professor Frank C. Richardson formally announced the munificent gift of Mrs. Robert Dawson Evans, for the purpose of establishing an Institute of Clinical Research and Preventive Medicine as a memorial to her late husband. This announcement can be here best described by using the exact words of Dr. Richardson on that occasion. He spoke as follows:—

"Much has been said to the effect that the future of medicine will have to do largely with prevention. There can be no doubt that the chief function of the medical man of the future must be, as it has ever been, to obtain for humanity the most perfect action of mind and body during as long a period as is consistent with the laws of life; in other words, his aim must be to render growth more perfect, decay less rapid, death more remote.

The trend of medical thought in this direction is today stronger than ever before, and already these ideas are taking practical form in the establishment of research laboratories and the institution of educational measures for public instruction in the laws of health and the care of disease. The daily papers and popular magazines are teeming with articles upon the conservation of health, and not one of them makes mention of drugs except in ridicule or protest. This sort of education has naturally brought about a complete change in the public es-

timate of things medical, and the eagerness with which the people have grasped at mental and moral therapy in whatever guise it has been presented indicates the inadequacy of conventional medicine to their needs.

Homœopathy,—the Hahnemannian rule for drug selection,—has long since demonstrated its worth and can never be abandoned in medical practice, but it is not entitled to such exclusive attention as formerly, because other therapeutic means are being discovered and are demanding recognition. Duty to humanity, duty to ourselves, duty to the honored institutions of Homœopathy requires that we grant such recognition. Furthermore, the future of our medical schools and hospitals depends upon active participation in the work of progressive medical science. Such participation need make us no less loyal homœopathists, but will surely enable us to more truly fulfil the mission of the healing art.

Fortunately such participation has been facilitated for us by the noble generosity of Mrs. Robert Dawson Evans, who, as a fitting memorial to her late husband, proposes to establish in connection with the Massachusetts Homœopathic Hospital and in intimate association with Boston University School of Medicine, a Department of Clinical Research and Preventive Medicine.

The purpose of this institution will be to provide facilities for study and practical application of the newer forms of therapeutics as well as investigation in the fields of chemistry, pharmacology, psychology, physiology and pathology. The possibilities for advance in all these subjects are infinite, and there are available competent men who are eager to devote their time and energy to the work.

The plans so far as developed contemplate the erection of a four-story, brick building upon land adjacent to the Medical School, which land has been generously donated for the purpose by Boston University.

On the upper floor will be located laboratories, where efforts will be made to arrive at a solution of some of the many problems of such vital interest and importance to this and future generations. For example, in the realm of pathology there is contemplated:—

1. Cancer research. Our pathologists have devised a method of treating various cases of carcinoma, both inoperable and metastatic, which has been used for about six months on a number of cases with some hopeful results. It is probably crude, but will be one of the first topics to be thoroughly investigated and tested out. It seems to be more hopeful than the present method, and is based on strictly scientific grounds.

2. Further study of the specific treatment and pro-

phylaxis of typhoid fever, where much original work has been done by us.

3. Study of the prophylactic treatment of scarlet fever, already begun with promising results.

4. Study of the many phases of immunization, with the particular aim of finding therapeutic measures, as in pneumonia, meningitis, peritonitis, endocarditis, erysipelas, septicaemia, empyema, etc., etc. Such studies as these might well occupy an indefinite number of workers an indefinite number of years.

In Chemistry:—

1. A series of comparative studies of the methods used at the present time for the qualitative and quantitative determination of the various physiological and pathological constituents of the urine.

2. The determination and development of new methods of urine analysis, time and accuracy being the criteria.

3. The determination of the energy values of various foodstuffs and of the end products of metabolism by more accurate methods than those now in use.

4. Revision and amplification of the existing methods of analysis applied to the examination of the stomach contents.

5. A chemical study of the feces.

B.

1. The application of the data thus obtained to the study of various problems of the metabolism in health and disease. For example:—

a. The influence of diet on the characteristic end products of metabolism.

b. The study of various pathological conditions of metabolic origin.

c. The origins of certain metabolic end products.

While in physiology it is suggested as initial studies experimental research as to the effects of Alcohol on the Body in Respect to Its Resistance to Various Toxic Substances. There is some reason to believe that the resistance of the body is lowered by quantities of alcohol so small that they produce no structural changes.

The Histological Effects on the Central Nervous System of various Toxic Substances Which Produce Marked Clinical Symptoms, Such as Lead, etc.

Studies of the Effects Produced on Respiratory Movements by Various Emotional States.

Pharmacological studies may be made, having the subjects under the proper regime and strictest supervision.

While these research workers are delving in the laboratories of life, searching out hidden sources of disease, of equal

importance should be a department of psychopathy, devoted to study of the etiologic and therapeutic relations of intellectual to physical life. Here will be pursued studies in psycho-analytic methods, the word association test, psycho-galvanic reaction, etc., as well as investigation of the psychological principles of complex formations, conservation, dissociation, automatism, emotional energy, fatigue states, and the many other psychic phenomena, which in recent years have achieved a scientific standing hitherto unattained.

Under such conditions psychotherapy in its various forms could be productive of best results because its sophistries would be controlled by the rectification of scientific reasoning.

The third floor is to be devoted to patients under the care of the laboratory workers, thus affording opportunity for most accurate observation of results.

The second floor is to be given up largely to patients suffering from psycho-neuroses, which class of cases has not hitherto been provided for in our hospital.

In order that the institution may be productive of good to the greatest number, it is planned to have upon the ground floor an auditorium where may be given popular talks on physiological subjects: the value of fresh air, exercise, bathing, food values, personal hygiene, etc., while psycho-prophylaxis might be taught by ethical discourses upon the philosophy of life, the influence of the passions, and the various habits of thought inimical to health.

In the basement will be a plant for hydrotherapy, electrotherapy, etc.

This is an outline of the Robert Dawson Evans Department of Clinical Research and Preventive Medicine, which is already engendered.

Such an institution will be in accord with the liberal, progressive spirit of the man whose name it will bear, and cannot fail to be of incalculable worth to humanity."

This announcement was received with great enthusiasm by all present and served as a starting point for a rally elsewhere described, such as has probably never previously been seen in our meetings. At the present time nothing more can be said than is to be found in Dr. Richardson's words, but the *Gazette* will endeavor to keep its readers in close touch with the various facts as they appear from time to time in the future.

Concerning the wisdom of the project thus advanced by Mrs. Evans we cannot speak in too high terms, as probably nothing could indicate the grasp of present-day needs by the donor and her advisers more clearly than has this benefaction. The entire trend of modern medicine is toward preventive lines in every possible instance. The time-worn adage that "an

ounce of prevention is worth a pound of cure," being still true, in spite of its age and familiarity, there will be thus provided an institution almost, if not entirely, unique in the medical world, an institute of practical applied research, directly aimed at the prevention and alleviation of the ills of mankind. If the wisdom of the donor is thus applauded we must not also forget the advanced standing and foresight of the Trustees of the Massachusetts Homœopathic Hospital in doing their share in making this provision possible. It would not need much imagination to foretell the complete rejection of the entire project by less liberal-minded laymen not having the true well-being of humanity at heart. And this because the idea is a new one in hospital circles, causing a considerable departure from the regular routine of such institutions. Some time ago, before this idea was ever conceived, the *Gazette*, in speaking editorially of the possible greater sphere for the Hospital, promulgated the following:

"It is truly a great and noble achievement to save a life by a brilliant surgical operation or by some new or refined method of treatment, but far greater and more noble is it to be the person who by prolonged study and research has made such an operation or treatment possible.

"The hospital ministers to a limited circle that, however needy it may be, cannot compare in size or need to that open to the laboratory. The former deals with the individual, the latter with the multitude. The value of the former, yes, its very existence depends entirely on the earlier work of the latter. Without it the hospital would be plunged into the unspeakable condition of a century ago. With it, it becomes a blessing and a most noble charity. Too often, the generous philanthropist looks at the result only and does not see the active cause. Or perhaps for various reasons the cause may be obscured for him. What a feeling of satisfaction it must be to him who is freely supplied with money and who endows a hospital, a ward or a bed, to realize that by his beneficence some of this world's suffering may be lessened, at least for those few who may be able to take advantage of it! But how much more gratification can he attain if instead of benefitting a limited number in this manner his benefactions have made possible a discovery that will be of world-wide importance and that will save thousands of lives! Such a feeling must inspire a Rockefeller, a Carnegie, a Morgan and a number of other less prominent philanthropists to even more generous donations. They must realize, as their possessions have made possible these discoveries, that to them is indeed due a distinct share of the credit accruing therefrom. Thousands of lives are annually saved as a direct result of these studies.

"But the work is really only well begun. Thousands of lives are still being lost every year from diseases that are in all

probability preventable. A vast amount yet remains to be done in many different departments, some begun, some well toward completion, and a large part yet practically untouched. Here are to be found, among others, the problems incident to scarlet fever, smallpox, cancer, leprosy, and yellow fever, as well as the still obscure ones in connection with tuberculosis, yellow fever, syphilis, cholera, plague, and the entire question of immunity and immunization in general. In order to study these increasingly complex problems most fully, provision by endowments must be made for special research and for the training into the medical profession of men qualified to pursue it unhampered by continual financial considerations.

"Recognition of the truths of these statements is steadily if slowly coming, as indicated by the increasing benefactions. It must be remembered that the sooner these endowments are made the sooner will be made those discoveries that will enable us to cope with diseases as yet not understood and from which people are daily and hourly dying."

It is, therefore, a great pleasure for the editor to announce the gratifying answer to the above queries, and to voice the ardent hope that the future may show that the money thus generously invested may bring back returns that can be estimated not in dollars and cents, but in the number of lives saved and in the alleviation of suffering for thousands of the human race.

THE DEATH OF HOMOEOPATHY.

Many years ago there lived in Boston a man eminent in the medical profession and still more eminent in the field of literature. He held the position of professor of anatomy in one of the leading medical schools of the country, and was widely known for his skill in the treatment of the sick. His name was Oliver Wendell Holmes, one known to every reader of the *Gazette*.

Among his various writings was one, now little heard, upon "Homœopathy and Kindred Delusions." In this he caustically criticised the now well-known law of similars, and confidently predicted the early demise of the sect that placed faith in that law. Since the time of Dr. Holmes many others of lesser repute have repeated the prediction in one form or another, but as one has stated it "Homœopathy has been a long time dying." So long has this death been delayed that there are some who are even beginning to question the entire truth of the original prophecy. It has been, therefore, with the idea of throwing some new light on this matter, that this editorial has been written, as a number of recent events seem to have some active connection with its fulfilment.

To begin with the West and go eastward, we find in San Francisco the President of the American Institute of Homœ-

opathy, who is also the Dean of the Homœopathic School in California. Dr. Ward became most generally known to the country at large during the San Francisco earthquake and fire, when, under his direction and supervision, the Board of Health performed such excellent work as to do away with the threatened evils following the disturbance of all sanitary arrangements. Probably no one man in recent years has worked so valiantly and withal so successfully towards the advancement of the cause of Homœopathy as has our president. At a meeting at Los Angeles this month, where he will preside, there will be, doubtless, one of the most enthusiastic gatherings of years. The entire profession, and apparently the laity of California and of the West as a whole, seem to be thoroughly aroused to their opportunities, and will receive the western pilgrimage of the Institute with open arms. For months our journals have been replete with news of the meeting which is to be held. In this section of the country, therefore, we find a very active corpse.

Jumping to the center we find in Chicago a school well-manned with instructors, well equipped and active in an effort to raise an endowment for more adequately carrying on its work. Here we learn that recently the sum of $10,000 was received as a legacy, also for the purpose of increasing the efficiency of the institution. Following a recent and thorough investigation of this institution by the committee of the American Medical Association, it was placed in the first class opposite Rush, Northwestern University and the College of Physicians and Surgeons.

The writer of this editorial recently had the privilege of coming in intimate contact with the members of the Faculty, and can, therefore, speak from personal knowledge concerning their fitness and of the plans that are now being so wisely advanced.

At a very enthusiastic meeting of the Alumni, recently held in Philadelphia, it was announced that a son of Dr. Hering had made a donation to the Philadelphia School, the income of which should always be applied toward the teaching of Homœopathy, its opportunities and its application. Here again we find a college and hospital of a very virile character, active and fully able to compare favorably with similar institutions in its home city or elsewhere.

In New York we also find active and energetic men busily employed in a winning fight for raising money. Here the objective is $25,000, for the purpose of adequately fitting up pathological laboratories. A large part of this amount has already been subscribed, and no doubt exists that more than this amount will be eventually obtained.

Perhaps, however, it is in Boston that we see more of these "death signs" than elsewhere, or, perhaps, they are more

close to us and accordingly seem greater. Here the Medical School has, within three weeks, been successful in raising about $25,000 for its endowment fund, an amount, which, it is hoped, will be materially increased within the next few months. Here, also, the generosity of Mrs. Robert Dawson Evans has provided for the erection and endowment of a department of clinical research and preventive medicine; this building will be erected by the Homœopathic Hospital, as noted elsewhere, and will be for the mutual benefit of the Hospital and of the Medical School. Probably at no time in the history of the School has such evidence of loyalty on the part of the alumni been noted. Over one hundred and fifty of the graduates have taken an active part in the campaign, and without doubt, many more have been and are still quietly working for the advancement of the same cause. In Boston, also, the Homœopathic Hospital stands as unexcelled by any of the general hospitals in New England, it having a generous endowment and is thus able to perform its work in a manner most satisfactory. The large addition recently noted, of the Haynes Memorial Department for Contagious Diseases, has proven to be of great value, in spite of lack of endowment, and will, doubtless, in the near future, receive adequate attention from the hands of charitably-inclined friends.

In England the Tyler Extension Institution of the London Homœopathic Hospital has been completed, making that institution one that will compare without fear with any other of the large hospitals with which that city is so abundantly provided.

These things are mentioned merely as indications of the so-called "Death of Homœopathy," and if they should be considered as indicating such a demise we hope that further symptoms of a like character may soon appear elsewhere.

SUMMER SCHOOL LECTURES.

The Harvard Summer School of Medicine offers an attractive series of sixteen lectures, to be given during the summer of 1910, on Tuesday and Friday afternoons at 5 P. M. in the Administration Building of the Harvard Medical School.

These lectures will cover many of the most important phases of medical research and will doubtless prove of great value to all in attendance.

OBITUARY.

Dr. Angus MacDonald died at the Massachusetts Homœopathic Hospital on May 31. Dr. MacDonald was a well-known physician in Boston, his home being at 174 West Concord Street. He was born in Cape Breton, came to Boston in 1871, and graduated from Boston University School of Medicine in 1876. Since that date he had remained in active practice until about seven years ago, when he retired. He was a member of the staff of the Massachusetts Homœopathic Hospital and a member of the Massachusetts Homœopathic Medical Society. His age at the time of death was 65.

An indication of his interest in his Alma Mater was evidenced in a material manner by a legacy of $1,000, left to Boston University School of Medicine.

Dr. Bernard H. Byam, of the class of 1905, B. U. S. M., died on June 8, of rheumatic fever, in his thirty-first year. Dr. Byam had been in practice at 24 B Street, Lowell, Mass., since February, 1907. Previous to that, and immediately following his graduation in 1905, he spent a year in service at Grace Homœopathic Hospital, New Haven, Conn.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The seventy-fourth session of this Society was held in Pilgrim Hall, Boston, on Wednesday, June 8th. The President, Dr. J. P. Stedman, presiding.

In the afternoon the Bureau of Surgery reported through its chairman, Dr. R. F. Souther. A resume of the year's progress in surgery was made by the chairman and this was followed by three papers. These were—"Surgery of the Ductless Glands" by Dr. J. H. Fobes, of New York.

"Certain Abdominal Conditions and Their Symptoms, Requiring Immediate Surgical Interference" by W. F. Wesselhoeft, M. D., of Boston.

"Report of Several Interesting Cases" by Winfield Smith, M. D., of Boston.

These papers were freely discussed in an intelligent manner and much of value to the auditors was brought forth.

Following the scientific session the meeting adjourned to Young's Hotel for dinner.

Post-prandial exercises were in charge of the toastmaster, Dr. H. C. Clapp.

The toasts were—

"The Poetry of the Profession," J. P. Rand, M. D.

"The Humor of the Profession," by Mary E. Mosher, M. D.

"The Romance of the Profession," by Winfield Smith, M. D.

"The Pathos of the Profession," by DeWitt G. Wilcox, M. D.

Dr. Clapp, in his introductory remarks, read a poem written some years ago by Dr. Rand, to which he, himself, added a postcript, subsequent to Dr. Rand's recent marriage. This we thinks may well be quoted at this time.

THE OLD BACH.

By John P. Rand, 1881.

O, lucky is he
So jolly and free
Who never was ruled by a wife.
He lives at his ease
Has no one to please
Is careless and happy through life.

No babies to hold
No beldam to scold
No servants to bother around
He pays for his fare
Escapes from its care
The happiest man to be found.

He plays the guitar
He smokes his cigar
With feet on the back of a chair.
Throws hat on the floor
Leaves open the door
Tracks mud on the carpeted stair.

He goes to the play
And stops by the way
To take a hand round with a friend.
Reels homeward at night
And sings with delight
"I've no jealous wife to offend."

For dresses and strings
And bonnets and rings
No taxes are laid on his purse.
No mother-in-law
To fill him with awe
And make his calamities worse.

Too valiant and brave
To live as a slave
All wiles of the siren he'll scorn
For love is a bane
And marriage a chain
And hundreds are—idiots born.

Moral.

Young lovers—beware
Consider with care
Before you determine to wed
Lest blinded by fate
You sorrow too late
Here's a tip to you, boys—look ahead.

Postscript.

Written twenty nine years later by H. C. Clapp and read at the M. S. & G. Banquet, Boston, June 8, 1910.

How foolish, forsooth
In the days of my youth
Before I had tried wedded strife
To write silly rhymes
About the good times
To be found in bachelor's life.

For when I did meet
(And sit at her feet)
The woman who's now Mrs. Rand
Quite captive I fell
And asked, I must tell,
The gift of her beautiful hand.

E'er since that warm noon
In the mild month of June
When she promised to love and obey
More joys I have known
And this I must own
Than any old Bach could portray.

Why was my first song
So decidedly wrong
And so different my story today
Perhaps you can guess
She makes me confess
She promised, but I'm to obey.

COMMENCEMENT AT BOSTON UNIVERSITY.

The annual commencement exercises of Boston University were held in the week of May 30th to June 3d, 1910. Insofar as the medical department was concerned they consisted of the class day exercises at the school building on Monday night, the alumni dinner at Young's Hotel on Tuesday night, and the graduating exercises at Tremont Temple on Wednesday morning. Despite the heavy rain on Monday evening the amphitheatre of the school was crowded shortly after eight o'clock with the graduates, under-graduates and friends. The class history was given by Dr. James F. Cooper, and the valedictory by Dr. Katharine French. Dr. George H. Earl represented the faculty, in an excellent farewell address, replete with advice for the young practitioner. Following the formal exercises a reception was tendered by the faculty to the students and alumni and their friends, after which dancing and refreshments followed.

The meeting of the Alumni Association on Tuesday evening was the largest in the history of that body, the dining hall not only being overcrowded, but some, even, were compelled to occupy another room.

After the president's address by Dr. W. H. Watters, Dr. Frank Richardson formally announced the gift of Mrs. Evans to the Homœopathic Hospital of a department of clinical research and preventive medicine. This announcement was received with great enthusiasm, as was also the further announcement of Mrs. Evans' gift to the medical school of $10,000, provided an equal amount would be raised by the school.

Other addresses were delivered by Mr. Frederick Bliss, Dean Sutherland, Dr. Charles Leeds and Dr. Winfield Smith.

Dr. Smith started a spontaneous subscription which, within fifteen minutes, amounted to $3,000. Many of those present spoke of the meeting as being an epochal one in the history of the Association. The Association voted the sum of $200 to the chemical department for new apparatus.

Wednesday morning, June 1, was the date of the last of the formal exercises, that of graduation. At this time the address was delivered by Bishop J. W. Hamilton, and degrees were given to about 250 young men and women.

The entire exercises of the week in all of the departments of the University were characterized by dignity, solemnity and good fellowship.

PERSONAL AND GENERAL ITEMS

Dr. David M. Gardner, class of 1900, B. U. S. M., is taking a trip around the world with Mrs. Gardner, stopping on the way in Manila, Japan, Singapore, Rangoon, Calcutta, and Naples, and is to return to this country about August. He writes of meeting Dr. Motokuro Kawase (class of 1899) and Dr. Jungo Sugimoto (class of 1902) in Tokyo. The former has charge of the work of the New York Life Insurance Company in that city.

Dr. Edgar F. Haines, class of 1906, B. U. S. M., is now stationed at Manila, P. I., as First Lieutenant in the Medical Department of the United States Army.

Dr. Thomas E. Chandler is spending the summer with his family at Hull, keeping his office hours at 259 Beacon Street, Boston, by appointment only.

Dr. Albert S. Briggs has removed from 661 Boylston Street to the Charlesgate, 535 Beacon street, Boston.

Dr. Ralph W. Hayman, class of 1905, B. U. S. M., has removed from 638 to 672 Broad Street, Providence, R. I.

A competitive examination will be held on Monday, September 12, for candidates for appointment as resident house surgeon to the Hospital for Deformities and Joint Diseases, 1919 Madison avenue, New York City. The service is from October 1, 1910, to April 1, 1911, and a salary is paid. Applicants who have served as hospital internes will be favored. The hospital has a capacity of sixty beds; dispensary service, for ambulatory patients, exceeds one hundred patients daily.

Dr. Walter B. Whiting has removed from Florence Street at 161 Ferry Street, Malden.

Dr. Charles R. Bell, of Waltham, was married on Wednesday, June 22, to Miss Blanche Irene Daley, at Williamstown, Mass.

Dr. S. B. Wolbach has been appointed Assistant Professor of Bacteriology, and Dr. W. R. Brinckerhoff, Assistant Professor of Pathology, in the Harvard Medical School.

For the second time within a few years a Cleveland physician has journeyed to Massachusetts to obtain for himself a helpmate in life. It seems that only a few months ago that our genial friend, Dr. Schnider, visited the Bay State for this purpose, and now we note that Dr. A. E. Ibershoff, also one of our Homœopathic friends of Cleveland, has recently married Miss Mary Storrs of Ware. Mrs. Ibershoff is a warm friend of Mrs. Schnider, having been a college mate some time ago. At the wedding were Drs. Schnider and R. S. Copeland of New York, A. L. Innes and H. C. Luck of Cleveland.

It is reported that Mr. J. C. Eaton of Toronto, Ont., has undertaken, at his own expense, to construct the entire surgical wing of the new general hospital of that city. This wing, it is estimated, will cost about $250,000, and will be a memorial to his father, the late Mr. Timothy Eaton.

The late Mrs. Mary A. Mason of Great Barrington, Mass., has bequeathed the sum of $500,000 for the purpose of erecting a hospital, to be called the Henry Hobart Mason Memorial Hospital.

PENNSYLVANIA.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at the Hahnemann Medical College on Thursday evening, June 9th, 1910, at 9 P. M. The paper of the evening was presented by Dr. Edwin L. Nesbit:—"The Comparative Method of Studying the Action of Drugs." The election of officers for the ensuing year, reports of Standing Committees, and other important features relative to the management of the Society came up for action.

PERCY A. TINDALL, M. D., Secy.

THE PHILADELPHIA ACADEMY OF MEDICINE held its regular monthly meeting on Tuesday evening, May 17th, at 9 P. M. The scientific programme of the evening consisted of a paper on "Modern Ideas Regarding the Etiology of Cancer," by Theodore J. Gramm, M. D.; a paper and demonstration on "The Use of Carbon Dioxide in the Treatment of Cutaneous Neoplasms," by Ralph Bernstein, M. D.; demonstration of a case of "Transposition of the Viscera," by G. Harlan Wells, M. D.

The business portion of the meeting proved a very important one. The committee appointed to present a plan for the legal protection of the members of the Academy against suits for alleged malpractice made a comprehensive report and were instructed to take active steps to carry out the plan as outlined in the report.

Dr. W. H. Yeager called attention to the gradual falling off of the income of physicians in general owing to the lack of any attempt on the part of physicians to obtain adequate compensation for their services and introduced a resolution to the effect that a committee be appointed to canvass the medical profession in Philadelphia with a view of ascertaining the fees received by doctors and to learn whether doctors in general would be willing to co-operate in an effort to secure them a fair compensation for their services. After some discussion the resolution was adopted and the committee consisting of five men appointed.

The following resolution, introduced by Dr. Shute, was unanimously adopted:—

> "WHEREAS, it is eminently proper that a physician representative of the membership of the homœopathic profession of the eastern section of the United States should be honored by election to the office of president of the American Institute of Homœopathy at its coming session in July, at Pasadena, and, whereas, Dr. Thomas H. Carmichael, of Philadelphia, has by his earnest efforts to advance the cause of homœopathy and by his long and faithful service as a member of the Institute, shown himself to be especially fitted for the office of president of the American Institute of Homœopathy, Therefore we, the members of the Philadelphia Academy of Medicine, representing the sentiment of one hundred and fifteen homœopathic physicians of Philadelphia and vicinity, do hereby cordially endorse Dr. Thomas H. Carmichael as a candidate for the office of President of the American Institute of Homœopathy, and furthermore do hereby instruct the delegates of the Academy to the Institute to use every influence in their power to further the election of Dr. Carmichael."

RALPH BERNSTEIN, M. D., Secy.

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting on Monday evening, the 16th of May, at 9 o'clock, at the Union League, Broad and Sansom Streets, Philadelphia. Dr. Warren C. Mercer presented a paper on "Abdominal Pregnancy at Term, with the Report of a Case." The Censors reported favorably upon the names of Drs. J. P. VanKeuren, of Chester, Pa., and Fred Jones, of Camden, N. J.

LANDRETH W. THOMPSON, M. D., Secy.

The Hahnemann Medical College and Hospital held its sixty-second annual commencement exercises, both for the conferring of degrees in Medicine and Homœopathic medicine, on Thursday, the second of June, at 12 o'clock, at the American Academy of Music, Philadelphia, the oration being delivered by James H. McClelland, M. D., of Pittsburgh.

Dr. D. Bushrod James has been elected professor of gynecology at the Hahnemann Medical College, Philadelphia.

The Philadelphia Society for Clinical Research held its annual outing at the Orchard, Essington, Pa., on Wednesday afternoon and evening of June 15th. Athletic events, baseball games, a tennis match and other out-door sports were indulged in; while the annual banquet was partaken of in the evening at the Club House. The meeting was well attended, quite a number of guests from the surrounding country were in attendance. The affair was in charge of Dr. W. M. Hillegas.

On Tuesday evening, May 31st, the Alumni Association of the Hahnemann Medical College held a smoker at the Hotel Walton, Corner of Broad and Locust streets, Philadelphia. About 200 physicians were present, and the exercises of the evening were in charge of Dr. L. P. Posey.

The annual banquet of the Alumni Association of Hahnemann Medical College was held at the Union League on the evening of June 2nd, 1910, over four hundred members of the Alumni Association being present, Dr. I. G. Palin acting as toast-master. The orators of the evening were the Hon. Edwin S. Stuart, Governor of Pennsylvania, Hon. John E. Reyburn, Mayor of Philadelphia, A. L. Monroe, of Florida, Dr. Hugh Baker, of Philadelphia, and Dr. C. J. Richardson, of Pottstown.

Dr. Wm. B. Van Lennep has been elected dean of the Hahnemann Medical College of Philadelphia, succeeding Dr. Herbert L. Northrop, who was not a candidate for re-election.

In an address before the Alumni Association banquet Dr. W. B. Van Lennep announced the endowment of a chair of Homœopathic Materia Medica and Therapeutics by Walter E. Hering in memory of his father, Dr. Constantine Hering, known as the Hering Chair of Homœopathic Materia Medica and Therapeutics.

Dr. Horace Bacon Ware, of Scranton, was elected president of the Alumni Association of the Hahnemann Medical College for the ensuing year; his associates being: First Vice-president, the Hon. D. P. Gernerich, State Senator from Lebanon, Pa.; Second V.-P., Charles W. Perkins of Chester; Third V.-P., M. L. Munson, of Atlantic City; Fourth V.-P., Wm. H. Keim, of Philadelphia; Permanent Secretary, W. D. Carter, of Philadelphia; Provisional Secretary, D. B. James, of Philadelphia; Necrologist, H. M. Gay, of Philadelphia.

Dr. Theodore J. Gramm has been elected president of the Philadelphia County Medical Society for the ensuing year.

Dr. Clarence Bartlett was presented with a loving cup as a token of esteem and regard by the Graduating Class of the Hahnemann Medical College.

Dr. C. S. Raue, recently confined to the Hahnemann Hospital with an attack of typhoid fever, is convalescing at Atlantic City, and expects shortly to spend a few weeks in Maine.

Dr. Edward M. Gramm, after an absence of five years from the Clinical Department of Dermatology at the Hahnemann Medical College, has again returned, being re-elected to that Department; his associates being Drs. Ralph Bernstein, Romaine C. Hoffman and B. B. Fenimore.

Dr. Samuel Sappington has been elected to the Governing Faculty of the Hahnemann Medical College, Philadelphia.

Dr. Augustus Korndoerfer, Jr., has been appointed consulting obstetrician to the Hahnemann Hospital of Philadelphia.

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ORIGINAL COMMUNICATIONS.

BACTERIOLOGY AND THE INDICATED REMEDY.*

By Claude A. Burrett, Ph.B., M.D., Ann Arbor, Michigan.
Assistant Professor of Dermatology and Genito-Urinary Surgery, University of Michigan, Homœopathic Department.

These are indeed wonderful days in the development of medicine. So much so that we are approaching the time, if we have not already reached it, when the square and compass may be used with a high degree of accuracy in determining not only the diagnosis of disease but also the therapeutic measures necessary for its relief. In other words, we are at the dawn of a scientific demonstration of the medicinal cure of disease.

A well-trained scientist recently remarked in a conversation with your speaker that "it had not been proven that abnormal bodily conditions have a counterpart in drug diseases." My friend's statement was incorrect, yet it called forcibly to mind that we have not sufficiently demonstrated the fact that drugs will and do affect the same bodily cells as are affected in ill health. Such a time will come when men who fully appreciate the above principle are permitted to do research work in laboratories like the Rockefeller and Carnegie Institutes, side by side with other scientific workers of the day.

The clinical evidence of the past and present are of the greatest importance, but they only convince those who are willing to come half way. The history of sectarianism in medicine has seen such rivalry and jealousy that more than a report of demonstrable proof is required.

Who would have thought twenty-five years ago that we should even look to the bacteriologist as the one to prove a law of cure? Yet that condition is established today. While Von Behring, Metchnikoff, Ehrlich, Koch and others have recognized the important part that bacteria play in disease, and their products in its cure, yet not until Wright led the way was the full meaning of the relation of bacterial products to the cure of bodily ills

*Read before the Homœopathic Medical Society of the State of Ohio.

made clear. Let me go one step further and state that before the full meaning of this opsonic work became plain, it was necessary for Wheeler to suggest to Wright the broader application of this principle.

It was not news that phosphorus, when indicated, should increase one's resistance to the tubercle bacillus. Clinical evidence of that point is in the minds of many present. The manner in which that process takes place and its proof, as shown in the opsonic index, had paved the way to a positive determination of the value of any remedial agent in germ diseases.

As to just what takes place in the human economy to increase vital force we are indebted to Wright for our knowledge. We have been wont to tell our patients that the medicine we give them assists nature in making the cure. That statement is true, but it has taken centuries to determine in what manner it assists nature. We now believe that if silicia is the indicated remedy in the treatment of a given case of a germ disease, it will increase the patient's opsonic index to the causative germ. We do not mean to imply that the above process should be instituted in every case, for it is a long and exceedingly difficult procedure. For practical purposes it has been shown that the clinical signs manifest by the patient are a sufficient guide to determine the indications for a drug.

Whenever the body is attacked by disease, or by a poison, it at once begins to react whether the causative factor be the toxin from the development of bacteria in the body, from a lack of equilibrium of the body cells, or from non-bacterial poisons that enter the body. The degree of resistance which the body sets up depends upon the nature of the foreign poison and the previous health of the body. Should the disturbance be but a slight bacterial toxemia, the resistance of the body will be but slight and will be shown by a low opsonic index. Should the infectious organism be more virulent, like Klebs-Löffler bacillus in diphtheria, the resistance of the body will be increased, but it may be unable to develop sufficient resistance within itself to overcome the toxin thrown off by the germs. The first case requires some remedial influence that will stimulate the body cells to develop antitoxin or, in other words, to build up bodily resistance sufficient to overcome the toxin thrown off by the bacteria. For that purpose Wright used a certain number of dead bodies of the bacteria causing the disease, together with their toxins. The object being to throw into the body additional amounts of the toxin that the body might be driven to produce an increased resistance. He was able to prove, by examination of the blood, that he had increased the patient's fighting powers for the given abnormalities.

In the second case (that of diphtheria) we are confronted with a different and unusual condition. The virulency of the toxin thrown into the system by Klebs-Löffler bacillus is so marked that, while the body reacts greatly, yet it is unable to develop of itself sufficient antitoxin to neutralize the toxin. It is in such

cases that a foreign anti-body has been employed. In either the first or second case a neutralization of the bacterial toxin in the patient does not necessarily leave the body in perfect health. It is then that the properly indicated remedy clears up the case.

We said that if Wright can determine the power of resistance of the body for a bacterial disease and so measure the value of a toxin, then we may in like manner demonstrate whether a drug increases one's resistance for a germ disease. It can be clearly shown that not only vaccines may increase the opsonic index, but that drugs properly prepared and indicated likewise perform that same function. I need not refer to the experimental work which has established this point. It is important for another reason, emphasized by the fact that the best results, with few exceptions, are obtained by the giving of a so-called antogenous vaccine. And that means the toxin from germs developing in one host are not identical with those developed in the second, hence they do not fit the conditions of the same patient. One drug may increase the opsonic index against pneumococcus in one patient, and not be the remedy in the second.

We further stated that all influences which tend to injure the body cells call forth a resistance in the form of a so-called anti-body. In a paper before the Toledo Medical Club two years ago, we suggested the possibility of there being a definite cellular resistance on the part of the body against non-bacterial diseases. In other words, when body cells are injured they tend to fight back. It was pleasant news, then, to learn that Ford had found by actual experiment, that increasing doses of rhus tox. would develop in an animal such a condition of the blood that when its serum was injected into a second animal, a degree of immunity was developed in the latter that would resist greatly increased doses of rhus. Ford called the substance developed in the blood serum a rhus tox. anti-body.

In brief, if the toxin thrown off from the development of germs in the body will stimulate the body cells to produce a protection in the form of an antitoxin; if a poison like the one mentioned will stimulate the development of a drug anti-body, and if certain drugs by actual demonstration will cause the body to develop an anti-body that will increase resistance against the invading bacterial toxin, have we not established the rule that the indicated remedy will, with few exceptions, meet the conditions necessary to throw off bacterial disease?

There seems to be a fairly unanimous opinion now, borne out by the various tests, that the body is most susceptible to bacterial invasion under certain conditions of lowered resistance. It is possible, theoretically, to determine the germ that would be most apt to invade the body at a given time. However, such a procedure could not be carried out practically for obvious reasons. Yet the body symptoms have been shown by actual test to be such a perfect in-

dex that properly selected remedies will increase one's fighting power to the point of avoiding an oncoming attack.

If attenuated drugs resemble bacterial toxins in their effects, as we believe they do, then such a method is the rational treatment for incipient conditions. It forms a scientific basis for the giving of such a remedy as belladonna to produce an immunity for scarlet fever; and pulsatilla, in many cases, in a like manner is a prophylactic agent against measles. It should be understood that the above-mentioned remedies are only given when indicated.

If, as has been demonstrated, phosphorus will increase the opsonic index to tubercle bacillus, echinacea angustifolia to staphlococcus aureus, and natrum sulphuricum to colon bacillus, then we make bold to say that the indicated drug will increase one's resistance to germ diseases in general.

In conclusion, let me say that we are scarcely beginning to understand the why, for giving the indicated remedy; and, since life itself is such a mystery, we can only approach a solution. To truly assist nature seems the only rational way.

THREE YEARS OF OPSONINS.*

By Scott C. Runnels, M.D., Indianapolis, Ind.

Early in the year 1907 the medical profession of America began to be stirred by the possibilities of Wright's method of specific autoimmunization. During the first year thereafter the enthusiasm ran high, and every medical journal published at least one article by some of the few men who could then wade through the involved technic. The second year was given over to the publication of results attained by the method, and to wild speculations as to the scope of its usefulness. The followers of Hahnemann awoke to the realization that here at last was the beginning of the general acceptance of his law. During the last year the enthusiasm has largely subsided, few journals are publishing articles on the subject, and those published are not of the wildly optimistic tone of their predecessors. It must not be inferred, however, that because every practitioner is not writing on opsonins the subject has dropped into oblivion. The speculator has been displaced by the investigator, the results of whose slow work are but just beginning to be available. When the "Journal of the American Medical Association" devotes a whole issue, as that of January 22, 1910, and a considerable portion of succeeding issues to immunization articles, it is evidence that there is still work being done and that interest is maintained. As we become more familiar with the subject we realize that we are but entering upon a large field, and that not only has Wright's method found itself, because of its obedience to

*Read before the Ohio Institute of Homœopathy, May 10, 1910.

the law, *Similia similibus curantur,* but that, together with various corollary and closely related means, it has been introduced as an integral part of the armamentarium of all schools.

Two questions arise, however, at the close of these three years of endeavor. Just how much of Wright's original difficult technic is essential? And is the method applicable merely to boils and abscesses, or is there hope of extending its scope to other and more important conditions? Must it always be a method useful only in the hands of the specialist, and of value merely in a few less serious conditions?

As you will remember, Wright insisted on the determination of the index, the most involved of all the steps of his technic. Theoretically this should be done every day for every patient, and to be of any value it must be taken at least twice a week. A skilled worker spends three hours, or more, in running through this process. It is immediately evident that the task of carefully following a series of cases would be monumental. Gradually it became apparent that the clinical evidences, as a guide, were practically as reliable as the index in the management of a case, and so this part of the technic has been largely eliminated from the working requirements. The numerical determination of the patient's resistance to a given infection, however, has not been entirely abandoned. Almost every worker has his own shortened method of taking the index, many of which are as accurate as the original. And while it is not considered necessary in the determination of the time of dose or the prognosis, yet it is indispensable to the experimentalist, and is still an important factor in diagnosis; for it can determine whether or not the germ suspected is the one from which the patient is suffering, a point which is otherwise often undiscoverable.

The taking of the index having been in most instances dispensed with, the attention of the investigator was turned to the method of administering the immunizing material. Wright, after standardizing the emulsion, killed the germ by heat and injected it in the proper dose. A number of objections to this procedure were soon apparent. The most important of these is the danger of infection. Although every vaccine thus prepared is tested by animal inoculation, the danger is not always eliminated; cases of death and severe infection following the use of such vaccines witness to this. Further, since complex albuminous bodies are broken up by heat, the toxin must necessarily suffer to some extent whenever heat is used to kill the germ. Therefore a part of the efficiency of the vaccine as an immunizing agent is always destroyed by the heat used to sterilize the emulsion.

In order to avoid these difficulties another method of administration was instituted. It has long been known that while the result attained by the oral administration of remedies was neither so rapid nor so profound as by the hypodermic method, yet that the former procedure had many advantages. Vaccines applied

orally were found to conform to the general rule. They raise the opsonic index as when hypodermically injected, but from the same dose the effect is neither so profound nor so lasting. However, a succession of smaller doses at shorter intervals, when orally administered, has proven just as efficacious as the infrequent hypodermic use of larger amounts.

The preparation of bacterial emulsions for oral administration may be much simplified. Since such an emulsion is not to be used where an antiseptic would cause damage, the life of the germ may be destroyed by means other than heat. Alcohol, the classical medium for medicinal agents, is almost ideal for this use. In a strength of from 50 to 60 per cent. it invariably destroys all life after a few hours' exposure, so that every possibility of infection from germs so treated is done away with. Moreover, alcohol does not destroy any of the toxic properties of the germ, so that the vaccine so constructed is capable of inducing a more perfect immunization than is possible by germs destroyed by heat. Finally the alcohol, when diluted for administration, is not harmful, nor is the taste obnoxious to the patient.

The clinical use of vaccines prepared with alcohol and orally administered has proven eminently successful. The author has used this method for more than two years, and only once in that time has it been necessary to resort to hypodermic injection in order to obtain a sufficient reaction. A dose given by mouth of equal size to that administered hypodermically is, however, not so overpowering; even one four or five times the size will not produce a negative phase which is so marked, or which lasts so long as the ordinary consequence of injection. The absorption is slow, and the positive phase, which is soon entered upon, is as efficient as that induced by the other mode, except that it is not so long lasting. This is easily overcome by the more frequent repetition of the dose. The elimination of the negative phase is a fact of great importance, as it enables auto-immunization to be applied to acute conditions in which this retrogression of the resistance would prove dangerous. Even in the most acute conditions favorable action has been had from infinitesimal (one million or less) doses of the causative organism, orally administered. In fact, the best means of reclaiming a patient from a persistent negative phase, either self-engendered or the result of misapplied vaccines, is to split the ordinary dose by placing it in a glass of water and giving a teaspoonful every two or three hours. To the homœopathic practitioner this is very gratifying, for here we have our old-time principle, working best when applied by our old-time method.

A second advantage of oral administration is found in chronic cases. Frequently sufferers from skin disorders of long standing, such as acne or eczema, would find after the cure of the infective condition for which they were taking treatment, that they were also cured of some other condition, apparently not related and often of longer standing than that against which the treatment was

instituted. Rheumatism, indigestion, gleet and habitual headache have all found their unwilling host to be no longer a favorable habitat after the raising of his resistance to the common pus organism, so long residing unsuspected on his own skin. This but further emphasizes the contention that a skin disease is not local; that it is but an expression of a general state, and that in order to cure it treatment must be instituted against the totality of the symptoms.

Oral administration of vaccines may, therefore, be said to be a distinct advance: (1) Because of the extreme simplicity of the technic—a point upon which I have not entered here, as it has been detailed at length elsewhere*—a simplicity which will allow the ordinary practitioner, without special laboratory apparatus to obtain the benefits of the opsonic method; (2) because of the increase in the field of application, rendered possible by the abolition of the negative phases and the placing of vaccines on a par with other remedial agents that will cure but will not harm; and (3) because by this improvement in the technic certain finer qualities of the toxin are conserved, thus rendering the immunization more perfect and allowing of a deeper and more inclusive reaction.

This curative reaction is being invoked not only orally, but also hypodermically, in many conditions at first considered outside its range of action. Your sufferer from persistent or recurring catarrh is able to have long periods of relief by the use of his own discharges.† The traditional dread of pneumonia is being lifted by the homœopathy of the pneumococcus, and typhoid fever is being shortened as well as prevented by the patient's reaction to the Eberth bacillus.* Not only the chronic pustular condition and its concomitant ailments are yielding to the causative germ, but even their acute extensions—peritonitis, meningitis and septicemia—have all reacted to the germ when otherwise beyond help. Bruce‡ reports a considerable gain in weight, and corresponding improvement in the general condition in 80 per cent. of the insane under his care to whom he had given a streptococcus vaccine on theoretical grounds. And finally it is becoming evident that the eventual deliverance of the cancer captive lies in the use of the carcinomatous cell itself. While auto-immunization is by no means invariably successful, and while even its most ardent advocate would not dream of calling it a cure-all, yet the limits of its usefulness are far from fixed. What will be its final scope no one can say, but at present it has a large part in the Utopia of the medical idealist.

But leaving for the moment our future successes, let us turn to our present tribulations. A peculiar fact has been observed in cases where the treatment has been continued over long periods, such as is necessary with a tubercular sinus, and with some resistent cases of acne. The organism from which the original vaccine

*Medical Century for March, April and June, 1908.

†Professor Morey, Ohio State University.

‡Professor W. H. Watters, Boston University.

§L. G. Bruce, Journal of the British Medical Association, February 19, 1910.

was made, and which was infecting the person when the treatment was instituted, has disappeared after the patient has been under treatment for a short time. In its place we will find a new organism, a lineal descendant of the old, it is true, but one whose physical characteristics and whose toxic properties have changed. I have seen a large staphylococcus aureus which had a profuse agglutinous growth on blood serum, change in six weeks into an invisible sparsely growing small coccus that generated a pale green instead of a rich orange pus. The explanation of this is that as the patient becomes immunized to the original organism, that germ, in order to continue its existence, must change itself, and therefore vary its toxin; and so making infinitesimal variations from generation to generation, through the forty-eight that a germ has in every twenty-four hours, it has become so metamorphosed as to be practically a new species. Since the media on which the germ is grown is so capable of altering it, therefore every person who is infected has originated his own special variety of germ, and in order to obtain the best results in his treatment his variety must be used. In other words, stock vaccines, while applicable to some gross conditions, are not suitable to fine grades of work, and failures resulting from their use must not be charged against the principle. And further, since the germ is so constantly changing, any vaccine soon loses its efficiency because of its lack of similarity to the germ then existing. Therefore the treatment is best forwarded by renewing the vaccine. In my experience the results have been better if the vaccine be made fresh each time as soon as the previous dose has lost its power, or as soon as there is no further advance in the cure.

In conclusion I will say that we have come into no new heritage; we are using no new principle; we are but applying old and well-tried maxims in a manner that gives us greater accuracy. For, by the enlistment of bacteriological methods, possibilities of error in the finer distinctions as to the choice of a remedy are eliminated, and we have the person himself determining the agent necessary for his cure. But while the details are perfected to a degree impossible a hundred years ago, no sincere or conscientious thinker can use any of the present immunization methods without paying tribute to the master mind of the prophet Hahnemann, who first saw and who first established the principle. And whoever attempts to disregard the work of his followers and advance along independent lines, will find his work in a large measure anticipated. Nevertheless the use of these means and the natural growth of their application as it spreads from one condition to another, is gradually increasing our hold upon disease and will enable us to win, many times, where now we fail.

THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITRE.

By Newman T. B. Nobles, M.D., Cleveland, Ohio.
Surgeon Cleveland City Hospital.

Exophthalmic goitre becomes a surgical disease only after it has been shown that the medical treatment is of no avail. My idea of medical treatment includes the use of antitoxin and serum, prolonged rest in bed, and the use of remedies. Iodine in some form is, perhaps, the most favored drug. We must bear in mind, however, that a certain percentage of these cases will recover spontaneously. In about 30 per cent. there is an almost entire subsidence of the annoying symptoms with absolutely no treatment whatsoever. Another small percentage will be cured symptomatically by non-operative treatment. These facts are too well known to require further comment.

We know, too, that a very large percentage of cases will require surgical treatment. Surgical treatment must be undertaken before there has been practically hopeless destruction of the function of the heart's muscles and of the nervous system. If the operation is too long postponed we have wreckage to deal with, and the end results will not be satisfactory. Surgical treatment can stop the injurious effects of the toxins upon the tissues and attempt to restore that which has been lost. For a considerable time after the operation there is but little improvement in the condition of the tissues, but the heart dilatation may be corrected to some extent. The high pulse rate may be reduced from 160 or 180 to at least one-half this number of beats per minute. The heart muscle itself does not gain very much in strength after the operation, because of the fact of the degeneration which has taken place during the time this muscle was exposed to the poison, before the operation. We can hope in these cases not cured medically to stop the hypersecretion of the thyroid poison by removing the source directly. We can remove only so much of the enlargement as will leave enough thyroid gland to supply the normal secretion, and in that way prevent the occurrence of myxedema. We are reasonably sure that we are able to perform an operation which is safe from complications from the anesthetic, as well as shock and hemorrhage, and injury to the recurrent nerve and the parathyroids.

There is no doubt in my mind that an operation is to be recommended earlier than is the custom. In the prolonged disease the damage to the myocardium may never be repaired, and it is unwise to wait until this important structure is irreparably injured.

I make the low collar incision. This is probably the most practicable. Either end can be extended so that the field can be thoroughly inspected. We can provide for similar conditions on both sides, and as a result we have symmetry after the operation;

and we overcome the possibility of scar by inserting subcutaneous stitches for the purpose of relaxing tension on the skin itself, thereby preventing thickening along these lines, which occurs in case the subcuticular suture is employed throughout. Unless we protect the recurrent nerve and the parathyroid glands, we are bound to have trouble. There are two ways in which this can be done. The first consists in the dissection of the capsule of the gland throughout, until you come to the lower portion of the gland when you expose the inferior thyroid artery and also the recurrent laryngeal nerve. We know that the parathyroids are always there, so it is not at all necessary to expose them. We leave a small portion of the lower posterior part of the thyroid gland in place for the purpose of supplying thyroid secretion. If you are short of gland tissue, it is advisable to leave a portion of the isthmus.

It is of the greatest importance that all hemorrhage be absolutely controlled at the time of the operation. Recently two deaths occurred in a Cleveland hospital simply because this important part of the technic was neglected. It is a simple matter to prevent hemorrhage if the operator understands what is required of him. If he does not, he had best let this operation alone. As regards hyperthyroidism, if a sufficiently large incision is made to manipulate the tissues without any great amount of traumatism being done, we are virtually in a safe condition so far as expressing portions of the thyroid substance into the circulation or the lymphatics is concerned, but there remains a likelihood of absorption from the surface. This is overcome by the application of certain antiseptics like Harrington's solution.

In closing the wound I suture the divided muscles. I do this to avoid deformity. I remove the superficial sutures on the third or fourth day, and usually have neither stitch marks nor spreading of the wound. As regards the use of local anesthesia, I am sure that in selected cases this method is to be preferred. There will be a certain amount of pain experienced in every case where this method is used. It is of the greatest importance that this class of patients be saved from all mental worry and undue apprehension as regards the operation. I have found it advisable in some cases to have the patient come to the hospital a few days before the time set for the operation. Each morning inhalations of the tincture of benzoin compound are given. On the day the operation is to take place ether is substituted, and the patient is anesthetized without his knowledge; in this way much mental shock is avoided.

I believe the only safe anesthetic is ether. The patient must be thoroughly under its effects before the operation is commenced. It is wise to give a hypodermic injection of morphine, one-quarter of a grain and one-hundredth of a grain of atropin, half an hour before the operation. The atropin will inhibit the secretion of mucus, and by thorough anesthetization before the operation and placing the patient at an angle of 45 degrees, no anesthetic will have to be given after the operation is begun, because the amount

already given, added to the anemia of the brain caused by the elevation of the head, will suffice to keep the patient asleep until the operation is completed, but will leave him almost free from the anesthetic within a few minutes after leaving the table. It is important to have the patient thoroughly anesthetized before the head of the table is elevated.

It is difficult, even impossible, to predict at the time of the operation the clinical course the heart will pursue, so many factors enter into the result. The vaso-motor phenomena quickly change, but some peripheral dilatation may persist for a year or more. The exophthalmos may subside quickly, slowly, or not at all. The gastro-intestinal symptoms disappear rather promptly. The sexual function may be relieved early or late. The latest to disappear in women patients are the menstrual disorders. The skin soon loses its excessive moisture, but the eruptions may continue many months. The hair within the first few months usually grows normally. Muscular power returns gradually.

In almost every case the patient gains promptly in weight. The mental power soon improves, and a feeling of great relief takes the place of the morbid psychic state. Depression and melancholia are supplanted by hope and buoyancy. Occasionally there are relapses, soon to disappear permanently in the process of readjustment. In the desperate cases the convalescence will be more tardy.

I have seen no case that was not benefitted by operation. The majority regard themselves as cured. Taken before organic changes of importance have occurred, and acknowledging all the difficulties and shortcomings, I know of few classes of cases that experience the deep relief as cases of Graves's disease successfully operated upon.

Inasmuch as the lowered resistance of patients suffering from this disease will at times make a total or even a partial removal a hazardous procedure, it is advisable to simply ligate the upper poles of the gland. This can be done in three or four minutes, with a local anesthetic and in the patient's bedroom. A ligature thrown about the upper poles of the gland will not only limit the blood supply coming to it, but will also limit the lymph supply going from it. Either the upper poles on both sides or the upper and lower poles of one side may be ligated. Of course atrophy of the gland is the subsequent result.

The operation is much easier to perform than ligation of the thryoid vessels, and is almost as effective as a partial thyroidectomy. At the present time we are warranted in saying the "pole ligation" offers the prospect of cure in many cases, and of lasting improvement in others. It is a safe operation, and in skilled hands should have no mortality.

PATHOLOGICAL LABORATORY FOR MT. SINAI HOSPITAL.

Mr. Adolph Lewishon has given Mt. Sinai Hospital $130,000 toward the erection of a pathological laboratory for that institution. This sum is in addition to $70,000, previously donated by the same person.

THE OPERATIVE SURGERY OF THE THYROID GLAND.*

By Joseph H. Fobes, M.D., New York City.

In considering the surgery of the thyroid gland one is struck by the comparative newness of the subject. Fifteen years ago, or even ten, comparatively little was known of either the physiology or the operative surgery of this gland. In Europe, the names of Kocher, and in America, Halsted and the Mayos, are indissolubly connected with this branch of operative surgery. We must not forget the interwoven physiology of the thyroid with that of the pituitary, the adrenals, and the other ductless glands.

The field of internal medicine in this condition is of comparatively little moment.

When shall we regard the thyroid gland as a fit subject for operative interference?

The indications are as follows:

1. Hyperthyroidism, or thyro-toxicosis (which are the new terms for Graves's disease), which are not responsive to brief medical treatment.
2. Pressure symptoms, especially those affecting the heart and the lungs, which are not responsive to medical treatment.
3. Abscess, malignant tumors, etc.
4. Struma nodosa, which have undergone the various degenerations, such as fibrous, calcareous, etc.
5. Struma profunda, intra-thoracica.
6. Diffuse colloid or parenchymatous goitre resisting medical treatment.
7. Pain which is spontaneous or exhibited on pressure.
8. Sudden rapid growth from any cause.
9. Cosmetic reasons.

Let it be understood that in over 75 per cent. of all goitres surgical treatment is the only sure alleviation of the condition.

Contra-indications:

1. Severe cardiac, respiratory, nephritic or other constitutional diseases which are unresponsive to medical treatment, except when they are due directly to the disease of the thyroid.
2. Malignant tumors in the latest stages.

In considering the operations which are indicated in this condition we may enumerate:

1. The ligations. Kocher ligates first the superior thyroid, and if there is no result, in the order mentioned, the inferior on the same side and the superior on the opposite side. Wölffler of Germany was the first to recognize the field for this particular operation. The Mayos employ this method in one-fourth of their operations.

*Read before the Massachusetts Surgical and Gynecological Society, Boston, June 8, 1910.

Werelius has recently advocated a more simple operation by which he ligates the artery with a purse-string suture in or near the cortex of the gland.

The indications for this operation are:

1. Hyperthyroidism, early or very late, with ligation of one, two or three of the arteries.

2. If the other half of the gland is of no functional use.

3. In the starvation of malignant tumors.

Mayo regards this operation contra-indicated in the large hard degenerated gland.

The second operation indicated in this condition is excision by the Kocher or Mayo method with removal of one-half of the gland, plus the isthmus. The Mayos regard this as a method of choice in two-thirds of the cases.

The indications are:

1. Hyperthyroidism.

2. Struma nodosa, except when there is a small nodule, when the other half of the gland is functionally good.

3. Parenchymatous goitre.

The third operation is enucleation, in which the tumor in the gland substance is excised. Indications are:

1. When the other half of the gland is not functionally good, and,

2. When there are a few isolated nodules, or one large single one.

The fourth operation is resection. The technic of this operation consists in clamping off the part of the gland to be excised and cutting it out and sewing with chain stitches. The hemorrhage is profuse and the method is not a clean nor surgical one.

Indications:

1. A diffuse goitre especially after the unilateral incision, or when there are large tumors in the corresponding horns.

Contra-indication:

Hyperthyroidism. (On account of the hemorrhage under certain circumstances.)

To save parts of the gland a combination of these above methods may be of use.

In all the above methods the most important point must be the preservation of the four parathyroids, which means a careful dissection of the posterior surfaces of the gland.

5. Exenteration or marsupialization. This consists of incision into the gland substance and the suturing of the edges of the incision to the skin with removal of the contained matter. This is indicated when clean excision is impossible, and sometimes in the presence of cysts.

Sympathectomy has been found of little use and has become obsolete.

It is interesting to note that in Europe the Kochers will not operate under general anæsthesia, but insist upon local anæsthesia

by the infiltration method. In America ether is the anæsthetic of choice, preceded by the use of morphine and atropine.

It is important to remember, especially in hyperthyroidism, that the nervous condition of the patient adds greatly to the mortality. Dr. G. W. Grile of Cleveland has reduced the mortality to a great extent by taking especial care as to the surroundings of the patient, to see that he is comfortable, quiet, and that the nurse selected shall possess special qualification as regards tact, sympathy, etc.

It would hardly be right to dismiss this subject without considering the question of myxodema. The absence in whole or in part of the thyroid function brings on a certain train of symptoms. To alleviate these symptoms especially in operative myxodema, Halsted and others have gotten the best results from transplantation of normal thyroid tissue into the spleen or the bone marrow.

I have personally tried the transplantation of pituitary glands in the fascia underneath the rectus muscle and found it useless; I would, therefore, advocate the use of the spleen or the bone marrow as location of choice.

Prof. Beebe of Cornell and John Rogers, Jr., have worked out many interesting facts that will aid in the treatment of hyperthyroidism. It has been my pleasure to see several cases with Dr. Rogers, and it has become more and more important to my mind to work out the physiology of the pituitary, thyroid, adrenals, etc., before operating on hyperthyroidism.

Let me cite one typical case:

Miss J. L., aged 28, music teacher by profession, single; came to me Nov. 5, 1908, suffering from a marked case of hyperthyroidism of nearly one year's duration. She had lost weight steadily and was in desperate straits. Until March 14, 1909, she received all the benefits of medical and sanitarium treatment with absolutely no improvement.

She was operated on March 15, 1909. The technic employed is known as the "cut-throat" incision, and the excision of the left half of the gland with the isthmus.

Post operative condition was practically uneventful. I saw the patient last on January 19 of this year. Her condition was practically normal. She could play the piano; the pulse had gone down, the eyes were practically normal, and she was better in every way. This is a fairly typical case and shows what in less than a year surgical treatment will do as compared with what medical treatment is unable to do in over a year.

It would be interesting to know what the surgery of the thyroid holds out for us in the future. The thyroid is fairly well worked out at present as regards large operative procedures. The improvement must come along the lines of technic, and in the future the two operations of ligation, and if that fails, excision, will stand out most prominently.

Along other lines as regards the correlation of symptoms due

to pituitary, adrenals, etc., I must say that our physiologists must work with the surgeons in order that we may get the best results. The parathyroids, the adrenals in Addison's disease and the pituitary body in acromegaly are practically unexplored fields. This subject is one of extreme interest both to the medical man and to the surgeon, and the next two years will see a great improvement in this field of surgery.

Bibliography—Kocher-Keen's Surgery; Rogers' Annals of Surgery, Vol. L 1317; A. Werelius, Jour. Am. Med. Ass'n, July 17, 1909; Ch. Mayo, Surgery, Gyn. and Obstet., June, 1909, and March, 1909.

SOME ABDOMINAL CONDITIONS AND THEIR SYMPTOMS REQUIRING IMMEDIATE SURGICAL INTERVENTION.*

By William F. Wesselhoeft, M.D., Boston, Mass.

There are many diseases of the abdomen properly regarded as surgical, where no especial haste to operate is required. Opportunity is given in most cases for deliberation and choice as to time, place, and method of operating.

There are, on the other hand, conditions which may appear rapidly or slowly, but which make immediate operation imperative; and where every hour's, or even minute's, delay adds substantial danger to the patient, and diminishes the chances of relief.

It is necessary for every physician and surgeon to have a fairly clear idea of the signs of such imperative conditions, as he must go to such a case fortified by his knowledge gained by study and experience, and make his decision quickly. There will be no time for long observation, or extensive study and discussion. For that reason I deemed it perhaps worth your while and mine to consider some of these conditions, in the hope that the discussion aroused might bring out points of value to us all, and that we might take away from here something that will profit someone by bringing surgical aid in time, and thus avoid disaster from delay.

The conditions I wish first to speak of are:

1. General peritonitis.
2. Complete intestinal obstruction.
3. Persistent abdominal hemorrhage.

In all of these it is often impossible to recognize the original cause giving rise to the condition present. It may be one of several diseases or traumatic processes. The indications to operate for the relief of the condition, however, are present, and by operation alone can the situation be met. Clinically, it seems to me, we meet a general peritonitis of two kinds; one, which has come on with a recent, continuous history of disturbance of some organ, and the other, where a perforation of a hollow viscus has poured irritating substances into the cavity, and a sudden violent inflammation is aroused.

*Read before the Massachusetts Surgical and Gynæcological Society, June 8, 1910.

The latter is more rapid and more intense, as a rule, and sometimes the escape of gas seems to give a greater tympany, but the general picture is often much the same. There may be a rise of temperature or not, but the pulse rate increases and gradually gets faster with a weaker impulse. The tongue, at first moist, usually becomes dry. The patient feels sick and is apt to be restless, but motion of the abdomen hurts so he usually lies on his back and avoids movement of the body. His breathing is more shallow and rapid, and is apt to draw up his knees. The pain, while at first localized at the seat of the origin of the trouble, quickly extends over the abdomen. The activity of the bowels usually stops. There is no appetite; vomiting is apt to be a prominent symptom and to continue at intervals. Tenderness is a marked sign, at first greatest at the origin of the trouble, but quickly over the entire abdomen. The muscular resistance makes the abdomen resemble, in feel, pressure on a foot-ball, and deep pressure, with sudden release of pressure, elicits severe pain. All these conditions persist; the pulse becomes weaker and faster; the respiration more rapid; the face and extremities cyanotic, and with or without delirium, the patient dies, with usually, mercifully, a cessation of severe pain toward the end.

One morning early I was called out of town to see a man of 37, who had been ill all night. Previously he had been for several years a confirmed dyspeptic. He frequently went away for weeks from business, and such trips usually effected a cure. He had consulted a famous stomach specialist, who had very recently assured him that his trouble was purely functional, and had advised him as to diet and living. For several weeks he had been free from symptoms. In the evening before I saw him he had been seized with a sudden severe pain in the right upper quadrant of the abdomen. He had vomited, and this was repeated several times during the night. A physician called in had diagnosed the case as one of gallstones, on account of the locality of the pain and tenderness, the vomiting, absence of temperature, and the diagnosis previously given. He saw him again late at night. In the early morning he was called again and found the situation changed. The pulse had gone up to 120; the temperature to 100. He was tender all over the abdomen, with great pain, and exquisitely tender over the region of the gall bladder. He was restless, and it hurt his abdomen greatly to move. When I saw him some hours later he was in a collapse; face hippocratic; cold extremities; pulse 140 and weak; respiration shallow; tender all over the abdomen. He died in an hour. On opening the abdominal cavity, it was found that an old indurated ulcer of the duodenum had perforated and let intestinal contents escape. This man had felt perfectly well for some weeks, and the attack certainly began for all the world as did gallstone colic. This is an example of one kind of general peritonitis.

A young man of 21 had had an attack of intestinal indigestion

some weeks before. He was taken two days before I saw him with what was diagnosed properly as an attack of appendicitis. He had some tenderness; fever in the evening up to 101; pulse 100; vomiting; gas passed the day before I saw him. That morning his temperature was 99 1-2; pulse 90. There was tenderness over the appendix, but rather less than before, he said. His tongue was moist; he had passed no gas for some hours, but had not vomited. He was slightly tender all over the abdomen. Thinking he was better, and the attack would pass off as the other, I advised watching him, and if worse, operate at once. At about 11 A. M., I telephoned the doctor, and said I felt so uncertain about letting a case alone on the third day that was doubtful, that I urged him to send him in to the hospital where I could observe him. He replied that he would, as he had just seen him, and he was more tender over the abdomen, had vomited, and his temperature had gone to 100 1-2. At two o'clock I saw him, and his abdomen was tender all over, and had that football resistance. On opening the abdomen, free, cloudy, foul-smelling fluid welled out of the wound. The appendix was found perforated. Happily he recovered.

Here was a case of the second class, where the symptoms came on after plenty of warning.

When a rupture of an inflamed, tense organ takes place, there is apt to be a cessation of the pain to some extent, but the tenderness to pressure will be present, and will be diffused rapidly farther and farther from the original focus. Peritonitis may be due to the inflammation of any organ which is partly or wholly covered by the peritoneum; the two chief sources by far are the alimentary canal and the internal female genital organs.

Perforation may take place in typhoid, dysenteric, tuberculous, carcinomatous, or syphilitic, ulcer. Any obstruction of the intestinal canal, by which the wall is injured and the circulation cut off, may result in a perforation and peritonitis. Hernia, obstruction by bands, invagination, and twists, may so result.

Complete intestinal obstruction, or ileus, is a condition where four symptoms are especially prominent: stoppage of the fecal stream; vomiting; abdominal pain; and the presence of an unusual amount of gas in the intestines. As there may be some gas and fecal matter below the point of obstruction, it is not unusual to have gas or feces passed after the obstruction occurs. This, however, soon ceases and nothing passes. Vomiting and eructation of gas occur by reversed peristalsis or by a sort of regurgitation upward as gas forms and pressure exists. This vomitus, at first perhaps food, then bile-stained fluid, later has a foul or fecal odor. Much gas is formed, due to degenerative changes of the intestinal contents, and decreased absorption of the intestinal wall. The pulse at first may be normal, and unless due to a strangulation of the bowel, may remain normal for several days. There may or may not be a slight rise of temperature. The abdomen may be distended or not, and distention is often absent, due to the frequent escape of gas and

intestinal contents by vomiting and belching. This absence of distension in complete obstruction, I have often observed. There may be very little tenderness, unless the bowel is strangulated, and unless the abdomen is distended one may often palpate freely and deeply. Sometimes in these patients the peristaltic waves may be plainly seen through the abdominal wall. As time goes on, and the condition is not relieved, fecal vomiting persists; the tongue becomes dry; the pulse more rapid and feeble, and collapse sets in with all its signs. Very recently I saw a case in consultation with the surgeon who had operated. For a few months the patient, a man of 54, had had at times symptoms of partial obstruction, pain, distension, a gurgling in the middle of the abdomen with relief of the pain as if gas passed a certain point. He had had a small umbilical hernia for a long time. With signs of complete obstruction he developed great pain at the umbilicus, and it was inferred that a loop of bowel was caught at this point. He was, therefore, operated on for umbilical hernia. No bowel was found at the hernial opening, and, as nothing could be felt through the small incision, it was inferred that the bowel had slipped out and the condition was relieved. On the next day the man passed gas, and in spite of having taken ether, did not vomit. On the following day he began to vomit again and passed no gas. This persisted. I saw him on the third day after the operation. His tongue was moist; his pulse 90; temperature normal; no distension, and but little pain; no more tenderness than would be expected with a recent abdominal wound. After talking the situation over, we concluded the obstruction had not been relieved, and he was opened again. In the transverse colon was found an indurated contraction of the gut with collapsed gut below and distended above. This proved to be due to two small pieces of metal which had lodged there and aroused an irritation with subsequent induration and contraction until complete obstruction resulted.

Another case I recently saw in May, reads a lesson. A man of 58, a diabetic for several years, easily controlled by diet, had been away south all winter. He had fallen, in seven months, from 175 to 134 lbs., was weak, and had spent the past two months in a hammock. Twenty years ago he had had a gallstone colic, and again last fall. Four days previous to my seeing him, he had vomited, and this vomiting had persisted at intervals; at first dark green, then lighter and foul smelling; now a distinct fecal odor. Bowels moved three days ago. Since then no gas or feces have passed; some pain in bowels, never severe. Temperature normal; pulse 102. The tongue is moist; abdomen not distended. On palpation the abdomen is soft, not tender; but belching of foul-smelling gas is excited. On opening the abdomen an enterolith was found obstructing the small intestine. Below this, the bowel was collapsed; above, distended, swollen, and with many punctate hemorrhages. The stone was extracted through a small cut, which was sewed

up after emptying the bowel through a long tube. He died the next morning. Had this man, on whom the operative procedure was simple and rapid, had the advantage of an operation as soon as the condition was recognized, I have no doubt he would have recovered. He travelled from the South to his home, and in that way lost all this valuable time.

Obstruction may be caused by tumors, by foreign bodies within the intestines; by constricting bands, Meckel's diverticulum, by strangulated hernia, volvulus, or intussusception. In the last, in children, there is apt to be a discharge of blood-stained mucus, and with the vomiting, pain and restlessness so common, no time should be lost. Early operation is so favorable, and delay almost always fatal.

Outside of traumatic cases, the only hemorrhages I have known that required surgical intervention were those of persistent profuse bleeding from the stomach, and the concealed bleeding of ruptured extra-uterine pregnancy. The general symptoms of persistent bleeding, whether apparent or concealed, are the same, and if blood is being lost at a rate that shows serious depletion, it is safer to operate than to allow it to go on. The symptoms of hemorrhage are increasing pallor, seen best in the mucus membranes of the mouth and lips; increased rapidity and feebleness of the pulse; increased and often sighing respiration; thirst; faintness; often coldness of the surface; restlessness; air hunger and collapse, and if unchecked, death.

Sometimes a vessel is eroded by ulceration in the stomach, and with such symptoms showing persistence of the hemorrhage, I have seen the vessel successfully tied and the bleeding stopped, though never having had such a case myself.

In ruptured extra-uterine pregnancy there is almost always severe abdominal pain in the pelvic region. Sometimes there is severe shock. With sudden abdominal pain and general sign of hemorrhage, I believe no time should be lost in operating. I know it is widely taught that we should wait until the patient rallies, but sometimes the patient does not rally, and that is because the hemorrhage is persisting, and only by stopping this can the patient live. I have lost but one case of extra-uterine hemorrhage, and that woman was pulseless and unconscious and had been bleeding for hours. Another, to whom I was called out of town, died as I entered the room. While many a time I have operated as soon as the symptoms gave this diagnosis, and have never regretted having done so, even when the patient was profoundly shocked.

Ruptured extra-uterine pregnancy is not unfrequently mistaken for pus tube or appendicitis, but the history, if it can be obtained, will often show an irregularity in the menstrual periods, or an irregular flowing, and I have come to suspect every case of abdominal perplexity in a woman with such a story as possibly an extra-uterine pregnancy. As soon as a diagnosis is made I believe operation is indicated.

There are many diseases of the abdomen that demand operation without too great delay, but I wish to speak briefly of three where delay, in severe cases, and I am speaking only of the seriously sick, may spell disaster:

Acute inflammation of the gall bladder.

Acute inflammation of the appendix.

Acute inflammation of the Fallopian tube.

The general symptoms of each of these three may be very much the same, differing especially in the location of the pain and tenderness. These symptoms are due, not only to the pain of the inflamed and perhaps distended organ, but to the local peritonitis aroused in its neighborhood. There is pain and tenderness, there is apt to be nausea and vomiting. There is apt to be a rise of temperature with pulse rate to agree. The patient feels severely sick, has pain upon motion of the abdomen. The bowels are apt to be constipated. With such symptoms the question of whether to operate or not presents itself, as the operation may be necessary not only to cure the disease, but to prevent a more dangerous condition of general peritonitis, from gangrene, or a rupture of the inflamed organ.

Benda, out of 446 autopsies of acute diffuse peritonitis, found it started from the appendix 115 times, about one in four times; from the female genitals 81 times, about one in five times; gall bladder 10 times, about one in forty times.

I believe that the best rule to follow is that, if after twenty-four hours, such severe acute inflammation does not subside, as shown especially by diminishing tenderness as by other symptoms, it is wise to operate. Before twenty-four hours there is little danger of rupture or gangrene. After twenty-four hours such conditions may occur, and if they do, operation will sometime become imperative. If an acute inflammatory process does not let up, it is to be inferred it is increasing, for it is certainly like fire, either going on or going out, and if it goes on it means possible destructive process with all which that entails. I have never regretted operating, according to such rules. We are far more apt to be deceived as to the severity of the condition found on operation in appendicitis than in the other two. Sometimes a case of acute inflammation, showing no tendency to gangrene or rupture, and about which the omentum may have glued itself, making a mass to the feel, I have felt confident indicated an abscess, and on the other hand, I have found an appendix converted into a gangrenous shred in less than forty-eight hours, without very severe symptoms, and even splinting was not marked. Years ago, as an assistant, when operation during acute inflammation was put off if possible, I saw two cases of acute salpingitis under observation develop general peritonitis from rupture, and die. Now I treat them as I treat an acute case of appendicitis, inferring that if the case is not getting better, it is getting worse, and operating early. Vague general considerations, such as age, make little difference. I have operated

successfully on two women, eighty years of age, for gangrenous cholecystitis, and only yesterday removed a large acute pus tube, upturned into the cul-de-sac, from a woman of fifty-eight years, after her menopause, who had never before had symptoms of tubal trouble.

The diagnosis of these severe inflammatory processes from other painful affections which seem sometimes to give similar symptoms, such as pneumonia, gallstone and renal colic, abscess of the kidney, and intestinal colic, is usually not very difficult, if a careful examination, beginning with a carefully written history and a thorough examination by inspection, auscultation, percussion and palpation, including the rectum and pelvis, be made. The findings during such an examination will reveal to the careful examiner much that is positive or negative, and a deliberate summing up will point very closely to the condition present. We must realize that it is not always possible to distinguish between a pus tube placed high, and an appendix placed low; between an appendix placed high and a gall bladder that is low; or between an inflamed Meckel's diverticulum, and an inflamed appendix. Nor does it greatly matter, for the indications to operate are the same. The blood count and the examination of the urine are often of valuable assistance, and if time be had, should always be made.

Our responsibility is great, and our task is often difficult, but by taking advantage of our own experience and the experience of others and by recognizing conditions that require prompt measures at the proper time, we can often avert a disaster, and we thus bring that help to a fellow being which is our duty, and which brings to us a sense of the deepest satisfaction.

THE YEAR IN SURGERY.*

By Robert F. Souther, M.D., Brookline, Mass.

As chairman of this bureau, it becomes my duty to give a resumé of the Progress of Surgery. My paper consists of notes and interesting articles which I have noted from the current medical literature, and I claim nothing as original with me.

Anaesthetics is always so important in surgery that I shall first touch on this subject. Stovain, Tropocaine and Nuvocain, we read much about; they have been used quite extensively in spinal anaesthesia.

Stovaine. In the April number of Annals of Surgery, 1910, an article appeared reporting twenty cases by Lloyd Noland, Chief of Surgical Clinic at Colon Hospital. He considers it superior to any other drug for spinal anaesthesia and advocates its use in preference to inhalation anaesthesia in cases requiring operation below the umbilicus, and gives the following reasons:

*Read before the Massachusetts Surgical and Gynæcological Society, June 8, 1910.

1st. There is no apparent effect upon the heart, beyond a slight decrease in the pulse rate, not exceeding 90 in any case. In one case of strangulated inguinal hernia and a case of hydrocele, there was an organic heart lesion. No bad effects were noted.

2d. Respiration was not affected except in one case, which was embarrassed but a few moments.

3d. Less muscular rigidity of the abdomen than is usual under deep ether anaesthesia.

4th. Kidneys were not embarrassed and no albumen found upon urinary examination. Normal secretion of urine.

5th. Less vomiting than is usual under general anaesthesia.

6th. Perspiration less.

7th. Intestinal peristalsis less active and bowels better controlled than in general anaesthesia.

8th. No vomiting, shock, headache or backache, no incontinence of urine, nor bowels, following its use.

The French preparation was the one used, put up in ampullae of two sizes, containing two solutions; one, ten centigrams of stovaine to one c. c. of normal saline, which was used in all abdominal operations, upon the rectum and for herniotomy. The other ampulla containing five centigrams and one c. c. of normal saline was for minor cases. The point of introduction was in the lumbar dorsal region between the twelfth dorsal and first lumbar vertebrae and between the third and fourth lumbar vertebrae. The higher location gives perfect abdominal anaesthesia and the lower one for operations upon the rectum, perineum and lower extremities.

Patient should be prepared as for general anaesthesia. He is placed upon the operating table in a sitting posture with back well flexed, or, if for any reason this is inadvisable, patient lies upon the side with head and knees drawn together. All aseptic precautions are observed. The skin at point of introduction and the deeper structures are infiltrated with a one per cent. solution of cocaine. As soon as local anaesthesia is induced, a long needle is introduced at right angles to the spinal column until the arachnoid has been pierced, which will be determined by the escape of a light-colored fluid. A syringe is then applied and injection made, needle withdrawn, and the wound closed by means of a cocoon dressing. The anaesthesia is complete in about one minute, where ten centigram dose has been used, and will last for about one hour.

Among twenty cases operated upon were two cases of appendectomy, four vaginal and pelvic operations, two herniotomies, two abdominal salpingectomies, one abdominal exploration, one double amputation, two operations for hemorrhoids, four operations for hydrocele, three perineal urethrotomies. All cases made good recoveries.

The following advantages are claimed for the use of this method:—safer where there are heart and pulmonary lesions, less shock, ease of administration and less distressing post-operative symptoms

than from general anaesthesia. It is contra-indicated in septic cases and advanced cases of arterio-sclerosis.

It would seem that lumbar analgesia has come to stay, when used in selected cases and administered by one skilled in its administration. There have been more than 50,000 cases reported. Its use is more popular in Europe than here, but seems to be growing in this country.

Electrical anaesthesia. An interesting case, reported by Marcus M. Johnson, M.D., in Medical Record, April 23, 1910, was demonstrated for the first time in the annals of surgery, at Hartford, Conn., by Dr. Robinovitch. The patient was blindfolded and taken to the operating room and otherwise unrestrained. Electrodes were then applied, one pole over the sacral vertebrae, a second over the anterior crural nerve at its entrance to Scarpa's triangle, a third over the posterior tibial nerve, and a fourth over the anterior tibial nerve. Immediately upon making the current, anaesthesia was complete below the electrodes. The great toe of that foot was amputated for gangrene following frost bite. The electrodes were then transferred to the left leg and from this foot, the great, second and third toes were amputated, the operation lasting forty-five minutes. During the operation the patient laughed and conversed freely. The current used was direct current from storage batteries, capacity 100 ampères, each. The current was interrupted six to seven thousand times per minute. Period of passage of current, one-tenth of entire time. The current passes from the periphery centrally.

Terminal arterial anaesthesia is described in the April number of Annals of Surgery in an article by J. Louis Ransohoff. The main points will be briefly stated. This form of analgesia may be desirable in selected cases where a general anaesthesia is contra-indicated. An Esmarck bandage is applied above the point of operation. The artery supplying the part which is to be operated upon is next picked up and a hypodermic syringe with .5 per cent. cocaine solution is inserted into its lumen, and the contents injected in the direction of the blood stream. In two minutes, analgesia was absolute, a hand and a foot were removed under this method by the writer. Four to eight c. c. of the .5 per cent. solution is the maximum dose. Better indicated in upper extremities where brachial, radial and ulnar arteries are easily exposed.

During a recent visit to New York, I had the pleasure of seeing for the first time an air pressure apparatus, constructed by Willy Meyer of New York. The purpose of it is to afford differential air pressure for intra-thoracic surgery. The idea is to have a higher pressure within the lungs than prevails outside to prevent collapse of lungs after the thoracic cavity has been opened. This apparatus may be seen at the Rockefeller Institute laboratories, where there is much experimental work in progress, dogs being used, although some satisfactory work has already been done on the human body.

His apparatus consists of two chambers, one for the operator and one for the anaesthetist, so arranged that either or both may be positive, negative or normal, and during an operation these conditions may be varied at will without change in position of any of the parties concerned or interruption of the operation. The operating table is in the middle of the chamber, allowing the surgeon two assistants, and plenty of room to move around. Unobstructed relations of understanding between the operator and the anaesthetist are possible during the operation. There is sufficient room to allow the general anaesthetic to be controlled by two assistants. It is so arranged that neither surgeon nor anaesthetists are exposed to the anaesthetic. The surgeon can see the patient's head, and the anaesthetist the field of operation. The ventilation is good the direction of air currents is controlled, and the pressure can be changed quickly.

Treatment of carcinoma is always interesting, inasmuch as the disease is so prevalent and results so discouraging.

Although much work along these lines is being carried on by others, it is to be regretted that through the death of Eugene Hodenpyl, Pathologist to the Roosevelt Hospital, his interesting experiments of treatment of carcinoma with the body fluids from a recovered case, were interrupted. If you will pardon me, I should like to read a part of a paper written by him. It is so interesting that I think it will be equally interesting to those of you who have already seen it.

"About four years ago the writer became interested in a case of carcinoma of the breast in a woman, 37 years of age. The clinical history and morphology of the tumor were typical of a rapidly-growing malignant cancer. In spite of a radical operation, multiple recurrences appeared in the neck and in the primary scar. After the thorough removal of these, secondary growths appeared which were morphologically typical of rapidly-growing carcinoma. Still other tumors developed in the neck and breast, which, owing to local complications and the debilitated condition of the patient, were not removed. Later, large tumors developed in the liver, which nearly filled the abdominal cavity, followed by the occurrence of excessive chyliform ascites. The prognosis was unqualifiedly bad and the patient's death seemed imminent.

"But, nevertheless, the tumors in the neck and breast gradually dwindled and disappeared. The abdominal tumors gradually grew smaller and became imperceptible, while the liver became smoother and smaller. At length, about four years after the first operation, the liver is approximately normal in size and position. With the exception of the scars and decreasing emaciation and extreme chyliform ascites, requiring frequent tapping, there is now no indication of the original disorder.

"The ascitic fluid having been freely placed at the writer's disposal, a series of mice, which had developed tumors after the implanting of some of the well-known strains of mouse cancer cells,

were injected with varying amounts of the ascitic fluid. These injections were made near the tumors, into the tumors, and into the body at large. The effect of these injections, in brief, was to lead to marked necrosis of the tumors, to a noteworthy diminution in their size, or to their complete disappearance.

"After experimental tests of the harmlessness of the fluid, first in animals, then in human beings, injections of the fluid in cases of carcinoma of various types in man were undertaken. These injections have been made in small quantities, near or directly into the tumors, or in large quantities into the veins. The general effects of these injections in man has been nearly uniformly to induce a temporary local redness, tenderness and swelling about the tumors, which soon subside. Then occur softening and necrosis of the tumor tissue, which is now absorbed or discharged externally, with the subsequent formation of more or less connective tissue. In all cases, the tumors have grown smaller; in some they have disappeared altogether. In no instance has any tissue in the body, other than the tumor, shown the least reaction after the injections, nor have any systemic effects been manifest even after large venous infusions. The greater number of the forty-seven cases thus far treated, were distinctly unfavorable, many of them hopeless and inoperable. Many of the cases are still under observation by the writer, or by other physicians in and out of New York."

Treatment of Inoperable Cancer. (From Progressive Medicine.) Maier reports the use of acetone in four cases of inoperable cancer. The benefit of the method was apparent almost from the beginning. There was no return of hemorrhage, the discharges ceased, the appetite returned, and the general health improved. Pain was not diminished nor increased, but was controlled by aspirin. Gwyer reported results from the use of thymus gland extract with some degree of success. Strauss, advocating the use of serum taken from the lower animals suffering from cancer, reports six cases. He concludes that it should be used after every operative case to immunize the system and to prevent recurrence, and that if the growth be inoperable, the injection of serum relieves the pain and ameliorates the symptoms, without interfering with the natural functions of the body.

Fleischmann reports three cases in which a recurrence did not take place after an incomplete operation: Case I, in which an extension of cancer from the fundus of the uterus to the surface of the sigmoid was not removed; the patient lives, without sign of trouble, after three years. Case II, a case of incomplete vaginal extirpation, in which some cancerous tissue was left in right parametrium; the patient remains well 11 years after vaginal hysterectomy. Case III, a vaginal hysterectomy, in which the cancer had penetrated to the anterior wall of the cervix and invaded the right parametrium. The patient remains well after 8 years. All of the cases were verified histologically.

Serum Treatment. A rather interesting case of specific sal-

pingitis treated with gonococci vaccine, was reported in the Medical Record of March 5, 1910, by Albert L. Tuttle, in which a good recovery was made.

Dr. Robert Abbe of New York in the Medical Record reported eleven cases of giant-cell sarcoma treated by radium with much success, and closes his article with the words, "My conviction is that every case of myeloid sarcoma should be given treatment by radium before any operation and that we may expect many cures."

Treatment of Gangrene of Foot by Arterio-venous Anastamosis. George P. Muller reports results and conclusions in the February number of Annals of Surgery. In this article is a quotation of Buerger, who has done much work along these lines. "If we deflect the arterial current from the femoral artery into the femoral vein below the termination of the long saphenous, we do so with the view to establishing the following conditions: 1. The deep veins are to be transformed into arteries. 2. The blood must find its way into the capillaries where it meets the blood from the profunda and the capillaries. 3. A new centripetal flow must be established, primarily through a set of inter-anastamosing deep venules, but in the main, finding its way into the vast network of superficial veins that empty into the long saphenous and thus into the femoral."

Conclusions drawn in this paper are as follows:—

1. In the early stage of arterial disease, producing ulcers of toes, erythema, external pain, tingling, etc., a complete reversal of the circulation may relieve the conditions, if other measures have been tried and failed.

2. That with gangrene of a toe established, we should wait for a line of demarcation. If the process involves several toes or tends to spread to the dorsum of the foot, an anastamos between the femoral artery and vein with ligation of the external saphenous will almost certainly induce a line of demarcation in the region of the ankle.

3. That if the superficial and deep veins are also thrombosed, the operation is useless and should not be undertaken.

Dr. A. W. Mayo-Robson advises early surgical treatment in certain cases of glycosuria, as a means of averting diabetes. Treatment consists of affording free drainage of bile and pancreatic ducts and removal of cause, whether it be gallstones, duodenal ulcer or other conditions.

In certain diseases of pancreas, after appearance of glycosuria, this treatment has already proved beneficial. In several cases the sugar has disappeared from the urine, and in other cases it has led to an arrest of disease, causing glycosuria.

In the Medical Record of February 12, 1910, L. Pearce Clarke speaks of a new method of treating spastic paralysis, which consists of resection of posterior spinal nerve, and the technic is given.

FOLIE A DEUX. (A REPORT OF FOUR CASES.)

By M. M. Jordan, M.D., Assistant Physician, Westboro State Hospital.

It is commonly understood that Folie à deux comprises those cases in which the psychosis has been called forth by an implantation of delusions from an insane person in one who was not previously insane.

Following the paper published on the subject in 1873 by Falret and Lasigne, who first used the term, many cases of simultaneous insanity and of insanity caused by the stress of having to care for one who is insane, have been erroneously reported as Folie à deux, if we accept the definition above given.

Schönfeldt clearly defines and describes this psychic complex under the title of Inducierte Irrsein (or Folie à Communiquèè), which are terms now generally used synonomously with Folie à deux. The condition most commonly occurs, as pointed out by him and others, in mental states with a paranoid coloring and is not a distinct psychosis. Both the active (primary) and the passive (secondary) cases must be identical in the content of the delusions and in the course of the disease. Folie à deux is purely dependent on psychic factors and follows only when there is close association of the active (primary) and passive (secondary) parties, and is more likely to occur when they are relatively isolated from outside influences. A psychopathic disposition is the chief predisposing factor. The cases more commonly occur in blood relations.

The Cases of M. J., and Her Daughter, Catherine J.

The mother (M. J.), age seventy, widow. Common school education. Heredity negative as far as can be determined. She was always very religious, and since the death of her husband, ten years ago, has taken little interest in anything outside of her family and religion. She was admitted to the W. S. H. July 15, 1909, with history of having had delusions of persecution for six or seven years. She was clear, well oriented and showed little memory defect. Her story of her troubles was as follows:

About seven years ago a dentist and his family who were living in the same tenement house and on the floor above her, wanted to change to the apartments on the first floor, where she, her son and daughter lived, for the reason that the first floor would be more advantageous for the dentist's practice. They (the patient and her family) refused to move and from that time she believes she was persecuted, first, by the dentist and his family, and then by the neighbors and others at the instigation of this family. People placed articles in their rooms so that they might be accused of stealing, and when she and her daughter went out together people

looked at them as though they were thieves. She told her son and daughter of this, but they at first would not believe her. Later, however, she convinced the daughter of the truth of her beliefs. She believes, probably because she was persuaded by her son, that her daughter has become insane as the result of constant persecutions she has undergone, and, for this reason, she at no time talked to her daughter of her persecutory beliefs during their hospital residence of three months.

The daughter (Catharine J.), age forty-three, single, teacher, was always rather unsocial, was religious and devoted to her mother, and always obeyed her implicitly. This woman is intelligent, and was a successful teacher in parochial schools. She was admitted with her mother with a history of having had delusions of persecution for about three years. She was clear, well oriented, and gave no evidence of intellectual deterioration. She stated that at first she did not believe in her mother's ideas of persecutions because they were so "weird," but later she was convinced of the truth. She for a long time had only the delusions her mother had, but later they became more elaborate, involving even her own family with the exception of her mother, so that even her mother was led to believe that some of her persecutory ideas were imaginary. Subsequently, however, the mother developed many of the delusions which originated in the daughter.

Both of these cases left the hospital October 1, 1909, and went to new surroundings. A recent letter from the son states that while they retain their delusions, they do not talk about them and have developed no new delusions, and that they are unsocial, and do not go out except to go to church.

We have here at least two factors considered by Falret and Lasegne, Schönfeldt and others as essential in the production of an induced insanity, viz., intimate associations in relative isolation, and psychic similarity as shown in their tendency to the religious, and unsociability. Also the delusions of the active party were plausible so that even the son, who is not insane, believes in them to some extent. And it is possible that the family did suffer from unnecessary annoyance. It was pointed out by Falret and Lasegne that the delusions, at least at their inception, are plausible.

The Cases of J. M., and Her Daughter, J. I. M.

The mother, J. M., was admitted to the W. S. H. February 24, 1910. She is well educated and well informed and presents no evidence of memory defect. She was always unsocial, never mingled much with others. Her story of her persecutions is as follows:

About fourteen years ago she reported her priest to his superiors, because she believed he was trying to seduce her and other women. This priest to get even with her bribed two disreputable men to get evil women to seduce her husband. Two evil women who were employed by them succeeded in influencing her

husband to perform perverted sexual practices on them, and they followed the family, consisting of the husband and his wife (the patient), and their only daughter, wherever they moved, keeping constantly in communication with her husband by electrical devices and other means. She often saw peculiar marks about the house which to her were sufficient evidence that her husband had been communicated with, *e. g.,* she saw a spot on the side of the house which looked like an oil spot, and she believed this oil her persecutors had used for the electrical devices by which they communicated with her husband.

J. I. M. (the daughter), age thirty-three; single. Is a timid-looking girl, pale and anæmic and has a low, bulging forehead. She was never sent to school, because her mother insisted on educating her at home. She passed a creditable examination in high school subjects at the age of eighteen. She shows fairly good school knowledge, and is fairly well versed in current events. Her father writes, "She is a parrot, believes everything her mother believes." It is evident that she has always been completely under the influence of her mother. She never went out socially to mingle with others, but was with her mother constantly. She tells the same story of persecutions that her mother does, and she is very emphatic in her beliefs. Since her admission to the hospital, she has at times suggested new ideas of persecution, as for instance, she stated that she believed one of the nurses was in league with their persecutors. Generally, however, all ideas of persecution originated with the mother.

Here we have classical examples of Folie à deux. In this instance, the active party is the more intelligent, and has the dominating will. These people were in close association and relative isolation, because of their unsociability. The passive party has a psychopathic disposition, as shown by the fact that she was satisfied with staying at home all of the time, as well as with the manner of her education. Their delusions are of a paranoid type, and they would probably be classed if seen separately, and without a knowledge of the other, as cases of paranoia.

SCOPOLAMIN AND MORPHIN IN ANESTHESIA.

Collins recently gives, in the Journal of the A. M. A., his experience with scopolamin and morphin as preliminary to general anesthesia. Among other things, he says: "There is much less post-operative vomiting, about nine patients out of ten having practically none at all. The secretion of mucus in the throat is markedly checked and in most of the cases is completely stopped. This prevents the danger of aspirating mucus into the respiratory passages and makes a quiet anesthesia. The above experience based on eleven hundred cases seems to show that scopolamin and morphin as a preliminary to general anesthesia is a rational procedure, adding greatly to the comfort of the patient by relieving him of all nervous apprehension prior to the administration of the general anesthetic, by permitting him to sleep some hours after the operation is completed, and by greatly decreasing the post-operative vomiting, and mitigating the dangers of the general anesthetic by lessening the amount necessary to produce the desired effect and by checking the secretion of mucus in the throat."

ACUTE ENDOCARDITIS.*

By A. B. Schneider, M.D., Cleveland, Ohio.

The subject is too wide to attempt even a synopsis in the space of time allotted, and therefore I intend only to emphasize three points.

First—The fact that the affection, rarely primary, is usually secondary to some acute infectious disease, as acute or subacute inflammatory rheumatism, chorea, tonsilitis, scarlet fever, pneumonia, and sometimes to the milder infections. Sometimes endocarditis is the first manifestation of rheumatism; frequently the sequence is tonsilitis, endocarditis, rheumatism, and quite frequently rheumatism, endocarditis, chorea. My reason for bringing before you in this bureau an affection which in its inception is so preponderatingly a condition of childhood is the fact that so many of the valvular troubles coming to our notice during adult life are the result of slowly developing sclerotic changes which have their origin in some acute endocardial inflammation complicating an attack of infectious disease during childhood, and which, overlooked at the time, and perfectly compensated during the buoyant adolescent period, cause serious trouble only during the later years of excessive physical and mental stress when recuperative and reparative processes are much less efficient. Hence the importance of anticipating this complication with the aim of applying efficient treatment in the beginning of its development rather than partial relief after irremediable damage has been done.

Second—The second point I wish to emphasize is the diagnosis. This must eventually be based upon the physical signs, as the general symptoms are usually those of the infectious process of which endocarditis is a complication. Frequently, however, an increase in fever with violent heart action, dyspnoea, restlessness and cardiac pain mark the beginning of the cardiac complication. The characteristic soft blowing murmur, usually at the apex, with left auxiliary transmission and a thrill, is frequently not discovered for a number of days after the suspicion of endocarditis is raised. Careful differentiation must be made between this and functional murmurs, which are usually irregular and inconstant and heard at the base of the heart and over the vessels; and pericardial friction, which is superficial, variable in character, and seldom apical.

Third—The third point I wish to emphasize is the factor of rest in the treatment of this condition. Naturally there is no specific remedial treatment for acute endocarditis. Aconite, belladonna, bryonia, cimicifuga, rhus and arsenicum, as indicated by the symptoms of the primary affection, will do all that remedies can do during the acute stage. Digitalis and other cardial specifics have their place later. Rest is the important factor, absolute rest in bed,

*Read before the Ohio State Homœopathic Medical Society.

as a preventative of this complication in all infectious conditions so long as there is fever, and as a means of limiting the trouble after it has developed. Irremediable harm has been worked by men who pride themselves on their methods of aborting tonsilitis and rheumatism—and incidently gonorrhoea, in which endocarditis and rheumatism are not infrequent complications—and getting their patients up and to drag about while their more fortunate neighbors, under conservative treatment, are being saved the possibility of serious immediate or more remote cardiac trouble. When endocarditis has developed—and its prevention is unfortunately frequently impossible—absolute rest should be insisted upon until all febrile movement has subsided, cardiac action is normal and the heart borders have returned to normal or at least stationary limits.

CLINICAL DEPARTMENT.

CONDUCTED BY A. H. KING, M.D.

Case VII. Diagnosis: Hysteria.

Miss Z's case does not present the symptom complex which we have been accustomed to think of as hysteria. But if we are to accept the work of Freud and Janet we have here a good case with which to illustrate the tenets which they have laid down as the basic elements of the disease, i. e., amnesai for certain events (psychic traumas) too unbearable to rehearse and therefore forgotten, these accidents remaining repressed and symbolized by bodily discomforts without perhaps ever having been consciously cognized.

Miss Z's mood when first seen was negative almost to antagonism. This was quite foreign to her normal temperament and existed, involuntarily, of course, only to protect her from the necessity of recalling the traumatic incidents; she merely raised a barrier of self-defense.

When, after gaining her confidence, it was made clear to her that only by free recital of the causal accidents and their readjustment in her mind could a cure be accomplished, she co-operated, at first reluctantly, later more willingly as she experienced relief.

When urged to recall when the headache first occurred she finally said that it first appeared at the moment that she found her aunt dead. In trying to lift her into her arms she found the body warm under the back. She took this to mean that her aunt was still alive. The doctor ridiculed the idea, but failed to convince her (she had never dared tell anyone this before) and she was convinced in her own mind that her aunt was really killed later by the embalming fluids. She remembers striving hard to suppress this incompatible idea, and it now very rarely occurred to her, but the occipital distress remained as the symbol and reappeared whenever any associated word or experience excited the aunt complex. This she was herself in a vague way conscious of. When it was explained to her that the body was warm because contact with the bed had prevented evaporation of heat she eagerly accepted the explanation and the headache soon left her permanently.

A day or so later she related to the nurse, during a massage, an incident which had jarred upon her sense of fairness when coming out of ether after her first operation. The post-operative pain was, of course, present during this trauma and had remained since as the symbol of this jar, playing its part in the following, even the two years of chronic invalidism. She said that while telling this incident she was conscious of two selves, one striving to tell the truth, the other to prevaricate.

This was the first time that she was aware that she had been distorting the truth for several years. After telling the story of the hospital incident the abdominal pain stopped.

Miss Z. now appeared and felt much better, but a few days later she developed pain in her right arm and face and said with alarm that she was getting a recurrence of the neuritis she had had after her mother died. When it was explained to her that she was imitating her mother's paralysis she was now ready to grasp the truth, and forthwith the arm and face recovered. With these revelations came a change in character, so marked that her friends noted it. She began to take long walks and to eat and sleep well.

Doubtless the second operation played its part in permitting the physical upbuilding, but so long as these mental mal-adjustments remained, so long would she have continued a chronic sufferer, a burden to herself and her friends.

Case IX for Diagnosis:

(O. P. D. 48,829). Man born in New York State 33 years ago, and a book-keeper by occupation, came to the Dispensary for weakness and tremor of the lower limbs and lameness and rigidity of the flexor muscles of the legs, thighs and lower back. He limped in awkwardly, supported by a cane. The gait suggested double congenital dislocation of the hip plus a spastic element. He says that his mother, who is living, suffers from sciatica, but otherwise the family history is negative.

Personally, he was well up to two years ago, when he became aware that his legs felt heavy and weak and he grew fatigued easily; this has deepened into a constant sense of tire. There has been no pain and no soreness. The tremor and stiffness also increased and there was at times a sense of numbness. There has been a slight remission the past few months.

Seven months ago he gave up his book-keeping because of lack of ambition and tire, and because his writing was growing illegible. He worries about himself, but not in proportion to the severity of his illness. His intellect, will and emotions seem blunted.

Examination:—The speech is slightly scanning and the voice weak. The tongue is protruded straight, but is dry, red and rough, and has a coarse tremor. He can whistle and blow out a match. The pupils react normally to light and accommodation. A coarse nystagmus is present, and the field of vision is evidently contracted, as shown by the rough finger test. The station with eyes closed is fairly good, but the knee jerks are markedly spastic and there is a double Babinski's reflex. When stripped the man is not much emaciated, but stands with the legs apart. The slightly flexed knees point to beginning contracture, and palpation of the calf and thigh muscles show them to be in a state of tonic spasm. What is the disease from which this man is suffering? From what would it have to be differentiated, and what its treatment and prognosis?

MANIA PLUS STATUS EPILEPTIFORMIS.—The following case seems sufficiently unusual and interesting to place on record. It is that of a woman age 54 years, under treatment for her fifth attack of acute mania. The attacks have been short, lasting from four to eight weeks, and coming from one to three years apart. The mania itself has been of the ordinary type, but the last illness before this one was culminated by one convulsive seizure which was epileptiform in nature.

The present attack began July 5. There was the usual prodromal period of insomnia, restlessness and unreasonableness, which shaded into loquaciousness, exhilaration, and psychomotor excitement, singing, dancing, etc.

A few later days she refused food, vomited several times and the

breath became strongly acetone. She sank into a stupor which deepened into coma, and the right face muscles began at intervals to twitch convulsively and the eyes to roll upward and to the right. Then the right fingers and arm took up the spasm and finally the eyes would roll to the left and the spasm would pass to the opposite side, the seizures becoming typical Jacksonian epilepsy. They were frequently ushered in by a scream, tonic muscle spasm, suspension of respiration, blue lips and nails, involuntary micturition and at times defacation. This was followed by a long gasp, frothing and clonic spasm, beginning in the right jaw as described. The fits now began to recur at more frequent intervals until in twelve hours they were coming every five minutes, the tonic spasm lasting thirty seconds and the clonic about a minute. It was to all appearances a status epilepticus. For about thirty-six hours there was an average of twelve fits an hour. The heart action grew very weak, 160, with a small thin pulse, and the temperature rose to 103 F. The urine was loaded with acetone. The outcome looked gloomy.

Swallowing was impossible, so the nasal tube was used every two to three hours to put into the stomach the following:—

Sodii Bicarbonate	
" Chloride	aa 1 drachm
" Bromide	gr.
Chloral Hydrate	gr. V
Tr. Gelsemium	gtt. 1
Aqua	16 ounces

After six feedings the chloral and bromide were omitted as the spasms were diminishing, and barley water was substituted. The soda was continued for another two days until the acetone odor had left the breath and urine.

Doubtless these attacks were due to the acetone. The complication of this state in so marked a degree in mania is certainly very unusual, though acetone breath is quite common, probably from starvation.

BEQUESTS TO HOMŒOPATHY.

During the past few months a number of notable bequests have been given to homœopathic institutions. Among these we find the largest to be that of about nine hundred thousand dollars to the Hahnemann Hospital of New York. The Massachusetts Homœopathic Hospital has received two hundred thousand dollars for the Dawson Department of Clinical Research. The Chicago Homœopathic Hospital has received one hundred thousand dollars for a nurses' home and for general purposes. The Hahnemann Medical School of Philadelphia will have a special department of Homœopathy, well endowed by the munificent gift of one hundred thousand dollars from Mr. Hering.

The Journal of The American Medical Association reports a subscription of one hundred thousand dollars in Camden, New Jersey, for a new homœopathic hospital building. This subscription was completed in a twenty-days campaign.

Boston University School of Medicine, in about three weeks, raised twenty-five thousand dollars, and now has a conditional offer of fifty thousand more. The New York Homœopathic College has completed the sum of twenty-five thousand necessary for the establishment of laboratories. The Hahnemann Hospital of Philadelphia and the Womens' Hospital of Philadelphia each received ten thousand dollars by the will of the late Anna T. Janes. Doubtless other benefactions have been made and will be reported in the near future. These things do not seem to indicate any particular lack of vitality in sectarian medicine.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

THE CARNEGIE REPORT AND HOMOEOPATHY.

There has probably been no one event that has been of more general interest to the entire medical profession during the last few months than the publication of the report of the Carnegie foundation upon Medical Education in the United States and Canada. It consists of a voluminous work of three hundred and fifty pages, in which the subject matter gives details and conclusions never before ventured by any writer or any society. An introduction upon the status of medical education by President Henry S. Pritchett, gives a somewhat pessimistic summary of what has been done in the past few years and makes a wise, just and strong appeal to higher standards of education.

It may be a mooted question as to how far this writer is qualified to draw conclusions on a question or questions that are of necessity somewhat foreign to him, but nevertheless these same conclusions cannot fail to be of interest to us all, as they give the viewpoint of an outsider who is skilled in general educational measures and who has devoted much time to this particular phase. The bulk of the report has been written by Mr. Abraham Flexner, a brother of Dr. Simon Flexner, Director of the Rockefeller Institute of Medical Research. He is an expert in the collaboration of such data as are here included, and however we may differ from him in his deductions from the same, we must all acknowledge the great value of the immense number of assembled facts, covering in detail every medical college and school in the United States and Canada.

He begins with an historical resume of the origin and process of medical education in this country, and then goes on to the proper and actual basis of such education at the present time. That part of the report in which the readers of the *Gazette* would doubtless find most interest, is the chapter on medical sects. As might be predicted before reading it, the conclusion attained is that there is no

reason for the further continuance of sectarianism in medicine. The chapter is well written, with entire absence of the various forms of defamatory remarks so frequent elsewhere in such discussions. It is a careful presentation of the subject as seen by the non-sectarian layman, and the conclusions therein reached are fully justified from the premises with which he has been supplied. It is with these premises, or at least with some of them, that we take issue at the present time.

In the first place, we could remind the author that as far as Homœopathy is concerned sectarianism never was and never has been desired. Hahnemann never intended to separate himself and his followers from the remainder of the profession. His one desire was to have the opportunity to demonstrate to others what he believed to be a truth. But instead of receiving the opportunity he was ostracised by his associates, and literally forced to an exclusiveness that was never desired. The same may be said of Talbot and his associates, most unjustly expelled from the Massachusetts Medical Society in 1875. And we still claim that those who call themselves homœopaths have no inclination or desire to be sectarian any more than do other similar groups known as electro-therapeutists, internists, surgeons or gastro-enterologists.

On the contrary, whenever the time comes when such believers in the law of similars can be assured of as free a hearing and unprejudiced an audience as is the case with adherents of other no more universally accepted tenets, then will Homœopathy willingly and readily retire from the position into which it was forced by the very profession that is now calling it sectarian and exclusive. Mr. Flexner states (P. 156, 157), "The proposition raises at once the question as to whether in this era of scientific medicine, sectarian medicine is logically defensible; as to whether, while it exists, separate standards, fixed by the conditions under which it can survive, are justifiable. Prior to the placing of medicine on a scientific basis, sectarianism was, of course, inevitable. Everyone started with some sort of preconceived notion, and from a logical point of view, one preconception is as good as another. Allopathy to allopathy. If one man "believes" in dissimilars, contrary suggestion is certain to provide another who will stake his life on similars; the champion of big doses will be confronted by the champion of little ones. But now that allopathy has surrendered to modern medicine, is not homœopathy borne on the same current into the same harbor?"

THE CARNEGIE REPORT AND BOSTON UNIVERSITY.

The attitude of the Carnegie report toward sectarianism in general, towards Homœopathy in particular has already been noted in another editorial. It is, upon the whole, distinctly unfavorable to such, a feeling that might be expected when all the circumstances have been fully considered. In view of this and the frankly critical

attitude that is manifest in regard to practically all the medical schools of the country, it is doubly gratifying that Boston University fares so well at their hands, despite the sectarianism. In the detailed description of the individual institution is found the following, concerning Boston University:

"The institution is mainly dependent on fees ($12,762, estimated), but these have been consistently used to develop its facilities.

"In striking contrast with schools in which, whatever the claim, fees have not been so used, this school has an excellent building, admirably kept and well equipped, and attractive laboratories for pathology, bacteriology, physiology, chemistry and anatomy. There is no experimental pharmacology. It possesses a library in charge of a permanent librarian, a beautifully-mounted collection of pathological material, an excellent refrigerator plant, and other features indicative of intelligent and conscientious effort.

"The school adjoins a hospital of some two hundred and eighty beds, of which one hundred and twenty-five are available for amphitheater and ward clinics. The material is fairly abundant and varied; but the students do not make laboratory examinations for the patients whom they see in the wards. A pavilion for contagious diseases is also accessible. Connected with the hospital is a large, thoroughly modern and systematically conducted dispensary, in which laboratory work and physical examination are more closely connected."

This must be considered a fair view of an institution at which the visiting committee spent more than two hours in careful investigation. It must also be remembered that it was then opposed to the existence of homœopathic schools and so was far from prejudiced in favor of the institution.

We read elsewhere that "a small but beautifully-mounted collection at Boston University is once more an evidence of what conscience and intelligence will achieve despite slender financial resources." "Of the others, Boston University has a really model dispensary, comparing favorably in equipment, organization and conduct with the best institutions of the kind in the country."

So much for the commendatory features, and we could scarcely expect any stronger ones in a report where commendation comes but rarely and then when only fully deserved.

Of the criticisms there are only two, both perfectly fair and correct, and as fully appreciated by the officers of the school as by this inspecting committee. The principal one is that the entrance requirements are too low, and particularly that the examinations as given at the school are not fully equivalent to a full four years high school course. This is undoubtedly correct, but in rebuttal we merely draw attention to the ruling, already present in the catalogue, that the entrance requirements will be still further increased after 1912.

Even now students repeatedly apply for examinations, take them, and fail completely, and then are admitted without difficulty or scarce questioned at another reputable institution that stands high in the esteem of dominant schools. And yet our friends wonder at the decreasing attendance, not realizing that a smaller number of the properly equipped is preferred to the larger crowd of incompetents, even with the additional advantages of increased fee income.

The second criticism is found in the first paragraph of this editorial, the insufficient connection between the hospital and the laboratories of clinical pathology. This is also true, but to all such criticisms we can point to the coming Evans' Memorial for Clinical Research, where patient and laboratories will be closely connected, to the mutual benefit of both. We can, therefore, ask what would the criticism have been had the examiner appeared a year later, as the only things he found fault with were also those already long recognized by the school itself, and by it already in process of elimination even prior to the appearance of the report in any form.

Scientific medicine therefore brushes aside all historic dogma. It gets down to details immediately. No man is asked in whose name he comes, whether that of Hahnemann, Rush, or of some more recent prophet. But all are required to undergo rigorous cross examination. Whatsoever makes good is accepted, becomes in so far part, an organic part, of the permanent structure.

With these ideas thus so well expressed, we are in hearty accord as they express what we believe should be the ideas and opinions of every honest physician. To one other statement we must take exception, however; this, where it is stated that "everything of proved value in homœopathy belongs of right to scientific medicine, and at this moment is incorporate in it." The first part of the sentence is certainly true beyond all cavil, but that everything of proved value in homœopathy is at this moment incorporate in scientific medicine is a thing that we most certainly cannot yet believe. We only wish that it were indeed true. Homœopaths have always been and are still specialists in drug therapeutics. As such they have doubtless not infrequently been over-sanguine concerning their work, in this erring in common with specialists in other departments. They have been forced to establish sectarian schools in order to teach their ideas, just as surgeons would be compelled to do if excluded completely from all existing schools. That they have made no advances in other lines should be no more a criticism than that the surgeon had contributed nothing to neurology, the opthalmologist nothing to gyncecology, the dermatologist nothing to obstetrics.

Homœopaths have once more been therapeutists first and foremost, and have been sectarian merely because they were forced to be so. Even what credit they might receive for extra therapeutic departments has in some ways been overlooked in the statement that

they (the sectarian schools) have "practically accepted the curriculum as it has been worked out on a scientific basis." While, as might be expected, persons busied along one line of work have done comparatively little along others, yet the stand that has been taken by at least one of our institutions in the fore of this advance movement could well have been noted. In the very early part of the last century it was a homœopathic school which was one of the first to require a three-years graded course. This school was also the first to offer a regular four-years course, one that it later made compulsory. It is still in the van in these advances, in that it is one of the very few that offers a five-years course and a combined course of six years, leading to the double degree Sc.B., M.D.

When we remember, therefore, what sectarianism has already accomplished, as we are regretfully compelled to work apart from the general company of physicians, we cannot just at present see the wisdom of giving up our peculiar tenets, trusting that they will be recognized by others, nor can we just at present see indications of the death of Homœopathy, the Carnegie report to the contrary notwithstanding.

With the spirit of the report we are well pleased, however divergent the opinions and conclusions. These are evidently honestly made and certainly are free from the obnoxious personalities so frequent in the past philippics.

CALIFORNIA MEETING.

The California meeting of the American Institute of Homœopathy was held in Pasadena, July 11 to 16. The location was unique, as never before has the Institute met so far from the center of population in this country. It was a most successful one, and for this success the physicians of the entire State, and in particular those of Los Angeles and surroundings, must be congratulated. Judging from the descriptions received and from the newspaper reports the entire meeting was most enthusiastic.

The daily press gave an abundance of space to the various departments of the society, both those strictly scientific and those political as well. Never at any preceding meeting has the publicity committee been better organized or performed more effective work.

The attendance was a large one, considering the distance that the majority were compelled to travel.

From the business standpoint the most important feature was the election of the president, Dr. Gaius J. Jones. Dr. Jones has been an important factor for years in all connected with State and National Homœopathy, and the honor bestowed upon him is well deserved. Dr. W. E. Nichols of Pasadena was elected First Vice-President, a position also most worthily earned by his unusual efforts in behalf of the present meeting, as chairman of the local committee. For Second Vice-President, Dr. Margaret S. Schantz

was elected, thus giving to the feminine part of the profession a most worthy representative. Dr. J. Richey Horner was re-elected Secretary, and Dr. T. Franklin Smith, Treasurer.

In addition to the various strictly scientific topics, the features most noted were the establishment upon a firm basis of a committee for disseminating knowledge concerning Homœopathy and all pertaining thereto.

Appropriations for this propaganda were made to apply to future years, and subscriptions amounting to about six thousand dollars were received to even expenses for the present year. As chairman of this committee, Dr. H. R. Arndt of San Francisco was unanimously elected. Resolutions urging the Japanese government to remove the restrictions against Homœopathy were passed.

Turning from the more serious aspects of the convention, the social side was amply provided for by excursions to neighboring mountains, automobile rides through Los Angeles, and various sight-seeing trips in the immediate vicinity.

Following adjournment the members broke up into small parties and have scattered widely, some going to Alaska, some remaining in California, and others returning home immediately. The Pasadena meeting will, therefore, take its place in homœopathic history as one of the most notable of recent years from a standpoint of pleasure, of profit, and of recreation.

AN OLIVE BRANCH.

The Home World for July has an editorial upon a topic so clearly in accordance with the views that the *Gazette* has frequently advanced, that we are anxious to have our readers receive the benefit of it.

This has to do with the peace offering presented by the British Medical Association to Homœopathy in England, and expresses the reason why we are unwilling to be called sectarian, and why we are opposed to amalgamation with the dominant body:

"To use a majority for years to shut out a section of their brethren from professional intercourse, from societies and mutual benefit associations, and from institutions (in fact, to drive them into sectarianism), and then when in self-defence they have organized their own societies and associations, to accuse them of isolating themselves and therefore of being unworthy to meet the majority on equal terms, such an attitude would be a marvellous example of the power of men to see only what they want to see. At the moment we can think of no parallel but that of the man who killed his parents and then pleaded for mercy on the ground that he was an orphan. If we are a sect, the dominant school has made us a sect, and when they abandon all attempts to discriminate against us on grounds directly or indirectly connected with our beliefs we shall

automatically cease to be a sect, and homœopathic hospitals will become recognized additions to the ranks of special hospitals.

"Our isolation is not of our seeking, but has been forced upon us by the attitude of the 'compact majority.' But now that in our enforced isolation we have made our own organizations, we are not inclined lightly to abandon them for a grudging admission to the fellowship of the orthodox. We must be admitted freely or the gift is not worth our acceptance. However, if we look thus critically at the B.M.A. olive branch, we are swift to recognize that even this proffer is a great step in advance from the former disdainful attitude, and we appreciate to the full the abandonment of any attempt to condemn us on so-called 'scientific' grounds. Homœopathy is no longer to be called 'knavery' or 'folly,' it is now only branded (shall we say) as apt to lead to 'ungentlemanly conduct,' and those who are familiar with history, will recognize a well-known stage in the gradual acceptance of new conceptions. For this advance we are duly grateful."

MORE SIGNS OF DEATH.

Last month we announced some signs of the death of homœopathy. This month still others have been noted and will here be given in a very brief form.

San Francisco—The erection of a new hospital by our enthusiastic friend and co-laborer, Dr. Florence Ward.

Chicago—A legacy of seventy-five thousand dollars for the Homœopathic Hospital and thirty thousand for a nurses' home.

Philadelphia—A donation of one hundred thousand dollars from Mr. Hering as a fund for the perpetuation of homœopathy.

A legacy of one hundred and twenty-five thousand dollars from the late Mrs. Elkins, for the Homœopathic Hospital.

New York—The completion of the fund for the new pathological laboratory and provision made for several full-time professors.

New Jersey—Subscription of one hundred thousand dollars in ten days for a new Homœopathic Hospital.

Boston—Subscription of twenty-five thousand dollars in three weeks and an offer of fifty thousand more, provided a second twenty-five thousand be subscribed before July, 1911. Closer affiliation between the University and its Medical School.

Surely with all these events occurring in one short month, death is inevitable in a very brief space, and all friends of the dying are hastening away in fear of early dissolution.

GIFT TO JEFFERSON MEDICAL COLLEGE.

Mrs. Marie Gross Horwitz has donated to the Jefferson Medical College the sum of $60,000 for the foundation of the Samuel D. Gross Professorship of Surgery. This chair is in honor of her father, who was professor of surgery in that institution from 1856 to 1884.

BOOK REVIEWS.

Modern Medicine. Its Theory and Practice, In Original Contributions by American and Foreign Authors. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, England; Assisted by Thomas McCrae, M.D., Associate Professor of Medicine and Clinical Therapeutics in the Johns Hopkins University, Baltimore. Volume VII. Diseases of the Nervous System. Illustrated. Philadelphia and New York. Lea & Febiger. 1910.

With this volume the now well-known series of Osler's "Practice" is brought to a close. As anticipated in the beginning, the work has been a monumental one, including an enormous mass of facts and theories, covering the most recent results of modern study. It is almost more of the nature of an encyclopedia than of a mere text book, and should be studied and judged accordingly. Not intended as a book of mere ready reference, it covers every topic undertaken in a most complete and exhaustive manner.

The present volume comprises the diseases of the nervous system exclusively. Among the contributors are Barker of Johns Hopkins, Burr and Spiller of Pennsylvania, Collins of the New York Post-Graduate, Jelliffe of Columbia, Sacs of Bellevue, and Taylor and Southard of Harvard. Spratling's discussion of epilepsy, Cushing's treatment of brain tumors, Burns' description of neurasthenia, might be particularly noted for commendation, while the section on hysteria by Jelliffe is also of special interest.

Thus the last volume will probably prove of somewhat less general popularity than have its predecessors, not on account of its lesser intrinsic worth, but because the subjects of which it treats are of lesser general interest to the average practitioner. It does, however, fairly and completely round out the series now finished, making a volume well worthy of the company of the six preceding ones, and is the culmination of a work that will not, we predict, be equalled or excelled for many years to come. Much credit is also due the publishers for the eminent success that they have obtained in their part of the production.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D. Assisted by Leighton F. Appleman, M.D. Volume II. June, 1910. Lea & Febiger, Philadelphia and New York, 1910.

Two sections stand out with unusual prominence in this number, the one upon cancer of the uterus by Clark, and that concerning diabetis mellitus by Stengel.

Clark gives his usual excellent summary of the year's work upon the subject of cancer in general and of uterine cancer in particular. A perusal of this seems to indicate a still nearer approach to the solution of this most vexed question. The pages on diabetis mellitus are excellently written in manner to render them of particular value to the physician rather than to the theorist alone. The remaining topics considered, of which there are many, are of the usual high standard.

BEQUESTS OF MRS. HUNT.

The late Mrs. Martha R. Hunt of Somerville, Mass., left in her will a number of bequests to medical institutions. Among those are: Cottage Hospital, Baldwinsville, $15,000; Home for Incurables, Dorchester, $10,000; Maclean Insane Asylum, $10,000; Perkins Institution for the Blind, $10,000; Willard Hospital of New Bedford, $10,000.

DUODENAL ALIMENTATION.

Einhorn of New York, in the Medical Record, gives a careful and full description of this rather unique method of treatment of certain diseases. He says:

"As is well known, there are frequently conditions in which the usual methods of alimentation (by mouth and stomach) are either impossible or undesirable. Rectal feeding has always been used in these cases before. Every clinician, however, knows how unsatisfactory this mode of nutrition is. The food is utilized only in a small degree and, besides, the rectum often becomes irritable, so that the enemata must be stopped. It is, therefore, desirable to have some other way of feeding to the exclusion of the stomach.

The duodenal pump, which usually serves the purpose of obtaining the duodenal contents, can also be used for the introduction of food into the duodenum. This kind of feeding may be designated as "duodenal alimentation." The method consists simply in introducing the duodenal pump into the digestive tract, and feeding is begun as soon as its end is in the duodenum. The apparatus is left in the digestive system for from eight to twelve days. The thin rubber tube does not inconvenience the patient, and thus everything is ready for the feeding. This is best done at intervals of two hours. After the feeding, water is forced through the tube, and finally air blown through and the stop cock is closed. We can introduce at one feeding between 240 to 300 c.c. of food slowly. All fluids must, of course, be used at body temperature. I have used this method of treatment successfully in three cases.

Usually the following nutritive material was used every two hours, from seven in the morning until nine in the evening: Milk, 240 c.c., 1 raw egg, sugar of milk, 15 gm. The mixture well beaten up and injected at blood temperature. Patient received nothing by mouth. Two patients were given, besides, a quart of physiological salt solution by rectum, according to the Murphy drop method; the third patient also received water directly injected into the duodenum, but very slowly, drop by drop."

OBESITY.

By far the vast majority of all obesity cases belong to the *alimentary group.* their origin being traceable to the simple etiological formula: disproportion between abundant food supply and its insufficient assimilation. This form of obesity, passing from its physiological limits to the pathological form, is caused by over-nutrition, which means a diet that in quantity and quality furnishes a greater caloric value than is needed for the economy in proportion to the work performed.

Generally speaking, the accumulation of fat is caused by an excess of food in which proteids abound and nitrogen is wanting, so that in the first place the quantity of the ingested food makes for the adipose condition. At the same time the properties of the food are not without significance. It is now proven that that portion of carbohydrates which is not used for the requirements of the human economy, forms fat, and that under similar conditions the alimentary fat is stored in the fat reservoirs of the body. On the other hand, the question of the direct formation of fat from albumin is under dispute, and it is only assumed that an abundant ingestion of proteids together with substances deficient in nitrogen favors accumulation of fat; that soon after their ingestion groups splitting off from the proteid molecule are rapidly decomposed and thus at least protect the carbohydrates and fat disintegration. Again, any preparation of food, and any additional ingredients, which may whet the appetite, facilitate the accumulation of fat. In this way the use of liquids with meals is for many persons a factor favoring the deposition of fat. This applies to soup, water, coffee, tea, and especially to alcoholic beverages.

Next to overnutrition and unsuitable composition of the food—excess of carbohydrates and fats—insufficient exercise is an important factor in the formation of fat deposits, because the organism supplies the necessary energy for muscular movements and production of heat, in the first place, by the decomposition of its glycogen and fat. Persistent rest of the muscles, long continued presence in closed rooms deficient in oxygen, coupled with abundant diet, favor the formation of adipose tissue.—Post-Graduate, July, 1910.

The Journal of The American Medical Association summarizes an article by Engel, of Germany, as follows:

Engel devotes nearly 140 pages to the detailed report of the experiences with tuberculin treatment in the children's clinic at Düsseldorf. The principle followed was first to accustom the child to a large dose and then to continue to treat him with this dosage. The children are kept in bed at first and the temperature is taken in the rectum every two hours; the injections are made between the shoulder blades. The extent of the tuberculous process determines the reaction, independent of the age of the child. Typical child tuberculosis is distinguished by a great tolerance for tuberculin. The tendency to reaction grows less when the dose which was borne without reaction is repeated several times before increasing it. When the optional maximal dose is once determined, the children are treated afterward as out-patients, the injections repeated at intervals graduated to prevent too vigorous reactions. When the child tolerates 0.01 c.c. tuberculin the reaction to the v. Pirquet test usually ceases; this test may serve as a guide for the dosage of tuberculin. His experience shows, he asserts, that it is incorrect to speak of latent tuberculosis in children; the affection may be occult and non-localizable in a child, but it is never latent. When the process has spread beyond the lymphatics the prognosis is less favorable. An acute tuberculosis in apparently healthy children is generally merely the end of an occult process, and these processes should be combated by every means. In 8 children between 3 and 8 months old the tuberculous process was apparently arrested by the tuberculin in all but one, while the medication did not interfere with the development of the children. In one case the physical findings indicated an apical process, but the recovery under tuberculin showed that the process must have been restricted to the glands. He advocates tuberculin treatment in all cases in which the lungs are not involved. There also is a chance for benefit if the lung process is small with little tendency to progress, but progressive pulmonary tuberculosis contraindicates tuberculin and only discredits this method of treatment. The children thrive under the tuberculin. Fever does not necessarily exclude tuberculin treatment; small doses may even banish the fever. Fifteen cures are appended to show the dosage and progress of some of the little patients less than a year old.

THE TONSILS AS SOURCES OF INFECTIONS.

In the Cleveland Medical Journal, for July, it is as follows, concerning this topic:

"There is no doubt that the infection of diphtheria and scarlet fever is almost invariably traceable to infection through the tonsil, not to speak of the association of tonsillitis itself with otitis media, and I think no one questions today the frequency of this cause as the origin of meningitis and brain abscess. In a letter received from Llewellys F. Barker of Johns Hopkins, he assures me that every case of rheumatism in the hospital is referred to the throat department for tonsillectomy. And while this is not strictly a part of this paper it seems proper to say a word on the practical side of the question, and that is the recommendation of the complete removal of hypertrophied or diseased tonsils rather than the more favored tonsillectomy."

PERSONAL AND GENERAL ITEMS

The senior Editor of the Gazette, Dr. J. P. Sutherland, is taking a much needed rest and vacation, travelling on the Pacific Coast, after attending the meeting of the American Institute held at Pasadena, California, in July. He will return to Boston about September first, by way of the Canadian Rockies, visiting in his travels the cities of San Francisco, Portland, Oregon, Seattle, Victoria and Vancouver, British Columbia, and expects to spend some time at beautiful Banff, in Alberta.

Dr. Edwin M. Kent, B. U. S. M. 1909, now in the Orient as a medical missionary, has been transferred from Haiju, Korea, to Ch'ang-Li Hsien, North China.

Dr. William L. Patterson, B. U. S. M. 1909, after a year's service in the Massachusetts Homœopathic Hospital, has located at Amherst, Nova Scotia.

Dr. James F. Cooper, class of 1910, B. U. S. M., has begun practice in Falmouth, Mass.

Dr. John A. Hayward has resigned his position at the John C. Haynes Memorial Hospital (West Dept. Mass. Homœo. Hospital) and has begun practice in Bangor, Maine.

Dr. Emerson F. Hird, B. U. S. M. 1910, has succeeded Dr. R. N. Randall as house physician at Trull Hospital, Biddeford, Maine.

The following members of the 1910 graduating class of B. U. School of Medicine have received hospital appointments:—Drs. Harold L. Babcock, Katharine French, Fredrika Moore, S. Perry Wilde, at the Massachusetts Homœopathic Hospital; Drs. Harry W. McElman and Otto A. Pfefferkorn, Metropolitan Hospital, New York City; E. F. Hird, Trull Hospital.

Dr. Agnes C. Patterson, class of 1900, B. U. S. M., has succeeded Dr. John A. Hayward as resident physician at the Contagious Department of the Massachusetts Homœopathic Hospital in Brighton.

Dr. Horace Packard is spending the summer in Europe and will return to Boston to resume his practice about October 10.

The International Hahnemannian Association held its annual meeting in Kansas City on the 27th, 28th and 29th June. The date of meeting was changed in order to accommodate those who wished to take a trip to California.

Probably no one has worked harder or more laboriously in connection with the Institute meeting in California than Dr. C. E. Fisher, chairman of the Transportation Committee. We learn that he is planning to resign from his position in connection with railroad hospitals and will remain in Colorado indefinitely.

Dr. Thomas E. Chandler is spending the summer with his family at Hull and keeps his office hours at No. 259 Beacon Street, Boston, by appointment only.

Dr. Albert S. Briggs has removed from 661 Boylston Street to the Charlesgate, 535 Beacon Street, Boston.

Dr. Andrew H. Cleveland, B. U. S. M., 1910, was married on June 8 to Aurelia Puderer, M.D., of Belleville, Ill.

The marriage is announced of Dr. Arthur V. Pierce, B. U. S. M., 1908, of New Bedford, to Louise Hayward Howard, on Thursday, June 2.

Dr. Howard Moore, B. U. S. M., 1905, has removed from 661 Boylston Street, to 272 Newbury Street, Boston.

Dr. Leslie P. Leland, B. U. S. M., 1909, who has for the last year been Resident Physician at the Lowell General Hospital, has opened an office at 30 Oberlin Street, Worcester, Mass.

Dr. Florence Ward of San Francisco is about to begin the construction of a new hospital in her native State. All those who know Dr. Ward and are familiar with her personally will believe that this institution will be eminently fitted for her to utilize her well-known talents.

Dr. D. A. MacLachlan has announced that the Grace Hospital of Detroit, Michigan, is to have an addition erected at the cost of one hundred thousand dollars. This will include accommodations for about fifty patients as well as four new operating rooms.

It is reported that the Pulte Homœopathic Medical College of Cincinnati will be merged with the Cleveland Homœopathic Medical College. The consolidated school will be located in Cleveland and will be known as the Cleveland-Pulte Homœopathic Hospital College.

Dr. Edward H. Wiswall has been recently elected to his fourth consecutive term as a member of the School Board of the town of Wellesley, this making his twelfth year on the Board, of which he is now chairman.

Plans have been drawn for a new building to be erected as an addition to the Wellesley Nervine, Edward H. Wiswall, M.D., superintendent. When completed it will contain the most modern and up-to-date apparatus for the treatment of patients in accordance with the latest development in hydro-therapeutics. It is expected that this building will be ready for the reception of patients some time in January, 1911.

Dr. Cora Smith Eaton, class of 1892, B. U. S. M., has removed her office from 1629 Fourteenth Avenue, Seattle, to 1604 East Union Street, in the same city.

Dr. Homer I. Ostrom, 130 West 57th Street, New York, announces that from June 28th to October 1st, his address will be Waquoit, Cape Cod, Mass. Telephone, 135-7, Falmouth, Mass.

The London Homœopathic Hospital requires, for its work on hand and for additions and alterations, the sum of about $60,000. It has received a conditional offer of $25,000, provided the balance be collected before the end of the present year. We extend to our English friends our best wishes for their success in this endeavor.

The Forsyth Dental Infirmary, made possible by the donation of $2,000,000 by Mr. Thomas A. Forsyth, is soon to be incorporated. We learn that it will be located on Hemenway Street and will be thoroughly equipped and manned for modern dental surgery. One of its purposes will be to give free care of the teeth to every child in Boston who may need it.

FOR SALE.—Owing to continued ill health, a physician offers his house and practice for sale. Situated in a delightful New England town of 10,000 inhabitants. Address K. M. D., care of N. E. Medical Gazette, 422 Columbia Road, Boston, Mass.

TUBERCULIN IN CERVICAL ADENITIS.

From these observations we believe that tuberculin has been the active agent in producing the absorption of these glands, but we cannot offer any proof of this. In children, spontaneous disappearance of tuberculous glands is not uncommon, but we do not believe that this would have occurred in our adult cases without tuberculin.

We do not wish to advocate treatment with tuberculin in preference to operation for tuberculous glands. We believe that a radical excision is the procedure of choice in the majority on account of the great saving of time and the immediate removal of infected tissue which may be a possible menace. We simply wish to show the possibilities of tuberculin, and to suggest that it may be resorted to when operation is contraindicated or refused, and also to suggest its employment as an adjuvant to operation. As such, we should use it to prevent recurrence after operation. In extensive involvement of cervical glands we should remove the most prominent gland masses, leaving the smaller nodes to be taken care of by tuberculin. It may also be employed to take away periglandular infiltration so that the hard and freely movable glands can be more easily shelled out through an open incision.—Hartwell and Streeter, Boston Medical and Surgical Journal, Jan. 6.

EXTRA-UTERINE PREGNANCY.—"In those cases in which a positive or a strong presumptive diagnosis of ectopic gestation has been made before rupture, the advisability of immediate operation is corroborated by the experience of all observers. Then, too, we frequently have to do with patients who have suffered mildly from the symptoms of internal hemorrhage unquestionably following many cases of tubal abortion. Certainly there is no contra-indication to prompt operative interference in these cases.

"The question of immediate operation after rupture of the tube while the patient is in shock, or of deferring this procedure until reaction is thoroughly established, is as yet far from being settled. Each of these procedures has many ardent supporters, the majority being in favor of performing abdominal section without delay.

"Death from primary hemorrhage *per se* following rupture of the tube is rare; otherwise there would be many more postmortems than operations performed on these cases."—Bowers, Journal of the American Medical Association.

TUBERCULIN IN PULMONARY TUBERCULOSIS.

Wilson of Tacoma writes concerning this topic in the "Northwest Medicine." He says as follows:

"In reporting cases treated with tuberculin many factors must be considered, e. g., stage of the disease, positiveness of diagnosis, method of administration, and other treatments being used at the same time. If the tubercle bacillus has not been found in an incipient case the diagnosis is always open to question. Many incipient cases are reported cured as the result of tuberculin, but some might say the majority of these cases get well under hygienic and dietetic treatment without tuberculin. But in the moderately advanced cases the results are undisputedly in favor of tuberculin. That is, the disease is apparently cured or arrested in a greater percentage of tuberculin treated cases than in those not so treated. While it must be admitted that the reports are mostly impressions, the fact that these impressions are practically unanimous lends them a great deal of weight. It is the common experience of all who use tuberculin to see cases of moderately advanced tuberculosis improve under its use, which remained stationary under the usual hygienic and dietetic treatment."

VACCINES IN URINARY DISEASES.

We read in the California State Journal of Medicine the following sentences by Grose:

Conclusions.

1. That autogenous vaccines have a definite place as therapeutic agents in urinary diseases.
2. That vaccines must be prepared by a proficient bacteriologist, and that a well-equipped laboratory in conjunction with treatment rooms is essential.
3. That fresh vaccines are necessary, as vaccines deteriorate much more rapidly than is generally conceded.
4. That cases of enlarged prostate with an infected bladder, in which a fair-sized nelaton catheter enters the bladder easily, should not be operated upon until vaccines have been given a thorough trial.
5. That in infected and encapsulated organs or where chronic inflammatory infiltrates surround the infected areas, vaccines should be supplemented by the Bier treatment to enhance the blood supply.

Vaccine Treatment of Pus Tubes.

The frequent failure of vaccine therapy against infections of the male genital tract is undeniable; its occasional spectacular success, unknown through other means, is equally indisputable. The successes warrant the suspicion that the failures are not the fault of the principle but of the efforts to apply the principle—in other words, of inaccurate treatment.

My own experience has been a steady improvement, from customary failure especially with stock vaccines, to customary benefit especially with autogenous vaccines, against infections of the seminal duct by the tubercle bacillus, gonococcus, staphylococcus, streptococcus and colon bacillus. Against these infections accurate vaccine therapy impresses me as the most valuable of all constitutional aids to local treatment.

Summary.

1. Pus infection of the seminal tract plus occlusion of the ejaculatory duct soon converts vesicle, vas and finally epididymis into a closed abscess.
2. Vasostomy is the simplest and least objectionable means of evacuating pus, relieving tension and medicating vas and vesicle.
3. Among the effects of these infections on the urinary organs are bladder irritation and obstruction of the ureter with consequent kidney lesions.
4. Impotence, sterility and sexual neuroses in the male are frequent results of pus infections of the seminal tract and amenable to appropriate treatment thereof.
5. Vaccine therapy, accurately applied, is the most valuable internal measure against the infections which produce pus tubes in the male.—Belfeld, American Medical Journal, Dec. 25.

VACCINATION AND PREVENTIVE IMMUNIZATION.

The Post Graduate quotes Dr. Tuffier of *La Presse Medicale*, as follows: It would seem likely that vaccination and preventive immunization of the patient is the surgical procedure of the future, and it is quite within the bounds of possibility that the time is not far distant when the surgeon will be able, prior to the operation, to immunize his patient against all risks of infection. Some recent experiments of the author to this end have been reported in *La Presse Medicale*. This observer remarks that, although it is not possible at the moment to place one's patient in a condition of immunity, a greater degree of resistance to infection can be induced by suitable treatment.

POST-OPERATIVE TETANUS.—While the occurrence of tetanus as a post-operative complication is fortunately not common, nevertheless, the occasional cases that do occur are of great importance, not only on account of the intrinsic nature of the disease, but also because of the possibility of infection of others by the same technic. Peterson, of Ann Arbor, has recently published in the "Journal of the American Medical Association" a quite extensive article upon this trouble, parts of which may be abstracted with benefit.

"While tetanus cannot be said to be a very frequent post-operative complication, a study of the reported cases shows it does occasionally follow all kinds of gynecologic operations.

"It most frequently is a complication of operations involving the opening of the peritoneal cavity, although in quite a percentage of cases it complicates plastic and other non-peritoneal operations.

"The infection in all probability is introduced at the time of operation.

"It has been proved that the tetanus bacillus and its spores are most difficult to kill, and that under certain circumstances they survive boiling for sixty minutes; hence when this organism is present, more than ordinary heat, applied over a longer time, is necessary.

"Absorbable ligatures, like catgut, may be carriers of the infection unless the most approved methods of sterilization be employed.

"The process of manufacture of the catgut renders it peculiarly liable to infection by the tetanus bacillus, which may not be destroyed by the ordinary methods of chemical sterilization.

"The initial symptoms of post-operative tetanus appear within ten days in from two-thirds to four-fifths of the cases. The onset of symptoms in the remaining cases varies from the eleventh to the twenty-second day after the operation.

"In the 150 cases tabulated no case showed symptoms of tetanus the first two days after the operations.

"From a study of these cases it would seem that the average period of incubation for post-operative tetanus was about eight days.

"The shorter the incubation period the more virulent and active the disease, and, conversely, the longer the incubation the milder the disease or the longer is it possible for the patient to survive before a fatal issue.

"Whenever possible the point of entrance of tetanus bacilli should be ascertained and the proper disinfection and drainage be instituted. This is often difficult in cases of post-operative tetanus."

Soon after the discovery of antitoxin for diphtheria it was supposed that many other diseases might be similarly treated. With the exception of tetanus, however, this has proven to be a hope founded on but little substance. In the post-operative tetanus Peterson has obtained some results and has been able to somewhat decrease the mortality. He says:

"Antitetanic serum acts on the free toxins in the blood, but has no effect on the toxins after they have become fixed in the nerve cells.

"A study of the tables shows that the mortality of tetanus has been reduced nearly 10 per cent. through the use of the antitetanic serum.

"The best effects of the serum will be seen when its administration is begun on the first appearance of the symptoms of the disease.

"Chloretone is able to control the muscular spasms of tetanus and to do away with the muscular rigidity. It is harmless and does not prevent elimination.

"In tetanus, elimination through free catharsis and the administration of salt solution is of the utmost importance."

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ORIGINAL COMMUNICATIONS.

A SURGICAL CLINIC.

By N. W. Emerson, M.D., Boston, Mass.

The following is a report of the clinic held at the Emerson Hospital on June 4, 1910, as the closing exercises of Clinical Week of that year, conducted by Boston University School of Medicine. These cases proved so interesting to the operator and his assistants that it was suggested a report of them might be equally interesting, not only to those who were present and saw what was done, but also to others who are inclined to post-graduate work. This clinic was arranged with the definite idea of offering a group of typical cases of such character that they would not only prove interesting to those in active general practice but would show typical examples of certain classes of cases, the practical deductions from which would be so plain that they would carry their own teachings. In this we were more fortunate than we expected because of a mistaken diagnosis in the first case, as will be explained later.

The morning of the clinic the following list of cases was posted upon the bulletin board at the Medical School. As will be seen, a definite diagnosis was made in advance in each case, and the mistake in diagnosis in the first case only added to its value for teaching purposes:

EMERSON HOSPITAL.

Operations for June 4, 1910.

Time.	Name.	Ward.	Diagnosis.
2 P.M.	Mrs. ————	I	Cystomata ovarii, d.; appendicitis, int.
	Mrs. ————	G	Cystomata ovarii, d.; appendicitis, int.
	Mrs. ————	A	Procidentia uteri.
	Mrs. ————	A	Pyo-salpinx, d., acute; appendicitis, acute.
	Miss ————	A	Fracture of humerus, l.; 4 wks.
	Master ————	out patient	Fracture of humerus and clavicle.

The first patient was a woman, 30 years old, the mother of three children, the youngest being three years old. I saw her first on June 1, when she told me that two months previous (having gone two months over her regular period) she offered

Plate I.

Showing head and shaft of humerus of the sound arm. Note the definition of the epiphysis. This is exhibited for comparison with Plate II.

herself for an induced abortion, and the attempt to procure this was made. Since then, that is, for two months, she had been flowing almost all the time, passing a considerable number of clots. For the last few days she was some better, although prostrated and weak as the result of the flowing. There was no odor to the discharge. There was much indigestion with alternating constipation and diarrhoea. She was very tender through the whole lower abdomen, especially worse on the right side, pain extending into the right leg. There was a well-defined movable tumor in the left lower quadrant of the abdomen. She was exquisitely tender through the whole abdomen below the level of the umbilicus, and the pelvis was filled with a fluctuating tumor, which rose into the abdomen, above which and attached to it could be felt two somewhat movable growths, both of which fluctuated and both of which were very tender, the left one being noted above. She was so thin and emaciated that both of these growths could be seen by their irregularities upon an inspection of the abdomen, the one to the left being more prominent and

more easily palpated. In both of these growths fluctuation could be demonstrated, and this condition, with their mobility and the easily elicited fluctuation through the pelvis, led to the pre-operative diagnosis of ovarian cysts. Even after examination under ether, no reasons were found for questioning the diagnosis.

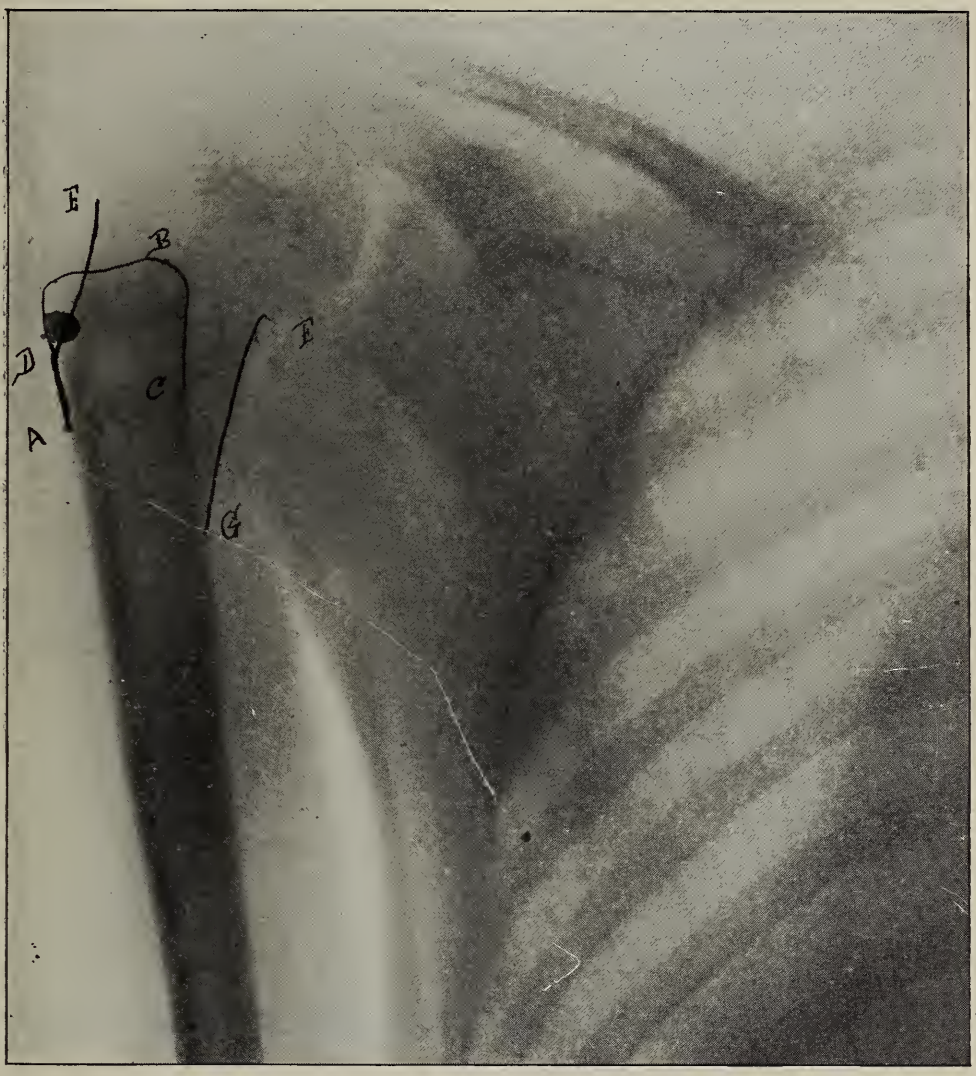

Plate II.

Showing shaft of left humerus fractured at the surgical neck. A B C emphasizes the broken end. D F and F G emphasize the outer and inner margins of the upper fragment. The latter is tilted outward, while the shaft is tilted inward so that the angle between the two fragments is well defined. The broken end of the shaft lies in front of the head of the bone and firm union had taken place in this position. The epiphysis is well shown, although the line of demarcation is obscured by the callus. The broken end of the shaft shows clearly, but the broken end of the upper fragment is ill-defined, nor could repeated attempts show it any clearer. The bones had become firmly united in this position and callus had filled in so completely that the apparent line of fracture of upper fragment was markedly oblique and on the outer side appeared to terminate at D and on the inner side at G. This was apparent only, due to the callus.

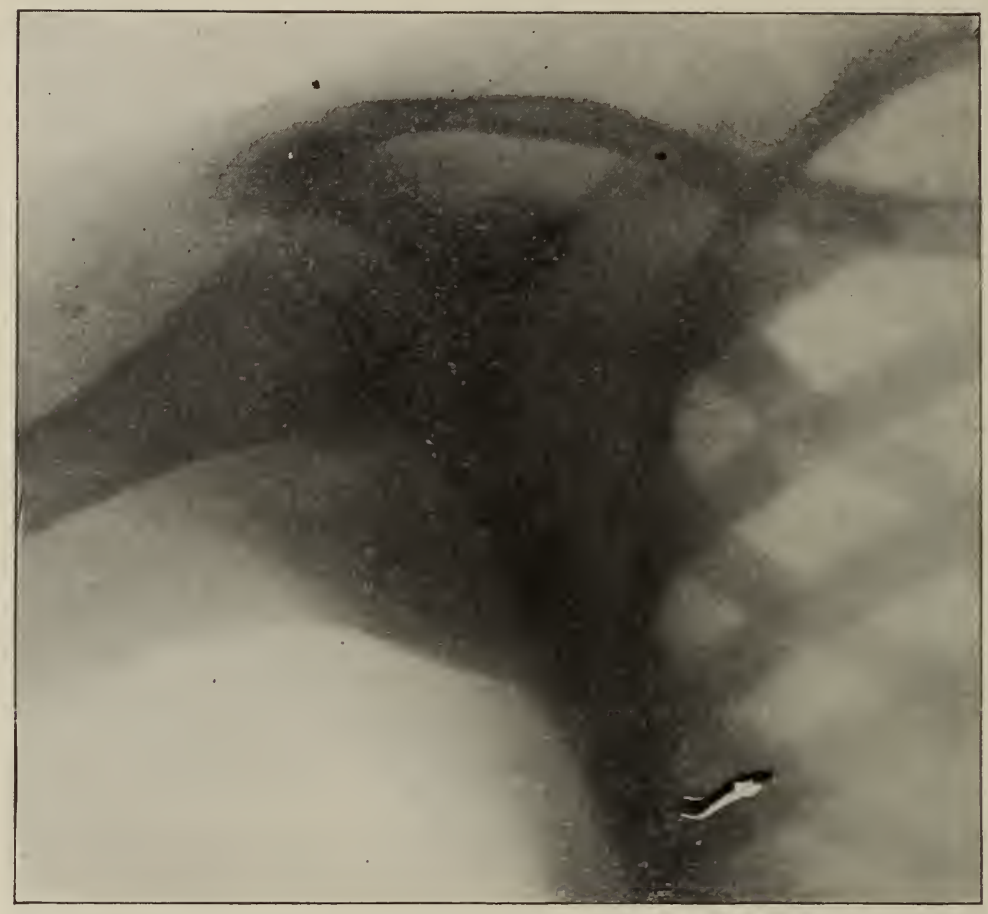

Plate III, Sound Arm.

Upon opening the abdomen sufficiently to admit an examining finger, everything in the lower abdomen was found adherent, with the pelvis full. Above the masses of adhesion were the two before-mentioned tumor-like growths, the one on the right side being the ovary, much enlarged by a multiple cystic growth and comparatively free from the underlying adhesions which embraced the right tube. In an attempt to break up these adhesions a hematoma was opened, from which exuded a dark fluid with a quantity of shredded tissue, which was easily demonstrated as broken-down blood clots. This led to an immediate revision of diagnosis, and the operator then said the case would probably prove one of extra-uterine pregnancy. Investigation of the left side showed a very unusual and remarkable, and in some ways strikingly typical state of affairs. The superficial tumor, which had been seen and palpated through the abdominal wall, proved to be the right tube in which impregnation had occurred and which had never ruptured. The implantation of the impregnated ovary had taken place so near the free end of the tube that when the tube had become distended almost to the limit of bursting, it had relieved itself by a hemorrhage from the open end of the tube. This had occurred rapidly, but with so little

disturbance at any individual time that no crisis had been developed, yet the accumulated free blood, which had gravitated to the pelvis, had become considerable, since probably two quarts of old blood clots were removed in the course of the operation. The particularly interesting phases of this case, are, first, the mistaken diagnosis, and then the complete demonstration to the eye of a condition which is, undoubtedly, quite common, but almost never seen in the stage of development as shown in this case. There is no doubt that in the history of the case the confessed attempt at a procured abortion had been misleading.

The operation consisted in the removal of both tubes and ovaries, as well as the appendix, the latter having been drawn into the adhesions. This case made an interrupted recovery.

The second case was that of a woman, 32 years old, who had had one child 10 years before. She had a hard time of it, was badly torn and repaired at the time. One and a half years after the child was born, and one year subsequent to that, she underwent two procured abortions, and was curetted after the

Plate IV.

Fractured arm. This is shown with Plate III to indicate the very marked difference in the outline of the two shoulders with arms in symmetrical position.

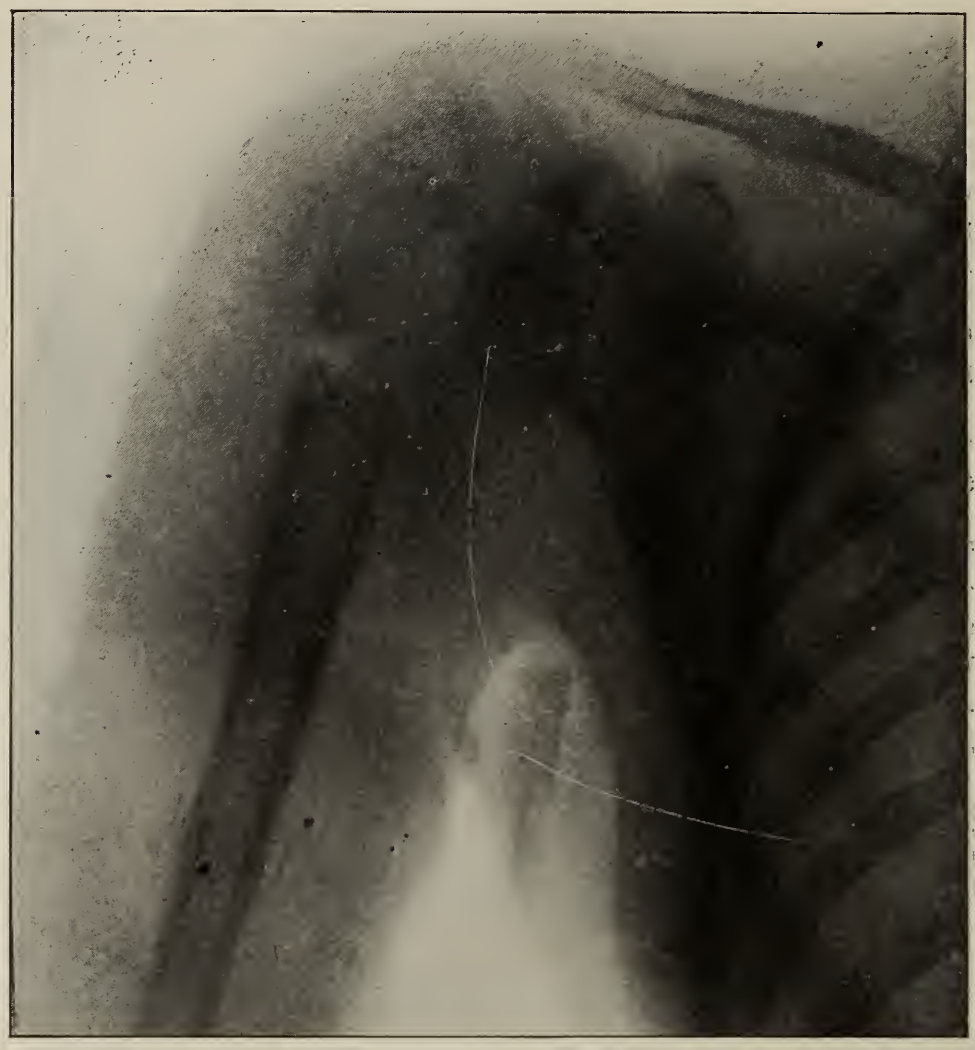

Plate V.
Shows the bone after reduction and wiring.

first one. Ever since then the left ovary has been very sensitive for five or six days following menstruation. Menses were regular, lasting five days, and usually uncomfortable only on the first day. The left side, however, has been very tender, especially so to external touch, and she was obliged to give up all active duties. She became very low-spirited and depressed, and held herself aloof from companionship, which was very contrary to her nature. There was no leucorrhoea, except, during acute attacks, a watery discharge was noticeable on arising in the morning. Urination was very frequent and she was up at least once every night. Examination discovered a large fluctuating growth on the right side. The left side was so tender that nothing could be made out by palpation, and a diagnosis was made of cystomata ovarii, double; appendicitis, intercurrent.

At the operation, upon opening the abdomen in the midline, an ovarian cyst of the right side was easily demonstrable. This was tapped and fluid was drawn off to reduce its size so that

it could be brought through a comparatively small opening. The left side showed a very much enlarged and somewhat bound-down cystic ovary which, together with the tube, was so far damaged that it was decided to remove both tubes and ovaries on both sides, which was accordingly done.

This patient made an uninterrupted and satisfactory recovery.

The case was interesting as showing the earlier stages of what would have undoubtedly become a large ovarian cyst if left to itself, and as typical of a class of cases which cannot be adequately treated except by operation, and which, if taken at a proper time of election, prove very simple.

The third case was that of a woman, 45 years old, who had two children, then a miscarriage 13 years ago followed by another child, which was delivered very rapidly and forcibly, resulting in extensive lacerations. Five or six years ago she began to wear a support to keep up the parts beginning to protrude from the vagina, but with not much satisfaction. Up to

Plate VI.

Shows the bone one month after operation. Although the arm and shoulder were immobilized all this time, something—perhaps the development of callus—has turned the free end of the wire downward through an arc of about 35 degrees. Functional and surgical result perfect.

two years ago she had lived in the country, but at that time came to live in the city. This resulted in increased activity on her part on account of the stairs, and led to a procidentia of the uterus which has now persisted for a year. Urination is very frequent when on her feet, but is relieved when lying down and the protuberant parts recede. All discomforts are worse when in an upright position. She has been told she has diabetes, although at the present time the urine is not excessive in quantity. Menses regular and without discomfort. Examination shows a large abdomen with the uterus lying completely outside the relaxed vaginal outlet when standing on her feet. When she lies down this partially recedes until only the elongated cervix lies without. This is eroded and irritated, has been extensively lacerated and subsequently inadequately repaired; it had been decided the best operation for her would be a vaginal hysterectomy with a narrowing of the vagina and a restoration of the perineum.

She came to the hospital in the afternoon of June 3, and an examination of the urine on the morning of June 4 (the day of the clinic) showed such a large quantity of sugar in the urine that her case was deferred for observation, since it has been well demonstrated that diabetic cases do not satisfactorily undergo operation. She was kept in the hospital eight days for observation, and then sent home for further observation and treatment, with the understanding that if the sugar be reduced sufficiently to make it safe, she should come back and the operation be undertaken.

This case is not without its lesson to the general practitioner inasmuch as the mechanical indications for operation were unquestionably clear and well defined, yet the patient's general condition proved absolutely prohibitive.

The fourth case was of the greatest interest to us and those about us, because we had her under observation for about a week, giving her unusual attention because we wanted to hold her over for this clinic as a typical case of its kind. The patient was a married woman, 22 years old, who had had three children and one miscarriage. Last March she had an abortion performed and again on May 15, since which time there had been a vaginal discharge with epigastric pain extending to the right nipple and scapula, suggesting gall-stone colic. The diagnosis of gall stones, however, was not considered for a moment. The pain had been very severe for ten days preceding the time of operation, and on the Sunday before she had had a very severe chill accompanied by increased pain. Following this she was a little better, although sometime in almost every twenty-four hours there would be a rather critical time of increased pain, with marked rise in temperature and pulse and a chilly sensation. This was so severe on the night of the preceding Thursday (48 hours before the operation) that the question of operating immediately was seriously considered; and the night before the

day of operation she again had a very severe chill, with increased pain. Several examinations demonstrated exquisite tenderness through the pelvis and lower abdomen, always much worse on the right side and over the appendix. There was no difficulty in recognizing the condition here as one of acute infection of the tubes following a procured abortion; and long ago the writer had solved the problem of what should be done in such cases. Nothing short of an abdominal operation will give safety. In the present case, again was it possible to demonstrate to the eye exactly what was taking place in the pelvis and lower abdomen. Upon opening the latter the pelvis was full of tissues adherent to each other. These adhesions were found to be recent; that is, they had undoubtedly taken place during the recent attack for the reason that they could be separated with the greatest facility. No force whatever was required to separate adjacent tissues, which were simply stuck together; and out of the mass of adhesions, the tubes were enucleated intact and brought into vision. In such cases, one is at first surprised at the comparatively slight evidence of the seriousness of what is taking place. The tubes are not much enlarged, nor are they actively inflamed. They are, however, rather flaccid, yet upon taking them into the hand and gently milking toward the fimbriated extremity, a thin, discolored fluid can be demonstrated exuding from the open end; and this fluid is the cause of the extension of the infection to the peritoneal cavity.

As the secretion within the tube accumulates it is retained until sufficient tension is created to force a portion of it from the open end of the tube. This causes an acute attack of localized peritonitis, shown by the sharp exacerbation of pain, nausea and vomiting, chill, etc., occurring at varying intervals. In the present case, one of these attacks occurred about once in every twenty-four hours. The result of these repeated attacks is to cause adhesions of all structures adjacent to the tube and parts affected by the exudate, thus walling off the infected area. Such a case, if left to itself, finally develops into the well-known chronic pus tube. In this case the operation took place before the complete isolation of the tube by adhesions, although the latter were in process of formation, and it could be demonstrated to the eye in the acute stage of development, which is rather an uncommon experience. Infection had undoubtedly been the result of the abortion. In the cases which so quickly threaten, and even cause the loss of life, the manner of infection is quite similar to this, the difference being that the form of infection is more virulent or the attempt at walling off is unsuccessful and a more rapid general peritonitis results.

Both tubes and ovaries were removed, together with the appendix, and the uterus was suspended.

The fifth case was of a child, ten years old, who had fallen backward from a seat on, and into the body of an ice-wagon a

month before presenting herself to us. She had injured the shoulder and was taken to a hospital, where a shoulder-cap was fitted; and when we first saw her the cap was very loosely in place, held by a tape around the neck and another around the body. The deformity was marked, as notice the difference in the shoulder outline of plates 3 and 4. There was a protrusion anteriorly, which could be seen as well as felt. X-ray plates were made, No. 1 being the sound side, and showing very clearly the upper portion of the shaft, and the expanding head surmounted by the epiphysis, the line of demarcation between them showing very plainly. Plate No. 2 is of the injured shoulder, and the outlines of the bony fragment have been emphasized to show their relative positions. The end of the shaft—outlined as A B C—was in front and to the outer side of the upper fragment, which shows clearly the head of the bone, surmounted by its epiphysis, but at a marked angle to the shaft. The lines D E and F G emphasize the lower end of the upper fragment, but they are inaccurate, inasmuch as sufficient callus had formed here not only to destroy the definition of this lower end, but also to unite the two fragments most firmly in a faulty position.

Since our examination confirmed the impression of the X-ray, and as the accident had occurred but a month before, it seemed as if it might be comparatively easy to re-fracture and re-pose the fragments. Under anesthesia no manual manipulation was successful in reproducing the fracture, and it was necessary to incise down to the seat of the accident; and even then, considerable difficulty was experienced in separating the two portions of the bone, they were so firmly united. As is usually the case in neglected fractures, even after the fracture was reproduced, extreme difficulty was experienced in reducing the fragments to a normal relationship. This was finally accomplished, however, and a silver wire was introduced to maintain the position. After closure of the wound, the shoulder was dressed in a mouldable cap fitted to the shoulder and arm, with an inside splint reaching into the axilla. This was intended for a temporary dressing only, but it proved so comfortable that the arm was rebandaged to the body, leaving the dressing in place, and so maintained for four weeks. The intention had been to put on a plaster dressing, but this dressing proved so comfortable and efficient that it was not disturbed.

Plate No. 5 shows the bone after reduction and wiring. At the end of a few weeks all dressings were removed, and Plate No. 6 was exposed, which shows the relationship of the two fragments, as well as the wire. This plate is exhibited more because of the changed position of the free end of the wire, which we cannot account for. The results, so far as one can judge, are perfect.

The sixth case was a child, five years old, with a rather indeterminate history of an injury at childbirth, the exact character

of which could not be determined. He was brought up for examination because of the inability to raise the arm above the level of the shoulder. He could bring the arm to the horizontal with the forearm in the same plane, but in this position there was wrist-drop, and he was absolutely unable to elevate the arm beyond this position. One could take him by the hand and carry the arm to any position above this level; and if the hand was placed on top of the head (unless supported there), he could not retain it of his own volition. The left shoulder was not so well developed as the right, and the muscles were soft and flaccid, particularly the deltoid and the muscles back of the arm. X-ray plate was developed and shows as follows:—

An arrested development of the end of the shaft and epiphysis. Also, partial atrophy of the deltoid and the triceps. There was probably a separation of the epiphysis at childbirth with injury to the post cord of the brachial plexus affecting the musculo spinal and circumflex nerves. While nothing surgical could be done, the case proved interestingly associated with the preceding one. An obvious lesson for this case would seem to be that expert attention should have been given it earlier, and not allow five years to elapse without treatment.

When completed the list of cases previously shown read as follows:—

EMERSON HOSPITAL.

Operations for June 4, 1910.

Time.	Name.	Ward.	Diagnosis.	Operation.
2 P.M.	Mrs. ———	I	Extra-uterine pregnancy, l.; appendicitis, int.	Tubo-ovariectomy, d.; appendicectomy.
	Mrs. ———	G	Cystomata ovarii, d.; appendicitis, int.	Tubo-ovariectomy, d.; appendicectomy.
	Mrs. ———	A	Procidentia uteri.	Operation deferred because of sugar in urine.
	Mrs. ———	A	Pyo-salpinx, d., acute; appendicitis, acute.	Tubo-ovariectomy, d.; vent. suspension; appendicectomy.
	Miss ———	A	Fracture of humerus, l.; 4 wks.	Open incision, reduction and wiring.
	Master ———	out patient	Separation of epiphysis of humerus, l.	No operation.

EARLY RISING AFTER ABDOMINAL OPERATIONS.

By G. M. Cushing, M.D., Adjunct Professor of Surgical Pathology, Hahnemann Medical College and Hospital, Chicago, Ill.

In presenting a paper on "Early Rising After Abdominal Operations," I wish to call attention to the fact that practically all that has been said or written upon the technic of laparotomies has had to do with the operative procedures inside the abdomen. I do not wish to have it understood that I, in any way, undervalue such instruction, for, beyond a doubt, the wonderful success which surgeons attain these days is due almost entirely to a highly developed technic in handling internal organs.

What I wish to emphasize is the fact that too little attention is or has been paid to the technic of closing the abdominal wound, and that by attaching a little more importance to this step of the operation, the period of convalescence may be materially shortened.

Following practically all abdominal operations, not complicated by the presence of pus, I believe it will be generally conceded that the position of the patient will in no way affect the union of the intra-abdominal tissues involved in the operation; for instance, the stump of an appendix will heal just as promptly with the patient in the upright as in the dorsal position. The same may be said of operations upon the tubes, ovaries, or other abdominal viscera not requiring drainage, and we have all had our attention called many times to the rapidity with which peritoneal surfaces unite—twenty-four hours finding them firmly adherent, and in forty-eight hours the adhesions organized.

If we grant these facts there can be but three objections to a patient's getting up immediately after an abdominal operation: (1) The general condition of the patient may be such as to demand prolonged rest in bed. (2) The liability to the production of hernia. (3) The pain in the wound.

Concerning the first objection, there can be nothing offered to offset it. Many patients are so extremely exhausted at the time of their operation that any post-operative treatment, other than complete rest in bed for several weeks, would be contra-indicated. The great majority of cases, however, are not so exhausted, many of them being afflicted suddenly when in previous good health, and to these the objection would not apply.

The second objection, the liability to the production of hernia, may be almost entirely obviated by following a technic which I will shortly set forth.

The third objection, pain, is not as great as one would naturally suppose, is materially reduced by the above-mentioned technic and is almost entirely gone by the fourth day after the operation.

In making an opening through the abdominal wall, it is always best to split rather than to divide the fibres of the various tissues

through which the opening passes, and it should be as small as possible and permit the intra-abdominal work to be done with a fair degree of rapidity. It is better to have to enlarge the opening as the operation progresses, than to make it too large in the beginning; since the larger the incision, the greater is the liability to hernia, whatever technic is employed in closing it.

In my opinion one of the most important steps in entering any abdomen is to thoroughly free the fascia of the external oblique from fat before incising or splitting it. I advocate this for the reason that this fascia constitutes the strongest layer of the abdominal wall, and after the closing of the abdominal wound the strength of the wall will be in direct proportion to the perfect apposition and union of the facial surfaces. By freeing the fascia from fat, which I believe can best be done by wiping it thoroughly with dry gauze sponges, the surgeon is able, in closing the wound, to bring fascia to fascia without any interposing fat.

After the intra-abdominal work has been completed, the first step in closing the wound is the ligation of all bleeding vessels and closure of the peritoneum. For both of these purposes less care may be exercised in the selection of suture and ligature material than in any other step in the operation. All that is desired or required of a peritoneal suture is that it be of absorbable material that will hold the parts together for thirty-six hours. Fine plain catgut is to be preferred—something that will absorb quickly and produce no irritation. We expect nothing of the peritoneum at most but to repair itself. It is of practically no importance in the prevention of hernia.

If a muscle has been split or cut in entering the abdomen, it is best, in my opinion, to bring the fibres together with a running suture of light weight catgut, applied with just sufficient tension to bring the divided fibres together. This suture serves a double purpose: (1) It prevents gaping and the formation of a dead space in the abdominal wall into which serum is liable to collect, and (2) by bringing the split surfaces together stops capillary hemorrhage, which is always present to a greater or less degree when a muscle is cut or torn. Care should be used in the application of this suture both in tying the initial and final knots, as well as in the amount of tension placed on it as it runs, for if drawn too tightly it may cut through the muscle or shut off the blood supply and produce fatty degeneration and atrophy, thereby weakening rather than strengthening the wall.

The next step, the closure of the fasciæ, is the most important of all if the patient is to rise early after his operation without danger of subsequent hernia. Every abdominal surgeon knows that, given a clean wound, no matter how he closes it, if he keeps his patient in the dorsal position from three to four weeks he can let him up with practically no danger of a hernia ever developing at the site of operation.

This being true, it seems reasonable to believe that if the fascia, which is really the main support of the abdominal wall, were

brought together with a suture material that one could be positive would hold strong and not absorb for from three to four weeks, the patient would be as safe from subsequent hernia in the upright as in the dorsal position.

To accomplish this I employ a No. 3 chromocized catgut suture in the form of a buttonhole stitch. I formerly used No. 4 chromocized gut, but had a little trouble with the large knots, so have discarded it for the smaller-sized suture. I also formerly used an interrupted suture, but am now convinced that it holds no advantage over the buttonhole stitch, and has the disadvantage of the increased number of knots. The fewer knots one can leave in any wound the better, for they often produce irritation and predispose to infection.

When the fascia is once closed in the manner just described, one who has never tried it will be surprised to find that twenty-five pounds of tension applied on either side of the wound will fail to pull the fascia open in the line of suture. This is more tension than would ever be brought to bear upon the wound from intra-abdominal pressure or from contraction of the abdominal muscles with the patient in any position, so that, so far as the fascial wound is concerned, the patient may get up as soon as he likes after the operation without danger of the wound breaking open.

The only question that may arise is, how long will the suture last and stand the tension? I have seen the same size and kind of suture material remain unabsorbed and strong in a uterine cervix for twenty-four days. In this locality it was constantly bathed in mucous and other discharges which would tend to hasten its absorption. If it will last for twenty-four days in a moist environment, it will surely last as long in a much drier environment such as the fascia of the abdominal wall.

I know of no other absorbable suture material of the same size that I would trust if the patient were to be allowed to rise during the first week following his operation.

Following the closure of the fascia the closing of the skin in the usual way completes the operation.

With an abdominal wound closed in this way the patient may leave his bed as soon as he likes without danger of hernia. I have had them up and dressed as early as twenty hours after they went to the operating room for such operations as appendicitis, ovariotomy, hernia, etc., but have found that the patients suffer less inconvenience if they remain in bed for three days before trying to stand on their feet. By this time the acute pain of the operation has left, and the tension placed upon the wound results in nothing more than a slight soreness which the patient rarely complains of. At the end of one week the skin sutures are ready for removal, and the patient is ready to leave the hospital. In dressing the wounds of all my abdominal cases, whether they are to rise early or not, I apply broad bands of adhesive plaster over the dressings, allowing the ends of the plaster to come well around on either side to near the posterior median line. Two or three of these straps serve as a

firm abdominal supporter, and take much of the strain off the abdominal wall, and, consequently, the abdominal sutures whenever the patient is allowed to rise.

The technic herein described may seem to you to be identical with the methods you employ or have seen other surgeons employ, and if so I am sure you can corroborate without hesitancy all that I have said. My own observation, however, teaches me that many surgeons pay less attention to closing the abdomen than to any other part of the operation, and, consequently, are compelled to keep their patients in bed for three or four weeks or run a very serious risk of post-operative hernia by letting them up earlier.

The details of the technic are the things which give it an advantage over other methods, and are the things which are frequently passed over without sufficient value being attached to them. For instance, I have seen very few surgeons make a special effort to free the fascia from fat in opening the abdomen, in order to have clean fascial surfaces to bring together when closing the wound. And, while this may not be absolutely necessary to the ultimate cure of the patient, it surely gives a stronger wall than could possibly exist were fat allowed to become interposed between the fascial edges. Not only this, but by bringing these clean fascial edges together with a suture material that can be absolutely depended upon for three weeks, a wall is formed which, if uninfected, cannot be torn open by any efforts of the patient; and which, by the end of three weeks, will be just as strong even though the patient has been up and about most of the time, as though he had spent the same time in bed. I have seen so many surgeons, in closing the fascia, use whatever kind of catgut was handed to them without apparently caring how long it would last, that I am sure they do not appreciate the value of some of these details.

I have seen other surgeons use a double strand of small catgut, evidently thinking that two strands would last longer than one. A little thought will show how erroneous this idea is; for, if seven-day catgut is used, it will take no longer for the two strands to be absorbed than for one, and at the end of a week they will both be gone and the whole strain will fall on the tissues.

I am convinced that, in addition to a careful technic in closing abdominal wounds, much comfort and assurance, at least, are given to the patient by the application of adhesive plaster, as has been described. The principal point in the application of these straps is that they be made to extend well around on each side to near the posterior median line.

The matter of getting patients up early after abdominal operations has come to be more than a mere surgical feat, and possesses advantages over keeping them in bed that cannot be gainsaid. In the first place, many patients who need operations keep postponing them because of the loss of time they would occasion. When they learn that one week instead of three is all that will be required, and this without more than two or three days in bed, they will yield more readily to surgical treatment. In the second place, the sooner

the patient is allowed to rise and move about the sooner will the bowels resume their normal activity and position in the abdomen.

There are always some adhesions formed after every abdominal operation, and if the patient is not allowed to rise early these adhesions many times form in such a way as to cause dragging when the patient does get up, thereby causing much pain and annoyance. If the patient is allowed to rise early, the adhesions —which are still young—stretch as the bowels fall into their normal position, and no discomfort is ever experienced. It is also obvious that a short stay in bed would conserve the strength of the patient, and, providing he had been well up to the time of the sudden attack for which he was operated, would permit him to resume his former mode of living with scarcely any loss of strength or inconvenience at all.

I wish at this point to emphasize what I said in the beginning, viz., that I do not consider early rising after abdominal operations applicable or judicious in all cases. The cases should be selected and most of the clean cases will be found favorable to such a line of treatment, especially if they are taken near the onset of the disease or in the interval between acute attacks. I would deem a very fat subjct an unfavorable one for such treatment, also one who had been ill for a long time and had become so depleted as to need rest as well as surgical treatment to bring about a cure. The age of the patient is not so much a factor as the general condition of the patient or his tissues, in determining the line of treatment to be pursued. In fact I rather prefer getting old people up quickly, in order to avoid hypostatic congestion of the lungs.

I recently discharged a man 73 years of age from the hospital six days after an operation for strangulated femoral hernia. He was up and dressed forty-eight hours after his operation, notwithstanding that the hernia had been strangulated for twenty-four hours prior to the time he reached the hospital.

The selection of the cases must remain a matter of judgment with the individual surgeon, and what I contend and wish to convey in this paper is the fact that generally speaking we have in the past been keeping our abdominal cases in bed longer than was necessary and in many instances longer than was best for them; that it is perfectly safe to let them up early if we adopt a technic, every detail of which is employed for a definite purpose, and which, if carried out with precision, cannot fail to give a result that will not only be gratifying to the patient but which will bring surgical science to a point of perfection which a few years ago it would have seemed impossible to attain.

NOTES ON URANALYSIS.*

By George P. Myers, M.D., Detroit, Mich.

Requests that frequently accompany specimens of urine sent to me have led me to write this article. The questions that a pathologist is expected to answer by an examination of urine are sometimes surprising. I have often been asked to determine if a patient is suffering from rheumatism. Not infrequently the pathological slip has written under the heading, "Clinical Diagnosis," the word "Rheumatism," followed by a question mark and the request, "Please examine for uric acid." Recently a specimen came to the laboratory with the notation, "Rheumatism; examine for urea and uric acid." These requests sometimes come from men for whose clinical wisdom and therapeutic common sense I otherwise hold high regard.

Uric acid is a normal constituent of urine. It forms two series of salts, normal and acid, analagous to those of tartaric acid. Uric acid itself is highly insoluble. The acid salts are readily soluble in warm water and sparingly soluble in cold water. The normal salts are readily soluble in either cold or warm water. Uric acid is ordinarily excreted as normal urates, which remain entirely in solution. Let any condition supervene which concentrates the urine or increases its acidity, and the normal urates are transformed into acid urates, which precipitate when the urine cools, or into uric acid, which crystalizes out of solution. It is entirely possible that uric acid crystals might be found in abundance in urine sediment without there being any increased elimination of uric acid.

Uric acid is the oxidation or combustion product of nucleins. It cannot be formed by oxidation of the simple proteids, urea being the product of that process. It comes from two sources, namely, from oxidation of the nucleins of the body cells and the nucleins of the ingested food. In health the cell metabolism being fairly constant, the uric acid elimination fluctuates directly with the nuclein content of the food. Any estimation of total uric acid elimination in either health or disease must necessarily be preceded by several twenty-four periods on food of known nuclein content.

Any fever or disease which causes an increased cellular metabolism will increase the uric acid elimination. We are all familiar with the urine of acute fevers containing the heavy precipitates of acid urates and uric acid.

Lastly, gout and its manifestations are characterized by a deposit of uric acid in the tissues and diminished elimination until later stages of the disease.

Therefore, the finding of uric acid crystals in urine could not be of any conceivable diagnostic or clinical value as far as gout or

*Read before Homoeopathic State Medical Society at Grand Rapids, Mich., May 19, 1910.

rheumatism or any of their various manifestations are concerned. About ninety-nine times out of every one hundred they are simply an indication that the urine is somewhat concentrated. They are almost invariably formed after the urine is voided by a chemical reaction between acid-sodium-phosphate and the normal urates.

Another common request is that for urea estimation. We will pass with the mere mention of the occasional request for quantitative urea in isolated specimens of urine. They are, of course, absolutely worthless. Reference is made to estimations from the total urine of twenty-four hours. The apparatus ordinarily used is a Doremus ureometer. Usually the urine is measured in a pipette with a small rubber nipple, similar to a medicine dropper. It is practically impossible to measure the urine accurately. If it were measured properly it would be impossible to introduce it into the instrument without wasting some of the nitrogen generated or introducing air. The ureometer is roughly graduated and there is no provision for making temperature or pressure corrections. These things make, let us say, small errors; but since an estimation is made with a single C. C. of urine any error must be multiplied anywhere from 500 to 2000 times, depending on the quantity of urine passed in twenty-four hours.

But let us suppose that every pathological laboratory possesses apparatus for making accurate determinations of urea. Even so, the determinations are of little value. Urea elimination is dependent on a number of factors. Like uric acid, it comes from two sources, viz.: cellular metabolism and the proteid element of the food. It would, therefore, be of importance to know accurately the amount of proteid in the food for several days before the twenty-four hour specimen was collected. It would also be important to know what part of the proteid was unassimilated or passed with the feces. The amount of exercise the patient is taking has an important bearing on the urea elimination. Fever increases cellular metabolism and consequently also urea. The weight of the patient is worthy of consideration. Furthermore, even in inflammatory diseases of the kidneys it has been proven that periods of low urea excretion often alternate with periods when it is high. In cases of acute nephritis or in acute exacerbations of chronic nephritis the diminution of urea is so apparent that no estimation is required to recognize it. Therefore, we conclude that ordinary clinical estimations for urea are so inaccurate that they are valueless and that accurate estimations give us little valuable information, unless a great many factors are carefully considered. The information afforded is of too little value to warrant the necessary labor.

The total quantity of urine passed in twenty-four hours and the specific gravity taken together give us the really all-important knowledge of the urine in a quantitative way. From these alone we can diagnose a large majority of cases of diabetes mellitus, and of chronic interstitial nephritis, the most common and the most easily overlooked, and I might add, the most deadly form of nephritis. Instruct your patient to empty his bladder before beginning to

collect the twenty-four hour specimen. At the same hour the following morning the bladder is again emptied and this portion added to the quantity passed in the interval. This is a small point often forgotten and one that might easily make a very considerable error.

However, in drawing conclusions from urinary findings, they must be taken in their entirety to give really valuable information. It is not the presence or absence of casts that is of importance. They may be present in comparatively trivial conditions. The same may be said of albumin. On the other hand, either or both may be absent from any given specimen in severe grades of chronic nephritis.

It is also important to consider in connection with urinary findings the blood pressure. I heard as careful a diagnostitian as Dr. Richard Cabot say during a clinic that in any case with the blood pressure continuously over two hundred he would be willing to make a diagnosis of interstitial nephritis without an examination of the urine.

I recall a case upon which I held an autopsy. It was the worst example of interstitial nephritis I have ever seen. The kidneys were less than half the normal size, hard and mis-shapen from the excessive growth of interstitial connective tissue. The man had died with well-marked symptoms of uremia, yet I drew from the bladder about one-half pint of urine, which looked clear, had a fair color, showed a specific gravity of 1012, and contained only a very small amount of albumin with a few casts. This case showed a decided hypertrophy of the heart, and undoubtedly during life the blood pressure would have been the most accurate index to the severity of the process in the kidneys.

GASTRIC SURGERY.

Probably no one is better qualified to speak concerning the present status of gastric surgery than is Kocher, the celebrated Swiss surgeon. His conclusions, as given in the Medical Review of Reviews, are important and are about as follows:

1. The danger of early operation in gastric cancer or ulcer is minimal and it is certain that permanent cures can be obtained.

2. Every case in which a suspicion of gastric cancer exists should be at once treated surgically, and there should be no delay on account of a doubtful diagnosis.

3. Ulcers which threaten life by hemorrhages, perigastritis and perforation or interference with nutrition require operative treatment, either excision or gastroenterostomy.

4. Those cases showing a chronic retention of the gastric contents demand prompt surgical intervention to relieve the mechanical obstruction.

5. Chronic ulcers situated at the pylorus, even if medically "cured," frequently require operation on account of the resulting stenosis and adhesions.

THE PRESENT STATUS OF VACCINE THERAPY.*

By W. H. Watters, M.D., Boston, Mass.

So much has been written within recent months concerning vaccines and other possible uses by those who have been qualified and also by those who have been poorly qualified to speak of them that probably in the minds of the readers of the *Gazette* the entire question is wrapped in uncertainty.

In order to do away to a slight extent with this uncertainty the present article has been prepared with the avowed purpose of detailing the personal experience of the writer as obtained from the treatment of a large number of cases.

When Wright by his writings, and later by his visits, first popularized the use of vaccines, the entire medical world became hyper-enthusiastic, hailing him with delight as a great discoverer and explorer. His methods of therapy were used in classes of cases where he himself would not advise them, but would distinctly advise against them. Vaccines were hailed as veritable cure-alls and were for a time extensively used by all, qualified and not qualified. The natural result followed. Used improperly, or where not indicated, by men inexperienced in their application the results were disappointing. The pendulum then swung to the other side, and pessimism replaced the earlier optimism. This attitude was further strengthened by the discovery that Wright's allied work wih the opsonic was not all that was expected of it, and that it could only be performed by specially skilled workers. Gradually, however, a more true and exact knowledge of the use of vaccines has been gained, until at present, in certain diseases at least, fairly definite bounds may be placed.

Soon after Wright's visit to this country the use of vaccines was begun by the laboratories of Boston University and those of the adjacent Massachusetts Homœopathic Hospital. Since that time a large number of patients have been treated with, of course, all degrees of success. It will, accordingly, be the object of the writer to indicate those conditions in which from his experience benefit may be anticipated, and those in which it cannot.

In the first place, let us go over any one suppositious case. Let us suppose, for instance, that we have a case of carbuncle, of furuncolosis, an abscess or any purulent condition. From the purulent discharge we take a culture with the ordinary diphtheria swab. This is then rubbed over the surface of a culture tube and incubated from twelve to twenty-four hours. It is then examined macroscopically and later microscopically, when it may

*Modified from a paper read before the Illinois Homœopathic Medical Society at the Chicago meeting and later printed in the "Clinique."

show staphylococcus in pure culture. If a mixed infection it is plated on Peri dishes, sub-cultures made and the various columns studied.

In addition to this, smears of the pus are made directly on the slides, stained and examined. These may show any organism, the most common in addition to the staphylococcus being streptococcus, pneumococcus, gonococcus, and colon bacillus.

The growth of bacteria thus obtained is emulsified by washing it from the solid culture medium with saline, standarized by mixing equal parts of the emulsion and normal blood and ascertaining the ratio between the number of bacteria and the number of blood disks, sterilizing it by the heat and the 2 per cent. carbolic acid, and finally bottling it for storage. The vaccine is now ready for use in bottles covered with a thin rubber cap. Any desired amount can be obtained without interfering with the sterility of the remaining contents by moistening the outer surface of the rubber cap with strong carbolic acid, plunging the sterile hypodermic needle directly through it, inverting the bottle and withdrawing the piston to the desired point. The opening in the rubber thus made closes spontaneously and prevents contamination. Having thus covered hurriedly the technic of the process, let us consider its clinical adaptability.

First, however, we must define two terms: a "stock" and an "autogenous" vaccine. We can say that any vaccine used on the person from whom it was made is an autogenous one; used on anyone else it is a stock one. As a rule, autogenous vaccines yield the best results, but frequently, particularly in staphylococcus infections, stock preparations are quite efficient.

It seems advisable to divide the various diseases susceptible of treatment according as they are caused by one or the other form of bacteria. By this procedure the staphylococcus group easily stands first, both on account of the variety of diseases and because of the most gratifying results obtained. In staphylococcus infections it will be noted that stock vaccines often give as much satisfaction as autogenous ones, and here, accordingly will doubtless be the greatest field of practical use from the standpoint of the general practitioner.

Those conditions in which staphylococcus vaccines are of value are (in my opinion) as follows (always, of course, assuming that the corresponding bacteria have first been recognized).

1. Furunculosis.
2. Abscesses.
3. Suppurating wounds.
4. Otitis media.
5. Acne.
6. Peritonitis.
7. Osteo-myelitis.

8. Endocarditis.
9. Septicemia.

In no one series has more brilliant success been obtained than the treatment of furunculosis. This troublesome, annoying and long-standing disturbance that has proven the *bête noir* of so many of us, proves in almost every case amenable to vaccines continued over varying intervals. Doses of 100M to 200M, repeated four to six times, will in the great majority of cases be followed by distinct amelioration of all symptoms and usually by complete cure. Not more than two such cases in my personal experience have proven to be refractory, while frequently the results are little short of marvellous.

Abscess formation as a whole offers a large field for the use of vaccines, whether in the form of single large isolated masses or multiple smaller ones. Whenever pus is present we believe it should always be set free, as the emulsions have practically no effect upon it. But as an associate of surgical incision, to prevent extension of the infection and particularly to prevent metatisis into other parts, vaccines exert a most beneficent influence in addition to materially hastening convalescence.

Closely associated with those purulent collections come those other unfortunately rather common conditions, septic wounds. It may be well said that such infections almost always tend to recovery, a statement that is perfectly true. It is, however, my belief that in the large proportion of such cases the wound becomes free from pus more rapidly and heals with greater celerity when vaccines are used than when only the other recognized means are employed.

A most interesting digression would be found on the question of auto-vaccination in the favorable untreated cases, giving essentially similar phenomena to those of experimental vaccination. Time forbids its pursuit.

Otitis media, due to staphylococcus alone, is not common, but in such cases treatment has been beneficial.

Acne is probably caused by the acne bacillus, but is frequently complicated with staphylococcus infection to produce pustules, the so-called pustular type. In such instances staphylococcus vaccine has frequently benefitted the pustulation and has apparently so freed nature as to allow her to combat the other infection with success. Combined treatment with vaccines of acne bacillus and of staphylococcus offers even more hope in cases that do not readily respond to the latter alone.

Occasionally a case of peritonitis will be encountered in which this single organism is the causative factor. In such, vaccines in small doses and rather frequently repeated have been of apparent benefit, not only in saving life, but in hastening convalescence as well. Osteomyelitis of this simple infection has in several instances shown evident benefit from the treatment.

Occasionally a case of endocarditis and of general septicemia will be encountered due to staphylococcus. Such have been upon the whole rather discouraging from the standpoint of active immunization, but as in some cases decided benefit has followed their use, yet I feel that vaccines, particularly autogenous ones, are always indicated as one of the therapeutic measures to be employed. Streptococcus infections:

1. Carbuncles.
2. Abscesses.
3. Septic wounds.
4. Erysipelas.
5. Septicemia (non-puerperal).
6. Septicemia (puerperal).
7. Meningitis.
8. Peritonitis.
9. Tonsillitis.
10. Ludwig's angina.
11. Mastoiditis.
12. Accessory nasal sinuitis.
13. Cystitis.

It will be found that streptococcus infections differ from those previously considered in the fact that much better results are obtained from the autogenous than from the stock solutions. As, however, these cases are so frequently extremely acute, it is always safer to use a stock preparation immediately and to follow as soon as possible with the autogenous one. By this means we have saved not a few lives that otherwise would have been lost. This is particularly true, since we have decreased the degree of heat and its duration in the sterilization of our stock preparations. In these infections much more care is essential in regulation of the time and size of the dose than in the former, if the best results are to be obtained. In short, the more acute the disease the greater the care essential and in such the person who has the greatest experience with vaccines will obtain the best results, such as will be impossible to those of comparative unfamiliarity. This will undoubtedly explain many of the divergent reports now extant.

Concerning carbuncles and their results it will be unnecessary to write in detail, neither will it be of need to discuss the symptoms and the very radical surgical measures now employed. Suffice it to say, that many conditions have been greatly benefitted and in not a few instances surgery rendered unnecessary by the early, careful and judicious use of vaccines.

The same will apply to abscesses of various kinds, always presupposing, however, the free drainage of pus. The septic wound of streptococcus origin that is so frequently encountered with rapid progression, abundant œdema, fiery red lymphangitis and involvement rapidly progressive has in a large number of instances shown evidence almost startling of the increased

immunity thus obtained. After pus has formed and surgery has been invoked, the results are less spectacular, but frequently are none the less gratifying.

Very similar and in many respects is that fulminating and rightly-feared disease, erysipelas, that appears so suddenly and is at times of such serious menace. Many such cases have been treated with vaccines in addition to the regular routine measures with results so satisfactory as to render the clinicians in attendance enthusiastic in its advocacy. Several times we have taken two apparently equally severe cases in our hospital and have subjected them to the same treatment except with one, vaccines have been used, with the other they have not been employed. The results have been uniformly in favor of the former. We believe, therefore, that in erysipelas distinctly beneficial results can be obtained in the major part of the cases, both in regard to the mortality and to the duration of the disease. Much has been written both for and against the benefit derived from vaccines in septicemia and particularly that unfortunate variety, the puerperal type.

In general septicemia of streptococcus origin, we have frequently observed distinct amelioration following the hypodermic administration of bacterial emulsions, both autogenous and stock. This is by no means universal, however, some apparently hopeful cases finally succumbing to the disease. In even these fatal cases we can usually note clinically an increased degree of resistance on the part of the patient with a correspondingly prolonged fight before finally overcome. It is in puerperal septicemia, however, in which some of our most satisfactory results have been obtained. Space forbids the detailed discussion of the exact period that the localized intra-uterine infection becomes transformed into the true septicemia in its relation to the clinical symptoms. Suffice it to say, that when several days after delivery, there is a sudden chill, marked elevation of temperature and high leucocytosis with high percentage of neutrophiles in association with the presence of streptococci in pure culture in the uterine cavity, we assume that it is the onset of a puerperal septicemia, not waiting for the appearance of the organisms in the blood cultures. In such cases we administer 1M. to 3M. of a stock vaccine made from several different strains, following it every twenty-four hours by further doses, and using the autogenous preparation at the earliest possible moment. By this means we have been able to modify the disease to a very marked extent, and have without doubt materially decreased the mortality. In fact, since January 1st of the present year only one fatal case has appeared. Early recognition and early institution of treatment with the motto: "The smallest possible dose to produce the desired effect," ever before one, are the apparent reasons for our good results.

Meningitis, with us, has not been a disease in which our expectations have been fully realized, but as others report more

hopefully, this may be due in part at least to our imperfect technic or some other error. In acute peritonitis, on the contrary, benefit has been achieved that we believe has materially reduced the mortality. Here, again, early inception of treatment subsequent to operation and the use of small doses seems to be paramount. It is needless for me to say, I trust, that coincident with inoculations any or all other recognized forms of treatment that would otherwise be used, should be instituted. By using vaccines in association with these other methods better results seem to follow than from the employment of those other methods alone. This is particularly true in those cases of general infection as from a ruptured appendix in which the streptococcus and the colon bacillus together are active agents. Here, alternating injections of first one then of the other organism are very frequently followed by most satisfactorily rapid convalescence. In fact, some will show temperature charts and clinical symptoms as uniform as those of a clean abdominal operation.

A number of cases of severe tonsilitis have been treated with autogenous and with stock emulsions with beneficial results.

In Ludwig's angina a mixed streptococcus and staphylococcus is found. Only one case has been encountered thus far, one subjected several times to surgical measures without benefit. The man was finally turned over to our vaccine department and was by us given alternate injections of the two organisms. The extension was soon checked, the firmness and tension steadily decreased, the purulent discharge lessened to complete disappearance and in about two months convalescence was complete.

Not a few cases of mastoid suppuration have cleared up more rapidly with the vaccines than they would have without them, and in more than one instance a threatening mastoiditis has apparently been saved from the surgeon by carefully measured injections. Of course, statements concerning the prevention of such conditions must be made with caution, as not all threatening mastoids develop to the surgical point, but at times the incidence of the amelioration of symptoms with the inception of treatment is so close as to be at least very significant.

Our experiences with the suppurative conditions of the accessory cavities of the nose have been upon the whole unsatisfactory. A number of cases of frontal sinus disease have been very remarkable, but in the majority of instances the impossibillity to obtain really good, natural drainage has acted as a strong deterrent factor. This is probably on account of the fact that where such accumulations occur, circulation becomes sluggish, thus preventing access of the highly immune blood serum to the part where it is most wanted.

Cystitis of streptococcus origin has been occasionally encountered and favorably treated. One case of more than seven years' duration, in a woman in early adult life, had resisted all treatment medicinal, dietetic and surgical, only to succumb to

the action of the autogenous inoculations within about three months. This patient still remains in good health now after several years.

Pneumococcus infections:

Pneumonia,
Empyema,
Otitis media,
Meningitis,
Naso-pharyngeal inflammations.
Pyorrhea alveolaris.

Any conclusions that are drawn concerning the value of this form of treatment in pneumonia must be of questionable value unless they are based on the sudden changes from severe illness to comparative comfort and convalescence under natural conditions that any such changes following the use of vaccines must be viewed conservatively. It must be said, however, that such favorable alterations occur with pleasing frequency after suitable inoculations and that many of our clinicians believe that not a few apparently hopeless cases have been saved by this method of treatment.

Several cases of pneumococcic empyema with resultant surgical interference where convalescence was very tardy have been stimulated to a greater activity of the reparative processes with hastened convalescence. Others, particularly those with poor drainage, have failed to demonstrate any benefit.

Otitis media has been frequently benefitted, while meningitis has been treated thus far with scant success.

The statements made concerning inflammatory conditions of the nasal sinuses of streptococcic origin will apply equally well in those due to pneumococcus or to both. Not infrequently we have treated with autogenous vaccines various clinical phases of pneumococcus infection of the respiratory tract, such as severe coryzas, laryngitis, bronchitis, etc., with very beneficial results.

Pyorrhea alveolaris, or Rigg's disease, that troublesome affection of the dental fossae, suppuration of the tissues at the root and loosening of the entire tooth, has been demonstrated to be frequently associated with the pneumococcus. In such diseases autogenous emulsions used in association with careful dental hygiene will, we believe, give more uniform benefit than any other known method of treatment. This treatment is prolonged over several months and must not even then be considered as a "cure-all."

Colon bacillus infections:

Peritonitis,
Septic wounds,
Cystitis,
Pyelitis,

Endometritis,
Entero-colitis,
Sinuses and fistulae.

Colon infections of the peritoneum have been frequently influenced in a beneficial manner by the use of bacterial emulsions. We believe the mortality to have been reduced thereby. Septic surgical wounds usually clear up better and more rapidly by their use, as do various forms of localized abscess formation with good drainage. Cystitis, pyelitis or other forms of colon infection of the urinary tract have in some instances shown benefit little short of marvellous, while in nearly all distinct benefit has followed. Endometritis has been treated to a somewhat limited extent with benefit in perhaps fifty per cent. of these cases where indications for it seemed to be present. Several persons while suffering from what seemed to be colon infection along the course of the intestinal tract have received vaccines with considerable clinical improvement, sometimes with complete convalescence in a very limited time.

Our personal experiences, which have not been very wide, with sinuses and fistulae have been rather unsatisfactory, even when the sodium citrate solutions have been employed simultaneously.

Typhoid bacillus infection:

This is limited to prophylactic and therapeutic inoculations for typhoid fever, although it should and probably will assist in the proper disposal of the so-called "typhoid carriers." Time forbids elaboration of this topic. To merely summarize we may say that typhoid vaccines used as prophylactic treatment have already proven their efficiency without any possibility of question. The decreasing evidence of this disease among armies will be in particular a fact of maximum importance, as here the mortality from it has frequently exceeded that from actual warfare. In the developed disease opinions are more at variance. At our laboratories in Boston, and at our hospital we began several years ago the first routine test of the treatment that was ever employed, at least to our present knowledge. In a recapitulation of results made for the annual report we have compared our figures with those of patients in the same institution at the same time with like care and attention, but without vaccines. The figures are as follows:

	Treated 36 cases.	Untreated 70 cases.
Average duration of fever	16	25
Average residence in hospital	39	56
Percentage of recrudescences	9	24

No patient has been injured in any clinical manner, and if further statistics of later years are equally satisfactory but one conclusion is inevitable.

Gonococcus infections:

Our personal experience has been so limited as to be practically valueless. Most observers now agree that gonorrheal arthritis can almost invariably be benefitted by vaccines, but in other manifestations of this protean trouble there is no unanimity of opinion. The acute forms are probably not influenced in any manner.

Infections with bacillus pyocyaneus and with micrococcus catarrhalis have in not a few cases well responded to treatment. The micrococcus neoformans of Doyen has been tried in a number of cases of cancer without any benefit.

This leaves but one important lesion still to study, but this one is perhaps the most important of all. We refer to tuberculosis. Literature is replete with articles bearing upon this subject. Earlier reports were pessimistic, but latterly, as a better knowledge has been attained, the opinion is steadily gaining strength that certain forms of tuberculin are of great benefit as therapeutic adjuvants. The forms that we have found most satisfactory have been the T. R and particularly the bacillus emulsion, or B. E. This in doses of from .0001 mg to .001 mg has favorably influenced many cases, while, of course, others have been unaffected. The varieties of disease may be thus given:

Pulmonary,
Lymphatic,
Intestinal,
Meningeal,
Bone,
Genito-urinary,
Lupus.

The ultimate result given by Trudeau in recent writings are too lengthy for present quotation, but are of extreme interest. It was found that the average patient with tuberculin treatment lost the bacilli sooner, was able to leave the institution earlier and was less liable to relapse than was the one receiving all the other measures, but without tuberculin. Our personal observations, while of necessity limited as compared with those of Trudeau, are entirely in accordance with this, particularly in cases with temperature below 100 degrees F., and where their exercise and general habits can be controlled. When the temperature commonly rises above 100 degrees F. the cause will probably be found to be secondary infection with streptococcus, pneumococcus or staphylococcus. In such cases we strongly recommend the use of appropriate vaccines either alone or in alteration with tuberculin until by the fall in the temperature we know that the worst of the acute septic process is conquered.

It has well been said that the secondary infections are the dreaded features of tuberculosis and that if we waited until

tuberculosis itself overcame us we would all die of old age. Let a single case be cited in illustration of this point. We now have under observation and treatment in the country a man who had for months been doing all the routine methods called for—open air in the mountains, regular hours, almost complete rest and all the many little things now known to be so important. In spite of all of them he was steadily losing ground, afternoon temperature of 103 degrees to 104 degrees F., daily chills, profuse night sweats, loss of weight, anorexia, and severe cough, with profuse expectoration and large numbers of tubercle bacilli. These symptoms were evidently those of septic infection, and in the sputum steptococci and staphylococci were found in abundance. Vaccines of these two varieties were made and given in alteration twice a week. The result: within three weeks the temperature fell to never in excess of 100 degrees F., chills and night sweats were gone, appetite had returned, cough, sputum and bacilli showed distinct benefit, and weight was increasing, all without other change in treatment than addition of vaccines. A few days ago his physician stated that the patient felt and looked to be almost another man and that the signs of pulmonary activity were decreasing. He will now be put on tuberculin about once in five days with results that cannot be foretold. Whether there will be an ultimate cure or not is problematic, but that benefit has already been obtained cannot be gainsaid. This case is cited to show the possibilities in certain cases, possibilities that may render our fight against tuberculosis still more successful than it has already been.

Many patients suffering from diseased lymph nodes have been spared the necessity of surgical interference, others have been entirely uninfluenced. Particularly are those cases not cured by surgery suitable for the inoculations. One case of infection of the mesenteric lymph nodes without operation was apparently entirely cured by tuberculin. Long-continued discharging sinuses are frequently cleared up by it.

Would that space permitted description of a most advanced case of intestinal ulceration in a young lady whom the attending and consulting physicians had entirely given up, where the alternating use of tuberculin and colon vaccine has resulted in a practically complete cure in about a year, the weight going from 75 pounds to 125 pounds.

Two cases called tuberculous meningitis by the best clinicians in Boston improved gradually and steadily under tuberculin and completely recovered. Two others have gone the usual, it might almost be said, the invariable way, of such cases.

Tuberculous osteo-myelitis is now widely recognized as being benefitted by the treatment, some cases much more than others. Our experiences are entirely in accord with this. In addition, we frequently treat the secondary infection whenever present.

One case of genito-urinary infection, operated upon twice without avail, has been now for more than a year in comparative comfort and seems to be steadily progressing to complete cure. The accustomed occupation has been followed for more than seven months.

Our limited experience with lupus has been rather discouraging with an occasional ray of hope.

And so we might go on almost indefinitely from disease to disease. It has been our desire to show our personal opinion concerning vaccines, as gained almost entirely from personal experience. The work was begun several years ago with a mind somewhat opposed to the innovation. Gradually one field after another has opened up for it, while at the same time a few others have closed. We are unquestionably only beginning to understand some of these problems, and as our understanding increases our ability to successfully cope with them correspondingly becomes greater.

The results now being obtained are, we believe, much superior to those achieved in the earlier work, as the observations are of such a nature that the more skilled the person conducting the treatment, the more satisfactory the final outcome. The treatment is by no means a "cure-all" and should not be so considered. Careful, experienced and less trained observers are essential for the critical cases, while in the less severe and more chronic ones, such as furunculosis, the method can readily be employed by any of the medical profession with quite excellent results. What the future has in store can perhaps be imagined by some. That there is a future, and that a brilliant one, seems assured. The object of this paper, however, has been to define the present status of the method, and if this proves to be of any assistance to any that object will have been fulfilled.

WHEN TO OPERATE.

The decision to operate, therefore, except in such cases in which we have to deal with a vital indication (e. g., herniotomy for incarcerated hernia, tracheotomy for laryngeal obstruction, etc.) should be rendered only after due and careful consideration.

The surgeon will do well to propose to himself in every doubtful case the following questions:

(1) Are there any non-operative methods known to medical science that have proved successful in similar cases, and if so, have they been given a thorough trial?

(2) Assuming question 1 to be answered in the negative, what are the chances of a complete cure by an operation?

(3) If a complete cure is not to be expected, are the partial benefits to be derived from the proposed operative treatment such as to justify the risk and disadvantages incident to surgical therapy?—(Borderland Surgery, Blech.)

GRADUATION ADDRESS.

By George H. Earl, M.D., Professor of Obstetrics, Boston University School of Medicine.

Ladies and Gentlemen, Friends of "1910":—

It is a time-honored custom for a representative of the Faculty of this School to speak to you upon the eve of your graduation and offer you words of advice, encouragement and admonition. It is also a fitting time to speak words of commendation and praise. This latter I can do with the utmost sincerity. You have worked hard and accomplished much during the past four years.

But when I approach the task of pointing out the road to you, of suggesting the paths you may follow, and saying something to help you toward further success and accomplishment, I realize keenly my weakness.

The temptation upon an occasion like this is to "sentimentalize," if you will excuse the word. But in place of that I prefer to offer you a few plain, every-day suggestions. The sentiment will come in due time, but in order to make it real and to appreciate it you must first spend a little time in harness.

Looking back a few years, I recall some of the things said in this room to another class, that of 1884, by one pre-eminently fitted to point the way. I refer to our former Dean, Dr. Talbot. Few men have been as gifted as he in this respect, and one especially of the bits of wisdom he spoke has helped us many times. He said there would come times when it would seem as though we had utterly mistaken our calling; that we had better confess defeat, give it up and go about something else. We would feel ourselves absolute failures. But that was the time to stick. Our very discouragement was evidence of honest purpose and earnest desire, and we were not to give up, but keep on. The recollection of that advice from him has kept me going many times, and not only in the first few years, but in the last few, as well.

And so, if I may speak any word to you which shall help you over hard places and impress upon you that whatever your discouragements and difficulties, you are not alone and are not the first to travel the road, I shall be well rewarded.

One of the first questions which you will have to decide is that of location. Another question is as to the line of practice you will select. Shall it be general practice or a specialty? This is an age of specialties in every profession; and a specialty seems very attractive to the beginner. But to properly prepare for special practice requires some years of special training after graduation. If you have the requisite time and means and are quite sure of the particular line of work you wish to follow, it may be well to begin practice as a specialist.

But even so, with time and money at your disposal, such a course has distinct disadvantages. Your circle of vision is necessarily narrowed, your attention concentrated and the tendency will be to form a habit of overlooking, or failing to appreciate factors of importance in a given case. You are apt to lose sight of the patient as a whole. The ideal training for special work is general practice, and this leads me to the real message I want to give you, viz., some thought about the general practitioner.

It is the general practitioner, the family doctor, who after all fulfills the real office of the physician. He it is who ministers. The specialist is his assistant and should be his subordinate. And the place of all others to develop the general practitioner is the country. To my way of thinking, the country doctor is the ideal physician. We hear much of the disadvantages of country practice, the isolation, long rides, hard work; but in reality, the country doctor is the king among men. He really guides and controls, rules, if you please, in his little kingdom. You remember the story of the small boy, who in an argument with a playmate quoted his mother as authority and confidently declared that, "if his mother said it was so it was so, even if it wasn't so." So it is with the doctor. His word is apt to be final with those who have confidence in him.

The dreaded isolation is largely a thing of the past. Trolley lines, motor cars, and the telephone have changed all that. As to hard work, what harder work can you do than to do nothing day after day, waiting for the call which is long in coming and wondering where the money is coming from to pay bills? The country doctor is the most independent man in the world. And what are his compensations? In the first place, he is busy, the greatest blessing imaginable. He is living as God intended he should live, in the open. And he is a welcome guest, or rather a loved member of the family, in every house he enters. His counsel is sought in every difficulty and he is honored and loved by all.

His families grow up around him and he feels at home wherever he is. That is living, and in such surroundings he broadens and really lives.

So much for the place. Now what are the advantages of general practice? The fact is constantly before the doctor that he is treating a patient, a human being, with a soul as well as a body; a heart and mind which need thought and care, as well as a stomach and liver which may need regulating. And so he learns to view the patient as a whole and can judge, and guide, when occasion requires, wisely and well. He can tell when a given case requires skill beyond his own, and is best prepared to select the one to furnish it. Probably nine out of ten physicians who begin practice in the country do so with the idea of later moving to the city. This is all right, and I have yet to meet such an one who has made the move who regretted the

time spent in country practice. I look back upon such a period as the most valuable in my life.

A few words, somewhat more in detail. Select a location for practice, whether country or city, in which you are satisfied to live. Never choose a place simply for business. You are not in the profession simply to make money. If that is your sole object, hunt up something else right away. The same amount of energy that is required to make even a moderate success in practice, if applied in almost any other direction, would ensure a competence. Also, select a healthy locality. Your own health is a prime asset, if you are to be of much service to your fellows. Have an avocation as well as a vocation. Interest yourself in something besides medicine. If you have opportunity for travel a part of the time, avail yourself of something else than clinics and hospitals. Know something of art and music and sports. The more you know of other things than medicine the better physician you will be. Have a hobby, either outside or inside your profession, and ride it.

There are many matters in connection with beginning practice about which I should like to talk with you; but the time at our disposal will only allow us to consider a few. One is the matter of reading. You should take at least one good journal and keep somewhat abreast of the times.

If you choose the country, you will find that one of the hardships is the limited amount of time available for reading. On the other hand, if you remain in the city, you will probably have plenty of time for reading, but there are many diversions. Wherever you are, keep busy. In the city there are numerous opportunities to do clinical work in hospitals and dispensaries. And the fact of having cases on hand or under observation, even if they are free cases, is a constant incentive to read up.

We hear much about the profession being overcrowded and of so many new methods of curing ills that doctors will not be needed by and by. If the practice of medicine consisted mainly in the administration of drugs, there might be some ground for such prediction. But the real office of the physician is that of the teacher, and well is he fulfilling his mission today. Witness the progress of preventive medicine, the results of the crusade against tuberculosis, the control of epidemics and measures for the prevention of blindness in infants, etc. The medical profession is constantly seeking to lessen the amount of sickness in the community, as well as to care for present cases, and while methods and practice change, the object remains the same, to help and to save.

To you who are about to enter this profession are open avenues and opportunities such as never existed before, and in whatever field you labor may you reap rich harvests! May you have the reward of knowing that you have striven to do your best!

And remember that honest mistakes are not to be taken as indications of unfitness. It is truly said that the man who never made a mistake never made anything worth while.

The responsibility which rests upon you in entering the profession is a great one. The sacredness of your calling cannot be surpassed by any other. You will have heavy burdens, but you will have ample help to bear them. And as to rewards, they are well described in the words of Boston's poet-physician:

"In life's uneven road,
Our willing hands have eased our brother's load,
One forehead smoothed, one pang of torture less,
One peaceful hour a sufferer's couch to bless.
The smile brought back to fever's parching lips,
The light restored to reason in eclipse.
Life's treasure rescued like a burning brand,
Snatched from the dread destroyer's wasteful hand
Such were our simple records day by day,
For gains like these we wore our lives away.
In toilsome paths our daily bread we sought,
But bread from Heaven attending angels brought.
Pain was our teacher, speaking to the heart.
Mother of pity, muse of pitying art.
Our lesson learned, we reached the peaceful shore,
Where the pale sufferer asks our aid no more,
These gracious words, our welcome or reward,
'Ye served your brothers, ye have served your Lord.'"

Christopher O. Bodman, M.D., writes in the Journal of The British Homœopathic Society, as follows:

Phosphorus has been the most frequently used medicine in the lobar type, though Hughes says it is more applicable to broncho-pneumonia and is the one medicine which has given him satisfaction in treating this disease in children.

The accounts of poisoning by phosphorus given by him seem to justify his use of the remedy. It is said not to cause hepatization, but it does produce pains similar to those occurring in pneumonia.

Phosphorus gives rise to a feeling of weight and oppression at the chest, with a raw feeling in the upper part. It is apt to be indicated at the beginning of hepatization, but more frequently when one wishes to promote resolution. Farrington says it is almost certain to be the remedy when bronchial symptoms are prominent.

THE MODE OF ACTION OF SO-CALLED WOUND ANTISEPTICS.

Budinger says antisepsis as conceived by the founders of our modern method of treating wounds is dead, or rather never existed. Germs which have penetrated the tissues can scarcely be affected, and cannot be destroyed by substances acting chemically. The value of antiseptic solutions consists in their being readily prepared in large quantities, remain sterile permanently, and require less preparation than sterilized water produced by physical means. Strong antiseptic solutions have no more value than weak normal solutions. Antiseptic dressings do not disinfect the wound, neither do antiseptic salves and pastes; but antiseptic dressings exert a favorable irritation upon the wound.—Abstr. Zentralbl. f. Gyn.

CLINICAL DEPARTMENT.

CONDUCTED BY A. H. RING, M.D.

Case IX. Diagnosis: Multiple Sclerosis.

The disease which is most likely to be thought of in the early stage is hysteria. There is apt to be an emotionalism with uncontrolled laughing at first in about half of the cases, which is thus misleading. Paresis may also be suggested if the initial symptom is an epileptiform seizure. Here the mental symptoms must decide, hallucinations and delusions being absent in multiple sclerosis. Tabes also must be excluded, and Friedrich's ataxia.

Owing to the variety of possible locations of the sclerotic islands in the brain and cord, the initial symptoms are varied, but soon the disease picture assumes a fairly definite form. It often runs a very chronic course extending over years. In two known cases the duration of one was eight and of the other ten years. It is mainly a disease of youth and early adult life, and this has led to the belief by some writers that it is due to an inherited developmental error, in this respect resembling syringomyelia. It occasionally appears in two children of the same family, and this has been taken as further proof. Other pathologists have shown changes in the blood vessels and supportive tissue and have come to the conclusion that the process is primarily an infectious or toxic one of low grade, similar to that of tabes but having a predilection for the neuroglia structure and affecting the myelin sheaths only secondarily by pressure. This accounts for the fact that the axis cylinders remain for a long time unaffected in the midst of hardened masses of tissue and that the nerve cells rarely show axonal degeneration. The remission so common in multiple sclerosis may well be due to the absorption of the myelin sheaths in these islands thus temporarily relieving the pressure upon the axis cylinders, the betterment continuing until a fresh area again interrupts the conduction of impulses, when increased weakness or paralysis recurs. The fact that the sensory axones are more hardy and less easily interrupted in their conductivity than the motor paths accounts for the predominance of sensory disturbances.

If the process attacks the pons and medulla we get a bulbar type of paralysis with characteristic symptoms.

The treatment of multiple sclerosis is entirely symptomatic. If the infectious or toxic theory be true, then research should in time furnish us a vaccine or anti-toxine. If one believes that the disease is latent in the tissues from birth, then only palliation is to be expected, and that rather by natural remissions than by artifice. Homœopathically the iodides, especially Barium iodide and the salts of Gold, Lead and Mercury should be tried (Goodno). Apropos of their homœopathicity, Openheimer has seen cases which seemed to be due to poisoning from these last three metals.

Case VIII. For Diagnosis:

Man, age 58 years, son of a minister. Family history negative. His personal history is unimportant up to the onset of the following illness, at the beginning of which, in November, 1905, he weighed 160 pounds. He denied venereal disease. In the fall of 1905 he considered himself unusually well, when upon going to his office one morning he was suddenly taken with sharp tearing pains in the right calf muscles. Since then had had similar pains in both legs, and when the winter came on he could not get warm; legs felt as though they were in a pan of ice water. Gradually the hands began to feel numb and cold, and he dropped things. The next spring, while walking on the street, had sudden pain in legs and fell unconscious. After a few minutes, however, he was helped to his office and worked all that day. About this time his food began to regurgitate one to three hours after eating but without nausea or discomfort. Kind of food made no difference. Bowels became obstinate, requiring enemas.

In January, 1907, was emaciated, anemic and weak, and legs were so heavy and painful that it was difficult to get about. He gave up business and went to Florida until May. The sea coast disagreed with him, but he improved somewhat inland. Then he came to Massachusetts and grew worse steadily.

When first seen in September, 1907, he walked with two canes, said his feet felt like sticks, and that he never knew where they were unless he looked. He complained much of the feet being cold and painful. He was very much emaciated and sallow. Said he felt full of bile. There was marked swaying when feet were together and eyes closed. The pupils were sluggish to light but normal to accommodation, no nystagmus, and visual field normal. Knee jerks were spastic, there was a coarse ankle clonus, but the toes came down normally when the sole was scratched. Muscle and joint sense were impaired, heat, cold, pain and pressure were normal. Chest was negative, heart sounds normal but weak. Abdomen retracted and tense and very sensitive over plexes. The disposition was most irritable and unreasonable. He soon took to his bed, unable to stand. The pressure of the bedclothes grew increasingly more painful, as did the sense of coldness. The blood examination showed a hemiglobin of 50 and strongly suggested pernicious anemia. The patient grew rapidly worse and died three months later. From what did he probably suffer?

VACCINES FOR COUGHS.—My experience this spring with three cases of persistent cough is so striking as to warrant recording.

Case 1 was that of a man of 50 years who had been harassed all winter with a persistent cough, especially bad in the morning on waking. He had lost several pounds, was sallow and weak and fatigued easily; appetite was nil. He came for examination fearing phthisis. The bases of both lungs posteriorly were slightly dull and there were a few moist rales. Sputum showed no tubercle bacilli but a pure growth of staphylococcus. A vaccine was made from the culture and he was given an injection of 25,000,000 at three-day intervals, rapidly increasing

to 50,000,000. In addition he took ten drop doses of Tr. Nux vomica before meals (he uses alcohol). Also two raw eggs and half a glass of cream were taken after each meal. He made a rapid recovery, the cough leaving him after the third injection.

Case 2 was a woman, age 64 years, who had had a hacking cough with increasing heart symptoms for several years. Emaciation was progressive, and she suffered much from insomnia. The leg muscles cramped badly at night. She had to keep the feet outside the bedclothes, if they got comfortably warm the cramps began. She was depressed and worried, had labored breathing on slight exertion and the lips were bluish. Appetite capricious; family history of consumption, which she feared. Examination showed the lower posterior chest to contain wheezy respiration with some moist rales. The heart sounds were weak and rapid and the apex lowered. Sputum showed no tubercle bacilli but an abundant pure culture of pneumococci from which vaccine was made. Beginning with 5,000,000, injections were given three times a week, increasing to 20,000,000 in four weeks. No other treatment was used. The insomnia was relieved after each injection, wakefulness increasing up to the next, when she again slept. This would suggest that the insomnia was toxic. The muscle cramps similarly improved. Dyspnoea, heart sounds and cough all gradually diminished and the mood grew happier. This case is not absolutely cured, but she is very much improved.

Case 3 was that of a man 66 years old who has been a sufferer from asthma for thirty years, brought on by inhaling smoke during a fire. Over the years the asthma has gradually become complicated by much emphysema, a greatly hypertrophied heart and interstitial kidneys, polyurea alternating with periods of anuria and albuminuria.

The past winter there has been a series of grippy colds, with great dyspnoea and palpitation, temperature frequently reaching 103 and staying about 101 most of the time. Many nights were spent in a chair with head resting on another in front. The lungs were full of high pitched and whistling and moist bubbling rales. The attacks ended by the raising of thick, tenacious pieces of phlegm, each the size of a small Lima bean. (I have followed this case for years and have never found either Curschmann's spirals or an excessive eosoniphil count.) The sputum here showed a pure growth of pneumococci, and an autogenous vaccine was made. This case showed a peculiarly low tolerance, a dose of 10,000,000 producing faintness and exhaustion within half an hour, so that the dose had to be kept at 5,000,000, given three times a week. Arsenicum iodide and antimonium tart. had been used all winter with but little result, but were continued. The injections were begun in May. The temperature, then 102, came down the next day and stayed down. The patient expressed the result miraculous. He was shortly able to walk about comfortably and without palpitation. The treatment was continued for about two months and there has been no return of the dyspnoea, and the heart action has greatly improved.

The danger of exaggerating the usefulness of any new method is so great that one hesitates to paint his successes in too glowing colors lest he be thought to allow his enthusiasm to warp his judgment, but it

certainly appears that many so-called heart coughs and asthmas may be greatly benefitted by the use of the appropriate vaccine.

A SYMPOSIUM.—All who are interested in the correlation of clinical psychiatry with pathological findings should read the fine symposium of papers in honor of Dr. Charles W. Page, the retiring superintendent of Danvers State Hospital, in the Boston Medical and Surgical Journal for August 4, 1910. These papers are the collective work of the men in the hospital laboratory, headed by Dr. E. E. Southard, and form a monument of which few men can boast and any might well be proud.

Such a symposium is a custom which could well be emulated by more of our American institutions with great benefit to all. Few possess the power of Dr. Page to gather about them men with capacity for research, yet every institution owes it to its best ideals to be ever searching out new paths, and adding its mite to the general store of human knowledge. It is not enough to live. We should produce.

TREATMENT OF EPILEPSY.

William T. Shanahan, M.D., writes in the Maryland Medical Journal as follows:

"The systematized occupation, the regular hours, the selected diet and the carrying out of a careful hygienic life are of prime importance in the treatment of this condition. They can be best carried out in the properly-designed and arranged special colony, where every action, if need be, can be regulated to meet the indications of the individual case. Habits of personal discipline and self-control are inculcated so that the patient of average mentality is enabled to better co-operate in the plan outlined for his treatment."

DISEASES OF WOMEN.

The advances in gynecologic surgery which have been made during the last ten or twenty years are truly wonderful. That the *furor operativus*, however, has done much mischief is admitted by every observing surgeon. Where formerly the general practitioner "tinkered" with his pessary, tampon and suppository, the "operator" now curettes, sutures or excises. It is difficult to estimate who of the two is the greater sinner.

It is generally conceded that women are the most willing stepping-stones for an ambitious, would-be surgeon. It is so easy to diagnose "endometritis" and to advise "operation."—(Borderland Surgery, Blech.)

ENDOMETRITIS.

The abuse of curettage has become so pronounced that it is time to call a halt. The diagnosis is made on a mere pretense at examination and a curettage recommended as the easiest way to cure the patient. If all the women who have been curetted could be heard from, the operators might hear stories which would prove anything but pleasant news.

The mere fact that women have been curetted for gonorrheal endometritis is sufficient to show to what extremes operators will go.

Curettage is an important operation and should never be undertaken when there are not decided indications. In my opinion, curettage is justified only

(a) For the removal of secondines post abortum;

(b) In membranous dysmenorrhea;

(c) In endometritis chronica of the hemorrhagic type.—(Borderland Surgery, Blech.)

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

SOME NOTES ON THE INSTITUTE'S TRIP TO CALIFORNIA.

The sixty-sixth annual session of the American Institute of Homœopathy is no longer a matter of eager anticipation, to be planned for, worked for, hoped for. It is an accomplished fact, and has become a matter of history. Dreams, promises, arrangements have become realizations. Responsibilities no longer exist. The stress of hard work has been lifted. Labors and fears have been transformed into rest and rejoicings, and it is now the task of the historian to collect records, sum up impressions, analyze accessible data, coördinate the facts and present a coherent and accurate story of the event. A clever and wise pen, however, is needed to do justice to the meeting. It was not an ordinary affair, and is not to be judged by ordinary standards. It was positively unique, and has to be judged and measured by its own new and original standards. If it were a book it might with special appropriateness be styled an *edition de luxe*. Nothing just like it has ever occurred in the history of homœopathy, and it is not likely that such a luxurious, enthusiastic, hilarious and enjoyable meeting of the Institute will be held again. Some things may happen once in a lifetime, and once only; they are of such a character that they simply cannot be repeated. Of this kind is the 1910 Pacific Coast meeting of the Institute.

One realizes in thinking of this meeting how weak and ineffective words are to picture scenes and incidents of an unusually vivid character or to describe happenings so different from the average experiences of daily life that one's ordinary vocabulary contains no words qualified to do justice to the task.

It would be useless and presumptuous for the *Gazette* to attempt to play the part of historian to the sixty-sixth annual session of the Institute. The duty belongs to duly appointed

officers who are equipped for its performance, and who, in the proper place and within a short time, will present to the profession the records of the session. It is quite permissible, however, for the *Gazette* to offer to its readers a sketch, even if it be incomplete, disjointed and altogether inadequate, of some of the features of this incomparable meeting so that those who were so unfortunate or misguided as not to attend it may partially realize what they missed.

To the average New Englander the Pacific Coast seems very far away. He has possibly been impressed with the idea that the trans-continental journey necessary to reach it, especially during the summer, is an experience of hardship and suffering; of intolerable heat and monotony; of parching thirst, alkali dust, long stretches of weariness and sleeplessness, of fatigue unendurable. Such an impression does serious injustice to what may be a delightful experience. According to statistics and newspaper reports there was actually much more discomfort and suffering, ending even in fatalities, in the East, due wholly to prostrating heat and oppressive climatic conditions, than there was on the whole western coast during the time occupied in getting to and from and attending the meeting. Possibly it may not be amiss to depart somewhat from the stereotyped report of medical meetings and ask our readers to accompany the Institute members as they journeyed towards the setting sun in response to duty's call.

No fewer than 271 persons, members of the Institute and their friends, started from Chicago, Monday, July 4, at about 6 o'clock P. M. for Pasadena. They were under the leadership of Dr. C. E. Fisher, who, with the able and generous assistance of Dr. T. E. Costain of Chicago, as members of the Transportation Committee, had made the arrangements for the trip. One train could not accommodate the entire party, so two trains (or "sections") were made use of. It was the object of the promoters of the excursion not only to make it thoroughly enjoyable to the participants, but to do a little propagandistic work *en route*. Therefore, stopovers of from one to six hours were planned for and the tourists were entertained by committees of local physicians, commercial clubs, chambers of commerce, etc. Lunches were served; addresses of welcome and appropriate replies were made; trolley trips and auto rides taken; objects of special interest visited, and at Salt Lake City an unusually fine organ recital was given in one of the temples. Reception committees were waiting all along the route and welcomes were ready at Omaha, Lincoln, Denver, Colorado Springs, Manitou, Glenwood Springs, Grand Junction and Salt Lake City. A side trip to Pike's Peak was enjoyed by about one hundred members and friends. But the climax of the trip was reached when, after crossing the California boundary, at the old settlement of San Bernadino, a reception committee of Californians welcomed the

travelers with fruits, flowers and open arms. There was no doubt about the genuineness of the welcome. It was simply a foretaste and herald of the continuous and unprecedented hospitality which the visiting members and guests were to receive on the sunny coast of the Pacific. On Sunday morning, the 10th of July, the happy and enthusiastic pilgrims reached Pasadena, and on the 11th the round of business meetings, scientific sessions, receptions, sight-seeing and festivities began.

It was not the good fortune of the writer to accompany the faithful on the "official train." Delayed by conflicting duties his start from Chicago was not made until Wednesday, July 6, at 8 P. M., and the short route via the Santa Fé was taken. He was not alone, however. Delegates with families and friends to the number of about two-score formed a congenial group, and while deprived of the pleasure and excitement of receptions and welcomes *en route*, and possibly of the *éclat* of being placarded "American Institute of Homœopathy—Special—Chicago-Pasadena," which distinguishing feature adorned the rear platform of the "official train," they found the trip not only agreeable, but possibly of profit and usefulness to themselves and to the Institute. While no active propagandism was attempted, considerable work of a preparatory nature was accomplished and semi-official committee meetings were held. Representatives from Maine, Massachusetts, New York, New Jersey, Ohio, Kentucky, Iowa, and other Middle and Middle-Western States were included in this group.

We had been warned against taking the Southern Route, and had heard much in a circular issued by advocates of the "Official Route" about "sizzling." New Englanders and Easterners generally had been informed that a trip across the continent during the summer, bad enough at the best, would be intolerable by anything south of the officially selected route. This idea may have deterred some from attending the Institute meeting. As a corrective of this impression the following brief notes of the journey are offered. Of course, there may be two or more opinions concerning this matter, as is the case with all the incidents of life. One can but "speak of the fair as things go with him there," and the notes herewith presented may be taken as an unprejudiced statement of experiences on the "unofficial" Santa Fé route.

To sleep long hours soundly and refreshingly while passing through Illinois and Missouri, crossing majestic rivers on the way, is not an exasperating or difficult task. Such was our first night's task, and it proved an excellent preparation for the trip through Kansas. Kansas proved to be a state of wide dimensions, and full of interest. Here we found a gently undulating country in all the freshness of early summer. Acres and hundreds of acres and thousands of acres of rich dark green corn were seen, half grown and literally waving in the breezes,

stretching in long, straight rows to the distant horizon. In many sections the early wheat was being harvested, the golden fields dotted with hundreds of stacks, forming a beautiful contrast with the dark green of the corn. Signs of animal life outside of towns and villages were not numerous, although occasionally harvesting machines and cultivators slowly drawn over the fields by mules and horses were seen, and more rarely herds of cattle browsing, drinking at windmill-fed troughs, or standing knee-deep in muddy pools were visible. Monotonous? No! Rather soothing and picturesque, especially to one whose horizon for months has been limited by brick walls and sidewalks, and who for a season has escaped the city's heat and dust and confinement and who enjoys the freedom suggested by the wide expanses of the prairie stretches. "Sizzling"? No! Dry heat and enough of it, but with rock-ballasted, dust-free roadbeds, and an A 1, luxuriously-appointed, vestibuled Pullman train, there was not as much smoke and soot and dirt in a thousand miles as one gets in traveling half-way between New York and Boston. In fact, the most uncomfortable part of the transcontinental trip lay east of Chicago. The immaculately clean railway stations, many of them with bricked platforms, as fresh as if newly scrubbed, and absence of cluttering scraps, suggested the neat and well-kept railway stations of Great Britain and the Continent.

One, and a disagreeable, feature of the ride through Kansas was the removal of drinking glasses from all the water tanks on the cars. This is a custom of a year's duration and is in obedience to a sanitary law of the state. The careless use of drinking glasses by travelers and the possible spread of disease resulting from this carelessness is the reason given for the existence of the law. Whether or not this is paternalism carried too far will not be discussed here, but it certainly is hard to travel all day through a dry and thirsty land and be unable to drink from the tantalizing ice-water tanks abundantly provided by the road. Kansas is one of the "dry" states, anyhow, and the traveller should be forewarned to bring his drinking cup and his drinkables (if he wants anything but water) with him when passing through the state. During the day the heat made itself felt, the temperature in the cars reaching 90 to 98 degrees F., but what with electric fans and open windows, the drafts were most refreshing and comforting and the hours were rendered far from disagreeable. The atmosphere was hot, but dry, and to one who was not working, but simply lazily resting, doing nothing more arduous than looking out of the swiftly-moving car window across far stretches of gently-rolling country, the first lap of the journey west from Chicago proved positively enjoyable. A short, sharp thunder shower in the late afternoon made the following night so cool and comfortable that one scarcely regretted passing through picturesque portions of Colorado and New Mexico during the sleeping hours.

Certainly there had been no "sizzling" up to Friday, the 7th, during which day the hours were spent in traversing the upper and western part of New Mexico and Eastern Arizona. It was here that enough novelty was found to satisfy one's craving for something "different," and suggestive of adventure and the romantic. It was here that the plateau averaging a mile above the sea level, furnished an endless, frequently-changing panorama of desert, hills, mountains, dry water courses, cactus, sage, lava beds, oil wells; Indians in gaudy attire, and half-breeds with swarthy complexions, dark-eyed, black-haired, and dirty, lazily lounging about the widely-separated, but picturesque, railroad stations; adobe, flat-roofed huts and villages long intervals apart; snow-white, fleecy clouds against a wonderfully deep blue sky appearing and disappearing over the edges of gorgeous red stone, straight-edged cliffs, massive, irregularly-eroded, terraced piles, which like palisades, or old-time and weather-worn, buttressed fortresses, or like bold, sea-thrashed headlands jutting out into the sea, reared themselves from the sage-covered floor of the desert. A desert? Yes, certainly a desert, if cactus and sage brush, sparse vegetation, lava beds, and uninhabited stretches of level plain hemmed in by stone cliffs and mountain ranges constitute a desert, but not utter desolation to one journeying through it; rather, a land brimful of pictures, vivid coloring and interest. Signs of animal life were not very numerous. A few birds and many prairie dogs were seen, and occasionally in the distance a flock of sheep, a drove of horses or a herd of cattle browsing and grazing on what seemed like red sand thinly covered with the ubiquitous sage and unfriendly cactus. Human life was shy, although in the neighborhood of the small, infrequent villages were seen evidences which suggested on the one hand twentieth-century progressiveness and on the other the infancy of the human race. For instance, modern reaping machines and traction engines (one wondered what they were there for), and not far away Indians threshing oats by driving two or three horses 'round and 'round in small, grain-strewn, circular corrals and with crude pitch-forks throwing grain and chaff into the air to be winnowed by the breezes.

The following day, after an intervening night of comfort and rest, was spent as a side trip in the Grand Canyon of Arizona. No effort will be made here to describe the Canyon. Talented and trained writers have exhausted their vocabularies in attempted descriptions of this amazing exhibition of nature's versatility. An enormous, irregularly-shaped depression in the earth's surface, a mile deep, thirty-one miles long and up to thirteen miles wide; the tortuous Colorado swiftly flowing at its bottom; its sides broken by numberless minor canyons, its walls showing miles long layers of lime stone and red sand stone, and over all a wealth of coloring,—sage green, dark greens, brick red, orange, creamy white, stratified and

intermingled; an occasional patch of cottonwood, scrub oak and pine, with the ever-present sage bush; precipitous cliffs, sharp peaks, mounds and terraces; the sunset view from one of the points of vantage which for vividness of color, mingling of lights and shadows and wierdness of shapes presents a picture not to be equalled elsewhere; certainly the pen or the brush of a genius is needed to convey an adequate idea of this great chasm, the "World's Scenic Wonder" as the advertisements call it. It is a place to visit, a place to rest in; a place in which to lose the petty cares and worries of life and to be lifted, temporarily at least, to the level of higher and better things.

A night spent at El Tovar, on the brink of the Canyon, 7000 feet above the sea, breathing a pure and rarefied air, prepared us (and preparation was needed) for the last day of the journey. A descent into and across "the desert"—so distinguished for some vague reason—was before us. As we descended and the hours passed the temperature ascended, but there was no dust or smoke to annoy us. The day was less varied and entertaining than its three predecessors had been, but not without interest. If one expects something marvelous and superlative at every turn of the road, one's trip through life or across the continent is likely to prove tedious. 'Tis the reverse, however, if one is able to enjoy things as they come along, to be entertained by the incidents of travel, to be interested in one's fellow travelers, and to be indifferent to the disagreeable should anything of the sort be in the neighborhood,—which was not the case on the "California Limited, No. 3," as it sped towards the coast. It was the fellow traveler who when Eastern economy and thrift were being contrasted with Western extravagance, emphasized his point by referring to an up-to-date, hustling coopering establishment wherein a new management discharged all the tall men of six feet or thereabouts, because it took them so much longer to stoop to their work than it did the short men that time was wasted and work delayed!

Attention was drawn to a sign over the inevitable saloon at a frontier town: "California Port and Cherry—Gold Medal Whiskey, $2.80 per gallon, 60c per quart—Powers Rye, $3.50 per gallon, 80c per quart," but no suitable explanation was offered, although it was suggested that perhaps it was a case like that of the Nantucket shop-keeper who refused to sell his last bag of peanuts because "it was all he had."

It cannot truthfully be claimed that the greater part of Arizona through which the Santa Fé runs after leaving the Canyon is a "Garden of Eden" or a paradise. Adam and Eve would have gotten badly sunburned if they had spent Sunday, the 11th of July, in the Arizona desert. The temperature was 101 degrees F. in the car, and the wind blown into the open windows was, as it were, furnace-heated, but dry; and in this lay our salvation. It came very near the "sizzling" point, but it was a consolation to learn later that we were six degrees cooler

than the "official train"! Let it be known, however, that the much-talked-of "cool nights" of this region are actualities, the night temperature dropping enough to bring a decided sense of comfort.

Early in the morning of Monday, July 11, we were in Pasadena in ample time to attend the official opening of the Institute's session, although in accordance with the program the "memorial services" had been held on the preceding evening. It was a thoughtful and well-arranged plan that permitted so large a number to attend these services and pay their tribute of respect and affection to those thirty-five members of the Institute who, during the past year, having completed their work, had passed onward into the next life.

Quite promptly at the hour appointed President James W. Ward, amid deafening rounds of applause, announced the sixty-sixth session of the Institute open for the transaction of business, and from that moment on through the week business meetings, scientific sessions, committee meetings, receptions, excursions, reunions, banquets, etc., followed one another, or occurred synchronously, with the smoothness of well-adjusted machinery. No complete account of the week's doings will ever be published, although the "Journal of the A. I. H." will contain as comprehensive a record, in addition to the minutes, as could be gotten together.

A word as to President Ward. It was expected that he would be quick, alert, just; that he would despatch the business of the sessions with promptness and would guide deliberations in a masterly manner. He did all that was expected of him by those who knew him, and he did more. He was easy, tactful, precise, cheerful, lenient and inspiring; he was optimistic and radiated hope and happiness; he was positive and certain, but never arbitrary nor officious; with never a frown, sometimes a wave of seriousness, usually a smile, he was a sort of pole towards which all things gravitated. Mention of his name was enough to generate cheers to the echo, and a more popular or more appreciated officer of the Institute never presided. All that he did for the comfort and pleasure of the members present and their friends; all that he did for the Institute and the cause it represents during his term of office will never be known; and it will not be known unless those who attended the banquet on Thursday evening tell, that the indebtedness of the Institute to the Medical Century Publishing Company, amounting to two thousand dollars ($2000) was cancelled by his generous contribution of the entire amount to the Institute. Small wonder that on the last evening of the official session Dr. Le Seur of Batavia, N. Y., acting as spokesman for the contributing members, presented a loving cup and a diamond ring to Dr. Ward as a slight testimonial of their regard and affection for him and their appreciation of all he had done for the Institute.

President Ward's address, entitled "The Agnostic in Medi-

cine," delivered at the public meeting on Monday evening, and the addresses of three bureau chairmen and of the president of one of the allied societies were printed in the July issue of the "Journal of the A. I. H.," copies of which were distributed in San Francisco on Thursday, July 21, a bit of journalistic enterprise on the part of Dr. Horner, editor of the "Journal," to be liberally commended.

Among the motions made and adopted during the session was one to the effect that (1) we recommend as the basis of legislation the formulation and adoption of a practical definition of medicine as "the art of healing and preventing diseases," so that medical laws may be made uniform, logical and just; and that

(2) We urge the modification of existing medical laws so that no person shall be permitted to practise medicine—understood as the Art of Healing by any method—who cannot demonstrate to the recognized authority his or her possession of the necessary knowledge of the fundamental medical sciences—Anatomy, Histology, Embryology, Physiology, Chemistry, Bacteriology, Pathology.

The chaotic condition of medical laws, the unequal requirements for registration in the different States, the continued elevation of standards of medical education and the ignorance of the laity concerning these and allied matters would seem to call for some such universal legislation as is contemplated in the foregoing.

The firm establishment and permanent success of the Institute's "Journal" is a matter of such great importance to the future progress of homœopathy that the following report is presented to our readers.

"In making its first report to the Institute the Journal Committee would call attention to the following facts connected with the evolution of the "Journal" as a preface to a statement concerning its present condition.

Ex-Presidents Benjamin F. Bailey, Joseph P. Cobb, George Royal and Royal S. Copeland, each in his presidential address earnestly advocated the establishment of a periodical publication which should take the place of the annually-published volume of Transactions and present to the Institute membership not only reports of the business and scientific transactions of the Institute, but such other matters of value and interest as naturally come within the scope of a medical journal. In spite of enthusiastic support the Journal idea remained for years only a hope with its originators until the memorable Kansas City meeting in 1908, when a committee was appointed and empowered to arrange for the publication of a journal. This committee entered into arrangements with the Medical Century Publishing Company for the publication of the scientific proceedings (papers, addresses, essays and discussions connected therewith) of the Institute in a periodical to be known as "The Journal of the American Institute of Homœopathy." During the year 1909,

while this arrangement was in operation the "Journal" at no time and in no sense was the property of the Institute.

In June, 1909, at Detroit, during some of the most extraordinary meetings the Institute ever held, the Institute accepted the report of its then existing "Journal Committee," concerning its agreement with the Medical Century Publishing Company, and refusing to accept its resignation insisted that the committee remain in office until the organization of the Board of Trustees of the newly-incorporated Institute. The membership of the Institute emphatically and almost unanimously approved of the "Journal idea," although there was widespread disapproval of the form, expense and certain other features of the then existing Journal.

At a meeting of the Trustees of the Institute held in Washington, October 6, 1909, it was decided to annul the contract with the Medical Century Publishing Company and the president was authorized to conduct the necessary procedures. As a result a "Release Contract" was agreed to, by the terms of which the Medical Century Publishing Company was to receive the sum of $3500, and the Institute, under many restrictions, was left free to publish a Journal. The Trustees at the same October meeting appointed a Journal Committee and authorized it to publish a monthly journal. The new committee met in Cleveland, October 26, 1909, and in the face of the most discouraging and humiliating contract limitations undertook the task assigned it. Under the editorship of J. Richey Horner, M.D., Secretary of the Institute, six numbers of the "Journal of the A. I. H." have been printed and distributed during the six months of 1910, the editions numbering 3000 for each of five months and 1500 extra or 4500 for the month of June; 1370 extra copies of the June issue were distributed to homœopathic physicians not members of the Institute, living west of the Mississippi River. The July number of the "Journal" is being printed and will soon be in the hands of its readers. It will contain, among other things, President Ward's address and the addresses of three bureau chairmen and of the president of one of our allied societies.

There exists no need to describe the "Journal," since copies of the six 1910 published numbers have been sent to each member of the Institute, and it is assumed that the members have made themselves familiar with the publication. Extra copies are on hand and any who desire specimen numbers can have such on application to the Institute's Secretary, Dr. Horner.

Attention might once more, however, be directed to the fact that the committee has been, during the greater part of its existence, so handicapped by restrictions that instead of adopting modern and attractive features of journalism, it has not been free to utilize even the ones ordinarily employed.

During the winter circumstances arose in the affairs of the Medical Century Publishing Company which made it desirable

for said company immediately to terminate its financial relationship with the Institute, and through the prompt and generous action of President Ward in advancing the balance of the Institute's debt to the Medical Century Publishing Company the "Journal" was emancipated, and while the curse of its bondage has not yet been wholly removed, the Institute for the first time may actually claim to own, control and operate its own "Journal."

Your committee also wishes at this time to disclaim all responsibility for a peculiar and possibly harmful leaflet issued in February, 1910, in the name of "the Journal Committee of the A. I. H.," and distributed in envelopes bearing without authority the stamp of the "Journal of the A. I. H." Fortunately this ill-considered action has not interfered with the conduct of the Journal, and on the whole we are encouraged most sincerely and earnestly to solicit the truly fraternal coöperation of the entire Institute membership in developing to the utmost the possibilities of the Institute's own "Journal."

The expense item is worthy brief consideration. During 1910 to date there have been printed 19,500 copies of the "Journal," five numbers of 3000 each and one of 4500, and, be it noted, all the "Transactions" (minutes of business sessions, lists of members and officers, report of the bureau of registration and statistics, etc.) for 1909, and the program for the present meeting at a cost, covering all expenses, of less than $2700 ($2667.35 to be accurate). On the credit side is shown the receipt from extra subscriptions and advertising of $310.24, thereby reducing the expense to approximately $2350.

During the same period, the first six months of last year, the Institute, as per its contract, paid to the Medical Century Publishing Company the sum of $2500 in addition to something for extra copies, and the Institute also paid the sum of $1500 for the publication and distribution of its volume of "Transactions," and an additional sum of $160 net for the programs of the Detroit meeting. It is thus easily shown that by literally owning and conducting its own "Journal," the Institute has saved to its treasury approximately $1700 during the six months which have just passed, so that our treasurer, instead of reporting as he has recently done, a surplus of $131, would have been obliged otherwise to report a deficit of approximately $1500. This will not be true of the second half of the year, unless the receipts from advertising can be augmented. Efforts will be made to accomplish this much-to-be desired result, but time will be required in which to build up a dignified, legitimate and ethical advertising department.

Once more your Committee beseechingly seeks the sympathetic and active coöperation of the Institute in developing the "Journal" into an effective, instructive, interesting and altogether useful instrument in the further upbuilding and extension

of the noble "cause," of which the American Institute of Homœopathy is the visible and organized representative.

(Signed)

J. P. Sutherland, Chairman,
J. Richey Horner, Secretary,
Sarah M. Hobson,
Gaius J. Jones.

One of the most important things done by the Institute was the adoption of a recommendation made by President Ward that a field secretary be appointed, whose whole time should be devoted to propagandistic work, coördinating professional interests and exercising a general supervision over educational and legislative affairs connected with homœopathy. To this vitally important office was appointed the genial, scholarly and capable H. R. Arndt, M.D., of San Francisco, who as medical educator, as editor (Arndt's "System of Medicine" and "Pacific Coast Journal of Homœopathy"), and as physician of long and wide experience, is admirably fitted to fill the position. A cordial welcome and hearty coöperation should be accorded Dr. Arndt when in the course of the coming year he visits New England. As indicative of the temper and earnestness of the meeting it might be mentioned that the sum of $4100 was subscribed to help defray the expenses inevitably connected with the new office.

One of the decisions of the Board of Trustees approved by the meeting was that the 1911 session of the Institute should be held at Narragansett Pier from June 25 to July 1, inclusive. The last week of June was selected for many reasons, one of the chief being the hope that a large American delegation would sail as soon afterward as possible for London to attend the eighth Quinquennial International Homœopathic Congress to be held during the month of July. No definite statements concerning the Congress can be made at the present time, but it is expected that settled plans can soon be announced. It is within the province of the *Gazette* to urge the homœopathic profession of New England to begin now to make preparations to attend the Congress. Without question it is destined to be one of the most important events in the history of homœopathy, and it is equally true that by beginning in season it may be made phenominally successful.

It would be unpardonable to omit mention of a pleasant incident of the public meeting on Monday evening, viz., the presentation of a gold-headed cane of manzanita wood and a purse of gold, the result of limited contributions, to Treasurer T. Franklin Smith, whose faithfulness, uniform gentleness and long service deserve recognition. Secretary Horner made the presentation speech, which was followed by a special decoration bestowed by President Ward.

New England was not as largely represented at Pasadena as it should have been. There were present Drs. F. O. Lyford of Farmington and John T. Palmer of Portland, Maine; Drs. J. P. Rand of Worcester, G. Forrest Martin of Lowell, John A. Hunt of Taunton, Lucy Barney Hall of Hyde Park, Bertha Ebbs of Dedham, Anna B. Taylor Cole of Somerville, and Clara E. Gary, James Krauss and J. P. Sutherland of Boston.

Boston University School of Medicine was represented by the last seven of the preceding list, and in addition by Drs. Dorothea Lummis-Moore and Florella Estes of Los Angeles, L. W. Atkinson, formerly of Conway, N. H., and Fryeburg, Maine, Thos. R. Griffith of Riverside, who is doing good work as Secretary of the local Board of Health and as City Physician; Hovey L. Shepherd well remembered from his long connection with Materia Medica at B. U. S. M.; Osmon Royal of Portland, Oregon, devoted alumnus and faithful friend; George H. Martin of San Francisco, most genial and thoughtful host; Sarah M. Hobson, second vice-president of the Institute, and others, to the number of twenty-two, most of whom enjoyed a reunion and dinner on Wednesday with President Ward as special guest and Dr. Osmon Royal generously and modestly filling the part of host.

The festivities of the week were not allowed to seriously interfere with the Institute's essential business, but a list of the receptions, fêtes, musicales, dances, banquets, excursions and auto trips (to Mt. Lowe, to Los Angeles, around Pasadena, to polo games, etc.) might seem a little appalling to those who do not know how to have or to give a good time, but the affairs of the Institute went on and came to a natural termination, according to the program on Friday, at the end of the evening session. No one could leave Pasadena then, however, for the heretofore curbed hospitality of our hosts must find free expression. On Saturday there was the trip to Long Beach, and on Sunday the longer excursion out into the Pacific, to Santa Catalina Islands, with the beauties and novelties there to be found. On Monday another "Special" carried the still united hosts on to Santa Barbara, where ancient "mission" and modern palace, mountains and seashore, enchanting drives, and an almost stupefying brilliancy of acres of flowering vines and plants made an impression not easily eradicable.

On Tuesday, a night on the "special" intervening, and Hotel del Monte via Monterey was reached and visited. Sober, restful, old-world-like, its cool, dark green depths of pine, cypress, live oak and varied palms, with velvety lawns and modest display of flowers formed a marked contrast with the preceding day's experiences. An auto ride through the sleepy town, the Presidio, where one of Uncle Sam's large garrisons may be found, and along the 17-mile drive by the seashore, and the visit was practically ended. It requires a botanist's mind to appre-

ciate the fact that on the grounds of the hotel may be found 78 varieties of coniferous trees, 210 varieties of evergreen trees and shrubs, 63 varieties of cacti and 90 varieties of roses. Perhaps the ordinary mind can compass the idea of "Druid oaks bearded with Spanish moss." At all events the visit to El Monte was too brief in view of its many attractions. Delights and surprises were still in store for us, as the events of the afternoon proved, for when the "special" slowed down at the San Jose station, after traveling through the fertile and technically fruitful Santa Clara valley there was Dr. Ward again at the head of a large reception committee from San Francisco. Were welcomes confined to hand-shakes, cheers and almost tears, and other joyful demonstrations? By no means! Our California brethren are very practical among other things, and on the station platform was a big baggage truck loaded with baskets of ripe, delicious fruit; apricots, peaches, plums, prunes, etc., "just a taste to show what Santa Clara valley can do"—and flowers! The remainder of the journey was short and bright and sweet-scented, and under the guidance of such friendly and efficient pilots as Drs. Ward, and Martin, and Boericke, and Arndt, and Bryant, and Manning, and others, the entire party was safely deposited at the Palace Hotel, San Francisco, a superb structure newly risen from the devastation of four years ago.

Thoughtfully allowing us a night of rest, which some of our number utilized by "doing Chinatown," our hosts, the next day, Wednesday, led us a dizzy dance of sight-seeing and pleasure. Beginning promptly at 9.30 A. M. we were auto-whirled through the famous Presidio, past green-terraced fortifications with their barracks and magazines and mortar batteries and grim, far-reaching, breech-loading engines of destruction guarding the city and its water approaches; through the spacious park; through bits of woodland and city streets; stopping to visit the Homœopathic College and inspect the nearby well-equipped Homœopathic Hospital, and finally reaching the Cliff Hotel, where we were ready to do justice (or havoc) to a bountiful and hearty lunch. A few minutes spent in watching the big, fat, lazy seals basking and barking on "Seal Rocks," and we were trollied down the steep hill-sides through the length of the city to the ferry, whence we were ferried across the wide bay to Berkeley, where, nestled against the hills surrounding the city, the University of California with its athlete's statue, its gymnasia, its athletic field, its halls, buildings and far-famed Greek Theatre were hurriedly inspected, and then by trolley and ferry back to our starting point. But this was not considered enough. In the evening a "reception," ending with a sumptuous repast, was given the Institute members and friends at the magnificent Fairmount. At the reception the guests were specially favored by the presence of a group of Chinese children and girls, elaborately and beautifully dressed in their native costumes, who sang

a short selection of American songs, and by the presentation of a portion of the "Dragon Play," which consisted of the dramatic entrance into the enormous ball-room of a very awful and very malicious dragon, thirty or more feet long, supported by six or seven orientals who manipulated it as it writhed and twisted in its ferocious chase of a single individual armed with a rather delicate but probably magical weapon of defence. Now apparently, with a vicious gleam in its bulging eyes and with wide-open jaws, it would pounce upon its evasive prey. Now it would sullenly retreat as its would-be victim courageously turned and met it. We hoped to see the dragon slain, but it was not, perhaps because the play is supposed to represent the not yet ended warfare between Good and Evil. Wierd and fantastic native music was furnished by members of the orchestra of the Chinese Theatre, one of whom later showed what he could do with queerly-shaped little instruments by playing recognizably some metrical American airs.

Yet another day dawned, and we found that the magic spell had not lifted; our friends had not exhausted their resources. Thursday, July 21, was made memorable by an excursion, once more across the bay, and this time up Mt. Tamalpais. We were literally taken up into the mountain, high above virgin red-wood forest, above the clouds. Far below us and seaward the city, twelve miles away, and the Golden Gate lay concealed by the whitest of billowy and almost motionless banks of fog like snow glistening in the bright sunshine. The day was beautiful and joyous, a fitting climax to many days of pleasure. Another feast called a lunch was before us, and at its close Dr. C. E. Fisher who, like a faithful shepherd, had guided the traveling host across the continent, took the chair and in a few earnest and forceful words expressed his appreciation of the entertainment given us by our Western colleagues. Other speakers were President-elect Gaius J. Jones, M.D., of Cleveland; retiring Vice-Presidents Drs. Herbert Dana Schenck of Brooklyn and Sarah M. Hobson of Chicago, and Second Vice-President-elect Margaret Hassler Schantz of Scranton. Dr. Fisher, speaking as one who had the right, called upon the Californians to "stand up," which they did. He then called on the writer, saying, "For New England, I want you to tell these people what you think of them." With this informal introduction the writer imperfectly attempted to reflect the sentiments of his associates. He spoke, not altogether unpremeditatedly, somewhat as follows:

"Mr. Chairman, Hosts and Hostesses:—

"I prize very highly the honor and privilege of being permitted to speak for New England on this happy occasion.

"This is almost the first time in my life that I have wanted to 'speak right out in meeting,' and this time I am limited to the ridiculously insufficient time of a few minutes. As a matter of fact, years would not offer time enough for me, speaking for the

New Englanders present, to tell you, our kind and beloved hosts, just what we think of your overpowering welcome and considerate entertainment.

New England has the reputation of being cold and slow and unemotional; and so she is from our newly-acquired viewpoint. Therefore, my traditions and upbringing may not permit me to be fervid or demonstrative,—only a little so. But today I want to be independent of tradition and habit, just kick over the traces, and tell you in simple and straightforward Western-American English what is in my heart.

"I have learned a good many things since I came among you ten days ago. Fisher—I beg pardon—our genial chairman, will tell you he thinks I need to learn a good many things, but doubts my ability to do so! He told me so the other day, and Fisher is—almost always—right. I shall show him, however, that I have learned something, even if it is not very much, and that is saying a good deal for a Bostonian. I have learned, and I shall carry away with me new meanings to three words. These three words are generosity, hospitality, love. I have acquired new ideals, new standards to measure these words up to.

Generosity:
You have given abundantly;
You have given liberally;
You have given freely;
You have given lavishly;
You have given prodigally;
You have given without stint;
You have given without limit;
You have given with open palms.

"You have poured out your gifts, not like a gentle shower that raineth on the just and on the unjust; nor like a purling brook; but like a cloudburst; like a stream swollen to a torrent that has overflowed its banks and overwhelmed us to bewilderment. This you have done for us, and we know it; we realize it; we appreciate it!

"*As to hospitality*,—I thought I had experienced it before and knew something about it, but I was wrong! You have opened your doors to us and have given us shelter, and rest, and good cheer. And you have done much more than this. You have opened your hearts to us and taken us into their innermost recesses. You have made us feel absolutely at home with you; so much so that we are very loth to go away from you. But go away we must. We shall take with us, however, full hearts and affectionate memories; and memory will bring us back often, and we shall think of you with tender thoughts.

"*Love*,—not the mere sentiment, the fleeting emotion, but true, warm-hearted, unselfish service! A service, a ministration as free and as warm and as fruitful as your floods of sunshine. To the contentment, the comfort, the happiness of your guests you have devoted your tireless energy, your active thoughts, your valuable

time. Such service as breaks the bounds of conventionality, as binds close and firm the ties of friendship, you have showered upon us,—and our loyalty and devotion are yours!

"Friends and colleagues of the Pacific Coast, we cold New Englanders thank you with all the heart, all the sincerity, all the warmth we possess for giving us these new ideals, these new standards of generosity, and hospitality, and love, to carry with us on our homeward journey, and to remain with us, a lasting inspiration."

Of course, President Ward appropriately and feelingly responded and genuinely disclaimed any credit for the good qualities and acts attributed to himself and his confrères; and with the doxology and a benediction the impromptu and unofficial meeting of the Institute adjourned.

A more harmonious or better-contented party of one hundred and fifty or more never descended Mt. Tamalpais. Only a few could go down in the "gravity cars" (but it was a jolly coast of about eight crooked miles), so the majority went down as they came up, in the decorous train.

In San Francisco once more, to leave it regretfully a few hours later, as, accompanied by a faithful band of tireless friends still acting as hosts, we were ferried across the bay to the Oakland Pier and escorted to our special cars on the 9 o'clock P. M. train bound for Portland, Oregon. The placard, "American Institute of Homœopathy—Special—Chicago-Pasadena," once more adorned the rear platform of our train (Section 2, Train 16, Southern Pacific), and was removed only after two nights and a day, when we reached the northern city of Portland. Our departure from San Francisco was as characteristic as our reception had been. Not with tears, but with songs and cheers we were sped on our way. Gaily-decorated, straw-wrapped flasks of wine and small emblems of the California Republic were distributed among their departing guests by our good hosts, and as our train slowly pulled out of the big vaulted station into the night there followed us the faint and fainter echoes of their mingled laughter and cheers and blessings.

It was good to have been there!

But the end is not quite yet. It would be an injustice to our Portland colleagues not to give them their share of credit for continuing the liberal entertainment begun in California. As we entered Oregon there was kind and friendly Osmon Royal at the Ashland station with representations of the local Board of Trade.

Greetings took the form of a printed special welcome, and a substantial exhibition and generous distribution of peaches, in the production of which that section excels. A little farther on, at Medford, in Rogues Valley, the heart of the apple district, a delightful auto ride through extensive, exquisitely-cultivated and neatly-kept apple orchards was almost enough to convince us that a ten-acre apple and pear ranch at $1000 per acre, netting

a trifling profit of 50 per cent. annually, would not be a bad thing for a tired and over-worked physician to use as a repair station. Speaking of automobiles, it was noticed all along the coast that only the best makes were popular. Luxurious, seven-seated touring cars with all the "fixings" that make for easy riding were common, and autos are no cheaper in the West than in the East; from which reflection certain deductions are naturally drawn. Finally, on Saturday morning, July 23, a party of sixty or seventy reached Portland, and for three days remained the guests of the Portland physicians. Drs. Osmon Royal, Miller and Beaumont, assisted by numerous capable aides, made the visit memorable. The Portland Commercial Club added to the festivities by giving us a reception and dinner in its palatial new building. What with receptions and speeches and trolley rides and an all-day excursion up the Columbia River, a river that for scenery eclipses the Missouri, Mississippi, Ohio, Hudson, Saguenay or Rhine, the three days passed with pleasure and profit.'

Like indefatigable tourists, however, the members of the Institute were not inclined to go home. Separate they did, some to visit the Yellowstone Park, some to get cooled among the icebergs and glaciers of Alaska, others to continue sight-seeing via the Canadian-Pacific Road, but it was the firm conviction of all, and an absolutely unanimous opinion, that the American Institute of Homœopathy never had had such a meeting before and never could have another meeting like the memorable one of 1910.

If anyone has lost faith in the generous impulses of humanity and in humanity's progress, let him go to the land of big things; of big promises and big opportunities and big hearts; where Nature herself is shown on a big scale and has gone to wide extremes; extremes of desert and luxuriant vegetation; of worthless rocky surfaces covering mines of countless wealth; of dry water courses and floods; of snow-capped, cloud-wreathed mountains and deep, shadowy valleys and canyons; of the wild, venturesome and dangerous and the utterly reposeful and peaceful; of the wilderness, and all that is represented by advanced civilization. Such a trip, especially if he could have made it with the Institute, would have been of incalculable benefit to him, for it would have convinced him that with the early pioneers there went westward not only empire in its course, but manly qualities of mind and heart that have grown and expanded luxuriantly in the genial soil and clime of the Pacific coast and made of its people a race of genuine, spontaneous, generous, loyal and lovable men and women.

BOOK REVIEWS.

Practical Suggestions in Borderland Surgery. For the Use of Students and Practitioners. By Gustavus M. Blech, M.D., Professor of Clinical Surgery, Medical Department Loyola University, Chicago; Director-in-Chief Illinois Legion American Red Cross; Surgeon-in-Chief Abraham Lincoln Hospital, Chicago, etc.

In the opinion of the reviewer this book differs from many others, in that it does truly find for itself a distinctly unoccupied space, or in the common phrase, "it fills a long-felt want." Its aim, according to the author, may be inferred from a quotation from the introduction.

"This is a surgical age. One need only glance at periodicals intended for general practitioners to find that surgical themes predominate. The surgical wards in hospitals are nearly always full with patients, while many empty beds can be counted in the medical wards. Surgical clinics are crowded by eager students, while professors of internal medicine must thank the roll call for whatever audience they face. The recent graduate hangs out his shingle, and from now on has but one aim, to operate. The exceptions only prove the rule.

Men like the late Senn have tried in vain to stem the tide of this gigantic wave which he has aptly called *furor operativus*.

The recklessness with which unfortunate patients are urged to mount the operating table, the dire results following operative procedures, especially at the hands of the unskilled, are appalling. The invalids recruited from the surgical wards, the unfortunates who have gone to their graves after operations, form a mighty army that can but serve to discredit an art and a science which, properly directed, should bring blessing to countless sufferers.

The present volume may be looked upon as an appeal for sane and rational surgery in that class of affections commonly designated as borderland diseases."

However we may differ from the writer in many statements we must all admit the importance of more closely delimiting the field of surgery. This outline here attempted has been prepared in a very readable style quite different from the ordinary text, and as such strongly appeals to the reader. The result is a little book quite unique and one well worth perusal by all.

Hookworm Disease. Etiology, Pathology, Diagnosis, Prophylaxis, and Treatment. By George Dock, A.M., M.D., Professor of the Theory and Practice of Medicine, Medical Department Tulane University of Louisiana, New Orleans, and Charles C. Bass, M.D., Instructor of Clinical Microscopy and Clinical Medicine, Medical Department Tulane University of Louisiana, New Orleans. Illustrated with forty-nine Special Engravings and Colored Plate. Publishers, C. V. Mosby Company, St. Louis, 1910.

Only a comparatively few years ago a book upon this subject would have received but scant consideration from American medicine as treating of a disease of merely scholastic importance. Thanks, however, to the epochal work of Stiles and his associates in our own Southland, we have come to recognize the very great importance of the disease at our very doors. And by this recognition we have become able to combat with hopes of success the underlying cause of much of the unsatisfactory condition, mental as well as physical, that is so evident throughout practically all the Southern States.

The author of this book has recently been brought into contact with this tropical and semi-tropical disease, and is accordingly well able to enter upon the discussion of its various phases as is here done. He begins with an historical sketch, the geographical distribution of the disease and the zoologic features. The modes of infection are then described and the various pathological conditions thereby produced.

Of particular interest are the chapters upon symptoms and diagnosis. Prognosis is important, but, of course, the most vital features are those of prophylaxis and of treatment. All of these subjects are discussed in a manner such as might be expected from a man who has within the past few years made such a name for himself.

A number of fairly good illustrations add value and interest. Perhaps the majority of the readers of the *Gazette* will never come into contact with this disease, but even that is no reason why they should not learn of its various features.

To any who do possess this pleasure to learn we can express our sincere belief that this book covers the subject in a more satisfactory manner than has any other article that we have yet encountered.

Surgical After Treatment. A Manual of the Conduct of Surgical Convalescence. By L. R. G. Crandon, A.M., M.D., Assistant in Surgery at Harvard Medical School; Assisting Visiting Surgeon to the Boston City Hospital; Consulting Surgeon, Frost General Hospital. With 265 original illustrations. Publishers, W. B. Saunders Company, Philadelphia and London. 1910. Cloth, $6.00 net; Half Morocco, $7.50.

A review of this book is a comparatively easy thing to attempt, but a resumé of its contents would be much more difficult on account of the multiplicity of subjects covered.

We hear upon every hand the technic of the most delicate operation down to the smallest detail as performed by some skilled surgeon. And then we (provided "we" happen to be one outside the select circle) are left the responsible part of the after treatment, it being usually assumed that this will come as a sort of intuitive knowledge. After a considerable experience the writer feels that in a large number of cases the after care is fully as important as is the operation itself. With this thought in mind, Dr. Crandon, a Bostonian, has prepared this excellent volume on a subject not often carefully considered. He covers in detail all the various adjuncts, sequellæ and accompaniments of operative work in a manner that deserves the warmest commendation.

Two sections are made: In Part I the general subjects are taken up for discussion. Such, for instance, as anæsthesia and its complications, coma, shock, gangrene, bandaging, treatment of septic wounds, massage and convalescence.

Part II is given up to post-graduate treatment following operations upon special parts, such as the head, the neck, the thorax and the abdomen. Here also Dr. George Sanborn contributes a chapter of about two hundred pages upon Therapeutic Immunization and Vaccine Therapy, thus making the book the first to appear in which this new subject receives adequate treatment. It is a volume that will appeal to all practitioners as of very practical service, and we feel that in endorsing it strongly we are acting with fairness to every one of our readers. We also believe that all those who read it will fully agree that it is a book from which a great deal of value can be obtained and that it fills a niche not previously occupied in medicine.

The Medical Epitome Series. Diseases of the Skin. A Manual for Students and Practitioners. By Alfred Schalek, M.D., Professor of Dermatology, University of Nebraska; Attending Dermatologist to the Nebraska Methodist, Clarkson Episcopalian, Douglas County, Immanuel, Swedish Mission Hospitals; Consulting Dermatologist to the Child Saving Institute. Second Edition thoroughly Revised. Illustrated with forty-seven Engravings. Publishers, Lea & Febiger, Philadelphia and New York.

This is a little book written particularly as a kind of quiz compend upon dermatology. It covers a large field in a brief space, too brief to be of any great use.

It contains a number of inaccuracies and omissions, and largely on

this account cannot be very warmly recommended. The alphabetical arrangement of diseases, while in some ways convenient, does not upon the whole appeal to the reviewer as commendable.

In general appearance and in the press work, nothing but satisfaction will be found, as this is a characteristic of all books coming from this publishing house.

Motherhood. A Manual on the Management of Pregnancy, the Preparations for and Conduct of Labor, the Care of the Mother and Child after Labor and the Principles and Methods of Infant Feeding Up to the Third Year of the Child's Life. Prepared Especially for Mothers, Nurses and Students of Medicine. By Hudson D. Bishop, M.D., Visiting Obstetrician to the Maternity Hospital, Cleveland, Ohio. Publishers, Rose Publishing Company, Cleveland, 1910.

Not a few books are at present in print covering the needs of the expectant mother both prior to and subsequent to the arrival of the little visitor. It is accordingly hazardous for one to add to this list unless he possess the combination of wide experience and an unusual ability to clearly portray his thoughts in expressive words.

Those who have the privilege of knowing Dr. Bishop personally, as the present writer does, are able to realize that this combination has been very happily effected in his person.

He has prepared a book, not too large, to be read completely without being tiresome, and which at the same time contains all the essentials found in publications of more formidable aspect. The subject matter is prepared particularly for the lay mind, consisting of a clear exposition of the subject in verbiage not too scientific for the comprehension of the average educated woman. All the various topics essential are carefully discussed, such as the management of pregnancy, preparation for labor and its complications, care of the child, breast feeding, artificial feeding, etc.

A very valuable, although brief appendix, gives various measures of local therapeutics as an emergency armamentarium or for the relief of various minor details incident to the development of the infant. In short, we gladly welcome this new book, as we believe it to be well suited to be placed in the hands of the expectant mother by her adviser and friend, the family physician.

Emergency Surgery. For the General Practitioner. By John W. Sluss, A.M., M.D., Professor of Anatomy, Indiana University School of Medicine; formerly Professor of Anatomy and Clinical Surgery, Medical College of Indiana; Surgeon to the Indianapolis City Hospital. Second Edition Revised and Enlarged. With 605 illustrations, some of which are printed in colors. Publishers. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, $3.50.

This book was reviewed in its earlier edition in the *Gazette* about a year ago, at which time our very favorable opinion was expressed. The test of twelve months has done nothing to make us in any manner retract the criticism then made, and if anything is needed to strengthen it, the very fact that the entire edition was exhausted in that short time should be that added proof.

In the present edition the essentials of the original volume are all maintained and in addition the various new features of the year are also included. Of these new discoveries or innovations, the subject of spinal anæsthesia takes decided preference, thanks, doubtless, to the visit to America of Jonnesco.

Although written particularly for the general practitioner, there are many procedures included that could be possible only to the surgeon. Thus puncture of the pericardium would seldom be performed or attempted by one not specially skilled in operative procedure. As a whole, however, the object is well kept in view, and the well-deserved title, "Emergency Surgery," connotes a distinct purpose that should

appeal to all those who ever encounter such form of professional work. It is, indeed, well adapted to be the physician's companion.

An Epitome of the Diagnosis and Treatment of Nervous Diseases, Including Bromide Therapy. By Henry Irving Berger, M.D. Published by The Peacock Chemical Company, St. Louis, U. S. A. 1910.

This is a neat little booklet upon various phases of neurology. It gives in very brief form the definition and symptomology of the most common diseases of the nervous system. As it is published by a firm that manufactures one form of bromides, its therapeutic suggestions must be valued accordingly.

The Sexual Life of Woman in Its Physiological, Pathological and Hygienic Aspects. By E. Heinrich Kisch, M.D., Professor of the German Medical Faculty of the University of Prague; Physician to the Hospital and Spa of Marienbad: Member of the Board of Health, etc., etc. Only authorized Translation into the English Language from the German by M. Eden Paul, M.D. With ninety-seven Illustrations in the Text. Price, $5.00. Rebman Company, New York.

The book at present under review is a decided departure in many ways from those that usually come to the consideration of this department. It deals with a subject upon which even the medical profession in common with all others has looked with entirely too little knowledge or concern when the real importance is considered. There seems to be a gradually increasing realization of the great scope of the subject, a realization that the publication of the present volume shows intensely.

We find it divided into three distinct sections: the menarche, the menacme and the menopause; or, the onset of menstruation, the culmination of sexual activity and the cessation of menstruation. When we come to an analysis of the text we find two variant attitudes possible; the strictly medical one and the sensuous one. From the latter standpoint much will be found to appeal to the lower sense; more than is probably necessary in a book of this kind. Strictly from the professional viewpoint, however, the volume will be found to be replete with a great number of facts and data of importance upon a subject that often comes into such vital touch with the life of every physician in his sphere as a confidential adviser. As such, therefore, the careful comprehension of the various topics here discussed cannot fail to add much to the ability of every professional man to cope with these many and often most unfortunate conditions.

The Diseases of the Nose, Mouth, Pharynx and Larynx. A textbook for students and practicians of medicine. By Dr. Alfred Bruck (Berlin). Edited and translated by F. W. Forbes Ross, M.D., Edin., F.R.C.S., England, late Civil Surgeon His Britannic Majesty's Guards Hospital, London. Assisted by Frederich Gans, M.D. Illustrated by 217 figures, and diagrams in the text, many of which are in colors. Published, New York: Rebman Company, 1123 Broadway.

This is an almost literal translation into English of one of the recent standard German works. The close adherence to the original text occasionally gives rise to the peculiarities in style and expression. but not sufficiently prominent to be at all obnoxious.

A division of the subject into four parts is made, the nose and its accessory cavities; the mouth, the pharynx and the larynx and trachea. Under each the anatomy and the physiology are first carefully described prior to any consideration of the abnormal conditions. Each of these divisions is again subdivided into a general and special section. The former comprises those general topics that come particularly within the province of the general practitioner; the latter, those of more interest to the specialist.

Verbosity and "padding" are conspicuous by their absence, the descriptions being succinct and to the point. In general appearance the

volume differs considerably from the more familiar American texts, but in no way in detriment to the former. It well illustrates the care and exactness of the Teutons to grasp in a comprehensive manner whatever they undertake.

More than two hundred illustrations add much to the value. It is one more example of the completeness and satisfactory work that we are now seeing coming from the presses of the publishing company.

Physiology and Pathology of the Semi-circular Canals. Being an Excerpt of the Clinical Studies of Dr. Robert Barany with Notes and Addenda Gathered from the Vienna Clinics. By Adolph E. Ibershoff, M.D., and a Foreword by Royal S. Copeland, A.M., M.D. Publishers, Paul B. Hoeber, 69 East 59th Street, New York, 1910. Price, $1.00.

This little volume is a translated abstract of an article by Dr. Robert Barany upon the same subject, being the first presentation in English.

The author has been for some time with the continental investigators of this subject, and adds not a little to the subject matter, as well as produces a very clear, readable text. We are particularly pleased that another of our homœopathic co-workers is demonstrating his ability in lines apart from those distinctly of materia medica, and is able to be compared favorably with others of any school in the lines of his selected specialty.

PERSONAL AND GENERAL ITEMS

WANTED, A HOMŒOPATHIC DOCTOR.—The practice, medicines, and office furnishings of the late Dr. B. H. Byam, of Lowell, Mass., are offered for sale at very moderate terms. Dr. Byam had been very successful, and his practice is estimated at $3,000 a year in 1909, and was increasing very fast at his death, June 8th. Introduction and every possible advantage will be given the purchaser. Address, George A. Byam, 97 Central Street, Lowell, Mass.

At the recent meeting of the American Association of Medical examiners held in St. Louis, Dr. Charles T. Cutting, formerly of Boston, but now of Seattle, Wash., was elected vice-president.

Dr. Joseph H. Ball, of Bay City, has accepted the chair of bacteriology and directorship of the bacteriological laboratory of the New York Homœopathic Medical College and Flower Hospital. Dr. Ball removes to New York this fall.

It is reported that the College of Physicians and Surgeons of St. Louis has filed a suit for one hundred thousand dollars damages against Abraham Flexner, President Henry S. Pritchett, and George H. Simmons, on account of the reports printed in the "Journal of The American Medical Association" and in the "Carnegie Report."

Dr Harvey Cushing, now of the Johns Hopkins Medical School, has been offered and has accepted the position of surgeon to the Brigham Hospital, now in course of erection, in close proximity to the Harvard Medical School. It is reported that Dr. Cushing will leave Baltimore in about two years, in which time the new hospital is expected to be completed.

Dr. and Mrs. F. S. Eveleth of Amesbury are receiving congratulations upon the birth of a daughter.

The foundation stone has recently been laid for the new hospital for cancer and laboratory research in London. This institution has been made possible by the benefaction of Mr. H. P. Barnato, and will be

under the direction of the cancer department of the Middlesex Hospital, where so much cancer work has already been performed.

We learn from a recent number of the "Journal Belge d'Homeopathie" that at a well-attended meeting of the Association for the Progress of Homœopathy in Holland, the announcement was made of a donation of one hundred thousand florins for the construction of a homœopathic hospital, on the condition that one hundred and fifty thousand florins be subscribed in addition before May, 1911.

We certainly trust that our friends in Holland may be successful in their endeavors to raise the entire amount.

The new officers of the American Medical Association for the ensuing year are: President, Dr. J. B. Murphy; vice-presidents, Drs. R. C. Coffey, E. E. Montgomery, W. D. Moore and L. E. Johnson; treasurer, Dr. Frank Billings; secretary, Dr. George H. Simmons.

Dr. Robert Koch, the eminent German scientist, died at his home on May 17, 1910. Dr. Koch will be in the future best known for his discovery of the causes of tuberculosis and of cholera, together with his more recent work on the investigation of sleeping sickness. By the death of Dr. Koch, not only the medical world, but the entire human race, loses a man who has been one of its greatest benefactors and who has made discoveries probably unequalled for importance.

LICENSES FOR PHYSICIANS.—We are told that in one of the towns of California a license ordinance has been passed, whereby physicians are compelled to pay an annual license fee. The legality of this ordinance was questioned by some, and accordingly a number of physicians refused to pay the local tax in order to test the matter in the courts. The local authorities have decided that the ordinance is valid, and that these physicians have been guilty of misdemeanor in practising their profession without having paid the fee.

MONTREAL NEWS.

Dr. Arthur E. Robertson of Chicago has accepted the position of senior interne at the Homœopathic Hospital here. He comes very highly recommended, and already his good work in the outdoor department is shown by a largely-increased clinic.

Dr. E. N. Perrigord, a graduate of McGill, was recently granted a license by our Homœopathic Board of Examiners. He had taken a special course in Homœopathy at the New York College.

Dr. William Patton has a very successful practice at Shewinogan Falls, Quebec. He is in charge of a complete little company hospital.

Dr. O. W. Bradley of Wellington Street has been spending some time visiting his old home in Ottawa. Dr. Bradley is one of the younger men of the city, and he has made a reputation for himself and for Homœopathy in his part of Montreal.

A nicely-equipped pathological department has been added to the Homœopathic Hospital. Dr. Perrigord has been elected pathologist.

THE BERKS COUNTY HOMOEOPATHIC MEDICAL SOCIETY held its annual mid-summer outing at Mineral Spring Hotel, Reading, Pa., on Wednesday, July 20.

THE HOMOEOPATHIC MEDICAL SOCIETY OF CHESTER COUNTY held its regular monthly meeting on July 14, at the new Temperance Hotel, Malvern, Pa.

THE DEPARTMENT OF PUBLIC HEALTH AND CHARITIES of the city of Philadelphia calls attention to a rule and regulation adopted by the Advisory Board of the State Department of Health in accordance with the authority given by Act of Assembly, approved April 27th, 1905:

That all physicians practicing within the limits of the city of Philadelphia shall make an immediate report of each and every case of uncinaria duodenalis (hook-worm), pellagra, and anterior poliomyelitis (infantile paralysis) occurring in their practice, in the same manner that communicable diseases are now by law and by rule and regulation of the Bureau of Health and Charities, reported to the health authorities.

Dr. J. C. Biddle, chief of the State Hospital for the Injured, at Fountain Springs, Pa., extended a clinic to the homœopathic practitioners of Schuylkill County, July 14, which was well attended by physicians of both schools. Numerous cases were presented from the large clinical material in which the mining district abounds. A liberal collation was served, and the spirit of cordiality reigned supreme among the doctors present.

Dr. H. F. Schantz, president of the State Medical Society, promises papers for the annual meeting at Williamsport from Dr. Porter, of the Department of Public Health and Charities in the city of New York, and Dr. Wm. H. Watters, of Boston, Mass.

Dr. W. R. Keller, a recent graduate of the Hahnemann Medical College, Philadelphia, has located in Enid, Oklahoma, being the first homœopathic physician to begin practice there,—there being forty-two allopathic physicians in the community.

The following trustees were elected at the annual meeting of the Philadelphia County Homœopathic Medical Society: Drs. D. W. Bayley, E. H. Van Deusen, O. S. Haines, D. W. Lane and L. T. Ashcraft.

Dr. Joseph Hark, one of the pioneer American homœopathic physicians, died on June 18 at Bethlehem, Pa., in his ninety-second year. He was one of Bethlehem's grand old men, and scarcely knew a day's illness. His wife was the daughter of Dr. Bute, an eminent German homœopathist, who was one of the introducers of the "new school" in America. Dr. Hark is survived by several children, one being the Rev. Dr. J. Max Hark, pastor of the Moravian Church at Lebanon.

Dr. Joseph C. Guernsey of Philadelphia, has been appointed president of the Council of American Medical Examiners.

The second annual meeting of the American Association of Clinical Research will be held in Boston on September 28 and 29, 1910. Some very valuable contributions on Researches in Medicine and Surgery, in Prophylactic and Anaphylactic Medicine, in Mental Medicine, in Radiotherapeutics, in Metabolism, etc., are promised. There will also be a public meeting.

The Pennsylvania State Medical Society will hold its annual session at Williamsport on September 20, 21 and 22, for which meeting excellent programs have been prepared, both from the scientific and social standpoint. The committee in charge, consisting of Drs. Adelbert D. Dye, Hannah C. Reinhold, F. S. Smith and E. C. Blackburn, have been more than busy in arranging the details for what is hoped will be a more than successful meeting. The headquarters of the meeting will be at the Park Hotel, Williamsport. The president of the society, Dr. H. F. Schantz, of Reading, assures a president's address which will teem

with important topics of interest to the homœopathic medical profession of the State of Pennsylvania, in which he promises to mince no words in telling of the things which he thinks should have stress laid upon them.

The Hahnemann Medical College in the city of Philadelphia has made changes in its faculty during the past year, Dr. W. B. Van Lennep having been elected as its new dean in place of Dr. Herbert L. Northrop, who was not a candidate for re-election. Dr. Van Lennep looks forward to a busy year's work, and assures a fair and square deal for all. The new dean, at the annual banquet of the Alumni Association, announced the donation of the Hering endowment fund for the establishment of the Hering Chair of Homœopathic Research. Dr. Van Lennep has now further announced the department as being in the hands of Dr. O. S. Haines; Dr. Edwin Lightner Nesbit, of Bryn Mawr, Pa., as director of laboratories, which shall be under the general supervision of a committee for the present consisting of Drs. O. S. Haines, S. W. Sappington and E. L. Nesbit. Personal views as to the requirements of the situation will be embodied in an address by Dr. Edwin Lightner Nesbit, as chairman of the Materia Medica section, before the annual meeting of the Homœopathic State Medical Society to be held at Williamsport in September. The incoming class of the Hahnemann Medical College at present is far in excess of those who had registered up until this time of last year, which argues well for an unusually large Freshman class.

Dr. Gilbert J. Palen has been appointed chairman of the Hospital Committee, and is most actively engaged in the details of the work of the hospital. Dr. D. Bushrod James has been elected professor of gynecology to fill the chair made vacant by the recent death of J. E. James. Dr. G. Harlan Wells has been appointed a clinical chief of the morning dispensary of the hospital. Dr. W. N. Sylvis has been appointed on the surgical staff of the hospital.

There is at the present time in course of erection a new receiving ward, which is being built to the north wing of the main hospital building, at a cost of $60,000. The building is to be four stories in height, and is to be finished by the opening of the college session. There will be sixty additional beds for women and children; there will be a new receiving ward on the first floor, new quarters for the resident physicians, and it will give increased facilities for clinical teaching purposes.

Dr. W. B. Van Lennep further announces that, as soon as the money donated by the late Mrs. Elkins is available, a new dispensary building will be erected, which will contain new and improved pathological laboratories and new dispensary department for those which are in need of it, and will be modernly equipped in all its aspects. This will add greater teaching facilities, as there will be constructed a new amphitheatre for medical clinical teaching purposes.

At the annual meeting of the American Homœopathic Ophthalmological, Otological and Laryngological Society recently held in Chicago, the following officers were elected for the ensuing year: Dr. Burton Haseltine, Chicago, President; Dr. E. D. Brooks, Kalamazoo, Mich., First Vice-President; Dr. Dean W. Myers, Ann Arbor, Secretary; Dr. Albert Cross, Worcester, Mass., Treasurer. About 150 were present.

THE HERING CHAIR OF MATERIA MEDICA.

Of special importance to our colleagues in Philadelphia and to homœopathy in general is the endowment of a special chair in Materia Medica, recently made possible at the Hahnemann Medical College.

A quotation from the editorial, recently published in the Hahnemannian Monthly, will be advantageously given, as it describes in an excellent manner the purpose:

"At the annual banquet of the Alumni Association of the Hahnemann Medical College of Philadelphia, the Dean-elect gave those present the pleasure of learning that Mr. Walter E. Hering, a son of the greatest student and investigator of materia medica our school has produced, has endowed in the sum of one hundred thousand dollars, the Constantine Hering Chair of Homœopathic Materia Medica and Therapeutics. Since then the trustees of the corporation have held a meeting and have formally accepted the endowment. This series of events is of the greatest importance for it insures for all time to come the teachings of the Homœopathic Materia Medica on a sound basis. It moreover provides that practical steps shall be taken for the pursuit of the enthusiastic original investigation which characterized the labors of the earlier homœopathic physicians.

"As a means of perpetuating the memory of the greatest materia medicist of the homœopathic school, nothing could be more fitting, especially as the endowment passes into the care of the institution which Dr. Hering founded, and in which he took an active interest to the end of his long and useful life. Although he was best known as a homœopathic physician, Dr. Hering's activities were by no means confined to medicine. When appointed by the German government to investigate the laws of homœopathy, he had already attained distinction as a man of science. As the result of his investigations, he became converted to homœopathy, and resigned his place on the commission. The rest of his life's history and labors are known so well to every physician that no further remarks are necessary.

"No greater good can be rendered the cause of humanity than the contribution of substantial endowments of those institutions which prepare young men to go out into the world to combat suffering and diseases. There is no charity as great as that which lightens the burdens of the fellow man, and no compensation so great as the satisfaction which is derived from the knowledge of a duty well performed especially if for the good of humanity at large. To aid an institution that has fought its way through the battles of antagonism and vicious opposition, to preserve the fundamental truths upon which it was founded, to prove the incontrovertible law upon which it rests, is a great act of humanity and is beyond comparison in the scope of its utility. The principle of homœopathy has acted for more than a hundred years as the guiding truth in medicinal therapeutics. It has taught the civilized world the possibilities of a fixed system of medicinal treatment, and stands today, as for years, as the great antagonist of empiricism."

In the University Homœopathic Observer we find an article by Mellon upon the effect of Veratrum viride upon the diplococcus pneumoniæ opsonic index. The summary is as follows:—

First. It has been shown that Veratrum viride will raise a person's opsonic index against the diplococcus pneumoniæ from 70 to 100 per cent.

Second. That its action is more profound than we have inferred from its proving.

Third. The possibility (as yet embryonic) that physiological doses depress the index, while sub-physiological doses raise the resistance.

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ORIGINAL COMMUNICATIONS.

URINARY INCONTINENCE FROM A FUNCTIONAL POINT OF VIEW.

By E. P. Colby, M.D., Boston, Mass.

Urinary incontinence may result from some organic disease of the bladder or passages, or it may be the result of some disease in the central nervous system, either lesional or functional.

Of the first named variety I have nothing to say, as it is pre-eminently a condition demanding surgical interference. With the second, however, the case is quite different. Even if the disease is organic in the nervous centers it is functional as relates to the urinary reservoir and its outlet, and therefore organic nervous disorders may have as a symptom functional disorders of the bladder and urethra.

Let us for a moment consider the mechanism and control of the act of micturition.

Micturition is both a reflex and a voluntary act. As a reflex act the integrity of both sensory and motor centers in the fifth segment of the lumbar cord must be intact and reciprocally active. Here lie the automatic centers controlling the retention and emission of the contents of the bladder. Whether they both lie at the same level in the cord is not certain. The bladder becomes filled after a certain time, and the afferent fibers distributed to its mucous surface convey the information to the lumbar cord. Were this all, the discharge of the vesical contents would immediately follow through the excitation of the motor neurones to activity, but when this stimulus occurs there is also excited another stimulus of motor nature still more immediately active, causing a contraction of a different set of neurones reaching the vesical sphincter at the neck of the bladder. This excitation therefore becomes practically inhibitory in its character and causes the sphincter muscles to contract strongly and retain the vesical contents. Thus far the action has been wholly reflex or automatic. The process of excretion goes on, not materially affected, and the bladder gets still more distended until the sensory nerves convey this information to

the higher cerebral centers, it being recognized there by a sense of discomfort, and volition is brought into action. By this action both the fundal and the sphincter reflexes are brought under the superior control of the will power, the one being lessened and the other increased up to a certain normal limit. Then, time and opportunity being propitious, the voluntary power relaxes the sphincter control and excites that of the fundal neurones, at the same time exciting activity on the part of the lower abdominal muscles. Thus you will readily see the act is controlled by circumstances and the degree of discomfort. Within varying limits it is active in all human beings in a normal condition.

By diseases of the cord or either of the two systems of spinal nerves, sensory or motor, at their lumbar centers or in the lumbar distribution, the automatic action may be interfered with, resulting in either reflex incontinence or retention. Of the two the former is far the more common. Again by errors either below or above this lumbar center impressions or control by the higher cerebral powers may be cut off. Thus we may have either conscious or unconscious incontinence. In the first instance it is known that the accident is to occur but cannot be prevented; in the second there is no knowledge of the act except by the discomfort of the result. It may also be a combined result when both reflex and voluntary powers are in abeyance.

The balance between the reflex and the voluntary act varies exceedingly in different individuals, and even in the lower animals, as those of you must know who have much to do with horses and cattle, who are very prompt to follow the example of their more exalted biped masters. Every nurse knows how the dribbling stream from a pitcher will excite the voluntary effort of a retentive patient. Let a patient with extensive error in the lumbar cord,—or, which is very rare, in the nerves supplying the bladder,—have this organ ordinarily full, the reflex is inactive and if the sensory tracts cannot convey impressions of discomfort to the brain the bladder becomes more and more full until the natural elasticity of its fibers expels the contents to the point of relieving the extra pressure, when in a short time the action is reproduced. This is incontinence from overflow and is one of the most trying types as well as the most dangerous. There is always a large residuum which undergoes decomposition and soon establishes a most serious cystitis. This condition often much hastens the fatal termination of cord lesions. It may be varying in degree and not always wholly unconscious. In another type we have unconscious urination in brain lesions involving both the sensory and the motor cerebral centers, or there may be conscious incontinence where the motor center is involved. The act is recognized but cannot be controlled, and the lower spinal reflexes act unchecked.

There is a wholly different variety occurring mostly in the young. Here whenever the cerebral center of control is off its guard through sleep or preoccupation, the whole matter is left to the guardianship of the lumbar spine. Most cases of ordinary nocturnal or diurnal enuresis belong in this group. While the trouble is peculiar to childhood it does occasionally extend into adult life and becomes a source of great annoyance and chagrin to the sufferer.

There are some other varieties of incontinence, but they are not common, and their consideration would too far extend the length of this paper. It is well therefore to turn our attention now to remedial measures. In cases where there is organic disease with degeneration of the nervous centers—either upper or lower—of course practically nothing can be done to relieve the incontinence save to minimize the disastrous results, such as cystitis, bedsores, and an invasion of the renal pelvis. In all these cases the regular use of the aseptic catheter becomes imperative. If the original lesion can be improved there are often undegenerated integers remaining which may be awakened into a sort of useful activity.

The cases of cerebral origin are even more promising, as it is a well known fact that the most profound paralysis is comparatively early and may give place to considerable control. In cerebral cases, however, the incontinence of progressive dementia offers no hope of relief.

Practically, then, our hopes of bringing about a cure are confined to the purely functional cases, i. e., in which there is no nervous lesion as a basis. In children habit is an important item, but not always as important as it seems. Medication and hygienic measures must be combined, and in a few instances moral improvement. Among the hygienic measures must be included circumcision where it is needed. In this connection it may be said that much good may be derived from the proper use of electrical treatment, both as affecting the original condition and the vesical symptoms. By this I would not have it interpreted to mean that the cure, or relief, can be expected simply because the agent is electricity, but because it is properly and intelligently applied. Due regard should be paid to the form in which this energy is used, the volume and force, the localization, and the limitation to the area to be affected. Here, as in all other cases, the agent should be selected and administered carefully as any drug. A full discussion of this agency would require more time than belongs to this paper, and, in fact, would furnish sufficient material for a separate article. Imperfect statements regarding the use of electricity are very misleading and likely to cause unnecessary trouble.

There are a few medicines which more or less directly influence the urinary symptoms, and a few which seem to have a direct bearing. We must at the outset differentiate between

remedies which have at first the action of causing spasm of the sphincters with later fatigue and paresis, and those which directly affect the fundal fibers. There is a slight tendency towards thinking any remedy having marked urinary symptoms is as good as any other for incontinence or retention. Facts hardly bear out this assumption.

In the common enuresis of childhood probably no remedy has been no more frequently or more successfully used than Equisetum, but it has its exceptions, and the symptomatology is quite defective. Belladonna has its usual action and relaxes the circular muscles of the sphincter. Ferrum acetium is often useful in infancy and in the very aged. Hyosciamus is seldom called for except in cases where there is acute nervous disease with impairment of the consciousness, but here it is invaluable. It is impossible to say whether the enuresis of children is a true symptom of Chamomilla, or whether on the contrary it is the result of inherent cussedness of the Chamomilla child. Arsenicum is rarely indicated as it much more often causes retention from paralysis of the fundus, but it may be indicated in rare instances of neuritis.

Traumatism is much more likely to cause retention, but in the few cases where incontinence is the result benefit may be expected from Arnica. When the sphincter loses its power during the compressive act of coughing both Scilla and Drosera have proved beneficial. It is not correct to assume in these cases that the accident is wholly the result of the violence of action on the part of the abdominal muscles, as in a hundred cases of equally violent coughing the symptoms will appear in only two or three; it is a characteristic symptom and worthy of note.

Tabacum has a marked effect to lower the normal activity of both sexual and urinary organs and is occasionally indicated in enuresis. The incontinence of Rhus is mostly observed in the course of acute inflammatory diseases.

It is doubtful if the incontinence of Sepia ever occurs except as a result of serious troubles in the pelvic organs in women, and which finally demand surgical interference.

The list of remedies might be continued somewhat further, and undoubtedly many of my colleagues have some one potent remedy, but the writer does not know of any one or any three remedies which will apply to all cases. The other—sometimes trivial—symptoms are often of prime importance in selecting the remedy.

In mental defectives no medicine is of much avail, and often education cannot be depended upon. It depends wholly upon how much education they are capable of comprehending. I have come of late years to think that defectives are visibly helped in various way by a course of treatment by Cypripedium, which I have always given in the tincture in minim doses.

Hygiene and education are often powerful correctives. The bladder should be emptied as near the sleeping hour as possible.

A urine of low specific gravity does not stimulate the bladder to activity in some cases, and here an excess of fluids taken into the stomach should be avoided and a proteid diet will increase the irritative quality of the urine. It has been suggested that in girls an imbedded clitoris has the same effect as phimosis in boys, and may cause incontinence. This is a matter which I much doubt, and I must refer you to the so-called orificialists for advice.

In gross brain lesions prolonged incontinence becomes of prognostic value. Any profound apoplexy is likely to have unconscious incontinence during and just following the coma, but if the coma subsides and the incontinence continues for a long period the prognosis of even useful improvement is extremely doubtful.

THE DIFFICULTY OF THE TEST FOR INDICAN IN URINE.

By Clifford Mitchell, M.D., Chicago.

The difficulty of demonstrating the presence of indican in urine may be assumed (1) from the large number of tests for indican which have been proposed; (2) from the lack of unanimity in regard to the value of any test, and (3) from the disagreement of observers as to the clinical value of the tests.

Let us glance, for a moment, at a number of tests for indican to be found in the so-called standard works.

(1) In the 7th edition of Neubauer and Vogel (1879) Heller's test is described as follows: "3 or 4 c. c. of strong fuming hydrochloric acid are mixed in a test-tube with 30 or 40 drops of the urine to be tested, or the urine, after the addition of a little hydrochloric or nitric acid, is heated to boiling. If indican is present the mixture is colored from a reddish violet to intense blue by the decomposition of this body. If with small amounts of indican the reaction fails, it can be made far more delicate by the addition of two or three drops of strong nitric acid. There results from this refinement of the test not immediately, but in a few minutes, a beautiful violet color which first plays rather into blue, but later rather into red, and sooner or later becomes dirty-red, and at last yellow again."

(2) In the same work Jaffé's test is also described as follows: "10 c. c. of the urine are treated with an equal volume of hydrochloric acid, and then a saturated solution of calcic hypochlorite is added drop by drop; the mixture becomes, according to the amount of indican present, red, violet, green, or blue, but, after filtering, under all circumstances it leaves behind on the filter a distinct blue tinge."

(3) In the same work Stockvis' test is described: "Warm the urine with two parts of impure nitric acid to 60° or 70° C, and shake with chloroform or ether. Both solutions are then quickly colored violet-blue and show the characteristic absorption bands of indigo-blue between C and D."

(4) Hofmann and Ultzmann, second edition, 1886, criticise Heller's test (No. 1 above) as follows: "The color of the test has unfortunately little value as it not only indicates the amount of urine indican, but also its capability of decomposition, which seems to vary." The last phrase is significant since it shows that more than 20 years ago the difficulty of decomposing indoxyl into indigo-blue was suspected. The authors go on to say: "How varying this is, is shown by the circumstances that the urine-indican contains sometimes more indigo-blue, and sometimes more indigo-red." In other words, the test sometimes yields a blue color, and sometimes a red. This is strictly in accord with the observation of Dr. Askenstedt, who insists that, according to the temperature of the mixture, the red or the blue prevails.

Not long after Hofmann and Ultzmann thus wrote, before the use of chloroform for extracting the indigo-blue began to be adopted. Thus (5) Van Nüys in his excellent work (1888) says, describing Jaffé's test: "To one part urine add one part hydrochloric acid, specific gravity 1.124. To the fluid add drop by drop a filtered solution of bleaching powder, 1 to 20. Shake the mixture well after each addition of the solution, and when a decided change of color of the fluid takes place, shake up with a few cubic centimeters of chloroform."

(6) Tyson (7th edition, 1880) describes Jaffé's test much in the same way, but specifies a "perfectly fresh" saturated solution of "chloride of lime," drop by drop, until the greatest intensity of the blue color is reached. Shaking with chloroform is then advised.

About this time it was discovered that certain substances interfered with the test, and the well-known sentences, "high-colored urines, whose other coloring matters are decomposed by hydrochloric acid and calcium hypochlorite, should first be decolorized by a solution of basic acetate of lead, avoiding a great excess of the latter," appeared, and have since been copied from one book to another.

(7) Hammersten (1890) suggested the use of a one-half per cent. potassium permanganate solution as an alternative for the bleaching powder solution, and advised repetition of the test with "somewhat varying amounts of oxidizing material until a point is found at which the maximum coloration of the chloroform takes place."

(8) Von Jaksch (1890) also describes Jaffé's test as above, but credits Stockvis with advising the use of chloroform. He also quotes Weber as advising a test as follows: "30 c. c. of

urine are mixed with an equal quantity of hydrochloric acid, 1-3 drops of dilute nitric acid added, and the mixture boiled. The fluid assumes a dark color. On cooling and shaking with ether a blue froth is seen, and the ether is colored rose or violet." Jaksch advises Salkowski's quantitative colorimetric method as follows: "Preliminary tests determine whether much or little indican be present. If much, then 2.5 to 5 c. c. of urine are diluted to 10 c. c. with water; if little, 10 c. c. undiluted are taken. The chemicals are added in proportions giving the greatest amount of indican, without chloroform, the mixture neutralized with sodium hydroxide, and then sodium carbonate added until alkaline. The indigo-blue is collected on a filter, washed with water until no longer alkaline, and repeatedly extracted by heating with chloroform until the latter ceases to color it. The intensity of the color of the chloroform solution is compared with that of a freshly prepared chloroform solution of indigo-blue of known strength, adding more chloroform to one or the other as required."

(9) Roberts (1885) credits Senator with advising the use of chloroform.

(10) MacMunn (1889) criticises Jaffé's test severely as not giving "accurate results," and advises the following: "About equal parts of urine and common hydrochloric acid are boiled, cooled, and agitated with chloroform; when the chloroform is colored violet and shows an absorption band before D, due to indigo-blue, and another after D, due to indigo-red; sometimes it may be necessary to add 2 or 3 drops of nitric acid to the hydrochloric."

MacMunn claims to detect indican by this method when the Jaffé-Stockvis test fails.

(11) Purdy (1893) gives MacMunn's method preference, and then describes Jaffé's and Heller's tests without a word of criticism either.

(12) In my own work (1897) I describe the Jaffé-Stockvis test, and the MacMunn test; also Keilmann's test and Marten's test. Keilmann's test is as follows: Shake equal parts of urine and strong hydrochloric acid together, and add a little chloroform; allow the chloroform to settle, then add drop by drop a 5 per cent. solution of calcium hypochlorite, and judge of the amount of indican by the number of drops of the lime solution necessary to decolorize the chloroform; thus little indican requires three or four drops, much fifty to sixty drops.

Marten's test consists in merely warming the urine and adding yellow nitric acid with production of a dark brown color becoming black on further addition of acid.

It seemed to dawn gradually upon the profession that the tests described as above were not all they should be, hence (13) Obermeyer's test was welcomed by many as more trustworthy. Obermeyer was apparently the first one to discover that chloro-

form "often" forms an emulsion with the urine so that the drops of chloroform that may contain the indigo in solution remain in suspension and the blue color is thus masked. Hence Obermeyer wisely advised "always" to precipitate the urine with lead acetate, others having merely suggested use of the acetate when the urine was high colored.

Obermeyer also advised the use of a solution of ferric chloride in hydrochloric acid, the strength of which is variously given as from two to five grammes per liter. (I have been thus far, however, unable to discover whether he used ferric chloride, made synthetically by the direct action of chlorine gas on iron, or whether made in the usual manner of the pharmacopeia, but presume the latter, in which case traces of nitric acid may be present, as it is difficult to remove the latter entirely in the manufacture of the salt.) The point in favor of this solution was that the oxidizing agent, ferric chloride, does not exert any further action on the indigo-blue as does the hypochlorite, the latter in excess converting the blue into colorless isatin.

Obermeyer's test is as follows: The filtrate from the lead acetate added to the urine is shaken vigorously with an equal volume of the reagent (ferric chloride in hydrochloric acid), and then shaken again with a few c. c. of chloroform which extracts any indigo that may be present. The usual precaution not to add "too much" lead acetate must be taken.

Of late years Obermeyer's test has become the favorite in many hospitals and sanitariums, but other methods and tests are still described by the various authors: (14) Hawk (1909) describes Gürber's, Rossi's and Lavelle's tests.

Gürber's test: To one volume of the urine and two volumes of concentrated hydrochloric acid add 2-3 drops of a one per cent. osmic acid solution, and 2-3 c. c. of chloroform. Excess of osmic does no harm, but occasionally better results are obtained if the solution of osmic acid is added directly to the urine before the hydrochloric acid.

Rossi's test: This is merely the Jaffé-Stockvis test with use of one drop of a ten per cent. ammonium persulphate solution as an oxidizer.

Lavelle's test: To ten c. c. of urine add 2 to 3 c. c. of Obermeyer's reagent and a like volume of concentrated sulphuric acid. Keep the tube cool under running water, add two or three c. c. of chloroform and shake well.

A number of oxidizing agents have been advised in conjunction with the various tests: chlorine water, bromine water, hydrogen dioxide, potassium chlorate, potassium nitrate and various per-salts, as ammonium per-sulphate, are among the number. (15) Amann uses sodium per-sulphate and dilute sulphuric acid, shaking with benzole. (16) Porter's test has attracted considerable attention, being advertised in connection

with a certain proprietary remedy for "indicanuria." He uses Jaffé's test with Hammersten's suggestion of a one-half per cent. solution of potassium permanganate as an oxidizer, and instead of adding the chloroform all at once, adds a few drops after three drops of the permanganate, then one drop more of the permanganate, and a few more drops of chloroform, followed by vigorous shaking.

It is unnecessary to describe any more tests. Almost any test for indican, involving the addition of hydrochloric acid to urine in almost any proportion, with or without further addition of an oxidizing agent, and with or without chloroform, will show indican beautifully "in certain samples of urine." We all remember the time-worn story of the Jewish merchant talking to his subordinates: "To sell a man a coat who wants to buy a coat, that is nothing; to sell a man a coat who doesn't want to buy a coat, that is business." Somewhat after the same analogy, to find indican in urine which is willing to "give up" indican, that is nothing; but to find indican in urine which is unwilling to "give up" indican, that is "business."

In other words, Hofmann and Ultzmann hit the nail on the head as far back as the 80's, when they said "the capability of decomposition" (of indoxyl into indigo-blue) "seems to vary." In this pregnant sentence we find the real secret of our difficulty. In other words, there are certain urines in which one test will find indican and another will not. Indeed, there are (1) certain urines in which one man using a certain test with certain chemicals will find indican, and (2) another man using the same test, but chemicals of a different make, will not, and (3) the same man finding indican by a certain test with certain chemicals may be unable to repeat the process satisfactorily even a few minutes later. Hence it becomes merely a matter of how to work to the best advantage. None of the tests is infallible, but it may truthfully be said that there is indican to be found in nearly all urines, and that failure to find it, at least in small quantity, is merely evidence of the unwillingness of the urine in question to "give it up."

Of the tests mentioned above, none is to be commended enthusiastically, and especially not those advising the use of a solution of bleaching powder, drop by drop, until the maximum color is obtained. One drop of even a weak bleaching powder solution is sometimes too much, two drops almost always so, the colorless isatin being formed at the expense of indigo-blue. None of the authorities so far quoted pays any attention to the importance of the temperature of the mixture of chemicals, and but few of them are aware of the emulsifying tendency of chloroform. Tests in which potassium permanganate is used as an oxidizer appear to the writer distinctly inferior to certain other methods described below; in fact, the permanganate has appeared to be extremely unsatisfactory in

the writer's hands. Jaffé's test, with or without chloroform, and regardless of oxidizer, fails repeatedly when certain modern methods, to be described later, may be brilliantly successful. Any test which involves the use of chloroform is liable to failure because of the fact observed by Obermeyer, namely, that chloroform forms an emulsion with certain substances in urine in which emulsion indigo-blue is entangled and concealed. Obermeyer was, therefore, right in advising preliminary treatment with acetate of lead. Why, then, is Obermeyer's test not to be solely commended? Principally because of his failure (1) to use the acetate of lead properly and (2) to observe certain precautions of temperature.

If any one will take the trouble to look up this matter of the preliminary treatment with acetate of lead he will find a certain distressing vagueness of expression among the different so-called authorities. Indeed, some say "acetate" and some say "subacetate." Nearly all say "avoid an excess," but few specify what strength of the lead solution is to be used. Ogden says merely "a solution of basic acetate." Seifert and Müller say "one-fourth its volume of ten per cent. solution of the acetate of lead." C. E. Simon (3d ed.) omits mention of the lead. Bartley (7th ed.) says "a small quantity of lead subacetate, avoiding excess." W. Simon (9th ed.) same as Ogden. Hill (1903) omits mention of the lead. Emerson (1906) says "about one-fifth volume of twenty per cent. lead acetate, avoiding excess." Hawk (1909) says "to fifty c. c. of urine made faintly acid with acetic acid if neutral or alkaline add five c. c. of basic lead acetate solution." Croftan says "not to add too much lead acetate." Purdy (1st ed.) omits mention of lead, etc., etc.

It is agreed then that we should not add too much lead, yet Emerson, usually a careful observer, recommends the use of one-fifth volume of twenty per cent. lead acetate, and all who venture to mention the amount to be added advise the use of altogether too much of the lead solution. One wonders, therefore, how often these writers of standard works have themselves really tried the indican tests according to their own directions!

During the last few years at least three men in America, and possibly more not known to the writer, have become dissatisfied with the tests of antiquity, and have proposed methods which seek to overcome the difficulties. All three have used chloroform, and all three have attempted to get rid of the emulsion formed by the chloroform. (A) Daland, of Philadelphia, has rejected the technic of the past, and employs Jaffé's test, in which one drop of a one per cent. potassium chlorate solution is used as an oxidizer. In order to escape from the chloroform emulsion, he avoids shaking with chloroform by pouring the urine containing hydrochloric acid, oxidizer, and chloroform slowly and repeatedly from one glass to another.

The chloroform solution grows blue rather slowly, but is free from the perplexing white emulsion. Preliminary treatment with lead acetate is not insisted upon in all cases.

(B) Askenstedt, of Louisville, in a notable contribution to the "New York Medical Journal," describes the use of Obermeyer's test, using, however, a larger amount of chloroform (eight c. c. to ten c. c. each of urine and acid), and prolonged shaking. No oxidizing agent other than the ferric chloride is used, and no preliminary treatment with lead solution mentioned. The chloroform emulsion is allowed to settle, the supernatant urine decanted off, and the emulsion washed twice with water. Finally, the washed emulsion is dissolved in alcohol, and an absolutely clear solution of indigo-blue obtained which is compared with a solution of Merck's indigotine of known strength. The method requires twenty minutes for performance. Dr. Askenstedt finds that temperature exerts a marked effect upon the test, and warms the urine to 105°-115° F., in this respect scoring on all other investigators.

(C) The writer using Jaffé's test has made the interesting discovery that, as Obermeyer says, all urines should be precipitated with acetate of lead, but that the amounts advised by "authorities" are enormously too large. When ten c. c. of urine are used, not more than twenty drops of a twenty per cent. solution of lead acetate should ever be used, and, as a rule, three to six drops are enough. Most urines need only six drops. Again, in the matter of oxidizing agents, the supernatant liquid of a one to twenty mixture of bleaching powder and water, left in an uncorked bottle, is all that is necessary, and but one drop of that for ten c. c. of urine. When the urine and hydrochloric acid darken before the oxidizer is added, omit it altogether, if a single drop of the oxidizer decolorizes. Do not be afraid to expose the bleaching powder solution to the air.

It is impossible for me to say at present which of these three methods is the best. Daland's and Askenstedt's method have appeared to fail in a few instances, where the writer's has succeeded, but unfortunately for the writer, his own test has sometimes failed on repetition in the case of the same urine. As a routine clinical method, it is advised to proceed as follows: To ten c. c. of urine, add six drops of "clear" twenty per cent. solution of lead acetate (not subacetate, not basic acetate), mix well, filter. To the filtrate add equal parts of Baker and Adamson's hydrochloric acid of specific gravity 1.19. Mix well; warm the mixture to between 105°-115° F., then add carefully, without shaking, one drop of the weak bleaching powder solution, warm again, add a few drops of chloroform, warm again, and so on until two c. c. of chloroform have been added, then shake vigorously. A clear blue at the bottom shows a successful test, but many bubbles or a whitish emulsion shows not enough

lead acetate. Only an intense blue color is to be regarded as clinically significant. The writer finds that more or less blue can be obtained from every urine by use of from one to twenty drops of lead acetate to remove interfering substances, but can give no rule other than the general one of observation of the specific gravity for the choice of the number of drops. Strange to say, a good blue may sometimes be obtained when, say, seven drops of the lead are used, though not with either six or eight. The test is sometimes unreliable, in that it will give a fine blue when, say, seven drops of the acetate are used, and again in the same urine no blue at all with the same number of drops of acetate, when the test is repeated by the same person in apparently exactly the same way, all precautions of cleanliness being apparently observed. Nevertheless, surprisingly fine colors "may sometimes appear" when the proper number of drops of lead acetate are hit upon, exceeding in brilliancy the colors obtained by the other tests, as if an unwilling urine was at times forced by this test to "give up" all its indican as indigo-blue. Albumin, if present, should be removed, and the patient should omit iodides on days when the indican is thus to be tested.

Askenstedt's method is qualitatively more reliable than the writer's but requires twenty minutes. A great advantage of the method is the fact that it so seldom fails to yield a certain amount of the blue when the temperature of the test is properly regulated. Dr. Askenstedt is, so far, ahead of the procession and deserves much credit for the industry and patience with which he has elaborated his method. It is quite possible, however, that Dr. Daland may be able to obtain results surpassing those which we have ourselves had in using his test.

The matter of extracting indigo-blue from urine is fraught with so many difficulties that it behooves one not to claim too much nor to criticise too rashly. If I have appeared to sit in judgment upon anybody, it is not for the sake of detracting from his claims, but merely because of a desire to show clearly the intrinsic difficulties of the test.

At the annual meeting of the American Homœopathic Ophthalmological, Otological and Laryngological Society recently held in Chicago, the following officers were elected for the ensuing year: Dr. Burton Haseltine, Chicago, President; Dr. E. D. Brooks, Kalamazoo, Mich., First Vice-President; Dr. Dean W. Myers, Ann Arbor, Secretary; Dr. Albert Cross, Worcester, Mass., Treasurer. About 150 were present.

THE STATUS OF MENTAL SYMPTOMS.

By Maurice Worcester Turner, M.D., Brookline, Mass.

Mental symptoms take a place according to their relation to the *location* of the affection; their "rank of value" is the same as that of other symptoms. To be of most use they must be idiosyncratic and recent.

If the *part affected* be *mind* or *head* mental symptoms may constitute the *sensations,* but in most instances, no matter where the location, mental symptoms rank as the *chief concomitants.* Their value bears direct relation to the fact that man is such as are his thought and affection—by virtue of his ability to think what is true and to will what is good—and hence perversions of truth and goodness in thought and affection, are valuable as symptoms; for example, desires, aversions (including longings, mental and even physical), antipathies, fears, doubts, irritability, sadness, etc. Disorders of the intellect and memory may be, in that order, decreasingly useful, and the symptoms of the *mind,* in Bœnninghausen, thus somewhat more important than those of the *intellect* which follow.

The *full working out* of a case and *especially the concomitants,* determines the remedy—the foundation, i. e., *location* and *sensations,* having been properly laid—therefore, when mental symptoms are classed as the chief concomitants they are not relegated to a subsidiary position but, on the contrary, given the most important and influential place, barring the essentials in the foundation, for location especially, and sensations as far as they can, *must be covered,* i. e., have been acted on, or rather developed, by the remedy in its pathogenesis, if that remedy is to be effective in the case.

Again, the value of a symptom is enhanced by any modification; this is particularly true of mental symptoms with which a modality or associated condition seems to be of higher worth, oftentimes, than the mental symptom itself in leading to the remedy, as the modality defines and gives character to the symptom-group. For example, "wild, crazy feeling in head, *with pain in right iliac region.*" Lil-t.; or "anxiety *on closing eyes,*" Con.; or the "despondency *after eating*" of Nux-v.; or the "despondency *during sweat*" of Con.

As regards the selection of symptoms, with which to find the remedy from the mass one is often deluged with in a mental case, I can best illustrate by the following, which I, indeed, reported once (North American Journal of Homœopathy, June, '09), but not the "working out" nor the method of deduction from it, which was then and has since been a help, and gave me an insight as to the handling of mental, or complicated, or partially developed cases, which I could not have found out in any other way. For that reason, perhaps, it will bear repeating.

Case 1 was a nervous prostration following acute articular

rheumatism, or rather beginning with it. The patient, a married woman, fifty years old, had experienced deep chagrin following a family disgrace—"mortification"—this precipitated the rheumatic attack. Several remedies were given, and the arthritis cured, but neurasthenia followed.

She complained, in a voluble manner, of numerous symptoms, of pains here and there, of cold and weak sensations, of profuse sweat which she feared would weaken her and cause death. Not an organ or part of the body but was affected in some way. She told her sensations most entertainingly, occupying hours in the description, provided one would listen.

Here is the repertorial study as I made it then; the rubrics are the same that were taken at that time, but the order in which they are now used was evolved a little later; still that does not alter results nor conclusions.

Remembering that the *part affected* was the *mind,* the symptoms can be resolved into a first group of *cause, location, sensations, and related aggravations and ameliorations,* thus—

Cause:

1. Mortification ("offence received"), p. 280.

Location:

2. Affections of mind in general (disposition generally affected), p. 17.

Sensations:

3. Anxiety (constant, of dying, robbers, etc.), p. 18.
4. Despair, p. 18.
5. Indifference (apathy), p. 19.
6. Mistrust, p. 19.
7. Activity (loquacity, etc.), p. 20.

Aggravations:

8. From noise, especially music, p. 293.
9. In open air (sensitive to a draft, etc.), p. 294.
10. From talking, p. 303.
11. On waking (full of sad thoughts), p. 306.

Ameloriations:

12. After sleep (rested from a short nap), p. 319.

And a second group of the *concomitants* with *their aggravations and ameliorations,* best arranged in the order they occur in Bœnninghausen, i. e., in accordance with the Hahnemannian schema of the parts of the body.

Concomitants:

13. Œsophagus, distress in, with weight at cardiac end,—not in Bœnninghausen.
14. Abdomen in general, p. 78.
15. Empty (faint) sensation in, p. 157.
16. Pit of stomach, p. 81.
17. Coldness internally (sensation of), p. 261.
18. Flatulence in general, p. 83.
19. Eructations (loud), p. 72.

Table Illustrating Case No. 1.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	Totals
Acon.	1	3	4	2		4	1	3	3	2	3	2		2	2	2	2	3	2	2		2	3	3	3	3	4	3	1	1	4	4		74
Arsen.	1	3	4	4	2	4			2	4	3	3		4		4	3	3	3	1	1	3	1	2	3	2	2	3	3	3	4	4	2	81
Aur.	2	4	4	4		3			1	1	1			2	1	1		3		2	1	3		1	2	2	1	1	1		4	3		48
Bell.	2	3	4	2	2	3	4		3	2	2			3		3	2	3	4	2	3	2	2	3	4	3	2	3	2	1	4	3	1	77
Bry.	2	3	4	2		4		1	3	2	3	1		4	2	4	1	3	4	3	1	2	3	3	4	2	1	3	2	2	4	3	2	78
Carbo-a.	1	2	2	1				1		3	3			1	1		1	3	3	2		2		1	2	2	1	2	3		2	3		42
Cham.	3	3	3	1	2	1		3	3	2	3	1		2	1	2		4	2	3	1	1	1	2	2	2	1	2	1	3	3	4		62
Colocy.	4	1	3								2			4	3	2	2	4	3	3	3	3	3	2	1	2	1	1			3	3		53
Ign.	4	4	3	4	2			1	2	3	2	1		3	4	2	2	4	3	3	4	3	3	1	2	3	2	1	3	2	3	3	1	78
Ip.	1	2			1				2	3	2	2		2	2		1	1	3	1				1	1	2	1	1	2			4		35
Lyc.	2	4	3	3	1	4	1	3	2	3	1			3	1	3	3	4	3	4		1	2	4	4	4		2	3	1	3	3	1	76
Merc.	2	3	3	2	1	3			2	3	3	3		3	2	2	1	4	4	2	1	3	4	4	4	2	3	2	3	1	3	4	3	80
Nat-m.	4	4		3	3				4	3	3			2	2	4	4	3	4	3	4	3	3	3	2		3	3	2			3	1	73
Nux-v.	2	4	3	1	1			4	2	4	4	3		4	2	2	3	4	4	4	2	1		4	3	2	4	4	3	3	3	3	1	84
Pho-ac.	3	2	1	1	4			3	4	2	2	1		2		2	2	4	3	4	3	3	3	3	2	4	3	4	2	2	1	2	4	76
Plat.	2	4	2		1		1		2	1	1			3	1	2	1	2	1	1	2			2	2	2	4	1	2		2	1		43
Puls.	2	4	4	3	4	4		2	1	4	1	2		4	4	3	4	4	4	4	3	3	3	4	4	3	3	4	4	4	4	4	3	104
Seneg.	3	1								1	3			2	2			1	1	1		3	2	1			1	1	1			1		25
Staph.	4	2			2	1		1	2	3	2			3				4	3	3	2	1	4	2	1	2	2	2	3	1		3	3	56
Stram.	1	3	3		1	4	2		2	2	3			2	1			3	1	2	3	2	1	3	3	4	1	3	1	2	3	1		57
Sul.	2	4	3		3	4	1		4	4	3			4		2	3	4	4	4	3	3	4	4	3	2	3	4	4	4	3	4	3	93
Verat-a.	1	4	4			3			3	2	1			4	2	2	2	4	4	3	1	3	1	3	3	2	2	3	1	1	4	2		65

20. Much rumbling (borborygmi), p. 84.
21. Urine pale, p. 95.
22. Urine profuse, p. 96.
23. Urine frequent, p. 99.
24. Hands, p. 131.
25. Feet, p. 138.
26. Numbness, externally, p. 168.
27. Formication externally (whole body), p. 159.
28. Drowsy in day, p. 242.
29. Wakeful at night (from least sound), p. 241.
30. Anxious sweat, p. 263.
31. With anxiety (and fear), p. 18.*
32. Agg. night, p. 270.
33. Agg. after sweat, p. 303.

As all the remedies, with two exceptions, failed somewhere in the *foundation,* and, as on looking up those two, Bell. and Lyc., in their provings, their inapplicability to the case was manifest, it was necessary to work *all* the medicines throughout, otherwise there would have been no result.

The study gave one remedy very marked—Puls. 104,—and a second—Sul. 93,—but a glance at their pathogeneses showed that neither was the simillimum! What was to be done?

On reference again to the table I found a group of eight medicines whose totals ranged from 76 to 84, and these I began to study, taking them in order downward,—Nux-v. 84, Ars. 81, Merc. 80, Bry. 78, Ign. 78, (Bell. 77, Lyc. 76), all, so far, without agreement with the case, and finally Phos-ac. 76, whose symptoms, I found, were identically those of the patient,—the proof being the result after its exhibition (3x)—the symptoms disappearing in the proper order, and soon complete recovery.

The explanation which is frequently given as to why the simillimum does not work out highest—"that there were no peculiar symptoms," was not altogether satisfactory here, and I sought another, but, for a time, could not decide on one until other cases working out in about the same way the reason became clear.

It seemed probable, on account of mistakes in selection of symptoms, and perhaps some inaccuracies in the repertory, that it must not be expected to *always* find the remedy for a case, worked out in Bœnninghausen, totalling the highest, that is an error commonly made, but one can be sure that the simillimum *will* be found *among the group of high ones* (remedies). This I have since often confirmed; it explains the want of success so commonly experienced with Bœnninghausen, or any other repertory for that matter, and emphasizes the necessity of comparing the results of the repertorial study with the provings, i. e., consulting the materia medica.

If a case be worked out in this way and the remedy which is most marked be given without the precaution being taken to see if its proving agrees, failure often results, and then no explanation or

*31 may be omitted, as it is a duplicate of No. 3.

further rules being at hand, the repertory is likely to be cast aside as useless—certainly it will be after two or three unsatisfactory results. But remembering that *our* mistakes may cause it to be inaccurate and if we know that there is still something more we can do, we are then reassured, and a most valuable instrument of precision will be retained for our assistance.

Case 2, which further emphasizes the foregoing, is also one of nervous prostration occurring in an unmarried woman of forty, coming on two months after the shock of her father's death, the onset being a laryngitis. Immediately after her father died she needed and received Ign., which relieved. Later when the laryngitis dveloped Phos. helped, but prostration persisted and increased; the mental symptoms so slowly unfolding themselves that considerable waiting was necessary before a clear picture could be obtained upon which to further prescribe; finally the following symptom-complex was disclosed.

The predominant mental symptom was *hopelessness,* as to her health, as to the condition of her heart, etc., though not worried; weakness marked, increased by mental or physical effort; tearful; desire for open air, which relieved; exhaustion from talking; excitement upset her; better going without food; diarrhoea more or less, worse at night, worse from acids; at times globus hystericus, and empty sensation in stomach and abdomen.

As Phos. had acted an analogue of that remedy, in the mental sphere, was in order—if the call for Phos. had not arisen a similar group under Ign., *mind,* p. 402, would have been taken,—and the symptom-parts should be used in the following order:—

Remedies following that medicine which had last been effective:

1. Mind, Phos., p. 436.

Location:

2. Affections of mind in general, p. 17.

Sensations:

3. Hopeless (despair), p. 18.
4. Tearful (sadness), p. 19.

Aggravations:

5. From excitement, p. 279.
6. From talking, p. 303.

Ameliorations:

7. Fasting, p. 313.

Concomitants:

8. Stomach, p. 77.
9. Abdomen, p. 78.
10. Emptiness, p. 157.
11. Diarrhoea, p. 85.
12. Agg. night, p. 270.
13. Agg. acids (sour things), p. 284.
14. Air, desire for open, p. 143.
15. Amel. in open air, p. 317 (i. e., p. 286).
16. Globus hystericus (ball internally), p. 144.
17. Weakness, p. 195.

18. Agg. mental exertion, p. 280.
19. Agg. physical exertion, p. 280.

With the first two rubrics taken together there results the following:—

Table Illustrating Case No. 2.

	1-2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Totals
Acon.	6	2	4	3	3														
Aloe	3																		
Aur.	5	4	4	1	3														
Bell.	7	2	3	3	3	1	2	3	3	1	2								
Bry.	4	2	2	3	3	3	4	3											
Calc-c.	5	3	3	4	2	1	3	3											
Can-i.	5	3	2																
Cham.	4	1	3	3	3	4	4	4											
Coff.	3	1	2	2	3														
Con.	4	3	2	1	1	4	3	4											
Gel.	5																		
Hell.	2																		
Hyos.	5																		
Ign.	5	4	4	2	4	1	2	3											
Lach.	4																		
Laur.	2																		
Lyc.	5	3	3	2	3	2	2	3											
Meli.	4																		
Merc.	4	2	3	2	2														
Mos.	2																		
Nat-c.	4	3	4	4	1	2	2	2	1	1	1								
Nat-m.	6	3	4	4	3	4	3	3	2	2	2	1	2	3	2	4	3	4	55
Nux-v.	7	1	3	2	4	2	2	3											
Op.	5																		
Pho-ac.	5	1	1	4	4	3	4	2	2	1	2								
Pic-ac.	5																		
Plat.	6																		
Puls.	8	3	3	1	4	1	4	4											
Rhus	4	3	4	4	2	1	4	4											
Sep.	5	2	3	3	2	1	3	4	3	1	1	4	4	3	4	4	4	3	54
Sil.	5	2	3	3	2	3	3	4											
Sul.	6	3	4	4	2	2	4	4	3	1	2	2	2	4	4	4	1	4	56
Valer.	3																		
Verat-a.	7	3	3	3	3	1	4	2											
Zinc.	4																		

Here again the remedy—*Nat-m.* (50 m., cm.)—is *one* of the *high group* though *not the highest.* In this case it took hold promptly, was repeated several times, and carried the case through to health.

The principal reasons why Sul. not uncommonly totals the highest, or is one of the highest group, in any study with Bœninghausen, is on account of its general applicability to disease (psora) and also because it is related sequentially to many remedies; but in each case reference to its pathogenesis will reveal whether it is suitable.

The tendency with many to prescribe directly from the repertory is fundamentally wrong, for the proving is the essential thing upon which the prescription should be based. The repertory is only intended to be a *guide* to the appropriate remedy, the comparison of the symptoms of the patient with the provings being the test by which the ultimate choice of the remedy should be established.

This holds true regarding mental cases as with others, and the appeal to the materia medica is inevitably the final solution in a one-sided, partially-developed disease, or when the simillimum must be picked from a group of remedies, as well as being confirmatory in a case which works out smoothly with the repertory.

The status of mental symptoms is high—necessarily so—but the manner of their employment in repertorial work must conform to the rules given.

THEORIES OF CONSCIOUSNESS.

By Arthur H. Ring, M.D., Arlington Heights, Mass.

Not long ago a well-known instructor in psychology made the remark that the thing in which the physician is weakest psychologically is his conception of consciousness. This led to the following review of the subject.

In this paper I shall state briefly W. McDougall's theory of consciousness as found in his little book, entitled "Physiological Psychology," and attempt to show wherein it differs from other modern views. As McDougall says (p. 7), "The conclusion that all psychical process or consciousness is accompanied by neural process is now generally accepted," and the questions remaining to be discussed seem to be (1) whether these two processes run parallel but separate, or (2) whether they are interdependent, the one never occurring without the other, and if this last assumption be true, which is causative, the neural or the psychic process? (3) If the psychical process is a result of the physical stimulus, at what place in the neural chain is consciousness probably located?

It would be beyond the scope of this paper to take up all the references made to the psycho-physical process in McDougall's book, for indeed the whole book is an exposition of this psycho-physical interaction and attempts to co-relate recent physiological observations with known psychological data. This is equivalent to an attempt to describe consciousness in terms of physiology, though as we shall see, he denies the truth of this deduction, but I will cite enough to give his conception of consciousness. On p. 55 he says, "Nervous processes that act directly upon the soul and are acted upon by it, are conveniently spoken of as psycho-physical processes," and on p. 78, "We are compelled to admit that the so-called psychical elements are not independent entities but are partial affections of a single substance of being; and since as we have seen this is not any part of the brain, is not a material substance, in that, while it is unitary it is yet present or can act or be acted upon at any point in space simultaneously (namely, the various parts of the brain in which psycho-physical processes are at any moment occurring), we must regard it as an immaterial substance or being. And this being thus necessarily postulated as the ground of unity of individual consciousness we may call the *soul* of the individual."

Thus we see that W. McDougall is clearly an interactionist. He postulates a soul because as he thinks, "The attempt to find a physiological basis of fusion of effects of simultaneous sensory stimuli has broken down. We have to recognize that in sense-perception the psychical state is the unitary resultant of a multi-

plicity of locally separate and qualitatively unlike nervous processes, and that the fusion obeys laws that are purely psychical laws and have no equivalent in the physiological spheres."

To one who habitually introspects the unitary resultant of sensory stimuli is I think a very questionable quantity, and to one familiar with abnormal minds discord rather than unity is the common resultant, yet we do not doubt the presence of consciousness. If we grant a soul at all, it is not quite clear why it might not parallel the physical mind, and indeed there seems no reason why we should stop at anything conjectural. Why not make it causal? It seems clear that if we grant mind to be a result of brain activity, then the stimuli that excite that activity must be causal, and if these two factors be granted I am unable to see why we should postulate something of which we can know nothing. Especially as it is unnecessary to explain the facts.

Leaving out then this soul which McDougall thinks a necessary part of consciousness, let us see what he has to say on the physiological side.

On page 59 he says, "It has been usual to assume that the cell bodies of neurons of the cerebral cortex are the seat of psycho-physical (conscious) processes. . . . But recent researches (Sherrington) having shown that the cell-junction or synapses are highly important structures that determine many of the peculiarities of the neural processes within the central nervous system, suggests that these (synapses) may be the seat of highly specialized nervous substances in which the psycho-physical (conscious) processes occur."

In favor of this view he cites the following: (1) We have no positive evidence that the cell bodies or neurons have any function beyond presiding over the nutrition and growth of the cells and conducting nervous impulses. (2) Cell bodies seem to be extremely resistant to fatigue, while there is much evidence that the synaptic processes are readily fatigued, very highly specialized metabolic processes, such as the psycho-physical processes seem to be, are just such as we might expect to be readily fatiguable. (3) There is reason to believe that the transmission of the impulse across the synapses is a discontinuous process, a rapid series of discharges, and there is evidence that the psycho-physical processes also are of this nature. (4) A more speculative argument. If mind or consciousness plays a part in guiding the evolution of the nervous system, it must be largely through influencing the organization of neural elements in functional groups or systems, and this process seems to consist in the establishment of cell-junctions or synapses. This is borne out by the fact that it is only while such organization is proceeding that the neural processes are accompanied by psychical processes (consciousness), in other words, while the synapses are of high resistance the transmission of the nervous impulses across them is constantly coincident in time with and hence presumably causally related with psychical processes

(consciousness). Hence the psychical process (consciousness) that accompanies the transmission of the excitation through a system of neural elements would seem to be one of the necessary conditions of the overcoming of the resistance of the synapses."

In Sherrington's work on the Integrative Action of the Nervous System (p. 14) he sums up in a fascinating manner the reasons for believing that it is in these synapses and not in the axone or cell body that the psycho-physical process occurs, and he goes further and attempts to show that this process (which we call consciousness) is probably of a physical rather than of a chemical nature. He thinks that the nexus between neuron and neuron may well be a membrane. "Such a surface might well restrain diffusion, bank up osmotic pressure, restrict the movement of ions, accumulate electric changes, support a double electric layer, alter in shape and surface-tension with change in difference of potential, alter in difference of potential with changes in surface-tension or in shape, or intervene as a membrane between dilute solutions of electrolytes of different concentration on colloida suspensions with different signs of change." This then is the synapses, the spark-gap, where McDougall would have us look for the physical side of consciousness. "A rough simile (he says) will make the conception clearer. We may liken the flow of nervous energy through a system of cortical neurones to an electric current, flowing through a system of incandescent lamps and their connecting wires. The filaments of the lamps are the places of high resistance, the synapses, and the heat, which is generated during the passage of the current through them, may be likened to the psychical effects that accompany the passage of the nervous current through the synapses. Now let us suppose the filaments of the lamps to be carbon filaments in an atmosphere of hydrocarbon gas. At each passage of the current through the filaments, the heat will cause a deposit of carbon on them, thickening them and so diminishing their resistance. Then, as by each passage of the current, the resistance of the filaments is diminished, the amount of heat generated in them on the next passage of the current will be less, until they cease to present any appreciable resistance, and no appreciable heat is generated. Perhaps the simile would be closer if we likened the psychical effects not to the heat, but rather to the light generated by all the lamps, the heat of each filament being likened to an unknown form of energy that plays a part in the transmission of the impulse across each synapse."

McDougall is, of course, referring here to the condition which he believes determines the degree of vividness of cognitive consciousness, and he makes this vividness proportional to the resistance offered to the passage of sensori stimuli through the synapses. Whether he would give the psychic process the causal control over the synapses granting it the power to decide

how much of the stimulus should be let through, in other words, placing the soul at this point, or whether he would make consciousness one of the results of the over-coming of the synaptic resistance, and so give to vital energy a physical basis, is not quite clear. He says, "The psychical process that accompanies the transmission of the excitation through a system of neural elements would seem to be one of the necessary conditions of the overcoming of the resistance of the synapses." His simile of coating the filament (the dendrite) with carbon (insulation) seems to well convey an idea of what probably takes place when an action, at first performed only when minutely attended to, through repetition becomes more and more an automatic, co-conscious or habit action. It would seem that the appropriate dendrites and arborizations became gradually more closely bound together (perhaps through some bio-chemical change) and insulated, so that cognitive consciousness (whose essence is *attention*, and whose physical mechanism McDougall conceives as a drainage system by which the most potent stimulus attracts to its self all other brain currents above the threshold), so to speak, slides off the insulation and does not effect it. This conception would result in making our co-consciousness a series of thought systems with varying degrees of insulation into which attention can penetrate only to an extent proportionate to the degree of insulation. This is certainly entirely true, for though we can at will adjudge, inhibit or modify most actions which are usually automatic, still it takes more attention. It would seem especially to apply to those the fundamental and involuntary acts of digestion, circulation and respiration, whose fibrals we may well think of as possessing a high degree of resistance to attention acquired prenatally.

Munsterberg, Judd, and recently, Montague, have all agreed with McDougall regarding the probable place in the neural chain at which the psychic process occurs.

They have all placed it in the synapses, but each one has his own explanation of the kind of energy or mode of its transmission which he supposes to be the primal cause of consciousness. Thus Prof. Munsterberg thinks that the vividness of consciousness is proportionate, not to the resistance of the synapses, but to the amount of energy which gets across. It would seem that both of these might be factors, but McDougall's theory is a little more conservative, for it permits us to still make of consciousness if we choose a third quantity (the resistor or soul) and place it in the synapses, while if we accept Munsterberg's we must transform the nervous energy itself into this psychic factor, a conception much more in accord with experimental data and modern thought. This is practically what Montague would do. In an article on "Consciousness as Energy, Essays Philosophical and Psychological," published in honor of Prof. William James, Montague presents an elaborate argument favoring the mechanical conception of consciousness, and sums it up thus:

"What I from within would call my sensations are neither more nor less than what you from without would describe as the forms of potential energy, to which the kinetic energies of the neural stimuli would necessarily give rise in passing through my brain." Thus he reduces consciousness to the stress and strain equilibrium between neural elements, the motive force which acts upon the transformer.

Judd thinks that "the vividness of consciousness depends on the degree in which a given impulse calls for a new adjustment." This would seem to favor McDougall's resistance theory. Indeed, he says that he prefers McDougall's to Munsterberg's (Psych. Rev. No. 7, 1905).

It would seem then that we have got as far as locating the place in the neural chain at which consciousness takes place, with a fair degree of certainty. We can say with all assurance that it no longer sits enthroned in the pineal gland holding the golden reins. But as we have seen, for the present we are bound to halt and assume with Montague that psychism is a form of energy. We may go with Sherrington into the possible physical, chemical or electrical nature of the interposed cement or membrane, but it is all conjectural. However, this should prove no obstacle to our progress, for we may still study its modes of action.

THE AUTOMOBILE AND TUBERCULOSIS.

In a paper recently presented in Philadelphia by Professor James Tyson on the effect of the use of the automobile upon the heart, Dr. Tyson maintains that many cases of cardiac disease are markedly benefitted, the fresh air, moderate exercise, gentle stimulation of the circulation, and mental diversion having an excellent influence.

So, in properly selected cases of respiratory trouble the patients thrive under it, owing to improved oxygenation and nutrition.

To sum up the matter, it would appear that under certain conditions and in certain cases the motorist may expose himself to positive risks. These risks may sometimes be modified or even removed by the use of proper precaution in the selection of a machine and by the exercise of wisdom in using it. Properly used in suitable cases, the automobile may be a valuable therapeutic agent.

Good authorities, of course, interdict motoring in tuberculous subjects whose temperature is above normal. In certain cases, particularly of the nervous, restless type, the mild stimulation of the circulation, deep-breathing, and lively mental diversion have been distinctly beneficial.

The advantages of the open air, also, are not to be ignored. The entire freedom of the circulation of the air, even in cold weather, is stimulating and tonic to those vigorous enough to profit by it. Indeed, there are some who claim that they never take cold unless they ride in a closed car. Here, of course, the personal equation must settle the question.

In this connection attention should be called to the use of the "wind-shield." It is said that much greater immunity from respiratory troubles has been observed among professional drivers than was formerly the case. Before the introduction of the wind-shield affections of the ear, the nasal sinuses, and the air passages in general seem to have been much more common than they are now. Insurance thus far has not been able to discriminate against it, high medical authority commends it in kindred directions, and common sense, together with experience, seem to sustain it.—Delavan, Medical Record.

THE SECONDARY INFECTION IN CASES TREATED WITH TUBERCULIN.

By C. A. Eaton, M.D., Boston, Mass.

It is generally conceded today that the secondary infection associated with tuberculous lesions exercises a very decided relation to the duration and prognosis of the disease. That the failure to obtain satisfactory results from the use of tuberculin in many cases is due to overlooking this secondary infection may be shown in a measure by comparison. Frequently, in a given case where both the clinical and laboratory diagnosis is conclusive, the patient fails to respond in any appreciable manner to inoculations of tuberculin. In these cases one almost invariably finds a well-marked secondary infection of either one organism or a combination of two or more. On the other hand, an occasional case is encountered where the ordinary infectious process fails to respond even to an autogenous vaccine. This may be due to the fact that there is present a hitherto unrecognized tuberculous lesion. These comparisons refer to various forms of tuberculous lesions, not necessarily to pulmonary tuberculosis alone.

In using tuberculin as a therapeutic agent, the two most important factors are: First, to make positive the diagnosis; second, to determine the exact nature of the secondary infection, if such be present. A positive diagnosis does not necessarily mean demonstrating the bacilli tuberculosis under the microscope. There are today other methods which seem to render reasonably sure the diagnosis even in obscure and remote cases. The writer has found von Pirquet's cutaneous reaction a reliable and valuable guide where the tuberculin treatment is contemplated. In spite of the fact that many writers claim that a positive reaction is obtained in many normal healthy individuals, a positive reaction should not be entirely ignored without further investigation. In not a few instances has there been found a positive cutaneous reaction which has led to the instigation of tuberculin treatment with decided benefit to the patient, when associated with some other secondary infection. In pulmonary tuberculosis cultures made from the sputum often show streptococcus or pneumococcus in pure form. Autogenous vaccines prepared from these cultures and given to the patient in association with tuberculin often prove of decided benefit where the tuberculin alone had apparently no effect.

The same is true in renal tuberculosis and tuberculous enteritis, the most frequent secondary infection in these cases being the colon bacillus.

It may be of some interest to review somewhat in detail the history of one case of tuberculous enteritis which has been under the observation of the writer for about eighteen months. This patient, a young woman, had been suffering for two or three years with a chronic diarrhoea, which persisted in spite of all efforts to control it. During this period fully a half dozen different physi-

cians had been consulted, but still she continued to grow progressively worse. She was having between fifteen and twenty loose, watery and semi-solid movements each day, with considerable blood, which in themselves were extremely exhausting. It seemed impossible for the patient to assimilate nourishment, and consequently she became greatly emaciated.

At the time the writer first saw her in the spring of 1909, the blood showed slight anaemia, the von Pirquet cutaneous test gave a positive reaction, but examination of the feces for the presence of bacilli tuberculosis gave negative results. As is often the case, repeated examinations of different specimens of feces failed to show the presence of bacilli tuberculosis. Vaccine treatment was advised, however, but was not given. About six weeks later the patient was seen again, when the tubercle bacilli were demonstrated in the intestinal discharge. The patient at this time was a mere skeleton, very weak; and all hope of her recovery had been given up by the attending physician. There was every evidence of extensive ulceration throughout the lower intestinal tract, particularly the large intestine. The discharges showed abundant pus, and frequently the patient would pass clotted blood. There was associated with this condition hyperpyrexia, the temperature at times reaching as high as 105°. The heart, lungs and kidneys were in excellent condition, which were about the only factors in the patient's favor. At this point, with a most grave prognosis, the vaccine treatment was instigated in April, 1909. Smears made from the intestinal discharge showed excessive numbers of colon bacilli in addition to the tubercle bacilli, indicating a well marked secondary infection. Cultures were made and an autogenous colon vaccine prepared. About the first week in April treatment was begun, which consisted of inoculations of both the colon vaccine and tuberculin given alternately at about four to five-day intervals. The initial dose of the colon consisted of twenty-five millions of dead colon bacilli in normal saline. That of the tuberculin consisted of .0001 mg. B. E. The color was gradually increased by five millions up to seventy-five. When an attempt was made to increase the tuberculin beyond .0002 mg. a decided reaction would be noted, almost to the extent of a negative phase. Almost immediately after the first few inoculations the patient began to improve, particularly in the subsidence of the high temperature. From this on, the improvement was indeed remarkable, the loose movements became less frequent, and the patient was able to assimilate nourishment. After a time the tuberculin was given at less frequent intervals, with a corresponding increase in the colon. This did not prove as beneficial to the patient as the former scale of dosage, which was accordingly again resorted to. Improvement, however, continued progressively, and the patient began to gain in weight; was able to sit up in bed; and although a complete cure was not anticipated, the condition became much more hopeful. At the end of six months the patient was able to get out of bed, to get weighed, and to sit up a short time each

day. The gain in weight was about two to three pounds each week, so that by this time the total gain was from about sixty-five pounds to nearly a hundred. The average weight of the patient prior to her illness was about one hundred and twenty-eight pounds.

The movements had at this time decreased from fifteen or more to about seven or eight each day. The character of the feces was much improved and blood appeared only at infrequent intervals of three to four weeks. The tenderness in the abdomen became less marked, with practically no tympanites. The patient was able to sleep at night, and the general improvement, including the mental attitude of the patient, was most marked.

During the next six months various attempts were made to increase the intervals between inoculations, but each time the patient would not seem to feel quite as well, and the intestines would become somewhat more irritable. About once in eight weeks a fresh autogenous vaccine was prepared. At the same time the feces were examined microscopically. For over a year there have been no tubercle bacilli found in the discharges. At the present time the patient weighs one hundred and twenty-five pounds, is up every day, and walks about the house with ease. Within a month she has been out driving twice. She has no intestinal pain, and only occasional discomfort. During the hottest part of the past summer she had a slight aggravation, but the movements now average about four to six each day, with blood appearing not oftener than about once in eight weeks. The blood when present is bright red in color, which would seem to indicate that the ulceration had subsided higher up in the intestines and was now confined to the extreme lower end of the bowel.

Of course it is impossible to draw any definite conclusions from a given case, but several similar cases could be cited wherein the secondary infection caused as much or even more disturbance than the original tuberculous focus, the majority of which have responded to the autogenous vaccine and tuberculin.

Thus it would seem to the writer that the various forms of tuberculous lesions when they are demonstrated to be in association with other secondary infections can be treated much more satisfactorily by autogenous vaccines used in association with tuberculin than by tuberculin alone.

CONSULTING WITH OLD SCHOOL MEN.—"In consultation with old school practitioners all goes placidly until you speak of homœopathic methods; immediately you lose caste. In place of interest being aroused towards you or that which you represent, all is silence. Their approval lasts so long as you acquiesce in their methods. Whatever of gain may accrue from general contact with old school members as consultants, it will be found more apparent than real. The gain is delusive. In so doing the homœopath is apt to forfeit the one avenue of self-respect—individual opinion. It is unthinkable that a homœopathic physician having once seen the truth and proven the law of similia in practice as a living thing could ever retreat from this advancement. What is more, having seen the truth and its results, he is no longer innocent. Every principle or conviction of his is at stake."—The Homœopathic Recorder, September, 1910.

SOME RARE CASES.*

By A. M. Cushing, M.D., Springfield, Mass.

As I have previously given a partial report of this first case, I give it here to show the final result showing the superiority of the homœopathic treatment over that advocated by the physician (and his co-workers), who said I ought to have been chloroformed over twenty years ago. It was the case of a young lady (a table waitress), who went to the Johns Hopkins Hospital, Baltimore, four years ago, suffering, as they said, from thrombosis of the internal veins of the leg. She was under treatment three months without relief, and Dr. Osler said the limb must be amputated. She refused and left. Since then she has visited many doctors with no relief. One was the leading old school surgeon in Boston, who said the clots were liable to break down any time, flood the heart and cause death. Others said there would be an open sore that never could be healed. When she came to me the limb below the knee was swollen to twice the size of the other, so large it hung down over the ankle, very red, hot, so sore I could not well examine it, and so painful she had to walk the floor nights and cry. Under my care she received Phaseolus nana, Gelsemium and Plumbum met., and as she had tried all advertised or recommended washes, I gave her some Absorbine Tr. made by a man well versed in materia medica, to put a little in water and to bathe and rub the limb as well as she could. In three months she was well.

A few months since I received a letter from Montreal, P. Q., saying a government official was seriously, and they feared, fatally ill from heart disease; so badly bloated and short breathed he could walk but little. "Will you send some medicine such as you sent a friend." I sent Phaseolus nana. In ten days they wrote the relief was so great his wife was urging him to visit me. Some three weeks later I received a letter from the man saying: "I am in New York on business; am feeling pretty well. Will you send more medicine." I sent some—ordering him to never take a dose as long as he was improving.

A few years since a clergyman, retired on account of heart and nervous trouble, came to me with a distinct "bellows murmur." I ordered him to drink buttermilk. Three months later he came to me with no signs of the disease. Eight months ago he came to me and said: "Two years ago I had trouble with my heart and went to a doctor, who said it was neurasthenia; the coronary artery was affected. I have been under his constant care for two years with a continuous burning pain extending down the left arm night and day with no relief," and asked me to try and relieve him. I gave him Phaseolus nana, and in one

*Read before the Western Massachusetts Homœopathic Medical Society.

week he returned and said the pain had entirely disappeared and no return. He looks ten years younger and says: "I don't know as there is anything the matter with me."

A lady of forty, who had suffered for years with violent headaches, wrote me: "I am a complete wreck from these headaches; have had to give up keeping house and we are boarding." I wrote her: "Write me every symptom you have." She wrote: "I vomit large quantities of very sour water." I sent her Homarus and left for the South. On my return, three months later, she wrote: "I have not been as well in years; am keeping house and doing my own work, and have taken an active part in social functions."

A travelling gentleman, who visits doctors, brought me his wife, who had taken many things of many men. As soon as she laid down at night her stomach, and especially her bowels, were so full of gas that she could not sleep. Among the things she could not eat was lobster. This confirmed my decision of what to give. I gave her Homarus, a powder to take that night on going to bed. Five days later she returned and said she had slept all the time. "Will you give me one of those wonderful powders to take with me?"

I am now treating a man who had been under the care of an old school doctor several weeks, had lost over twenty-five pounds. Uranalysis said " Chronic Nephritis." Specific gravity 1010, some pus and blood, large quantities of epithelium from kidneys and bladder, an abundance of granular and hyaline casts. I gave Phaseolus nana. Three weeks later—specific gravity 1012, some blood and pus, no epithelium, some granular and weeks, is feeling well and I have hopes of more improvement.

"We are just past the season for college theatricals in which men take the part of women, and women take the part of men. These theatricals are becoming more and more popular and perhaps it is time to say a word about a subject which is familiar enough to doctors, but which the public do not recognize as a rule. The development of such theatricals belongs to the history of degeneration, which we are to have in America, as the cities become larger and the decadent element increases. This is in line with what seems to be working out of a natural law, and in consequence it will not be stopped by any efforts which are brought to bear, but nevertheless we may as well know what is going on."—Post Graduate.

Dr. Dudley A. Sargent, Harvard's physical director, says that woman is fast nearing the day when she will approach the capabilities of man, not only in mental powers, but also in physical strength. He says that woman has begun to realize that the surest road to beauty of face and figure, as well as health of body, lies through the path of physical culture. "Society, with its fads and frills, has gone in for this embracing of muscle and body development, 'style' being responsible for its present popularity." Says Sargent: "Outdoor games, such as tennis, golf and horseback riding, have served to make the college and society girl stronger, while her sister of the shops and factories finds recreation and muscle nourishment in the factory gymnasiums and public gymnasiums."—The Medical Counsellor.

CLINICAL DEPARTMENT.

CONDUCTED BY A. H. KING, M.D.

Case VIII. Diagnosis: Combined Sclerosis or Progressive Spastic Ataxia.

It is greatly to be regretted that an autopsy was not obtained in this case. If one had only the first part of the history he would say without hesitation that he had to deal with a case of tabes dorsales. The lightning pains and the gastric crises strongly suggest this. Indeed, the process was at this stage doubtless confined to the posterior columns. The fall in the street with unconsciousness the following spring, followed by immediate recovery without paralysis, and the resumption of work that day, suggests paresis, but there were no further symptoms to bear out such a diagnosis.

Soon, however, motor symptoms, a sense of heaviness of limbs with spasticity, began to appear; that is, sclerosis of the myeline sheaths of the postero-lateral and crossed pyramidal tracts gradually developed. The progressive increase of emaciation and sallow skin suggest an impoverishment of the blood, possibly the oncoming pernicious anaemia which is one of the more common causes of combined sclerosis. The loss of muscle and joint sense, as shown by his inability to know the position of his limbs without looking; the hyperasthesia, especially of the sense of cold and pain with finally total paraplegia, and the extension of the symptoms to the trunk and upper extremities, point to the gradual creeping forward and involvement of these centres by an active myelitic involvement. The duration of the disease was about two years and three months.

The pathologic process is essentially a myelitis, the toxic material having a predilection for the posterior and lateral part of the cord, probably the same poison which was responsible for the pernicious anaemia There are two leading types of combined sclerosis: (1) that which simulates locomotor ataxia, called the tabitic type, and (2) a more acute myelitis, which from the first has spasticity and motor weakness. I know of two cases of this latter type. In one the process was fatal in a few months; the other had a remission after a year, and has now had a paraplegia of lower extremities for ten years; this is the type especially described by Putnam. The treatment is mainly that of the underlying state. Carefully performed general massage and hydrotherapy, together with the indicated drugs and, above all, good nursing, will accomplish all one can do until we are able to isolate the causative organism, if such there is, and so produce specific immunization.

Case X for Diagnosis:

Business man, age 60 years, well preserved, gray, weight 160 lbs. Father had complete aphasia and hemiplegia for five years before death. Mother had senile dementia. Patient's early personal history is unimportant. He denies venereal disease. Was a heavy smoker up to five years before illness, when he stopped short. A year previous to illness he began to have dizzy spells with blurred vision and momentary mental confusion. At this time the doctor found hypertrophied heart and albuminuria and casts. No headache. Finally he had a severe

vertigo in the street, which so frightened him that he agreed to go away for his health.

When first seen he was having from two to six attacks of vertigo a day, with diplopia. The attacks lasted from one to five minutes. His gait was a trifle slow and careful; station good; deep reflexes normal; pupils reacted well to light and accommodation; no mystagmus. He was fearful and worried about himself. The heart was enlarged downward and to the left. The aortic sound was very loud, snappy and metallic. Other heart sounds normal. Pulse at rest 80; walking 90 to 100. Blood pressure 140. Urine: specific gravity 1012; no albumin; urea 1.64 per cent.; no casts. Three days after this examination he had the following attacks: he became aphasic and the left eye turned strongly in; the legs became weak and he had to be helped to bed. An hour later he had propulsive vomiting, convulsive movement of left leg and arm, especially the latter, which was drawn close to the side and strongly flexed, including hand and fingers; there was stertorous breathing, frothing and unconsciousness, lasting a half hour. On regaining consciousness he sweat profusely, aphasia was marked and the tongue protruded to the right. The left leg and arm felt numb and were weak, especially the hand grasp. There was no loss of control of the sphincters. Urine was suppressed for nineteen hours. Motor control rapidly returned, but some numbness remained in the tips of the left fingers for eight weeks. The tongue and eye straightened out within a week. The aphasia wore off at the end of the second week. What was the type of lesion from which this man probably suffered?

THE EDUCATIONAL TREATMENT OF NERVOUS DYSPEPSIA.—As in all supposedly functional disturbances the first essential is to eliminate the possibility of organic disease by every useful diagnostic method. We must be sure that the nausea, distress, pain, vomiting, etc., are not due to cancer, ulcer, inflammation or inspicated or lithated bile. These out of the way, one must look to the disturbed nervous mechanism for an explanation of the symptoms. And, indeed, there is no part of the body which more quickly reflects mental overstress and strain and conflicts than does the digestive system.

In order to appreciate why this is, we must look for a moment at its psycho-physiology. We know that consciousness is due to the sum total of stimuli received from one's environment. In other words, the lights, sounds, odors, tastes and pressure, as from clothes, are all natural forces which have the power of energizing the nerve cells in the brain and cord, resulting in consciousness. Enough of these forces are always at work, even at night, to energize the nervous system to a slight degree of functioning. If these stimuli increase, as they do in the daytime to a certain point (the threshold), we get awareness, or waking consciousness. If this energy diffuses equally through the cerebro-spinal and sympathetic nervous system, we get as a result normal nervous reactions; the brain perceives, feels and acts, and the somatic functions go on rhythmically. If, however, because of some obstruction, i. e., an emotional shock or a pathological process like tabes, the disbursement of

this energy is unequal, the sympathetic mechanism seems to be the path of least resistance for its overflow; in which case we get disturbances of any or all of the organs over which this mechanism presides. The gastric and intestinal cricis of tabes, and the diarrhoea and palpitation of stage fright are common results of this kind of overflow of energy.

It is an interesting and important fact that certain brains, especially those of hysterical young women, seem predisposed to turn this vital energy downward into the sympathetic reservoir instead of allowing it to diffuse through the superior cortical arcs, those which preside over reason, deduction and decision. In these cases the energy is also drawn into the pelvic plexes, stimulating the sexual life. Indeed, it may well be that this is a provision of nature to perpetuate the race. It is a common fact that the intellectual woman rarely has a large family (because this vital force is drawn off into her higher arcs), while with the emotional woman, i. e., the Italian, the Jew, the large family is the rule.

If, now, because of prudish ideas, or fear, or repulsion, this energy is deliberately and habitually kept away from the sexual mechanism by repression, its next central switchboard is the solar plexus, and this it proceeds to flood with plus energy. Here, then, is one way in which nervous dyspepsia may be caused. Having this excess of energy at this point, it is only necessary for some slight mental shock to occur, as, for example, a scolding from husband at the table, to produce a feeling of nausea and digust for food, as its somatic symbol, and soon we find an emaciating woman who picks at her food, and shortly after meals regurgitates what she has eaten, in mouthfuls. This type of psychic vomiting is quite typical. It is always excessively acid, usually pretty well digested and comes easily in mouthfuls, commonly without much, if any, nausea. It does not disturb the patient, who soon goes about her work again as if nothing had happened. Occasionally a similar type of dyspepsia is seen in men. I knew a principal of a large school, who, though a man of strong sexual nature, habitually repressed this side of his nature, partly from scruple and partly from the feeling that it interfered with his best mental work. The result was a chronic dyspepsia which was much benefitted by a matrimonial alliance.

The educational treatment in these cases is to go back with the patient in conversation to the beginning of the trouble and talk over in the light of a more mature judgment the incidents of which the somatic disturbances are but the symbol. The recall and the new viewpoint gotten in a cool-headed discussion of the primary mental trauma or traumas, will go far to relieve the case. Of course, in long-standing dyspepsia of this type, the nervous system has acquired a habit which is not easily broken, and one must not overlook either the medicinal or suggestive benefit to be had from suitable remedies, both medicinal and mechanical. Indeed, in very long-standing cases the malnutrition may have become so profound as to have produced a sort of stunted action of the superior cortical arcs and we get a vicious circle—the squirrel on the wheel, who drops because he cannot be taught to jump off.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

ANOTHER MARTYR TO SCIENCE.

Dr. Ricketts has during the past few years made for himself such an enviable reputation that his unfortunate decease deserves more than passing notice. We quote the following from "American Medicine":

"The death of Dr. Howard T. Ricketts from typhus fever in the City of Mexico adds another name to the growing list of American physicians who have laid down their lives in the study of disease. In the midst of the common struggle for money, position and power it is good for mankind to know that there are individuals who are exposing themselves daily to the gravest of perils with no other object than the effort to solve the great problems of disease. It is too bad that a life has to be sacrificed to teach the people at large that such true unselfishness actually exists. But it needs a harsh lesson once in a while to make an impression on a people so self-absorbed as we have become, and the tragic side of Dr. Rickett's death will perhaps serve a far-reaching purpose after all. From certain standpoints it may be said that the death of this young and splendidly educated physician represents an abject failure. Not only did he fail to accomplish the object of his undertaking, but he lost his life, and the world is robbed forever of services which, in the light of his previous work, gave unusual promise. He was a hero, but fate made him fail. This is one side.

"But there is another, and if there is a man or woman on God's green earth who will not thrill at the picture presented, his or her heart must be of adamant. Modestly and unobtrusively, but with the enthusiasm of the true lover of science, Dr. Ricketts delved into the pathologic secrets of this dread disease, typhus. It calls for no words of ours to tell how loathsome and repulsive were the details he was called upon to investigate. But he never flinched, and with never a fear or thought of self he worked on. Who can say what visions were with him as he

toiled and studied—visions of wresting the final pathologic secrets from a few stricken bodies, and with the facts learned to emancipate humanity for all time from one of the remaining scourges? Who can say how close he was to his goal and what exultation he may have felt at the boon he expected to give to his fellow-men? And then the end came. The talons of the monster reached out, and in a few hours it was all over. Almost at his work table, with his eye to his microscope, or while at the bedside of some afflicted patient, the blow fell."

All who have had any adequate conception of Dr. Ricketts' work join in the mourning for another hero added to the list of those who have given their lives for humanity as truly as those who have died on the battle field in active warfare. Thus must we now add this name to those of the revered ones of recent memory, Reed, Carrol, Lazear, and many others. Their deeds have made a worthy goal towards which the true physician should strive, the consideration of the good of others before self.

CONCLUSIONS WITHOUT PROPER PREMISES.

Some months ago we were all startled and encouraged by the news that an army surgeon, Dr. Barton Wright, had discovered a new and very successful method of treating tuberculosis. This consisted in the sub-cutaneous injection of mercury succiminid in small doses upon alternate days. It was claimed by the introducer to be followed by no discomfort or particular aggravation and to influence the course of the disease in a surprisingly satisfactory manner. So optimistic were the reports that the method was given quite wide trial. The results of these later experiences are now coming in and as usual are of divers kinds. The latest appear in the Journal of the American Medical Association in an article by Hartz, who carefully studied the results in a series of twenty cases. He says: "The hygienic and dietetic treatment of the patients was not changed during the period in which the mercury was administered. The patients were given the regulation amount of milk and eggs and were encouraged to spend more of their time in the open air. The examination of the sputum was performed in all cases, the urine and feces of many of the patients were also examined for tubercle bacilli, and blood cultures were made in over one-half of the cases. Only those patients were selected who showed undoubted signs and symptoms of the disease, who had been for a long time under observation and whose cases were in the majority of instances of a chronic, non-active and generally favorable type.

The range of the ages of the men was 20 to 55 years; average age, 41 years. The range of ages of the women was 18 to 63 years; average, 38.4 years.

In view of the very striking ultimate results it has not seemed necessary to attempt to describe the course of the patients' condition during the treatment. In a general way it may be said that some showed temporary improvement in their condition, but it could not be very definitely attributed to the mercury, as it differed in no way from that in the non-treated cases. All the patients were

receiving the general hygienic and dietetic treatment at the same time. Eventually, however, all the patients began to deteriorate almost in direct proportion to the number of injections that each had received. From a careful study of the cases during the course of treatment it was observed that the mercury had no specific effect on the course of the disease, and showed no tendency toward checking the local involvement in the lungs. Several patients showed temporary improvement in their general condition, but it was probably due to the therapeutic action of the mercury in the associated anemia. These patients, however, shortly afterwards began to fail in health, and the deterioration was more rapid than in those who had not received the mercury. The quiescent lesions in the lungs became active, infiltration into the healthier tissues of the lungs occurred, cough and profuse expectoration and marked constitutional symptoms became progressively worse, thereby causing grave nutritional disorders, until the patient finally succumbed to the disease. A predisposition to hemorrhage manifested itself in several cases, particularly in the fibroid type, and it was immediate cause of death in three of the cases, and treatment had to be abandoned on this account.

One year after the treatment had been discontinued the following results were noted in the patients who had received the mercury injections. Of the fourteen who received six or more injections twelve died from two weeks to six months after the last injection. Of the remaining two of the fourteen who are alive, one has had repeated hemorrhages, and is occasionally confined to bed, the other has had several aspirations because of pyopneumothorax, and is rapidly failing in health. This enormous percentage of deaths, namely, 85.7 per cent., among those patients who received six or more injections, can be attributed only to the use of mercury, simply from the fact that the expectation of life in many of the cases chosen was very favorable indeed. In fact, on account of the age of the patients and the chronic arrested type of the disease, they were the kind of patients who live long and have a favorable prognosis. Further, it may be noted that of the six patients who received four injections or less, five are alive and only one died, giving a mortality of only 16.6 per cent. as compared with the mortality of 85.7 per cent. of those who received a greater number of injections. Of the patients who had received the fewest injections, 83.4 per cent. are alive, while only 14.3 per cent. are alive of those who had received a greater number of injections.

To sum up, of the fourteen patients who received six or more injections, twelve, or 85.7 per cent., died, and two, or 14.3 per cent., lived. Of those who received four injections or less, one, or 16.6 per cent., died, and five, or 83.4 per cent., lived."

As the writer states, but one conclusion is warranted, and that is, that mercury used in this form and in this manner is not only valueless as a therapeutic agent for pulmonary tuberculosis, but is distinctly dangerous and should not be employed.

Thus passes another empirical therapeutic discovery.

THE NEW CURE FOR SYPHILIS.

For years the quinine treatment of malaria has shown the only example of an infectious disease being apparently cured by a substance having an inimical effect upon the causative micro-organism without evident harm to the organism of the host. Starting with this one example many other forms of treatment have been devised, we hesitate to say how many based upon the same idea. The idea is itself a most attractive one and would be ideal in its application if we could only find the right agents to do the desired work.

Applications, sane and fantastic, have been tested from the intra-venous use of formalin in septicaemia to the rectal injection of gas as a cure for pulmonary tuberculosis. They have all passed into oblivion with the possible exception of urinary antiseptics, and even here signs of demise are not few. Therefore when we hear an announcement of a new positive and practically instantaneous cure for syphilis based upon this same principle we are immediately on our guard. If such an announcement had come from a less eminent source than Professor Paul Ehrlich it doubtless would have received little attention. On account of the unusual skill and wisdom of the discoverer, as well as because of the very unusually happy clinical results reported by him, it has rapidly come to the limelight for very careful examination.

Ehrlich and his associates have carried out a very extensive investigation upon monkeys experimentally inoculated, using, as far as we can ascertain, substances almost arbitrarily selected as remedial agents. After testing out six hundred and five such, he finally used this one which he immediately named "Preparation No. 606." From the strictly chemical standpoint it is dioxy diaminoarseno-benzol, an arsenical preparation. It is also called Hata-preparation, after one of Ehrlich's assistants.

The early reports of all new remedies are always hyper-enthusiastic, but even so it is rather surprising to hear of over two thousand cases treated with evident improvement or complete cure in all. What the after effects may be cannot yet be stated, although from other sources less satisfactory results are reported. Thus we hear of urinary symptoms, vesical paralysis, albuminous, loss of various reflexes, obstipation, etc. It is therefore very evident that the last word has by no means been said.

We should remember the earlier experiences with tuberculin before the proper dosage was ascertained, also the final outcome of the once loudly lauded atoxyl for sleeping sickness, a substance in some ways resembling this new one. Results are being obtained, however, sufficiently good to warrant further investigations, but let us hope that in these investigations the human patients may not be so treated as to have their possible syphilitic infection replaced by a trouble still worse and one directly due to the action of the "cure" itself.

STILL ANOTHER VICTIM OF THE X-RAY.

We learn with much sorrow of the death of Dr. M. K. Kassabian, one of the most prominent specialists in the country in X-ray work. Dr. Kassabian has for many years devoted his entire attention to his chosen specialty.

In 1902, he had received his first injury from the X-ray. The writer well remembers his unfortunate condition at the meeting of the American Medical Association in Saratoga, where the exhibit of Dr. Kassabian was immediately approximate to the exhibit of Boston University. Since this time his condition has progressively become worse, finally resulting in the appearance of cancer. Two years ago two fingers were amputated, but without avail. A third operation was equally unavailing, and the final chapter was concluded but a few days ago.

Dr. Kassabian was an Armenian by birth, but American by adoption. He graduated from the Medico-Chirurgical College in 1908. Since that time he has been engaged in teaching the science of electro-therapeutics. His book upon electro-therapeutics, published by Lippincott, has become in many places a standard text-book in this specialty. His early and unfortunate death is much to be regretted.

TREATMENT OF CONSTIPATION.

The following is quoted from an article in "The Clinique," by J. W. Calvert, M.D.

"Treatment to be successful depends on success in controlling habits and diet of patient. The first essential to the successful treatment of constipation is prompt obedience to the calls of nature. I invariably insist on this one thing, viz.: going to stool at the most convenient hour, usually one hour after breakfast, and persisting in that habit until the habit of bowel movement at a certain time once in twenty-four hours is permanently established. Some patients are hard to control, and tell you after a week's trial that this is a failure. That of course is not true. I have had cases in which it took a year to establish a habit, but I always guarantee that if they will persist, the habit will be formed.

"Time is an important item. Also concentration of the mind upon the act is very essential. It is readily surprising how many cases you can cure with this one thing, centralizing the thought upon the act for a certain hour of the day. No one should be hurried at stool. Take plenty of time and your days will be long upon the land.

"Diet is an important feature in the treatment. Coarser foods and fruits of a laxative nature, viz.: apples, figs, prunes,—this last is my hobby. I always suggest stewed prunes as an article of diet for constipation.

"Water is a valuable thing that many people seem to have lost sight of. It is really surprising how little water some people drink. I had a woman in my office a few days ago who said she had no use for water except to wash. She said she had not drank a pint of water a month for years. Well, she was a constipated woman, and was duly informed that water was essential to the well being of her bowels and would do much to relieve her constipation if used freely.

"I usually direct a pint of water before meals and another after, with plenty of good pure water. Those who lead sedentary lives are recommended to take plenty of exercise, and those who lead active lives and have constipation are cautioned against too much activity and advised to take more rest."

OBITUARY.

DR. EDWIN C. BUELL.

The many friends of Dr. Edwin C. Buell of Los Angeles, California, will learn with much regret of his death on July 25 last, as a result of an operation for appendicitis performed abroad. Dr. Buell recently lost his wife just after moving into their new home in Los Angeles, and decided to go abroad for an extended tour. While abroad he suffered several times from appendicitis, and on July 10 a letter was received from him at Genoa by one of his friends just before a cablegram announcing his death. Quotation from this letter is made in the "Pacific Coast Journal of Homœopathy" as follows:

"I have had little but one series of misfortunes after another since leaving home, and now I hope I am reaching the end of the string, one way or the other. I left Venice twelve days ago, fairly well, for a trip down to Monte Carlo, Nice, Milan, Northern Lakes, Como, etc., then Switzerland, and to Munich in about three weeks. Was taken violently ill the night I reached here, typhilitis and appendicitis. Have had good doctor, good surgeon and good nurses, and have passed through the acute stage, but probably cannot get well without operation. They advise me to go to Dr. Kocher at Berne, Switzerland, and if I am able to stand the fourteen-hour journey I shall leave here next Friday evening—the 15th—reaching Berne Saturday morning. It will then be up to Dr. Kocher, and I expect to come out all right, but you cannot always tell. You know what I want there, and Koepfli, to whom I have written at Munich to join me at Berne, will attend to everything necessary here. Will cable you results and would like you to let my many friends know, perhaps best through the press. I am sure you must have written me, but I have received no word from you since May 5, at Hong Kong. Have always directed Thomas Cook to follow me with my mail, but I receive none from anyone. If you write me at Munich in their care I should receive it when I go there from Berne after my operation. When you receive cable you might telephone Dr. Lewis at Pacific Hospital, Dr. Ralph Williams and Dr. Shepherd. Well, old friend, I am tired out and will say good-night."

According to his wishes the body will be cremated and the ashes placed beside those of his wife. He left $1,000 and his medical library to the Hahnemann Medical College of the Pacific.

DR. ANNIE M. SELEE.

Dr. Annie M. Selee, who it is said was the first woman physician to practice medicine in Melrose, Massachusetts, died at her home in that city on September 25, at the age of seventy-seven, as the result of a fall ten days before.

Dr. Selee was born in Granby, Connecticut, and was a graduate of Wesleyan Seminary and of Boston University School of Medicine of the class of 1882. She practiced medicine continuously in Melrose until her seventy-first year, and had served on the Melrose school board.

BOOK REVIEWS.

A Text-Book of General Bacteriology. By Edwin O. Jordan, Ph.D. Professor of Bacteriology in the University of Chicago and in Rush Medical College. Fully illustrated. Second edition, thoroughly revised. W. B. Saunders Co. Philadelphia and London. 1910.

Not long ago the first edition of this book was noted in the *Gazette* with creditable comments. The present edition, which has evidently been demanded by the profession, does not differ essentially from the first, except in the correction of certain errors and in the addition of some minor material. The chapter upon immunity seems to be particularly deserving of commendation, although the entire book presents the subject of bacteriology and protozoölogy in a concise, condensed and very attractive manner. It does not enter into full details of theoretical considerations as do the larger books, and for this very reason will be of more general use to the average student than would those larger works. To those desirous of obtaining an accurate knowledge of the subject in its most modern aspect, this book can be recommended without hesitation.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D. Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, one time Clinical Professor of Diseases of Children in the University of Pennsylvania, Member of the Association of American Physicians, Etc., Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia; Ophthalmologist to the Frederick Douglas Memorial Hospital. Volume III. September, 1910. Diseases of the Thorax and Viscera, Including the Heart, Lungs and Bloodvessels—Dermatology and Syphilis—Obstetrics—Diseases of the Nervous System. Lea & Febiger, Philadelphia and New York. 1910.

The September number of this quarterly is the second to appear under the assistant editorship of Dr. Leighton F. Appleman, who has apparently succeeded Dr. Landis. The subjects at this time covered are neurology, obstetrics, dermatology, syphilis and the diseases of the thorax and its viscera.

The section on tuberculosis and its treatment is very full, particular attention being given to the various new forms of therapy. Arteriosclerosis and angina pectoris receive the maximum attention among the cardiac lesions. Several of the best papers presented of the recent leprosy congress are well summarized by Gottheil. A good outline of our present knowledge of eclampsia is given in the obstetrical chapter, while in that on neurology brain tumor has precedence.

Our favorable opinion of this journal has already been several times expressed and is not here necessary.

An Exposition of the Homœopathic Law of Cure or a Review of Hahnemann's Organon. By D. N. Ray, M.D., L.S.A. (London); formerly Attending Physician to the Dispensary of New York Homœopathic Medical College and to Wilson Mission Dispensary, New York. Member of the American Institute of Homœopathy. Publishers, The Elm Press, 63 Beadon Street, Calcutta. 1910.

This book of about two hundred pages has been written for the avowed purpose of making more clear the various paragraphs of the Organon that are probably not very generally understood, at least by those who do not practice homœopathy. Like so many other attempted expositions, it seems to leave one even more uncertain than does the original, as the expression of ideas is not that of one as learned as was the founder of Homœopathy. Particularly is this true, because the author is a native of India, and evidently not perfectly familiar with the various idioms of the English language. Numerous cumbersome expressions and typographical errors are noted.

Dislocations and Joint Fractures. By Frederic J. Cotton, A.M., M.D., First Assistant Surgeon to the Boston City Hospital; Assistant Professor of Clinical Surgery in Tufts College Medical School, Boston. With 1201 Illustrations, 830 from Drawings by the Author. Publishers, W. B. Saunders Company. Philadelphia and London.

To the profession in New England and particularly to that part in and around Greater Boston, the enviable reputation that is being made by the author of this book in the Boston City Hospital is becoming progressively widely known. To such members therefore the book will come as a message from a respected associate, highly considered already because of his achievements. By others the book will be judged more impartially. Dr. Cotton, by way of an introduction and as an explanation of his purpose in preparing the volume, aptly says: "Injuries to and about the joints constitute one of the most doubtful fields of surgery, a field strewn with wrecks, the products of mistakes and of unavoidable difficulties, prolific in discontent and in resultant actions at law, actions that are based only too often upon unavoidable uncertainty or error. Curiously enough this dangerous field has been rather inadequately surveyed."

In arrangement it follows closely the anatomical course, beginning with the face and the neck, then taking the spine, the thorax, the upper extremity, the pelvis and finally the lower extremity. The text as a whole has been prepared from personal experiences and observation, amplified whenever necessary by quotations or abstracts from others. By carefully studying the text the general practitioner should be able to take care of all the ordinary cases coming to his attention and should also be able to decide when any given case required more expert opinion from the specialist. Throughout the entire work, very numerous illustrations, drawings and radiographs do much to elucidate the text, which, however well written, would at times be not easy to comprehend without them.

In common with all the books of this house the mechanical arrangement, press work, etc., leave practically nothing to be desired. In brief, therefore, we can summarize this book by saying that it covers in a most satisfactory manner a class of cases sooner or later encountered by all physicians, and upon the proper treatment of which one's reputation often rests.

We gladly commend and recommend it to our readers.

Sexual Ills and Diseases. A Popular Manual. Based on the Best Homœopathic Practice and Text Books. By E. P. Anshutz, M.D. Second Edition. Revised and Enlarged. Publishers, Boericke & Tafel. 1910.

This book consists of three distinct parts.

In Part I, all the various sexual diseases are briefly considered, the descriptions being given in clear, non-technical language. Possibly, even too much dependence is placed upon the effect of the few homœopathic remedies given, as no one treatment can be considered a cure-all for any disease.

Part II is a concise materia medica.

Part III consists of a clinical index.

This book, as a whole, has been written for the enlightenment of the layman rather than for the physician, although both should obtain much of value from its perusal and study.

THE MONTH'S BEST BOOKS.

Embryology. Minot. $3.50. P. Blakiston's Son & Co.

Vaccine Therapy. Allen. $2.00. P. Blakiston's Son & Co.

Mental Diseases. Tanzi. $7.00. Rebman Co.

Hyperaemia in Medicine and Surgery. Bier. $4.00. Rebman Co.

Diseases of Women. Bland-Sutton. $3.25. Rebman Co.

Pulmonary Tuberculosis and Sanatorium Treatment. Muthu. $2.00. Wm. Wood & Co.

The Ear and Its Diseases. Gray. $4.25. Wm. Wood & Co.

SOCIETIES.

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting of the Homœopathic Medical Society of the County of Philadelphia was held at Hahnemann College, Thursday evening, September 8, 1910, at 9 o'clock. Dr. Theodore J. Gramm, president, in the chair, delivered his inaugural address. The scientific paper of the evening was read by Dr. Edwin Lightner Nesbit, director of the Hering Laboratory of Drug Research of the Hahnemann Medical College, entitled "The Comparative Method of Studying the Action of Drugs." The meeting was well attended, and hearty discussion was entered into.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH.

The Philadelphia Society for Clinical Research announces its fall and winter program, the first meeting of which was held on Tuesday evening, September 28, at the residence of E. Emory, M.D., Second Street Pike, Fox Chase. The officers for the ensuing year were nominated at this meeting. Dr. Emory read a paper and presented numerous interesting clinical cases. The physicians and guests of the society journeyed from Philadelphia to Dr. Emory's residence by automobile, the meeting being held in the open. There was a full attendance, with a bounteous repast, Dr. Emory acting as host.

The annual meeting of the National Eclectic Medical Association which was held in Boston last summer was apparently most successful in all ways. One hundred and eighty-two applications for membership were accepted. These in addition to two hundred and thirty-nine applications acted upon favorably during the year, make a total of four hundred and twenty-one new members since the former meeting. This is a record of which any society might be proud.

The sixty-third annual session of the Homœopathic Medical College of Philadelphia began on Monday, September 26, 1910, and continues until June 1, 1911. In the recent announcement special attention is directed to the prospectus of the department of materia medica. The alumni of the college will be highly gratified at learning the particulars concerning the magnificent endowment of Mr. Walter E. Hering, who has established for all time the Constantine Hering Professorship of Homœopathic Materia Medica and Therapeutics. The materia medica of Hahnemann, Hering, Dunham and other noted investigators is thoroughly elucidated throughout the course, and a number of enthusiastic and experienced clinical teachers will demonstrate the principles and efficiency of Homœopathy in practical work.

The college library contains about 20,000 volumes, besides a large and rare collection of unbound pamphlets, some of which are of scientific and others of historic value. The college library contains all of Hahnemann's works in the original, many of them being enriched by annotations in the hand-writing of Dr. Hering, and complete sets of all the homœopathic journals of this and other countries. This is without doubt the most complete library of Homœopathic literature in existence.

LARGE OVARIAN CYST.—Knight, in the Journal of the A. I. H., reports the rather unusual case of the removal of an ovarian cystic tumor weighing 111 pounds, from a woman who, after its removal, weighed 87 pounds. As Dr. Sawyer said in discussion, it might better be called the removal of a woman from a tumor. The patient in this case made an uninterrupted recovery, the large abdominal incision healing by first intention.

PERSONAL AND GENERAL ITEMS

FOR SALE.—$5000 practice in large town within ten miles of Boston. Price less than the value of the real estate. Terms easy. Address "B. A. R.," care of New England Medical Gazette, 422 Columbia Road, Boston, Mass.

FOR SALE, at a moderate price, a portable high frequency CECCO coil, complete, in perfect condition. Apply to I. H. Eddy, 2 Intervale Park, Dorchester, Mass. Telephone, Dorchester 94-3.

Dr. H. Martin Morse, formerly of Peterboro, N. H., has removed from Claremont, N. H., to Springfield, Vt.

Dr. Agnes C. Patterson, B. U. S. M., 1900, has resigned her position as house physician at the Contagious Department of the Massachusetts Homœopathic Hospital, Brighton, to open an office in Malden. Dr. Patterson was formerly resident physician at Calhoun Colored School, Calhoun, Alabama. The position left vacant by her resignation has been given to Dr. Emma H. Fay, B. U. S. M., 1909.

Dr. Frank C. Richardson has removed his residence from 1459 to 1070 Beacon Street, Brookline.

Dr. John P. Sutherland has removed from 302 Beacon Street to his former residence, 295 Commonwealth Avenue, Boston.

Dr. Winfield Smith has removed from 1070 Beacon Street to Clark Road, Brookline.

Dr. Roscoe L. Perkins of Harrisburg, Pa., son of Dr. N. R. Perkins of Boston, was married on September 1 to Miss Clara Franklin, also of Harrisburg.

By the will of the late James Ten Eyck of Albany, N. Y., Albany Homœopathic Hospital is bequeathed the sum of $10,000. Albany Hospital is to receive a similar amount.

Dr. Howard Moore, class of 1905, B. U. S. M., has removed from 661 Boylston Street to 272 Newbury Street, Boston. Specialty: Orthopedic Surgery.

Dr. J. Arthur Jones, class of 1900, B. U. S. M., was married on August 22 to Miss Marie Alves of Dorchester, and has removed from 666 Tremont Street to 175 Massachusetts Avenue, Boston.

The Boston Herald of September 17 stated that Massachusetts Homœopathic Hospital is to be a beneficiary under the will of the late William H. Getchell, sharing equally with the Boston Young Men's Christian Union, the Home for Aged Men, and the Home for Aged Couples, the residue of the estate after the death of the widow and a son.

Dr. Anna T. Lovering, librarian of Boston University School of Medicine, announces her removal to 7 Norway Street, Boston, and resumption of confidential collaboration in literary work with physicians and others.

Dr. George H. Earl has removed his office and residence from 803 Boylston Street, Boston, to Hotel Carlton, 1138 Boylston Street. Telephone, Back Bay 42673.

"On account of the appointment of Dr. H. R. Arndt to the position of field secretary of the American Institute of Homœopathy, Dr. Wm. Boericke will, hereafter, assume editorial supervision of the Pacific Coast Journal of Homœopathy. Fortunately for homœopathy there is much good material on the Pacific coast to fill this position, but this particular person is perhaps just a little the best suited of any. Continued success to the 'Journal' is our wish."—Clinique.

Dr. Frederick W. Colburn has removed his office from 174 to 230 Newbury Street, Boston.

Dr. Frederick C. Robbins, B. U. S. M., 1896, until recently assistant physician in Gowanda State Homœopathic Hospital, N. Y., has located at Hornell, N. Y.

Dr. Emma A. Polsey, class of 1908, B. U. S. M., has located at 71 Howland Street, Roxbury.

Dr. Winifred M. Woolls, B. U. S. M., 1908, has opened an office in the Glidden Building, Middlesex Street, Lowell, Mass.

Dr. Claude L. Payzant, class of 1910, B. U. S. M., has located at Chatham, Mass.

Dr. J. Emmons Briggs has removed from 382 Commonwealth Avenue to 477 Beacon Street, Boston.

Dr. George N. Lapham, class of 1900, B. U. S. M., has resigned his position as house physician at Massachusetts State Sanatorium, Rutland, and has associated himself with Dr. David P. Butler in the conduct of Rutland Cottages.

Dr. Herbert F. Gammons, B. U. S. M., class of 1909, has been appointed Senior House Physician at Rutland Sanatorium, in place of Dr. Lapham, resigned.

Dr. Belle J. Allen, B. U. S. M., '04, has been appointed superintendent of the Butler Memorial Hospital at Gujarat, India, recently opened. This institution has been named in honor of the late William Butler, the first missionary bishop to India, and his wife, who recently celebrated her 90th birthday in Newton.

Owing to the removal of Dr. Arndt from San Francisco, Dr. George H. Martin, B. U. S. M., 1881, has been appointed to fill the chair of Neurology in the Hahnemann College of the Pacific. Dr. Martin has for many years been much interested in this department of medicine, and will, we are sure, bring to it much enthusiasm and ability.

Gov. Hughes of New York has signed the bill introduced by Senator Bayne, providing that when a convicted murderer appears insane, the Governor may appoint a commission of three to examine him and report to the Governor, whereupon, if found insane, the Governor may order his removal to the State Hospital for Insane Convicts, where he shall be kept in custody until cured of insanity, when, upon an order of the Justice of the Supreme Court, the convict is to be returned to the custody of the warden of the State's prison to suffer the sentence given him under the law.

The National Bank of Spokane, Washington, announces that it will issue antiseptic, germ-proof national bank notes. Fifty thousand dollars in bills are reported to have been recently sent out, printed with ink consisting largely of carbolic acid.

REPORT OF HAHNEMANN HOSPITAL OF PHILADELPHIA.

The following is a summary from the report of the Hahnemann Hospital of Philadelphia for the past year:

In-patients treated	3,087
Emergency cases	8,465
Out-patients	21,876

The 21,876 out-patients treated in the dispensary were distributed as follows:

Medical	7,597
Women	1,550
Eye, ear, nose and throat	5,208
Surgical	7,521

The total cost of maintenance of the hospital during the year aggregated $175,000.

The teaching facilities of the hospital will be greatly enhanced during the session of 1910-1911 by reason of the association of the Children's Homœopathic, St. Luke's and the West Philadelphia General Homœopathic Hospitals with Hahnemann College for teaching purposes. These institutions, in conjunction with the college hospital, will give the students the opportunities to be derived from the experience of over five hundred beds, and a total number of cases of illnesses and accidents of all sorts during the year just closed amounting to 78,004. The following figures have been obtained from the last annual reports of the respective institutions:

CHILDREN'S HOMŒOPATHIC HOSPITAL.

In-patients treated	1,441
Emergency cases	3,542
Out-patients	12,319
Maternity department	109
Total	17,411

ST. LUKE'S HOMŒOPATHIC HOSPITAL.

In-patients treated	846
Emergency cases	1,192
Out-patients	11,616
Total	13,654

WEST PHILADELPHIA GENERAL HOMŒOPATHIC HOSPITAL.

In-patients treated	568
Emergency cases	9,111
Out-patients	4,832
Total	14,511

"The gift of three million dollars for the purpose of improving the College of Physicians and Surgeons, and putting it among the beautiful surroundings of Morningside Heights has caused so little comment that we have an inspiring sign of the times. Not many years ago a gift of that sort to any medical institution for any purpose would have aroused international comment. The public is awakening to the sort of investment that it is possible to make in its doctors, and the wisdom of equipping in the best way the men who are to take charge of the health of the community, is a broad wisdom belonging to the present order of things. We are pleased to note that the Polyclinic has large funds for new developments, and there is a prospect that New York may become what it should without question, the leading medical center in America."—Editorial Post-Graduate.

PYELONEPHRITIS AND ITS TREATMENT.

The characteristics which differentiate pyelonephritis of pregnancy from mild infections of the kidney and its pelvis rest on their evolution and their treatment, which explains sufficiently the condition of the patient in these cases. This is an infection of a serious nature against which a conservative therapeusis is the method of choice. Aside from the old medical means, catheterism of the ureters, and the reclining position of the patient, there are several methods which have been proved and which are harmless in any case. A new method has been presented by Tuffier and Maute, vaccinotherapy. As the microbian infection is monobacillary, the preparation of a vaccine from microbes taken from the same patient to be treated has entered definitely into practice as a therapeutic method.

The vaccine is prepared by making use of a culture on gelatine for twenty-four hours, which has been isolated from the urine. The vaccine is a sterilized emulsion of the twenty-four-hour culture in a certain quantity of physiological solution; sterilization is obtained by addition of a small quantity of phenic acid. It is useful to know the dose injected, and for this reason the authors proceed to dosage by weight. The result of these injections on an acute pyelonephritis of pregnancy was remarkable after three injections; the pulse and temperature were reduced, the patient felt a sense of well-being most remarkable, which continued definitely not only during the whole course of pregnancy, but also after labor, which occurred without any difficulty. A month after labor the mother and child were in perfect condition.—Medical Record, August, 1910.

IMPOSING ON CHARITY.

There is no profession which does more for charity and is more "systematically worked" than that of medicine.

Not long ago a physician of Corryville, a suburb of Cincinnati, was sitting in his office when a woman entered and said: "Doctor, do you ever do anything for charity? I am an awfully poor woman and have heart trouble. Won't you please give me an X-ray examination free?"

The woman who thus addressed the doctor was poorly dressed and apparently about sixty-five years of age.

"Yes," said he, "I will examine you."

"But, doctor, I do not wish to take off my waist; you can make the examination without taking that off, can't you?" asked the woman.

The doctor replied, "It would be better to take it off, but if you insist, leave it on."

"Remember, doctor, that I am too poor to pay for this," she repeated, as the X-ray machine began to crackle and the physician gazed at her heart, watching its contractions and expansions. Happening to look a little lower he was greatly surprised to discover the outlines of two twenty-dollar gold pieces hidden in a chamois bag under the woman's garment. "How is my heart, doctor?"

"Your heart is pretty bad," he ejaculated, with a tinge of sarcasm.

"Is there any hope for me?"

"Not if you keep on in this way," he declared, as the third twenty-dollar gold piece came into view. "I really mean that you have a bad heart. You lied when you said you were poor. Take that money out of your waist and pay me five dollars." The woman nearly collapsed. She took the sixty dollars in gold, and from another part of her raiment drew out a purse containing bills.

THE KIND OF TUBERCULIN.

In the selection of tuberculin, von Ruck has only recently tabulated series of cases treated by modern methods without tuberculin, with tuberculin, and with the watery extract or the emulsion. His conclusions are so concisely and overwhelmingly in favor of the latter that there seems to be little room for doubt as to the superiority of the preparations which contain the solid tubercle bacilli. The latter products yield to a more accurate dosage and to greater uniformity than other preparations placed on the market.—Peter, Medical Record, Jan. 1st, 1910.

TUBERCULIN TREATMENT FOR DISPENSARY PATIENTS.

A very complete article by Hanes and Floyd in the Boston Medical and Surgical Journal seems to show conclusively the benefit of tuberculin in the treatment of suitable cases in the dispensary.

Their summary is as follows:

1. Out of 143 patients with various forms of tuberculosis treated with tuberculin during the past four years, 19 have died, 16 have shown no improvement, while 108 have been benefitted to a greater or less degree.
2. In no instance have we been able to see that tuberculin has done the slightest harm; reactions have been rare and invariably of a very mild type.
3. In incipient pulmonary tuberculosis, especially in children, tuberculin is a factor in increasing body resistance and in maintaining this resistance so as to prevent relapses. In more advanced pulmonary disease tuberculin will often alleviate distressing symptoms, prolong life and occasionally help to arrest the process.
4. In localized or "surgical" tuberculosis, tuberculin has a marked beneficial effect. Its administration should always be combined with hygienic outdoor treatment, and in the vast majority of instances should be subservient to this.
5. Dispensary patients can be treated with tuberculin not only with perfect safety, but with benefit, providing that there is a close personal co-operation between patient and physician.

PUERPERAL SEPSIS.

In the present state of our knowledge it seems to me that we should discourage as much as possible the indiscriminate local treatment made use of during the last decade or two; that any remnants of tissue should be most gently removed; that local abscesses should be opened at the right time, that is, in a week or two, and that intra-uterine and vaginal douches should not be made use of. With a clearer knowledge of bacteria, and especially the development of anti-bodies in the system we should encourage as much as possible the development of anti-bodies and the elimination of toxins, by flushing the kidneys, keeping the bowels open and favoring diaphoresis. At the same time we should try to get a culture of the infecting micro-organism so as to know what we have to deal with, and by the use of anti-toxins increase the opsonic index sufficiently to carry our patient to a successful issue.

Summary:

1. In puerperal sepsis, local treatment is of no benefit.
2. Douches and intra-uterine irrigation often do harm.
3. Local abscesses should be opened and allowed to drain without irrigation.
4. Constitutional treatment on general principles should be instituted, quinine and opium being the sheet anchor.
5. Elimination in every direction should be assisted.
6. The infecting organism should be identified and the opsonic index increased by anti-toxins.

7. And, after all, prevention should be our constant endeavor, a clean patient and clean doctors, and mid-wives; this is most often secured by wearing rubber gloves.—American Medical Journal, August, 1910.

DIET AFTER ABDOMINAL OPERATIONS.

In the London Practitioner is an article on the above topic by Paterson, and as it deals in a very interesting manner with this important subject abstracts may be made with propriety.

Paterson says that there is still a lingering superstition that patients must be half-starved after an abdominal operation. A few months ago a surgeon writing on this subject advised nothing but water for twelve hours, and in stomach operations nothing but a little water for three days. The author regards such starvation as totally unnecessary, and in old or feeble patients positively harmful. Even after operations on the stomach he begins feeding his patients at once. In one of his gastro-jejunostomies for pyloric obstruction, he allowed the patient to have two mutton chops and a milk pudding on the third day. He was thoroughly exhausted by months of vomiting, and was ravenously hungry. He thoroughly enjoyed his meal, and was all the better for it. Paterson does not, of course, suggest this as a routine treatment, but mentions the case to emphasize how groundless is the fear of early feeding. If the anastomosis be efficiently performed, the risk of the sutures giving way may be neglected so far as feeding is concerned.

As soon as the patient wishes a drink small quantities of hot water are given, and if this is retained one ounce doses of milk diluted with two parts of water. The quantity is gradually increased up to two ounces hourly. A cup of tea is allowed the same day as the operation if the patient wishes it. On the day after the operation, Benger's food and calves' feet jelly are given as well as milk. As soon as the bowels have been opened the patient is allowed fluid *ad libitum*, eggs, thin bread and butter, and other soft solids, and usually ordinary diet is resumed in a week or ten days. As a general rule the patient's inclination is a reliable guide to the quantity of food required, although in a few cases some coaxing and diplomacy are necessary to induce the patient to take adequate nourishment. It is impossible to lay down hard-and-fast rules as to feeding, and general rules have to be modified in individual cases. After operation for septic peritonitis no food is given by the mouth until the bowels have been thoroughly well opened. After gastro-jejunostomy for gastric or duodenal ulcer, especially if associated with hyperacidity, the diet must be more limited in quality, although the quantity need not be curtailed. Paterson always urges these patients to keep on a milk diet for at least six months. On the other hand, after gastro-jejunostomy, or partial gastrectomy for cancer, he feeds the patients up more rapidly, allowing mutton or beef essence, jelly, eggs, and Benger's food on the second day, and often fish or chicken cream on the third day. Patients who have been exhausted by weeks or months of vomiting will not stand starvation, and their tissues possess feeble power of repair unless they are provided with plenty of nourishing food.—American Medicine.

VACCINE THERAPY IN CHRONIC OTITIS MEDIA.

Jacobs, in a recent number of the Cleveland Medical Journal, gives his experience in this disease. He says:

"The application of bacterial vaccines as therapeutic agents in chronic suppurative conditions of the middle ear, gives to the otologist a new weapon with which to combat this most important disease.

"Before taking up this method of treatment a bacteriologic examination of the discharge must be made; in this connection I wish to em-

phasize that both a smear preparation and culture are necessary, and should be repeated as it becomes necessary during the course of treatment.

"Altogether six cases have received vaccine treatment with the following results: Cured, two; improved, four; unimproved, none; treatment discontinued, one; still under treatment, three."

CARE ESSENTIAL FOR PHYSICIANS.

The Medical Era of recent date has a very good editorial upon a subject that must be unfortunately of interest to all physicians, and one that probably sooner or later comes to us all. Dr. Morton says:

"A number of criminal cases involving physicians, that lately have been before the public, have attracted widespread attention and the casual reader is impressed with the gravity of the situation in which these doctors find themselves. In each instance the defendant is a married man and with a single exception—reference to which is hereafter omitted—the difficulty has had its origin in an unfortunate love affair. There is scarcely a doctor in the land—unless his will power be of steel and his veins flushed with ice water—who has not had women make approaches and make it easy for him to possess them, this irrespective of his domestic condition. Fortunately for both doctor and woman, few of these unsanctioned attachments involve a severer penalty than the loss of the doctor's practice and the woman's reputation. In view of the unusually close relationship existing between doctor and patient, it is sometimes quite difficult to determine just when the danger line is approached and crossed and further, since the tongue of gossip is not started so early as it would be were the man employed in any other following, progress —mayhap unwittingly—is made without either realizing the gravity of the situation. Things drift along until the *denouement*—and then it is too late. The purpose of this is to sound a warning note. Be circumspect in your dealings with your female patients. Handle them in the most formal manner. Refuse to meet them under suspicious circumstances, and above all things do not permit familiarity. With the first touch of familiarity all reserve is broken and the rest becomes easy. A woman turns to her doctor first for professional assistance and, particularly if he be of a sympathetic nature, soon perhaps she is seeking counsel from him on matters of a most intimate nature. An attempt is made by the doctor to soothe a neglected affection, and ere he knows what he is doing, his passion has carried him beyond the sharp line of demarcation between right and wrong, and an attachment has begun that may lead to the gravest consequences. No woman can afford to sacrifice her husband and her good name, and the physician who jeopardizes his practice, as well as his happiness, will certainly regret his indiscreet step. The physician who would avoid all difficulties of this nature should remember that his relations with his female patients must always be above suspicion and open to the community's inspection. Otherwise, divorce proceedings and loss of practice will be his portion."

Contract for the erection of the Robert Dawson Evans Memorial Laboratory, Mrs. Evans' gift to the Massachusetts Homœopathic Hospital, will probably be awarded about the middle of October and work on the building begin soon after. It is to be built on the Medical School grounds, in the space now occupied by the Hospital tennis court, and will greatly increase the School's clinical facilities.

Still another new medical magazine has made its appearance in this country. This latest applicant for favor is called Bacteriotherapy. It is published in New York and will be a quarterly journal, devoted, as its name indicates, to bacterial-therapeutics. The first number consists entirely of consideration of the lactic acid question.

OFFICE EQUIPMENT.—"The reputation of a physician is measured by his ability, and his ability by his facilities, and his facilities by his equipment. Hence it follows that in order to perform the task set before us we must have such equipment, at least, that cannot be dispensed with. It would be impossible to select an equipment suitable for every physician, for frequently a specialty is made of certain diseases requiring special equipment; but among the things that all should have we will mention: a good microscope, centrifuge, outfit for chemical uranalysis, sterilizer, nebulizer, oxygen generator, operating table, portable battery giving the galvanic, faradic and illuminating currents, equipped with electrodes for general work. Also quite a number of little things necessary to facilitate his work, the selection of which depends entirely upon the operator who is to use them.

"The office should contain two rooms at least, one neatly furnished for the reception of patients; the other should be equipped for scientific diagnosis and treatment. It should be the doctor's work-shop, and there he should work constantly when not professionally engaged elsewhere."—Burkholder, Medical Era, 1910.

HOGS PREFERRED TO BABIES.—The Journal of the A. M. A. has an editorial which might be well placed under the above heading. While this is probably an extreme instance, it emphasizes a fact that too few take cognizance of: that is, the abundant provision by the government for veterinary preventive medicine and the complete lack of the same for human medicine.

Two items recently appeared in a Southern newspaper which apparently have no relation and yet are extremely suggestive. Here is the first one:

"Hog-Cholera Eradicated.—A report comes from Jackson that hog-cholera has been entirely eradicated from the State. Only one case was reported, it is said, that one being near Natchez. The usual serum was prepared and administered with excellent effect, so that there is said to be not a single case in Mississippi at the present time. The live-stock commission furnishes the serum for hog-cholera free of charge to veterinarians, and in the event of any outbreak it can be quickly administered and the disease immediately suppressed."

The second one was not considered of sufficient importance to call for a heading:

"Without warning, little John McCabe, ten years old, son of Mrs. Elizabeth McCabe, was stricken by the hand of death this morning, and forty-five minutes later was no more. Death was due to spinal meningitis."

THE TEMPERATE PHYSICIAN.

Temperance should be one of the qualities of every doctor; not merely temperance in drinking, but in eating, living morally and temper. Good practice is not compatible with the ill-effect of intemperate eating or drinking, nor can it be harnessed up with loose mouth and an uncontrollable temper. To be a really good physician, one must first be a good man. This is not intended to be a treatment, although it could easily be construed as such, but simply a brief reference to a few incontrovertible facts.

Let us make this a purely personal matter for a moment, Doctor. How would you like to have your own wife confined by a confirmed drinker? Or your father, with his nagging and long-drawn-out infirmative, attended by a grouch? Or your eighteen-year-old girl treated by a man of loose morals?

No one of the professions, no business and no skilled labor of any kind, requires more consistent living than the great and noble profession of medicine. Not that the members of our profession are worse in this respect than others—God forbid—but that, of all professions, the one of medicine should be the most pure and the most aboveboard.—Medical Brief.

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ORIGINAL COMMUNICATIONS.

DIAGNOSIS AN ESSENTIAL FOR THE PERFECT APPLICATION OF THE LAW OF SIMILARS.

By Dr. Alden E. Smith, Freeport, Ill.

In his primitive state the only real intellectual qualification that was necessary for man's physical existence was instinct. As he became civilized his needs and manifestations of progress called for demonstrations of his superiority over animals and his fellow-men. These he made manifest by increasing his intelligence by acquirement.

One may be justified under extraordinary circumstances in accepting assistance and in following the advice of friends, or being led by them in forming conclusions. When physically mature, man's mental and physical faculties are increased only by their use. Our present capacity of comprehension, good judgment, strength and power are added to only in proportion as we make use of our present possessions. Where education has been acquired, what is there to justify one, under ordinary circumstancs, in laying aside his knowledge and reasoning power and allowing even his best friends to think and come to conclusions for him, even though their willingness be great and their natural and acquired abilities are superior to his? Friends, unlike the poor, are not always with us.

If knowledge is power and we are capable of obtaining it, why compromise with indifference or idleness? Doctor! If our present mental capacity is capable of expansion and our opportunities are what we make them, where can we find an excuse for being in the rear ranks of personal fitness to perform the duties that are incumbent upon us in our chosen profession? We congratulate people on their natural or inherited gifts and resources, but how much more gratifying the recognition of personal power, worth and merit when we can compliment them on their acquired accomplishments, for such are recognitions of personally obtained virtues through their individual efforts.

For one to be able to put into practical and effectual operation all of the natural and acquired knowledge that he possesses demonstrates not only his ability but positively adds laurels to his crown of real individual greatness.

To be able to comprehend and enlarge upon the expressed scientific thoughts of others demonstrates superiority by virtue of either a natural or an acquired ability. To express and demonstrate a practicable theory is positive proof of a high degree of intelligence and reasoning power, and for one to determine a truth and maintain it disproven, in the face of all opposition, demonstrates superiority of intellect and strength of character that is akin to divine greatness.

For one to be wholly competent and eminently successful in the practice of medicine, in its broadest sense, with its variety of theories both as to the origin of disease, its manifestations in the tissues involved, and the proper agents to be employed for its successful termination, an accurate and positive knowledge of the anatomy and physiology of the human body, together with all of the foundation principles underlying the art of medicine and surgery as sciences, are positive necessities. To understand the cause, the symptoms, and the conditions that arise, and the results that follow the ravages of disease, is as essential as a knowledge of, and how to apply therapeutical agents in order to terminate, abate or prevent the development of disease.

For one to possess and exhibit the stamina and capability of adhering to a sect or creed in his moral, religious, political or professional career against the derisions, sneers, reproaches and ridicules of a multitude of his fellow-men, is an exhibition of courage, faith and conviction that comparatively few men possess.

At times and under occasional circumstances the oppositions that beset some physicians in practicing their chosen profession, in accordance with their education and personal convictions (participated in because of lack of knowledge on the part of the perpetrators) is almost unsurmountable.

With those physicians that are to be classed as rather above the average, because of particular personal fitness through natural or acquired abilities or a keener insight into Nature's workings and the natural laws governing them, the obstacles that are interposed and are to be surmounted (because of the greater number that are inadequately equipped), are materially added to rather than lessened. But with all physicians on application and at the immediate time to definitely determine the nature and give the correct name of the disease from which a patient is suffering from the purely scientific and professional standpoint, may be an easy task, or, it may prove to be a difficult, puzzling or complex problem.

Besides the necessity for professional popularity and advancement by lodging a good impression in the minds of the public, or for the most perfect application of the internal remedy in accordance with the law of similars, there are other real important reasons why the question of diagnosis on presentation of the patient should be immediately and correctly settled.

There may be circumstances and cases so every day, matter of fact, simple and common, that an immediate and accurately expressed diagnosis cuts but little or no figure, in which accurately and effectually applied internal remedies may be perfectly and effectually selected, but critically, there are so many phases and conditions to be considered besides the simple question of determining the correct remedy, that conclusions of positive value on the subject can be reached only by carefully considering all sides of the question and all interests involved.

Whether it is for the personal welfare and future recovery of the patient, or for the protection of the family and friends, or the public in general, this question of diagnosis is especially imperative at the present time, while the discussions on higher education are so engrossing the attention of not only those interested in the professions and the more scientific pursuits of life but actually attracting the attention of and awakening a deep interest in the minds of the general public, for they (figuratively speaking) have become as wise as serpents; so under the present existing circumstances it behooves all members of the medical profession to be not only alert to the practical side of the proposition but to be familiar with the foundation principles of educational requirements as well.

A medical education that was obtained and considered by men in authority as standard a few years since is now insufficient unless it has been under constant revision.

In specific language, the doctor who obtained his medical education ten years ago must not only be alert and apt, and justly so, in the application of every principle and theory that he obtained at that time, but he cannot pass muster now unless he possess an accurate running knowledge of every new principle, theory and thought that has been evolved since then, thus making both demands absolutely necessary in order to maintain an acceptable standard under the medical educational ruling requirements in most of our States today.

In our care of the sick and afflicted our first moral obligation is to the patient. Our first legal obligation is to the public at large, and to neglect or fail for any reason to fulfil both is to wilfully and criminally fail to do our whole duty as medical men and as keepers of the public health.

All true followers of Hahnemann cling with a refining fire grace to the law that he worked out for the benefit of all mankind in the application of the internal remedy, in accordance with the totality of symptoms with the patient, including the symptoms of his disease. True, the totality of symptoms with the patient always spells out the name of the remedy. But is our duty to the patient wholly discharged even if we have spelled out and administered the correctly indicated remedy in accordance with the law of similars? And is our moral obligation to the founder and giver of this great law discharged if in its at-

tempted application we fail to abide by his injunction in the use of the totality of symptoms? Think you that had Hahnemann lived to the present time he would have been content to have folded his arms and his great intellect around that one great and precious Law when many other truths were waiting to be unfolded all for the relief and betterment of suffering humanity to whom he devoted so much of his life and energy? Think you that he would have been satisfied that his followers should be content to rest on his personal accomplishments and not add one jot or tittle to his expressed truth? And can the truth be promulgated without correlating other truths about it? One point vigorously advocated by Hahnemann was the selecting of the remedy by the totality of symptoms; think you that he had reference only to one class of symptoms? Or is it more likely and, therefore, more satisfactory and more completely correct to think that he had reference not only to subjective symptoms, but objective ones, pathological ones, and those that present themselves because of the involvement of certain tissues of the body, and, still a step further, those that arise on account of the particular cause for the disturbance present, and, if one has a perfect mental picture and has accurately determined the tissues involved and the cause for the involvement, has he not spelled out the name of the disease and has he not correlated the totality of symptoms for the successful choice of a remedy? And could he have secured the correct remedy in accordance with the law of similars by a shorter or more comprehensive and exact route?

To read the merest part of the life and letters of Samuel Hahnemann fixes impressively on one's mind the fact that Hahnemann stood for progression from his earliest boyhood. Think you that he would be pleased with his followers if they indicated by their inactivity and negligence to perform their whole duty to patients and public, that they were content to accept his truths, acting forever upon them, putting forth no personal effort for advancement in the flight of time? Can a keener knowledge of the origin of disease, its cause and effect on the human system, be looked upon as signifying anything but progress in the science of medicine? Why continue to reprove old remedies or prove new ones if there is no necessity of advancement? Are not those physicians recognized in all schools of medicine as the best of their school that are constantly striving to know more about disease, how to recognize it, how to treat it the most successfully, and how to apply preventive agents against its development? The comparative skill and real value of a true scientist is determined by comparing his accomplishments with others following a like undertaking; so, if for no other reason, the physician, for the sake of favorable comparison, should be able to first determine the nature of the trouble that he is called upon to treat. The name first, for by this, the common channel of understanding between the physician and the laity is established, and the physician can then the better dis-

charge his first professional, moral and legal obligation, as a physician. And while his moral and professional obligation to his patient is imperative his obligation as the keeper of the public health is, if possible, of more serious moment. Ignorance, negligence or wilfulness on the part of a physician may not only endanger the life of the patient but by ignorance in diagnosis may unwittingly expose the health and life of many to the dangers of contagious and infectious diseases. Starting with one single case the ratio of multiplication is high with some contagious diseases.

While from carefully selected subjective and objective symptoms we might make an excellent application of the law of similars, and so far as internal medicine is concerned a very efficient prescription, yet for the most perfect application of the Law in the fullest sense of the term, and, in view of our moral duty to patients and our obligation to the general public, would not our duty be illy discharged should we fail to differentiate between tuberculous and typhoid fever or between catarrhal jaundice and yellow fever? A long category of diseases might be gone through with where there are many subjective and objective symptoms that are common, and the indicated remedy from this particular standpoint might be successfully chosen, yet again what an injustice to both patient, friends, and the public at large to fail to make a perfect diagnosis from the totality of conditions and apply a totality of necessary therapeutic agents and safeguards about those cases that endanger public health! Where is the justification of such an egregious error in the assumption that the indicated remedy could be properly chosen, in accordance with the law of similars, without a diagnosis and stating the name of the disease at the time of the application of the remedy? That the total benefit to the patient might be derived it was determined by Hahnemann that the remedy should be selected from the totality of symptoms, thus treating the case in total. That the physician's duty may be totally discharged and the case treated in total it should be totally understood, and, that the totality of human beings may be benefitted, a correct diagnosis is an absolute necessity.

EFFECTS OF ALCOHOL.

The Monthly Cyclopaedia and Medical Bulletin in a recent editorial upon alcohol and its effects says:

"It has been concluded by Dr. Hall in the laboratory researches of the last three years that alcohol is a waste-product of tissue metabolism, producing a toxic effect on living substance. In common with other toxic substances it is oxidized in the body, which oxidation is a means of defence, as the products are far less injurious than the alcohol. Because of this defensive oxidation of alcohol, which takes place largely in the liver, the ingestion of more than a slight amount of that substance makes the body more liable to other toxic invasion. Alcohol cannot be considered a food. It decreases the efficiency of the muscles, glands and nervous system. It is a narcotic in its drug action and in lower animals impairs fecundity when given in minute quantities."

DIFFERENTIAL DIAGNOSIS AND SELECTION OF OPERATIVE METHODS IN PROSTATE CASES.

By Horace Packard, M.D., Boston, Mass.

Every surgeon who deals with large numbers of cases of prostatic hypertrophy quickly appreciates that there is a great variation in physical conditions which accompany or cause the prostatic obstruction.

Why do some men with a very large prostatic gland live on to a ripe old age without suffering materially from obstructed urination?

Why do some patients still in the fifties develop urinary obstruction wholly incommensurate with the diminutive size of the prostate?

Of what import from an operative standpoint is an enormously distended and presumably atonic bladder?

How seriously does an existing cystitis jeopardize the success of a prospective prostatectomy?

How should cancer or a strong suspicion of cancer be viewed as a factor influencing the advisability or non-advisability of operation?

These are some of the problems the writer has often found difficult of solution, and this paper is presented with the hope that the subject may be of sufficient interest to other workers in this important branch of surgery to elicit their views.

The surgeon rarely has opportunity to see or advise treatment for prostate cases early in the progress of the difficulty. The surgeon's office is usually the "last ditch," too often long after insidious and damaging changes have been wrought by indiscreet and ill-advised catheterization with its attendant evils of cystitis, concentric hypertrophy, and pyelitis; or quite unknown and unthought of by family physician or patient, carcinomatous degeneration has occurred, putting an end to all hope of relief either medically or surgically.

Such opportunity as the writer has had for studying prostate cases from the beginning of the difficulty leads him to believe that there should be a radical reform in their early management. It is difficult to lay down fast and fixed rules for the early treatment of prostate cases, because conditions arise wholly beyond the control of the family physician, *e.g.*, not a few patients begin the use of the catheter independently through the suggestion of some acquaintance similarly affected, and finally seek medical advice long after the early symptoms have appeared and only after annoying and painful sequellæ have become established.

Accumulated experience all seems to indicate that, given a case of uncomplicated, smooth, elastic, symmetrical, adenomatous glandular enlargement, accompanied by frequency of urination, prostatectomy early in the progress of the case is the best, safest, and radical mode of treatment.

Cases there are, however, which offer pitfalls to the unwary operator. Not all cases of obstructed urination in the adult male are due to prostatic enlargement. It is here, therefore, that differential diagnosis may be of immeasurable value to both patient and surgeon in determining a course of treatment which shall cure quickly and safely.

It has often been the writer's observation that the total volume of a prostate gland as exhibited on removal has been far less than seemed apparent on rectal touch, and in some cases, so little in excess of the normal size as to seriously raise the question as to whether the gland itself was the factor in the obstruction.

Careful examination of the specimen has almost invariably shown a diminutive teat or fold of pendulous mucous membrane at the vesical orifice of the urethra. At first I was loath to believe that such a diminutive portion of tissue could cause the difficulty for which the operation was sought, but mature consideration and study of symptoms and examination of many specimens has convinced me that urinary obstruction of this character is not at all uncommon.

It is obvious, therefore, that prostatectomy in such cases is ill advised and uncalled for.

It is in these cases particularly that careful cystoscopic examination and possibly urethroscopic also will aid in reaching an accurate diagnosis. Once the diagnosis is established the course of treatment is simple and effective, involving but little detention for the patient, no external cutting, and most gratifying results. A single posterior application of the Bottinni incisor or removal of the obstruction with a prostatic punch, under local anæsthesia, is quickly and almost painlessly effected.

It is interesting to compare urinary obstruction of this kind with that resulting from bilateral symmetrical enlargement of the prostate. It is well known that not a few cases of prostatic enlargement are of this kind, in fact it seems probable that every man who reaches advanced years has enlargement of the prostate of one kind or another. If by good fortune the enlargement remain wholly bilateral and no so-called middle lobe develops, he is likely, barring the grim possibility of later development of carcinoma, to go through his natural life without more serious symptoms than the consciousness of moderate obstruction and slightly augmented straining in emptying the bladder.

It has been my good fortune to watch a few patients of this kind over a considerable number of years. The great enlargement of the prostate to three or four times its normal size as exhibited by rectal touch was unmistakable. The "evil day of operation" was put off in one case because of a supposedly weak heart and in another because of moderately diabetic urine. The former lived comfortably for ten years without contracting the catheter habit and died at eighty-two of some other difficulty. The other is now seventy-two, arises but once in the night and carries scarcely an ounce of residual urine.

The physical condition at the neck of the bladder in these and all other cases presenting similar symptoms, is apparently this—the symmetrical enlargement of both lobes of the prostate gland results in an anterior posterior elongation of the vesical orifice, the prostatic urethra becomes enormously augmented, the lobes of the prostate evert, or more accurately speaking, invert, encroaching upon the cavity of the bladder. The mechanical arrangement is quite similar to that of two soft elastic rubber balls pressed closely together.

Repeatedly in the preliminary fingering of the interior of the bladder to get my bearings, after a suprapubic opening has been made and before proceeding to enucleation, I have been surprised at what seemed to be the wide-open orifice of the neck of the bladder into which the whole tip of the forefinger easily slips without appreciable resistance.

It seems probable, indeed it admits of little doubt, that such prostatic obstruction as this is compensated by increased expulsive force in the bladder walls, to such extent that if by good fortune no middle lobe develop and no loose tabs or flaps of mucous membrane interpose, the patient may go through old age comfortably to the end.

A case which occurred early in my experience in perineal prostatectomy served to impress forcibly upon my mind the minor influence which uncomplicated symmetrical bilateral prostatic enlargement plays and the major influence of so-called middle lobes. Briefly related, both lateral lobes were removed, the wound healed kindly, but, even before healing was complete, the patient found himself as badly off as before as far as difficulty in emptying the bladder was concerned. The wound was reopened and on further exploration a small middle lobe was found and removed. This ended all difficulty and the patient is still living in enjoyment of normal functions.

In still another case, sixty-eight years of age, in my relation with which I felt great solicitude because of the patient's exalted position both socially and professionally, rectal touch showed scarcely perceptible enlargement of the lateral lobes. Obstruction to urination became so great, however, that sleep was greatly interfered with and residual urine was rapidly increasing. Suprapubic cystotomy showed at once that a middle lobe was producing all the mischief.

These cases are quoted to indicate that although rectal examination may show a prostate approximately normal in size, this should not be accepted as proof that existing urinary inertia is due to atony or any other theoretical cause. Such condition does offer, however, every incentive for further careful and exhaustive cystoscopic examination. Routine prostatectomy for every case of urinary obstruction at the neck of the bladder will bring to the operator, now and then, cause for regrets. Small prostates sometimes resist all efforts at enucleation and such results in little more than digging a mutilating hole in the floor of the bladder with possibly cicatricial contraction in healing and a worse condition than before.

The question has several times been asked "Does cystoscopy yield sufficiently valuable knowledge, as a step in diagnosis, to repay for the discomfort and delay to which the patient is thereby subjected?" In a general way the answer is unqualifiedly "Yes." In many cases, however, the cystoscope only substantiates diagnosis without yielding any new facts, and in others conditions exist which make satisfactory cystoscopy impossible.

When rectal touch discloses a large, smooth, elastic, symmetrical prostate, and the subjective symptoms of obstructed urination are very prominent—so exaggerated as to have driven the patient to the use of the catheter and finally failure to introduce the catheter has left no course open but consultation with the surgeon,—it may be concluded, with but slight margin of doubt, that a well developed "middle lobe" is the active factor in causing the obstruction. Cystoscopy under such condition is not likely to yield new knowledge, only substantiates what existing symptoms point to unmistakably. A survey of the whole interior of the bladder is, however, a most satisfactory procedure, enabling the surgeon to know beforehand whether he is dealing with a plain prostatic obstruction, or a case complicated with diverticuli calculi or other pathological conditions.

Great embarrassment is sometimes experienced in cystoscopy because of blood in the urine. Old cases of prostatic obstruction, particularly those which have fallen into the catheter habit and have a chronic cystitis, can tolerate but little instrumentation without flow of fresh blood from the enlarged and delicate capillaries at the neck of the bladder. If this be slight it may sometimes be washed away if a modern cystoscope with an irrigating attachment be used. If it persist it seems inadvisable to continue instrumentation indefinitely at one sitting, but to wait and try again. Several years ago a patient drifted into my hands from another surgeon complaining bitterly, and apparently justly so, because he had been kept on the examining table six hours in a vain attempt at cystoscopy. His prostate was a very large one, as was clearly manifest in rectal touch. Operation showed the futility of cystoscopy in this individual case, for the gland was so enormous, with an immense middle lobe, that it altogether nearly filled the bladder, leaving little or no visual field.

Aged feeble patients do not tolerate willingly prolonged and painful examinations; therefore if a cystoscopy cannot be made brief and practically painless, it had best be abandoned and the symptoms otherwise exhibited accepted as a basis for diagnosis and treatment.

IS ATONY OF THE BLADDER A BAR TO PROSTATECTOMY?

An exceedingly interesting complication of prostatic obstruction is now and then met in what is known as "atony of the bladder." For some reason it has received a bad reputation as an accompanying condition, especially as it relates to operation and prognosis. A study

of this class of cases has led me to look upon them in a somewhat different light from that now widely prevalent. Almost without exception these cases of enormously dilated bladder have occurred in persons of great adaptability of temperament,—the mild and yielding disposition. The obstruction at the neck of the bladder has called for a reservoir of greater capacity, therefore, in common with the accommodating nature of the whole individual, the bladder has dilated and expanded to meet the demands of the ever-increasing flood until the condition is established which is familiar to all, viz., a bladder reaching to the umbilicus full to overflowing all the time and a constant involuntary dripping, keeping the patient at all times wet.

In some respects these are the most favorable cases for operation in that they are always still free from cystitis and therefore the surgeon has a clean field to deal with. If, however, septic infection be by chance implanted at the time of operation, such cases do not well resist the progress of such infection and therefore the mortality is large unless most rigid asepsis be observed both in operation and after care. Why this is so is not difficult to appreciate when one recollects that coincident with the operation the bladder becomes a flaccid collapsed cavity through which a septic infection may spread with great rapidity and from the large surface of which rapid absorption of toxic products may occur.

The prime requisite, therefore, for successful prostatectomy in atonic cases is asepsis. It has been a somewhat widely prevalent idea that for suprapubic prostatectomy the ungloved hand is necessary and the enucleating finger must bear a long nail to facilitate scratching a starting point through the mucous membrane covering the prostate.

This is a fallacy which should be emphatically opposed. An enucleating finger armed with a prominent nail is of no material advantage when once the technic of prostatic enucleation has been learned. Moreover, a thin rubber glove does not in any degree embarrass the operator, but does insure for the patient a greater certainty of asepsis.

Preparatory treatment for atonic cases is by most operators deemed desirable, and consists of the adjustment of a catheter in such a way that the patient or nurse may draw off the urine at intervals of four hours. Such cases almost always show a low state of toxemia characterized by dry mouth, thirst, and dry skin, probably from absorption of elements from the large volume of urine which has been long held in the bladder. A few days of regular withdrawal of the urine permitting gradual collapse or contraction of the bladder will bring about an improved condition.

It is interesting to study the physical condition following operation, assuming that it has been successful and perfect healing has occurred. Is the atony of the bladder likely to continue in a way to embarrass the patient? Apparently not. The capacity of the bladder will continue to be much augmented so that the patient can

comfortably hold his urine longer than under normal conditions, but when the impulse to urinate does come, and the sphincter and compressor urethrae muscles relax, complete evacuation of the bladder occurs. This takes place for two reasons: first, a stream of fluid with nothing to obstruct it continues to flow from the force of gravitation alone until the source is exhausted; second, the weight of the superincumbent abdominal viscera pressing down upon the bladder still further aids in effecting evacuation. Therefore it appears that no fears of urinary retention need be entertained once the prostatic obstruction is removed.

From a surgical standpoint it is deeply to be regretted that cystitis even is permitted to occur in a case of prostatic obstruction. There is one cause of it, and one only, viz., the catheter. It would be no exaggeration to say that the catheter has killed more prostate cases than the normal fatality of the disease and the operative mortality combined. Obviously there comes a time in many cases when mechanical relief of some kind must be given. It seems to the writer that at this epoch a solemn duty devolves upon the family physician in guiding aright, so far as is within his power, the future destiny of the patient. To establish the patient in the catheter habit or even to acquiesce in its establishment is to commence in a practice which eventually brings inexpressible misery to the majority of prostate cases and a most unfortunate complication if finally the case comes to the operating table.

The bacterial flora of an old catheter case is a most wonderful combination of all bacteria which inhabit the modern human environment. The most luxuriant and menacing, however, are the white and yellow staphylococci and the colon bacilli. The bladder is a peculiarly favorable germinating place for bacteria of this kind because of the constant supply of nitrogenous material excreted by the kidneys and the peculiar difficulties attendant upon curative treatment because of ridges, furrows and sulci of the mucous membrane and maybe pouches of diverticuli of the vesical walls, all a direct result of the prostatic obstruction. Colonies of bacteria become hidden away hopelessly beyond effective reach of germicidal irrigating fluids.

The only hopeful thought in connection with these lamentable cases is that sometimes Nature establishes a normal resistance or immunity after the first rage of infection is over and which will apparently be held in abeyance a long time. These cases which have established an immunity may be looked upon as good risks from a surgical standpoint. On the contrary, those cases which void fetid smelling, flocculent urine, loaded with pus, are not good risks and furnish the major part of operative mortality.

The serious question therefore arises in these violently septic cases as to whether any operation whatever shall be advised. Unless the local condition can be radically improved by treatment all thought of so grave an operation as prostatectomy should be held in abeyance.

In the period of waiting much may be done in the way of cor-

rection of bad catheter habit, bladder irrigation and general hygiene, and medical treatment to test the patient's vital functions.

The writer's routine practise is to determine the functional integrity of the kidneys both on a restricted regimen of proteids and liquids and also on voluminous and forced feeding and drinking. Comparison of the output gives a fairly adequate idea as to whether the kidneys will measure up to the exigencies of repair of an operative wound.

While this is going on, daily irrigation of the bladder with a 10 per cent. solution of permanganate of potash in case of predominance of colon bacilli infection, or with "phenol camphor" in case of staphylococci infection, may do much to improve the local condition.

If with all this working out favorably, the patient gains strength, circulation, appetite and digestion are good, operation for radical cure may be resorted to with good prospect of success. On the contrary, if the patient be still feeble, with disinclination to be about and out of doors, capricious appetite and scanty urine, his span of life cannot be other than short anyway and will be shorter still be he subjected to the shock of a prostatectomy and the exigencies following after.

THE CANCER QUESTION IN PROSTATE CASES.

With accumulated experience there has come from all surgeons universal testimony that carcinoma of the prostate is an all too common complication. It is idle to discuss here whether it occurs primarily in a gland otherwise normal or whether it is exclusively or usually a complication of and secondary to senile prostatic enlargement. It appears that somewhere from seven to ten per cent. of the prostate cases which come to the surgeon are carcinomatous.

It is a fact that some cases of prostatic obstruction of the type discussed in the first section of this paper develop rather suddenly new and distressing symptoms without apparent cause. The earliest hint of this new menace is pain of a character not previously experienced, vaguely referred to the vesico-recto-sacral region independent of the bladder condition whether full or empty. In cases which have gone on some months secondary nodes may be found in one or the other inguinal region, and still later there may be oedema.

In such far advanced cases diagnosis and prognosis are easy and positive, viz., carcinoma and early dissolution. It is not so easy, however, in the early stages to reach a diagnosis or to advise for the patient's interest. If, on rectal examination, the prostatic resistance merges into the surrounding tissues without sharp line of demarcation, or, in other words, if the clear-cut roundness and symmetry of the gland be lost, strong suspicions of carcinoma are awakened. If, in addition to this, hard nodes are felt in and about the prostate, suspicion becomes conviction. If still unconvinced by rectal touch, cystoscopic examination may yield further knowledge of the local pathological condition. I have sometimes found the mucous mem-

brane of the floor of the bladder in the vicinity of a cancerous prostate, studded with secondary nodules when rectal touch has failed to yield satisfactory evidence.

In our present state of knowledge and experience cases of prostatic carcinoma which have already invaded the bladder wall or surrounding tissues should be relegated to the inoperable class. No good is done by subjecting such cases to anything other than temporizing expedients such as suprapubic or perineal cystotomy for drainage, and not even this as long as the bladder can be evacuated per urethra. The pain and discomfort incident to carcinoma are bad enough in themselves. To add this to the drip, wet, misery and confinement of incontinence is ill advised unless the bladder cannot be drained otherwise.

Irrespective of all other reasons for early prostatectomy the cancer menace is a positive and irrefutable one. It is a full and valid reason in those cases mentioned in the early part of this paper. The comparatively rare occurrence of cancer in uterine fibroids is considered by some of sufficient reason for urging hysterectomy upon otherwise inoffending cases. How much more urgency is there in a disease which has the large showing of seven to ten per cent.!

Emphatically in all cases of prostatic obstruction of a mild character which develop localized pain and discomfort not accounted for by the ordinary pathological conditions accompanying benign prostatic hypertrophy, prostatectomy should be urged, that radical removal may, if possible, be effected before the malignant disease has escaped outside the capsule.

SUMMARY AND CONCLUSIONS.

1. The degree of urinary obstruction from prostatic hypertrophy depends more upon the mechanical arrangement of the parts concerned than upon the volume of the gland.

2. An appreciable percentage of men past middle life suffer from obstruction at the neck of the bladder without enlargement of the prostate.

3. Differential diagnosis in these cases is materially aided by the use of the cystoscope.

4. Atony of the bladder is no bar to successful prostatectomy if asepsis of the bladder exist at the time of operation and is maintained during convalescence.

5. Cystitis is a serious menace in all prostate operations, and prostatectomy should not be undertaken until it is abated by treatment.

6. Carcinoma develops in from seven to ten per cent. of senile prostates.

7. Up to the present time the only prophylaxis known for this distressing and fatal sequel is early prostatectomy.

We learn that the price of radium has fallen from $3,000,000 to $2,100,000 per ounce. This will doubtless interest many of our readers. The total amount of radium now in existence is supposed to be about one-quarter of a pound.

OPENING ADDRESS.

By Dean John P. Sutherland, M. D.

Thirty-Eighth Annual Session, Boston University School of Medicine
October 6, 1910.

Ladies and Gentlemen:—

For more than a decade it has been my duty and privilege to extend to the student body assembled on the first day of the new academic year a sincere and hearty welcome, and in the name of the Faculty of Boston University School of Medicine, I today and at this time wish you as a body, and individually, a happy, prosperous and successful new year. The occasion which calls us together is from every view-point a peculiarly important one; for it marks the beginning of a new era. It is epoch-making to each one of us. As students, you are on the threshold of new opportunities, you are assuming new responsibilities, you are undertaking serious tasks, you are voluntarily and consciously taking up burdens and duties which are exacting in their demands and which will test to the utmost your ability, your faithfulness, and your endurance. As a faculty, we are pledging ourselves anew to give you the ripest fruits of our experience, to furnish you the best of our knowledge, to guide you in your studies, and to train you to the best of our ability in the intricate, philanthropic and noble "Art of Healing." Many of you have successfully passed through the initial phases of your medical-student life and have been with us a period of one or more years,—and the greeting that is extended to you is the greeting that is possible between friends who have been brought together after a season of separation, and who once more are united by common interests.

Others of you are here for the first time, strangers to one another, in a new environment, unfamiliar with your duties but anxious and eager to take up the tasks that are before you. The reasons which have brought you hither, your aims and ambitions, your conceptions of life in general, and the medical life in particular, are known only to yourselves. It is assumed by us, however, that you are here in the fulfilment of lofty desires, of high hopes and worthy aspirations, with the earnest intention of devoting all your energies and your entire strength unreservedly to fitting yourselves for the high calling of professional life. To you, especially, the right hand of fellowship is extended in cordial greetings; the door to our friendship is opened wide to you; you are welcomed to all we have to give; and a double assurance is given you that if you work in the right spirit success and happiness and usefulness will crown your efforts.

It is customary at the opening exercises of the school year to outline the duties of students and instructors, to consider briefly some ethical phase of student or professional life, or to

direct our thoughts for a few moments toward some topic intimately connected with the great subject of medicine, which, though important, finds no place in the regular curriculum. It seems to me appropriate to turn your attention today to a very important movement which is on foot, looking towards the solution of certain problems in medical education—the problems of higher standards for matriculation into medical schools; of different and improved methods of teaching; of the status of the medical school among educational institutions; of the academic value of the degree M.D.; of the financial aspects of medical education; of medical sects; of State boards of examination and registration; of the "poor boy" in relation to medical education; of providing small and isolated communities with high grade practitioners, etc.

It is not that I expect to solve all or any one of these problems at this time, but it is my desire to acquaint you with some of the current opinions concerning them, and to solicit your interest in them, in order that you may formulate definite and concrete opinions for yourselves, and in order that you may intelligently guide the thoughts of those with whom you may be brought in contact.

At no time in the history of mankind has medical education been so prominently before the public as it is at present. At no time has the laity taken so great an interest in the subject. At no time have educators in general united with philanthropists in attempts to bring medical education into line with academic methods. At no preceding time has there been such activity among national medical associations through their councils on medical education, or such unified efforts on the part of State licensing and examining boards and boards of health to elevate standards of medical education. At no time has medical education been subjected to such thorough investigation, such searching analysis, such sweeping criticism by lay and professional bodies as recently. At no time has there been so universal a consensus of opinion as to the necessity for heavy endowments for medical schools, for a body of instructors who can devote their entire time to research and teaching, for the full equipment of laboratories, and for all the clinical and didactic facilities needed to impart a thorough and practical training in this most important division of human knowledge and labor.

It is an undeniable fact that enormous progress in the aims, methods and thoroughness of medical education has been made during the past score of years through the initiative of the medical profession itself. The profession is and has been keenly alive to the deficiencies of medical education, and has been honestly and unceasingly endeavoring to overcome these deficiencies. Influences and factors in the profession itself, however, have militated against the rapid and radical reforms which have been recognized as necessary.

Fresh and vital interest has been aroused in the entire sub-

ject by a special investigation and report made and published by the Carnegie Foundation for the Advancement of Teaching. This investigation consisted of the personal inspection of all the medical schools of the United States and Canada; the collection of all sorts of allied statistics and data; the summarizing of the facts collected; the formulation of conclusions and recommendations, and the presentation of arguments in support of the same.

The record of this investigation is commonly referred to as the "Flexner Report." It was printed and a few months ago was widely distributed, and it has been the object of considerable comment and discussion. It forms a volume of nearly 350 pages and is a monument to the industry and ability of its author. The Report presents an excellent and praiseworthy review of the history, the gradual development, and the present status of medical education. It exposes unflinchingly, impartially and very properly the low standards, the glaring faults, the unworthy methods and practices of many medical schools. It ruthlessly holds up for inspection the departures from ethical and creditable customs which have been found to exist in sundry quarters, and it would seem to show that medical education is, on the whole, on a rather low plane in the country at large. Many of the criticisms made are undoubtedly deserved, and the investigator merits the approval of the profession and the laity for his exposé of faults and incompetency, and for the majority of his recommendations. The Report contains an admirable compilation of statistics covering all phases of its subject and the accuracy of its statements is to be challenged in relatively few instances. Probably nothing of the sort has been attempted that is so free from errors, so exempt from prejudices, so unbiased by preconceptions. In short, it contains so much that is reliable and true that one looks leniently upon what may be called its defects. These defects are such as might be expected in one who theorizes about medical education, and are connected with his conclusions and arguments rather than with his statistics. That Mr. Flexner, who made the inspection and wrote the Report, did his work faithfully and conscientiously cannot be doubted by anyone familiar with his methods and acquainted with the subject under consideration. That he may have made a few misstatements is possible and excusable in a work of such magnitude and accomplished in so short a period.

Naturally the appearance of the Report and the publicity given to it caused at first an acute resentment, especially on the part of those whose discrepancies were revealed and those who objected to having a layman gratuitously instruct the profession in matters with which it assumed to be perfectly familiar. Resentment of the criticisms, however, is not to be lightly indulged in, and wholesale condemnation of the Report is absolutely out of place, besides putting the condemner into a very undesirable category.

The conclusions of the Report, imperfectly summarized, are that:

There are in this country altogether too many medical schools.

That the majority of our medical schools are deficient in equipment, facilities, and a properly prepared teaching force.

That there are annually a much greater number of graduates from our medical schools than there is any need for, and that these graduates are naturally inadequately trained.

That the graduation of so many physicians makes it impossible for the majority of them to make a "decent living."

That independent medical schools are an anomaly, and that there is no excuse for their existence.

That medical schools should be parts of universities and should be located in large centres of population on account of the clinical facilities only there to be obtained.

That medical schools should be integrally, not nominally, parts of universities, and should be under university management.

That large endowments should be available to supply an adequately salaried corps of instructors and to fully equip laboratories with modern and necessary apparatus.

That all medical schools should own and operate hospitals of sufficient size to furnish the material needed for clinical, pathological and diagnostic work.

That the degree, Doctor of Medicine, should be elevated to its proper academic relationship and be preceded by full courses leading to the Bachelor's degree.

That the minimum entrance requirements should include one or two college courses, embracing laboratory biology, physics and chemistry in their curricula.

That medical students training for general practice should be instructed in the principles and technic of research work.

That medical schools or, to quote correctly, "all colleges and universities" are "Public Service Corporations," and "that the public is entitled to know the facts concerning their administration and development, whether those facts pertain to the financial or to the educational side."

It is not my intention, even if time and your forbearance permitted, to comment upon these conclusions in detail, but a few of them are of such vital importance to us all that some comment is called for. First, however, let me quote to you from articles on the Report which have been brought to my notice.

Dr. A. E. Winship, editor of the Journal of Education and formerly Commissioner of Education in Massachusetts, has written an article for the National Magazine for August, which was reprinted in the Somerville Journal for August 5, 1910, entitled, "Where is the Pension Foundation Headed?" In this article Dr. Winship claims that the purposes of the Carnegie Founda-

tion are being subverted by its present administrators, who, he asserts, are endeavoring through financial power to crush out small and insufficiently endowed educational institutions. Dr. Winship says:—

"The worst charge ever made of crushing out small business houses, in the interest of large concerns, is not a circumstance to this new and not altogether saintly way of killing off educational institutions that lack wealth and aristocratic conditions. This presumed noble benefaction is to be used for crushing scholastic aspirations in all lads who have not inherited the regulation twelve years' culture scheme, and whose code of etiquette is so crude that they do not know that it is an unpardonable offence to ring the college door bell on any but the conventional day of the year.

"The one redeeming feature of this is that it was not put in force earlier. Today a large number of the best students in Harvard and Yale, Columbia and Princeton, Cornell and Stanford, are those who did not enter college in the lock-step fashion, who are not primarily students of these institutions, but are merely completing there the work nobly begun at Antioch, Athens, or Crete. The college in which they were born, in which they were fathered and mothered, can have no recognition in the new order of things. Poverty and neglect are to be the reward for discovering scholarly taste by the wayside, while luxurious pensions await those who are too aristocratic to go into the highways and hedges after hitherto undiscovered scholastic taste and talents.

"How fortunate that this glorious reform did not come earlier!" * * *

"What evidence is there that these are famous wise men who are administering this pension foundation on commercial and aristocratic lines?" * * *

"As a layman, I have no opinion as to the wisdom of the suggestion to medical schools. But of late the Pension Foundation has entered a field with which I am familiar." * * *

"It is devoutly to be hoped that the Pension Foundation knows more of colleges and medical schools than it knows of public schools. In view of its stupendous ignorance of public schools thus demonstrated, it can hardly claim to be an expert in anything educational."

Another writer, the son of a scientist who was at the same time a physician of wide repute, writes in the "Nation" for September 1, as follows:—

"Sir:—Mr. Flexner's recent review of the conditions prevailing at the present time in the medical profession and the criticism by the Carnegie Foundation of medical institutions in general, reminds the writer of some observations by Joseph Addison on the 'overcrowded professions,' which were published in the 'Spectator' of Saturday, March 24, 1711.

"He says:—I am sometimes very much troubled when I reflect upon the three great professions, of Divinity, Law, and Physick, how they are each of them overburdened with practitioners and filled with multitudes of Ingenious Gentlemen that starve one another."

"The man who has not the means to defray the expense of a long preliminary training, to make him a 'desirable' matriculate for the institution of advanced learning, has a right to some consideration. Great endowments, laboratories, and teachers unfortunately cannot make the man of true science; there is something behind all these things.

"The great leaders of thought in science were born with the spark of genius." * * *

In regard to criticism, whether criticism by the Carnegie Foundation or criticism of the Flexner Report, or criticism of

anything else, I have been reminded of an ancient Hindu fable which was put into verse by J. G. Saxe under the title, "The Blind Men and the Elephant."

It reads as follows:—

"It was six men of Indostan
To learning much inclined
Who went to see the Elephant
(Tho all of them were blind),
That each by observation
Might satisfy his mind.

"The First approached the Elephant
And, happening to fall
Against his broad and sturdy side,
At once began to bawl,—
'God bless me! But the Elephant
Is very like a wall.'

"The Second, feeling of the tusk,
Cried:—'Ho, what have we here
So very round and smooth and sharp?
To me 'tis mighty clear
This wonder of an Elephant
Is very like a spear!'

"The Third approached the animal
And happening to take
The squirming trunk within his hands,
Thus boldly up and spake:
'I see,' quoth he, 'the Elephant
Is very like a snake.'

"The Fourth reached out his eager hand
And felt about the knee.
'What most this wondrous beast is like
Is mighty plain' quoth he;
' 'Tis clear enough the Elephant
Is very like a tree!'

"The Fifth, who chanced to touch the ear,
Said, 'E'en the blindest man
Can tell what this resembles most;
Deny the fact who can,
This marvel of an Elephant
Is very like a fan!'

"The Sixth no sooner had begun
About the beast to grope,
Than, seizing on the swinging tail
That fell within his scope,
'I see,' quoth he, 'the Elephant
Is very like a rope!'

"And so these men of Indostan
Disputed loud and long,
Each in his own opinion
Exceeding stiff and strong,
Though each was partly in the right,
And all were in the wrong!"

The "moral" of this fable is evident to anyone who is not blind. In order to make a criticism, a diagnosis, or a prescription, it is necessary, in Hahnemannian phraseology, to get the "*totality of the symptoms.*" And "the totality" does not mean a few or most of the symptoms or facts, but the comprehensive ALL, no one being omitted.

With this idea in mind it is permissible to ask—Are there any flaws in Flexner's indictment of the medical profession? Are his conclusions consistent with the totality of the facts? I would say cautiously there are flaws in the indictment, and his conclusions are not all warranted by the totality of facts. There are three points commented on in the Report, to which I wish particularly to call your attention; viz., over-production of physicians, inadequately trained doctors, and the high standards advocated as absolutely essential to the making of efficient doctors.

In regard to the overcrowding of the profession: We have already quoted Addison's wail of 200 years ago concerning the "overcrowded professions," a wail that has been repeated "many a time and oft." And with what result? The professions continue to be overcrowded, according to the views of some critics, and this in spite of the wonderful and enormous advances in general and special education during the centuries. The amazing growth of scientific knowledge, the increase in number and efficiency of educational institutions and the improvements in pedagogical methods do not seem to deter students from entering the professions or decrease the number of those who are ambitious to acquire knowledge. It is conceded, however, that the Flexner Report is correct in claiming that there is a superfluity of medical schools in this country, that there are too many inadequately trained doctors. Without giving rise to much controversy it may be claimed that there are too many lawyers, too many clergymen, too many teachers, too many artisans, too many people, too many animals—of an inferior or of a mediocre quality—and altogether too few of the best. Does it necessarily follow that by reducing the number of schools and decreasing the number of practitioners we shall have *better* schools, more efficient, humane, truly successful physicians? He would be reckless who claimed the affirmative!

To my mind one great flaw in Mr. Flexner's reasoning is the purely statistical method made use of. As I understand the Report, the basis of its conclusion in this matter is wholly statistical and financial. It is argued that the amount of money now spent in maintaining 155 schools, if concentrated in the support of 20, would mean vastly superior schools and teaching. From the financial standpoint—one of the few standards of the Carnegie Foundation made use of in estimating the value of medical schools—this conclusion might be considered well founded. The experience of past ages, however, would seem to prove that something more rare and of greater value than money is needed to make good teachers, worthy scholars, true scientists.

The statistical reason relied upon by Mr. Flexner to prove his contention that the medical profession in America is overcrowded is quite as fallacious as the financial one. The Report argues that because in Europe, or in Germany in particular, there are a certain number of medical schools and physicians to a certain population, therefore in this country the same proportion should be maintained. Germany, for instance, with one physician to 2,000 population in rural districts and one physician to every 1,000 in large urban communities, is taken as the ideal standard, and the fact that in the large cities of this country there is a physician to every 300, 400, 500 or 600 residents (the proportion varying in different cities) is considered proof positive that the profession is overcrowded by incompetent physicians. Is the argument without a flaw? I think not. Certain fundamental facts are wholly lost sight of in the reasoning. America is not Europe. The United States is not Germany. The social and the economic conditions, the political and the religious status, the essential genius of the two countries are as widely separated as the poles, and the conditions maintained in the one are by no means the conditions to be maintained in the other. The absurdity of claiming that European standards, customs, and traditions should be insisted upon in this country may be partly demonstrated by reference to statistics found in the Boston Transcript for September 23 which state:

"St. Petersburg, Sept. 23. The figures available at the sanitary bureau show that during the present cholera epidemic there have been 191,076 cases, with 88,716 deaths throughout the country."

Therefore, according to the Report's method of reasoning, it would be our duty in this country in the event of a cholera epidemic to have the same relative number of cases and the same proportion of fatalities,—an appalling number of cases and a still more appalling percentage of deaths,—and this in an almost wholly preventable disease.

To carry the demonstration further, let me refer to "The Outlook" for September 3 in which may be found the following:—

"Reports received from Russia are to the effect that Asiatic cholera, which has been epidemic in St. Petersburg since the spring of 1908, is rapidly spreading to other parts of the Empire, and is threatening to become a great national calamity. * * * Until the present summer the scourge had been confined, for the most part, to cities and towns on the main routes of travel; but it is now invading the rural villages, where the *ignorant and superstitious population* is least liable to deal with it intelligently and successfully. * * * * * * * * Asiatic cholera in Russia is not a new nor an unfamiliar visitor. It first made its appearance there in 1829, and it has prevailed in epidemic form during *thirty-seven* of the *eighty-one* years that have since elapsed. In the course of these thirty-seven years 4,558,000 Russians have been attacked by the disease, and 1,995,000 have died from it. In the year 1848 alone there were 1,740,000 cases and 690,000 deaths, and even as late as 1892, when the cause of the disease and the best methods of dealing with it had been ascertained, there were 340,000 cases, 158,000 of which terminated fatally. * * * * * *

"In countries where the population is enlightened and the Government efficient, cholera, in the present state of medical and sanitary science, is not greatly to be feared, because it can be easily controlled and quickly stamped out; but in Russia, where an overwhelming majority of the people know no more of the causes of epidemic disease than they do of the ultimate origin of life, and where the government has never dealt successfully with anything except revolution, cholera is as much to be dreaded as war.

"In this as in all previous epidemics, the greatest difficulty with which the Russian physicians and sanitarians have to contend is the invincible ignorance and hostility of the common people. * * * * * *

"* * * * * * Only a month ago a newspaper in the Crimea began a series of popular articles intended to enlighten the peasants with regard to the causes and nature of cholera and the best means of combatting it; but after the publication of the first article the editor had to inform his readers that, for reasons beyond his control, the series would be discontinued. * * * * * * Reports from competent observers, recently published in Russian papers, indicate that the Government is as negligent and inefficient now as it was eighteen years ago. The number of cholera cases has already reached one hundred and thirteen thousand, with fifty thousand deaths, and yet no national appropriation of money has been made for sanitary purposes. * * * * * * Meanwhile cholera has been carried into Italy by a party of Russians from Odessa, who went on a pilgrimage to the shrine of St. Nicholas at Bari, in Apulia, and washed their clothing in the same buckets with which they drew water from Italian wells."

What about the epidemic now raging in parts of Italy, and the attitude of the population toward medical science and physicians?

What about the attitude of Spain towards things broadly educational, towards religious, civil, and educational liberty?

What about the relationship of Science and the Church of Rome in Austria, France and Germany at the present time? Is what is called "Modernism" having fair play?

Shall we in America with our traditions, abilities and possibilities go to the continent of Europe for models in matters religious, political, educational?

Not that I would not follow a good example let it come from India, Africa, or the South Sea Islands, but it does not appeal to me as necessary for us in this country to adopt practices that are common in other countries simply because they are prevalent in some other country than our own.

We have our own problems to solve, our own conditions to meet, our own destiny to mould, and in all probability the ability to solve, meet and mould them in due season under such influences as come from what are called "Natural Laws," whether recognized as such or as yet unknown. Competition, the survival of the fittest, and other influences, are not to be lost sight of in trying to settle the question of medical education and overproduction of cheap doctors.

A word as to inadequate training and "cheap doctors": The yardstick made use of by the Carnegie Foundation is again the financial one—adequacy is predicted of large endowments, elaborately equipped laboratories, the number of "full time instruc-

tors," the control of extensive hospital clinics, etc. And once more history proves the fallaciousness of the argument. It is not always the sons of the affluent who make the most of their privileges. It is not infrequently those of obscure origin and small financial endowment who rise to prominence and prove their own adequacy in spite of limited privileges. John Hunter, the cabinet-maker janitor of a medical school, did not owe his ability and success to luxuriously appointed laboratories or full-time instructors. Leeuwenhoek's brilliant discoveries were not made with microscopes of modern type fitted with triple nose-piece, mechanical stage, substage condensor and the like. Was Pasteur's training obtained in medical schools with $5,000,000 endowments? Did Faraday have the high academic advantages advocated by the Foundation as so necessary to adequacy? Did Burns' road to fame lie through well-stocked libraries and academic halls? Instances of the sort are numerous enough to suggest that something more than the most highly-endowed schools is needed to produce the best and most useful and adequate scholars. The Report does not look for proof of inadequate training to data showing the incompetency of physicians in the field of actual practice, the only place where inadequacy of training can be proven.

It may be asserted confidently that the average graduate of even the so-called inferior schools can administer a cathartic in constipation, a hypnotic in insomnia, iron in anaemia, quinine in malaria, salicylates in rheumatism, bromides in epilepsy, digitalis in weak heart, fresh air in tuberculosis, antitoxin in diphtheria, diet to control diabetes, and can treat scarlet fever, erysipelas, typhoid fever, pneumonia, etc., by the "expectant" or "non-interference" system with all the nonchalance of his more favored colleague who has graduated from a superior school; and that the one is as helpless as the other when confronted by malignant and incurable diseases.

I would not, however, for one instant be understood as preferring unendowed, weak, struggling, commercial medical schools to the flourishing, well-favored medical department of a solidly established university, any more than I would prefer a crippled invalid to a strong, healthy, symmetrically-developed man for carrying on the work of the world. I simply feel that some things have been overlooked by the Carnegie Foundation in its investigation of medical schools.

And now a word as to the high standards considered essential to the making of good and capable physicians. The Report advocates the requirement of a Bachelor's degree as a prerequisite to the medical course, and a full four-years' medical course followed by post-graduate hospital experience. This we do not look upon with disfavor, but we consider it desirable rather than absolutely necessary. The Report looks favorably upon a preliminary two-years college course including biology,

physics and chemistry, and the requirement deserves favorable consideration. The Report looks with suspicion upon the one-year college course as an entrance requirement, and considers the ordinary high school course as furnishing insufficient preparation for the medical career.

What is absolutely essential, what is desirable, and what is feasible, are entirely different things, and for the present I am not inclined to discuss the question of high standards at any great length.

In one matter there is work for the Foundation to do before it insists on a Bachelor's degree as an essential requirement for matriculation into the medical school;—*and that is to standardize the degrees A.B.* and *Sc.B.* When these degrees represent the possession of a definite and uniform amount of knowledge and skill it will be useful to discuss the relationship to medical education; not before!

The point I wish to make is that the Report does not take into consideration those innate qualities of mind and heart that are so often of greater use in the sick room than all the knowledge and training the schools can give. In the Report these things are not referred to as among the high standards. They are not referred to at all. The fact that the possessor of many degrees does not necessarily possess sound judgment and what is known as common sense is also ignored. The high standards advocated in the Report do not by any means make the graduate broad-minded, progressive, receptive of new ideas, or capable of adjusting his own ideas and practices to innovations which may be admirable and very desirable and which sooner or later compel wide recognition. In the older civilizations which are held up to us as models of excellence and as examples to be followed with energy and faithfulness, discoveries in medical science and reformations in medical practice have not always been welcomed by those who represented the highest attainable medical education. The discoveries of Harvey and Jenner and Hahnemann, for example—not to mention others—were received with ridicule, contempt and persecution by those possessing what was thought to be the highest professional education of the day.

The ability to recognize the TRUTH in whatever shape it may appear or whatever its origin is not dependent upon *high academic training*;—quite the reverse, as history amply testifies to. The disciples of the Great Teacher—the Great Physician—were not chosen from among the most highly cultured or the most highly educated classes of His day and people—a special faculty often is needed to appreciate and fully realize the *truth,* and the cultivation of this faculty is not usually included in the school curriculum.

Unfortunately for the high standard plea it is not a rare sight to see a fully educated doctor who possesses all the ordinarily advocated ideal preliminary requirements and all that the professional school can give him, including surgical clinics in Vienna and elsewhere, perform his work with the heartlessness of a butcher.

I do not withdraw my allegiance to high educational standards, but I do contend that the physician worthy of his calling requires other equipment than is furnished by even the high standard course. Gentleness, tact, intuition, patience, quick perception, tolerance, humane impulses, and all that is implied by the word sympathy, are not incompatible with high scholastic attainments and ought to be helpful companions of the same. At all events they are often more useful in the sick room than all the training obtainable in the best equipped laboratory. The faculty to inspire confidence and justifiable hope, to instil courage in the faint-hearted, to quiet apprehensive forebodings is a faculty to be cultivated, for it is frequently of greater service than the best bacteriological knowledge and technic. I beg of you while you are in this School to cultivate assiduously these qualities of mind and heart and character, for without them your work in life will fall far short of its full fruition.

In order to remove any possible misconception regarding the attitude here assumed toward the Flexner Report let me say we are gratified with the just and accurate statements and criticism of our School contained in the record of the Foundation's Investigation. For instance, we read apropos of "Entrance Examinations: A certificate of graduation from an approved four-year high school, or examination; the examination is not set by the University, but by the Medical School, and is markedly below the four-year high school standard— * * * * * *

"The institution is mainly dependent on fees, but these have been consistently used to develop its facilities. * * * * * *

Laboratory facilities: In striking contrast with schools in which whatever the claim, fees have not been so used, this school has an excellent building, admirably well kept and well equipped, and attractive laboratories for pathology, bacteriology, physiology, chemistry and anatomy. There is no experimental pharmacology. It possesses a library in charge of a permanent librarian, a beautifully mounted collection of pathological material, an excellent refrigerator plant, and other features indicative of intelligent and conscientious effort. * * * * * *

Clinical facilities: The school adjoins a hospital of some 230 beds, of which 125 are available for amphitheatre and ward clinics. The material is fairly abundant and varied; but students do not make laboratory examinations for the patients whom they see in the wards. A pavilion for contagious diseases is also accessible. Connected with the hospital is a large, thoroughly modern and systematically conducted dispensary, in which laboratory work and physical work are more closely connected. * * * * * *

"Of the others, Boston University alone has a really model dispensary, comparing favorably in equipment, organization and conduct with the best institutions of the kind in the country. * * * * *

"Of complete homœopathic schools, Boston University, the New York Homœopathic College, and the Hahnemann of Philadelphia alone possess the equipment necessary for the effective

routine teaching of the fundamental branches. None of them can employ full-time teachers to any considerable extent. But they possess fairly well equipped laboratories in anatomy, pathology. bacteriology and physiology, a museum showing care and intelligence and a decent library. Boston University deserves especial commendation for what it has accomplished with its small annual income.

"The medical department of Boston University" (with a small total income) "makes a decent and attractive showing in a simple way in its laboratories of bacteriology, pathology, physiology, etc."

"The Homœopathic Medical Dispensary controlled by the Boston University School of Medicine must be included in the number of excellently housed, equipped and organized institutions of this kind."

"A small but beautifully mounted collection at Boston University is once more an evidence of what conscience and intelligence will achieve despite slender financial resources."

The only real criticism relates to our entrance examinations, which are rated in one place as below the four-years high school standard, and in another as below the two-years high school standard. But no criticism is made of our graduation requirements, though the fact that our graduating classes often reach only 50 per cent. of our entering classes testifies to the standards and democratic policy of the School.

It is the opinion of our Faculty that an educational aristocracy is no more consistent with American ideas than is a social, financial or inherited aristocracy. And it is considered by us a truly democratic procedure, a procedure thoroughly consistent with the traditions, the purposes and general policies of the country, to give all who with reasonable educational foundations and possibilities have aspirations to improve their social condition to acquire knowledge and to benefit humanity, an opportunity to show of what stuff they are made;—to give every person an opportunity to demonstrate his ability;—and to throw as few obstacles as possible in the way of his advancement. The mere fact of associating with those who are better equipped, and entering into competition with them is a powerful stimulant to the one who may lack the preliminary preparation but possesses justifiable ambition, determination and earnestness to take the place of the "better equipment."

The Report speaks well of and even praises our buildings, laboratories, library, museum, dispensary, etc.,—but there are things connected with the School which we prize more than we do the bricks and mortar which form its habitation.

Our School was the first in this country to offer a systematically graded three years course.

It was among the first to make the three years course compulsory.

It was THE FIRST to offer a four years course, and the FIRST to make the four years course compulsory.

It restored and grants the Baccalaureates in Surgery and Medicine.

It from its inception removed sex disabilities in *teaching and studying.*

It is one of six out of the 155 schools of the country to offer and maintain a five years course granting at its completion the *M.D. cum laude.*

It is one of a few to establish and offer a six years combination course whereby the two degrees Sc.B. and M.D. may be earned.

It is the only medical school in this or any other country that possesses three medals won on the merit of its exhibits in open competition at National and International Expositions and Congresses.

Ladies and Gentlemen:—It is for you to win additional laurels for the School—and this you can do by faithfully and patiently following in the footsteps of the devoted band of high-minded, independent, whole-souled, brave, courageous, well-equipped and adequate men and women to whom the School owes its existence. Its 38th year is in your hands. Make of it the brilliant success it merits.

HOMOEOPATHY IS NEITHER DEAD NOR DYING.

By Richard S. True, M.D. Marblehead, Mass.

The developments in medicine during the last century reveal the gradual modification and decline of the "old school" materia medica, and the healthy advance and continuity of Homœopathy.

When Hahnemann produced the results of his investigations and made them practical in the sick room, he was ridiculed, even to that degree of persecution which limited him in his professional cases and deprived him and his family of the common necessities of life, notwithstanding the fact that he had been a most able medical authority for many years previous. Many of his students and followers have shared the same fate at the hands of the old school physicians, at different intervals all down through the most eventful and progressive period, in all methods of reform and improvement the world has ever known. The progress of Homœopathy in the wonderful cures produced by Hahnemann in due time eliminated his distress and he lived to see his "Law of Cure" acknowledged and thoroughly developed not only in his country, but in ours, and he died in the enjoyment of a well earned victory, a benefactor indeed.

Thousands of the most intelligent and educated physicians in the world have become most powerful advocates of Homœo-

pathy, and the fact that every one of them have grown stronger and stronger in their regard for Hahnemann and his beneficent "art of healing" the longer and more intelligently they practiced it, has a most telling significance, while on the other hand the fact that old school physicians almost without exception in recent years say that they have but very little confidence in medicines, has a corresponding significance, negative though it is.

The following testimonials of some of the most prominent old school physicians have a bearing upon this question worthy of our consideration:

Dr. Evans, F.R.C.P., London. (Physician to the Queen's household):

"The popular medical system is a most uncertain and unsatisfactory system. It has neither philosophy nor common sense to commend it to confidence."

Sir John Forbes, F.R.C.P., London. (Physician to the royal family):

"No systematic or theoretical classification of diseases or therapeutical agents ever yet promulgated what is true, or anything like truth, and none can be adopted as a safe guidance in practice."

Prof. A. H. Stevens:

"The older physicians grow the more skeptical they become of the virtues of medicine, and the more they are disposed to trust to the powers of nature."

Prof. Gregory, of the Edinburgh Medical College, to his medical class:

"Gentlemen:—Ninety-nine out of every hundred medical facts are medical lies, and medical doctrines are, for the most part, stark, staring nonsense."

Dr. Alonzo Clark (American physician and surgeon):

"Every dose of medicine diminishes the patient's vitality, and in their zeal to do good the physicians have done much harm. They have hurried thousands to the grave who would have recovered if left to nature."

John Mason Good, M.D., F.R.S., London:

"The science of medicine is a barbarous jargon. My experience with materia medica has proved it the baseless fabric of a dream, its theory pernicious, and the way out of it the only interesting passage it contains. The effects of medicine on the human system are, in the highest degree, uncertain except, indeed, that they have destroyed more lives than war, pestilence and famine combined."

Dr. Jacob Bigelow, formerly President of Massachusetts Medical Society:

"The premature death of medical men brings with it the humiliating conclusion that medicine is still an ineffectual speculation."

Dr. Cogswell, Boston:

"It is my firm belief that the prevailing mode of practice is productive of vastly more evil than good, and, were it absolutely abolished, mankind would be infinitely the gainer."

Dr. Abercrombie, F.R.G.P., Edinburgh:

"Medicine has been called by philosophers the art of conjuring, the science of guessing."

(Anonymous but true):

"Present day medical diagnosis is largely a guess and the treatment based thereon,—experiment."

Dr. Valentine Mott (American surgeon):

"Of all sciences medicine is the most uncertain."

Dr. James Johnson, F.R.S.:

"I declare as my conscientious conviction, founded on long experience and reflection, that if there were not a single physician, surgeon, man mid-wife, chemist, apothecary, druggist or drug on the face of the earth, there would be less sickness and less mortality than now prevails."

H. G. Wood:

"What has clinical therapeutics established permanently? Scarcely anything."

Dr. Oliver Wendell Holmes:

"Mankind has been drugged to death and the world would be better off if the contents of every apothecary shop were emptied into the sea, though the consequences to the fishes would be lamentable."

Dr. Talmage, F.R.C.A.:

"I fearlessly assert that in most cases our patients would be safer without a physician than with one."

Dr. Horace Green (to a group of students):

"The confidence you have in medicine will be dissipated by your experience in treating disease."

Dr. A. C. Bernays:

"Ninety-five out of every hundred patients who apply at a doctor's office to be treated would get well anyway if left to nature."

Prof. Magendie:

"Medicine is a great humbug. I know it is called a science. Science, indeed! It is nothing like science. Doctors are mere empirics when they are not charlatans. We are as ignorant as man can be. Who knows anything in the world about medicine? I hesitate not to declare, that so gross is our ignorance of the real nature of the physiological disorders called disease, that it would perhaps be better to do nothing and resign the complaint we are called upon to treat to the resources of nature than to act, as we are frequently called upon to do, without knowing the way and the wherefore of our conduct and its obvious risk of hastening the end of the patient."

Hahnemann's extensive writings and those of his immedi-

ate and remote followers, even to those of our own time and generation, furnish us with an almost inexhaustible array of the philosophy of Homœopathy and its adaptability in the sick room, embracing not only the developments of the "Law of Cure" in Hahnemann's day, but those of the progressive age in which he and his students lived and are still living and perpetuating the only scientific "art of healing" extant. Hahnemann's "Law of Cure" cannot change any more than the law of gravitation can change, and this assures its longevity. Homœopathy has outlived its opposition and the curriculum of the homœopathic colleges throughout the world presents every known subject under the most progressive and up-to-date instructors. The day has surely passed when the educators and instructors of the old school colleges and the facilities for obtaining a more scientific knowledge of the various departments were superior to those of the homœopathic colleges.

Our colleges and hospitals have interested an almost unlimited amount of capital for their endowment and permanent support, and they possess all the facilities and bestow all the opportunities upon the student and patient that can be found elsewhere, and added to those is the homœopathic "Law of Cure" with its ever-abiding philosophy with which so much is accomplished for suffering humanity that our old school brethren know nothing about. In short, our homœopathic colleges and hospitals have all the advantages of the old school and homœopathic besides.

It certainly should not require very much more time for the student of medicine or the sick and suffering to decide which to accept, the old school or Homœopathy.

"The stone which the builders rejected has become the headstone of the corner."

TREATMENT OF EPILEPSY.

"Unfortunately the medicinal treatment has proven most unsatisfactory. A very large number of drugs has been used in attempts to alleviate or cure the disease. All of these have had their special advocates, and all are more or less unsatisfactory.

"In our experience the judicious administration of the bromides has proven more beneficial than any other drugs.

"It is certain at the present time we know of *no* curative medicinal remedy.

"As to the general treatment, it is now universally recognized that epileptics as well as the epileptic insane are best treated and cared for in institutions where the following methods are in vogue: 1st. A simple mode of life, with the strict avoidance of excitement and abstinence from alcoholic liquors. 2d. Regular and congenial employment best suited to the individual mental and physical condition of the patient. 3d. A certain amount of both work and play, with the simpler forms of outdoor exercise. 4th. The reduction of the usual sedative medicinal remedies to a minimum amount."—Maryland Medical Journal.

The present Freshman class of Boston University School of Medicine is the largest entering class since 1900.

CLINICAL DEPARTMENT.

Conducted by A. H. Ring, M.D.

Case X. Diagnosis: Cerebral Arterio-sclerosis with hemorrhage.

Dr. Edward L. Colby, who saw the patient in consultation, kindly gives the following discussion:—

The diagnosis in this case is not free from difficulties, but taking the history of the onset, the patient's age, and also the family history, the recurrence of the vertigo, and a series of convulsive attacks followed by loss of power; all the symptoms without signs of any vegetations on the cardiac valves to form a cerebral embolus seem to point as follows: There was at first a stiffness of the cerebral vessels, amounting practically to thrombosis, which at times so cut off an area from proper blood-supply as to constitute an irritative lesion. In cerebral arterio-sclerosis the symptoms which he presented are not rare. The cerebral vessels being weakened by a probable endarteritis, there occurred at the time of the second seizure (at least) a slight hemorrhage with aphasia and hemiparesis, from which he partially recovered. It is not possible to demonstrate just how far the uremia was answerable in this case. We do not know which condition was antecedent, and in such cases we rarely do know; we can only say that they are coincident. The fact that the blood pressure was only 149 does not necessarily militate against the theory of initial arterio-sclerosis, for it does not always show in the arm, even when present in the brain. Other and later factors are known in this case which it would be unfair to admit to a discussion of it as recorded.

Case VI for Diagnosis:

Mrs. X., age fifty-seven. Mother died of senile breakdown at seventy after five years illness. Patient was an only child of nervous, active temperament. When fifteen years of age it was thought she had consumption, but she recovered after two years. Married at twenty-five years. At this time she was a thin, wiry woman with a New England conscience. Following the birth of her second child, she had puerperal mania lasting three months, from which she apparently recovered. Her husband, however, dates her mental weakness from this illness. Since then she has gradually developed an increasing tendency to hold tenaciously to any idea which happened to possess her—a lack of normal plasticity of attention. Over several years there was no fixed idea other than an excessive cleanliness, finding many excuses to wash her hands, etc. Two years ago she become possessed by the fear that through neglect she had been the indirect cause of the death of her child, aged three, and also of her mother. These first fears were the nucleus about which she has gradually built others, i. e., that her husband no longer loves her. These all combine to produce a sense of abject misery and dejection, the natural feeling tone born of such ideas. When first seen, her sensations, memory, associations and orientation were all normal. Physical examination revealed a thin woman, quite gray, and, save for a tense abdomen, was entirely negative. She had

a tic also, the natural outcome of her ideas, consisting of a peculiar whining or moaning noise, which she kept up incessantly, save during the few hours of sleep, and even this was frequently interrupted by moans. There was also a concentric limitation of the attention which focused upon her fears. At this time she discussed them freely, and after a few weeks of talking them over became more hopeful, showed some interest in her surroundings and ceased moaning. She said, "It all seems like a dream." At this juncture her family could not be persuaded longer to remain away and their visit for a time re-established the old associations.

"THE SUBCONSCIOUS—Whatever that is!" In view of the frequency with which the word subconscious is heard, even from the laity, it may be of interest to attempt to formulate some concise ideas about it.

The word subconscious was first used in 1886 by Prof. Pierre Janet, to distinguish all those submerged or detached ideas or thought systems which became amnesic through hysteria. Such ideas were still intact as could be shown through automatic writing, crystal gazing or hypnosis, but were not accessible to the personal (aware) consciousness of the individual. This, then, is the original and perhaps the only legitimate use of the word. It will thus be seen that it is essentially a term of abnormal psychology. Later it was used, or rather confused, to describe all that large field of latent memories which lie outside the focus of attention, yet which may influence the actions and disposition of the mind and body. In this broader sense it lost much of its simple and direct meaning. The prefix sub was evidently inapplicable, and Dr. Morton Prince suggested the substitution of co-conscious, partly because, he says, "it expresses the notion of co-activity of a co-consciousness and partly to avoid the ambiguity of the conventional term." He suggests the following questions as pertinent to an inquiry into the notion of the subconscious. "Do ideas ever occur outside the sythisis of the normal or abnormal life, so the subject becomes unaware of these?" Or, putting the question in another form: "Do phenomena which appear to the manifestations of a subconscious intelligence necessitate the postulation of dissociated ideas, or are these phenomena compatible with the interpretation that they are due to pure physiological processes without psychic correlates?" And later on he says: "There is no place where we can stop and conclude where the physiological ends and the psychological begins." Why should we? Is it conceivable that there can be psychism without functioning of the brain cells? On the psycho-physical side it would seem that the word subconscious might rightly be applied to all those cells which, having functionated before and therefore retaining memories, were not receiving nervous energy enough through interest and attention to drive them above the threshold into awareness. Here we could invoke McDougal's drainage theory of nervous energy and show that under certain not yet understood biochemical conditions the nervous energy tends to flow through paths of least resistance (probably determined by the condition of the cement sub-

stance at the synopsis) and to concentrate more or less intensely upon the particular memories (cells) to which we attend. Not that Janet would use subconscious to denote a system of cells whose avenues of approach were blocked to ordinary attentions. It often occurs that by turning the attention to other channels the forgotten thing suddenly jumps into awareness, and this has been offered as evidence of subconscious activity, but Munsterberg gives the more likely explanation; namely, that by relaxing attention and throwing it into other channels (upon other cells) the blocked channels are thrown open and thus the cells become energized and re-synthetized.

On the abnormal side it is interesting to carry this psycho-physical theory a step further and apply it to our cases of psychasthenia and hysteria on the psychic (sensory) side and to the phenomena of psycho-motor retardation and psycho-motor excitation in cases of manic depressive insanity on the motor side of the reflex arc.

In the former we can conceive that the channels of excitation of certain higher thought systems (neuron complexes) are highly resistant at the synopsis or that the nervous energy generated by the human dynamo is lowered (psychasthenia and psycho-motor retardation), or that these certain channels are blocked (hysteria) or that their resistance is lowered (psychomoto-excitation).

The subconscious would normally become then physiologically the low tension neurons, the high tension group of cells being the ones which rise above the threshold of consciousness demanding attention, the will to energize the particular group of cells at any moment being determined by natural reaction to one's environment, and back of this by evolution. I am aware that all this sounds extremely simple and mechanical, but is it not a just deduction from the premises?

Munsterberg says, "the subconscious can be summed up in three words: 'There isn't any.'" He means by this that it is folly to apply one word to such a variety of complex problems, and that it would be better to understand, so far as possible, the different elements of the mind to which the word has been ambiguously applied.

From our point of view, therefore, as physicians, it would seem a happy solution to keep the word as Janet intended it, for those blockings of thought systems which result in the amnesia of hysteria.

Dr. Edward L. Parks kindly writes the following:

"MEDICAL REMINISCENCES of St. Michaels, Azores. Having been asked to write something of my experiences in the Azores last winter, I cheerfully comply.

When in the valley at the end of the island, which is the crater of a former volcano, six miles long, I became interested in some children with diseases of the eyes, and a girl of nineteen who had smallpox in childhood. She had had panophthalmitis, and the better eye was shrunken. After having studied the case carefully under atropine, it seemed unsafe to do an iridectomy or a discission. A Passavant operation would have been necessary.

One of the papers in the city of Ponta Delgada, with Latin politeness and exaggeration, gave me a complimentary notice. People came

from long distances. There was a man with double hemianopia; another with an old sclero-choroditis, etc.

On my return to the city a man consulted me, blind in both eyes. He had been operated on in Lisbon for glaucoma in one eye. But both pupils were widely dilated and his sight was gone.

I was called to see a young man who had lost his sight, hearing and sense of taste. His nerves (of the eyes) were atrophied. His case had been pronounced in Lisbon that of a brain tumor.

In Rua da Beco might be seen a woman who was conspicuous on account of the absence of her nose. She did not consult me, and I was not attracted to that street.

There is a hospital in the city with a modern operating room. There are many neglected cases of senile catarrh in the valley. There are some fine doctors in the city. One sees often the sign: "Dentista ed Oculista."

The attention of our readers is called to a free course of eight lectures on Elementary Psychology by Prof. Edward Bradford Titchener, under the auspices of the Lowell Institute, beginning Tuesday, November 1, at 5 o'clock, and continuing at that time on Tuesdays and Thursdays. Dr. Titchener is research professor at Cornell, and is one of the ablest psychologists in America. Apart from this his wonderful personality and engaging manner of speaking make this course particularly inviting to those who desire to obtain a good grounding in psychology.

ACUTE ANTERIOR POLIOMYELITIS.

The frequency with which cases of this disease are met should direct the attention of every physician to the condition and point to him the need for disseminating the widest possible knowledge of direct and indirect causes. The slender resources at our command in the treatment of infantile paralysis are another reason for a deeper and more general knowledge of the disease. The publication of a large number of interesting and instructive papers on the subject is sufficient to show that the disease is playing havoc throughout the country. Our present lack of a specific for the disease gives it a still more somber aspect.

A distressing feature is the absence, until the disease is well advanced, of pathognomonic symptoms. Unless in the presence of a well marked epidemic, the disease may seem nothing but an obscure infection until the paralysis is discovered. And yet it cannot be pleaded that an earlier recognition of the process would be of avail, for our therapeutic helplessness would not render it less so. In many instances the sufferers are in full bloom of health until within a few hours of the appearance of the dread features of the disease.

Concerning the cause of acute anterior poliomyelitis, much speculation has been indulged in, but beyond describing the probable predisposing causes, but little of profit has been determined. Sensory manifestations are of such infrequent occurrence that they need not be reckoned with at all. It is well to be on guard when confronted by a case presenting fever (usually slight), muscular twitching, headache and restlessness. (Anders.) These are the prodromes of the condition being discussed. Paralysis may soon be noted. In view of the damage done to the neuron body recovery in full cannot be expected.

Beyond the usual measures taken in most cases of infectious diseases, but little can be offered in the way of treatment. After the disease has spent its force, massage and electricity may be employed, coupled with strychnia and a general tonic treatment. Strict quarantine measures should be adopted for the protection of neighbor children. —Medical Era.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

THE ACCOMPLISHMENTS, PRESENT STATUS AND FUTURE POSSIBILITIES OF THE MEDICAL SCHOOL OF BOSTON UNIVERSITY.

The majority of the readers of the *Gazette* are familiar with and more or less interested in the Medical Department of Boston University. Many are glad to number themselves among its graduates and to acknowledge that their foundations of medical knowledge were laid while within its walls. In view of these facts it has seemed to be wise to prepare the following material in order to remind the alumni of some possibly overlooked facts as well as to bring to their attention several new ones, hoping thereby to stimulate renewed enthusiasm and to increase the activity for its future welfare.

It must be remembered that at the time of the foundation of Boston University the medical schools of the country gave only two-year courses, and that these usually consisted of yearly repetition of lectures given to the two classes together.

This school was established and opened its doors to students in 1873, and from the first offered a three years graded course.

It was one of the first medical schools in the country to make the three years course compulsory. This is did in 1877.

In 1878 the School announced courses leading to the degrees Bachelor of Medicine and Bachelor of Surgery.

In 1878 the School offered optional four-years courses, and lengthened the annual term from five to eight months.

It was the first medical school in the country to make the four years course compulsory. This was done in 1890.

In 1907 it offered a five years course leading to the degree M.D., cum laude, and it is one of the six out of one hundred and fifty-five medical schools in the country to maintain such a course.

In 1907 the School also offered, in conjunction with the College of Liberal Arts of Boston University, a six-years combination course leading to the degrees Sc.B. and M.D.

It is the only medical school in the country which possesses three medals (2 gold, 1 silver) won on merit in open competition at National and International Expositions and Congresses.

Many claims for excellence have been made by various members of the institution or by others interested therein, but until very recently no formal inspection has been made by disinterested individuals qualified to give impartial judgment. Recently, however, three such inspections have been made by persons not only unbiased but who might naturally be expected to be opposed to the School. Two of these have been made by committees of the American Medical Association, the third by Mr. Flexner, representing the Carnegie Foundation. As a result of these former, not only did the committee express its feeling of great satisfaction to the writer personally, but the Association placed it in Class A among medical schools, that is, in the class that included the most excellent schools in the country.

The report of the Carnegie Foundation gives details about every existing medical school in the United States and Canada, and is by no means notable for giving praise where it is not fully deserved. Among other things, it says of Boston University School of Medicine:

"The institution is mainly dependent on fees ($12,762, estimated), but these have been consistently used to develop its facilities."

"Boston University deserves especial commendation for what it has accomplished with its small annual income."

"In striking contrast with schools in which, whatever the claim, fees have not been so used, this school has an excellent building, admirably kept and well equipped, and attractive laboratories for pathology, bacteriology, physiology, chemistry and anatomy. There is no experimental pharmacology. It possesses a library in charge of a permanent librarian, a beautifully-mounted collection of pathological material, an excellent refrigerator plant, and other features indicative of intelligent and conscientious effort."

"The school adjoins a hospital of some two hundred and eighty beds, of which one hundred and twenty-five are available for amphitheatre and ward clinics. The material is fairly abundant and varied; but the students do not make laboratory examinations for the patients whom they see in the wards. A pavilion for contagious diseases is also accessible. Connected with the hospital is a large, thoroughly modern and systematically conducted dispensary in which laboratory work and physical examination are more closely connected."

We read elsewhere that "a small but beautifully-mounted collection at Boston University is once more an evidence of what conscience and intelligence will achieve, despite slender financial resources."

"Boston University has a really model dispensary, compar-

ing favorably in equipment, organization and conduct with the best institutions of the kind in the country."

Let these statements suffice for the past, both early and recent, as seen by observers in sympathy with all our aims and by those who have no such sympathy.

What of the present, and what the prospect for the future?

At present the School is running smoothly along with a united and able Faculty of about sixty physicians. With the exception of almost nominal salaries in the chairs of anatomy, physiology and chemistry all give freely and willingly of their services without expectation of reward other than the joy of the working. Such interest as is thus manifest cannot be measured in monetary terms.

From the standpoint of attendance the freshman class has shown an almost steady gain for the past six years, culminating this year in the largest enrollment that has been reported in the decade.

With the addition to the clinical and research advantages of the Evans' Department of Research and Preventive Medicine of the Hospital, the classes of coming years should be still further augmented.

The greatest and most urgent need is a sufficient financial income not only to assure the perpetuity of the present quality of work but to permit an extension into other fields that are now becoming visible. An endowment of at least five hundred thousand dollars is urgently required, partly to provide for current expenses and partly for salaries for the Faculty, in order to enable them to give more freely of their time to purposes of instruction.

Another urgent need is for money to rebuild, or, at least, thoroughly remodel the older of the two school buildings. The various departments are crowded out, particularly those of chemistry and anatomy, and greatly need more space than is available in the old, but well-built structure, with its many small rooms.

As our readers well know, through the generosity of Mrs. Robert Dawson Evans, an endowment fund was started last spring that within three weeks amounted to three thousand dollars more than the twenty thousand that was stipulated. This gives to the School a nucleus upon which to work, but is in itself entirely inadequate. An offer of fifty thousand dollars has been received conditional upon making the entire amount one hundred thousand by the first of July next. Or, in other words, there are already pledged seventy-three thousand dollars contingent upon the pledging of the entire hundred thousand within about eight months. Last spring the alumni came forward with great generosity, not only with personal pledges but by interesting their patients and friends. Then, the sum of ten thousand dollars was the incentive; now, five times that amount is offered.

Then, prior to the appearance of the Carnegie report, a feeling of uncertainty was manifest in some quarters; now, the unanimous attitude is one of enthusiasm and optimism.

Will the School be successful in this most recent opportunity for rendering itself more nearly independent and improving even more the character of its work? A question not easily answered.

If its alumni will co-operate with readiness and interest by arousing the enthusiasm of its patients and where possible by personal subscription, but one answer need be expected. Surely there ought to be at least five, who in addition to previous subscriptions, could pledge themselves to be responsible for the collection of one thousand dollars; twenty for five hundred; fifty for one hundred; one hundred for fifty, and many others for smaller sums. This would by no means mean personal subscription, merely agreeing to raise at least the stated amount from patients or friends. How many will step to the front in this emergency and help to place the School in such a position of prominence as to react favorably toward every one of its graduates? Will all who are willing to thus contribute or pledge, communicate with any of the executive officers of the school, particularly Dr. J. P. Sutherland, Dean, or Dr. Frank C. Richardson, Registrar, at the School offices, 80 East Concord Street?

ALTERNATION OF REMEDIES.

In the Journal of the British Homœopathic Society Dr. J. Murray Moore presents a paper upon the above topic, in which he gives his ideas and practice thereon.

"In the treatment of chronic diseases, of which the major part of my practice in Leamington consists, I have almost given up alternation, because the diseases are of a definite fixed type; and, if complicated, then I take up each complication separately, matching it by a well-thought-out remedy, and following Hahnemann's direction to treat the latest symptom first.

"My own conclusions upon alternation are these:—

"(1) Alternation is not scientific homœopathy.

"(2) Alternation is often very effective, and is legitimate to a homœopath.

"(3) A case successfully treated by alternate remedies and reported in paper or journal affords no instruction to the colleagues of the writer."

This paper was presented to the British Homœopathic Society last February, and was freely discussed by many of the members there present. The prevailing opinions seem to be that: alternation of remedies, while not in its strictest sense scientific, is a practice that is feasible and permissible at times. Dr. Neatby, in particular, suggested the relationship between drug immunization and bacterial immunization, demonstrating the possibility of increasing the immunity to two or more different organisms simultaneously.

The new committee of the Institute to have charge of special legislation in Congress during the coming session consists of Dr. J. W. Ward, Dr. J. P. Sutherland and Dr. J. H. McClelland.

OBITUARY.

DAVID PRESBURY BUTLER, M.D.

Dr. David Presbury Butler of Rutland, Mass., died Oct. 14, 1910, at the age of 37 years. He was born in Boston June 8, 1873. His father was a physician of the same name, and for many years conducted a gymnasium (largely for business men) which was very popular, and the Butler Health Life became quite famous. One of his brothers, Lorenzo F., was also a physician, graduated at Boston University School of Medicine in 1877, and afterwards practising in Quincy until his early death. One of his sisters married a physician, Dr. Daniel E. Chase of Somerville. Dr. Butler prepared for college at the Boston Latin School, where he was editor of the Latin School Register and captain of the football team. He entered Harvard College with the class of '96, but did not graduate, leaving after two years to take up the study of medicine at Boston University School of Medicine. Here he was president of the athletic association and coach to the football team. He obtained his M.D. in 1898. The same year the Massachusetts State Sanatorium for the Treatment of Tuberculosis was opened at Rutland, and he was asked to take the position of interne, afterward being advanced to that of assistant physician. Here he remained two years and three months, when he resigned in order to take up private practice among tuberculosis patients outside the sanatorium in the town of Rutland. He soon became chairman of the Board of Health of the town and chairman of its school committee. In 1908 he married Margaret H. McLeod, who survives him.

Dr. Butler had a brilliant intellect and developed into a remarkably good physician. He had also to an unusual extent the faculty of pleasing and attracting patients and of inspiring in them the greatest confidence in himself. His winning ways were irresistible. He had a keen insight into human nature, which enabled him to acquire a great influence over people. His manners were charming, and of him it can be said that he was truly polite, because he was just as courteous and kindly and ready to oblige among the poor and ignorant and those who were down and out, as among the rich and influential. He will long be missed by those who had learned to love his amiable personality.

BOOK REVIEWS.

Hygiene for Mother and Child. A manual for mothers and nurses, including Hygiene for the prospective mother and practical directions for the care and feeding of children. By Francis H. MacCarthy, M.D., Attending Physician to Out-Patient Department for Children, Massachusetts Homœopathic Hospital. Harper Brothers. New York and London. 1910.

It is with peculiar interest and pleasure that the reviewer undertakes the consideration of this book, as its author is not only a fellow-alumnus, but a classmate as well, and a friend of many years standing. We know, accordingly, that the book has been written on merit and is not merely a compilation of other similar publications.

In considering it in detail we find it to be divided into three parts: Hygiene for the Mother, Care and Feeding of Children, and Miscellaneous Topics. All the various subjects covering pregnancy, its symptoms, hygiene and disorders are minutely described with much care. The aim has here been to describe to the expectant mother all the various phenomena of that period that to so many is filled with uncertainties and perplexities.

No less important is the next part upon the care and feeding of the child, as a full understanding of these matters is of vital interest not only to the well-being, but to the actual life of the offspring. The healthy child, as it develops, is fully described, all the many changes incident to physical and mental growth being carefully noted. Infant feeding in particular is treated in a very common sense way, such as should prove very clear to the mother, a feature strongly at variance with some other similar books. In fact, there are found well prepared chapters upon sleep, play, exercise, education and training, signs of illness, accidents and first aid to the injured.

The entire book has been written in a plain, simple manner, devoid of technicalities, and in such a way that it can be readily understood by any mother who is at all able to use any intelligence in the upbringing of her child. It lays emphasis upon the prophylactic side of the subject and shows how to obtain the best results for both mother and child as far as it is possible for the former to ensure such.

Too much cannot be said in favor of placing such information as is here found within the reach of every woman who hopes or expects to become a mother. Literally, such knowledge is invaluable. The author, in addition to the very excellent manuscript, has been fortunate in his publishers, as the book is prepared and arranged in a manner that gives even more attractiveness to an otherwise valuable volume.

A Text-Book of Pathology. For practitioners and students. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Philadelphia General Hospital and to the Medico-Chirurgical Hospital, Philadelphia, etc. Second Edition, thoroughly revised. With 437 illustrations; a number in colors. Philadelphia and London. W. B. Saunders Company. 1910.

Of the various text-books covering the subject of pathology in a comparatively small scope, the reviewer knows of none that he is more willing to recommend than this one of McFarland's that has now reached its second edition. We have used it for a number of years in the class-room and elsewhere, and have found it throughout to be reliable and more free from criticism than is the average text-book that has appeared, particularly for students. It is divided into two parts: general pathology and special pathology, and is written throughout in a manner characteristic of the author. The present edition contains some new material, a number of new illustrations and some revising of the former edition. It is one that should give general satisfaction.

THE MONTH'S BEST BOOKS.

Medical Dictionary. Catell. $5.00. J. B. Lippincott & Co.

A System of Medicine. Edited by Allbutt. Vol. 7. $6.00. McMillan Co.

Surgery of Childhood. Willard. $7.00. J. B. Lippincott & Co.

Syphilis. Hutchinson. $3.00. Funke & Wagnalls.

Operative Surgery. McGrath. $5.00. F. A. Davis Co.

Cystoscopy in Surgery. Rumpel. $8.50. Rebman Co.

Symptomatic and Regional Therapeutics. Hoxie. $4.00. D. Appleton Co.

Syphilis. Beddoes. $2.00. Paul B. Hoeber.

Diseases of the Ear. Gray. $4.25. Wm. Wood & Co.

Tropical Medicine and Hygiene. Daniels & Alcock. $3.00. Wm. Wood & Co.

Vaccine Therapy and Opsonic Treatment. Allen. $2.00. P. Blakiston's Son & Co.

SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The 70th semi-annual meeting of this society was held in Pilgrim Hall, Boston, on Wednesday, October 12, at 2 P. M., under the presidency of Dr. George B. Rice. The first committee to report was that of Materia Medica: Dr. E. T. Smith, chairman. Two papers were presented:

1. Our Materia Medica—Fact and Fiction, Dana F. Downing, M.D.
2. The Relation of Diagnosis to Therapeutics, Plumb Brown, M.D.

Dr. P. J. Haigis, for the committee on Dermatology and Genito-Urinary Diseases, presented the following:

3. Report of an Unusual Case of Skin Disease, Clarence Crane, M.D.
4. The Early Substitution of Knowledge for Ignorance of the Functioning of Special Organs, Orren B. Sanders, M.D.

For the section on Ophthalmology, Otology and Laryngology Dr. L. M. S. Miner read a paper upon the Etiology of Neuralgia About the Head. A second paper had been planned to be presented by Dr. J. M. Hinson, whose sudden demise has thrown such a shadow over his associates in the profession. In place of this paper Dr. D. W. Wells spoke upon Lachrymal Inflammation.

In the business session which followed, Dr. S. H. Calderwood presented his report on Boston University School of Medicine. In this he stated that the entering class was larger than any preceding class for the past ten years. He also informed the society that the school had received an offer of $50,000 conditionally upon the subscription of an equal amount prior to July 1, 1911. About $25,000 of this amount has already been pledged.

Th following physicians were elected members: C. A. Blaney, M.D., Luther A. Brown, M.D., H. O. Hunt, M.D., G. H. Osgood, M.D.

A buffet supper followed.

At 7 P. M. the annual oration was delivered by Dr. Sarah S. Windsor, and immediately thereafter the committee on surgery reported. Two papers were presented:

1. The Cause of Gallstone Formation, A. W. Weysse, M.D.
2. Relative Merits of Cholocystectomy and Cholocystotomy in Gall-Bladder Disease, J. Emmons Briggs, M.D.

For the committee on Gynecology Dr. F. R. Sedgley presented two speakers:

1. Pessaries, Lucy B. Hall, M.D.
2. Hysteromyomectomy versus Panhysteromyomectomy, Herbert D. Boyd, M.D.

The meeting was characterized throughout by much interest and free discussion, and was well attended.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of this society was held at the Natural History rooms on October 6, at 8 P. M. The following program was presented:

1. Villous Arthritis, Howard Moore, M.D.
2. Arthropathy of Nervous Origin, Frank C. Richardson, M.D.
3. Osteomyelitis, DeWitt G. Wilcox, M.D.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The following appointments of Chairmen of Bureaux have been made by the President of the International Hahnemannian Association and acceptances have been received; a valuable program is assured:

Homœopathic Philosophy, Dr. Frank Wallace Patch, Framingham, Mass.

Materia Medica, Dr. Margaret Burgess-Webster, 1703 Chestnut Street, Philadelphia, Pa.

Clinical Medicine, Dr. Richard Blackmore, Bellevue, Pa.

Homœopathic Treatment in Obstetrics, Dr. William H. Freeman, 263 Arlington Avenue, Brooklyn, N. Y.

Homœopathic Treatment in Surgery, Dr. Henry L. Houghton, Winchester, Mass.

Necrologist, Dr. Edward Rushmore, Plainfield, N. Y.

The meeting will be held at Asbury Park, New Jersey, about June 1, 1911. All interested in Hahnemannian Homœopathy are cordially invited to attend. Membership application blanks and all other information regarding the Association may be obtained from the Secretary, Dr. J. B. S. King, 1402 Masonic Temple, Chicago, Ill.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The sixty-sixth annual meeting of the Vermont Homœopathic Medical Society was held on Wednesday, October 19, in the parlors of Hotel Windham, Bellows Falls.

The meeting was called to order at 1 o'clock by President Fremont Hamilton, M.D., who made a few appropriate remarks. Among those present were Drs. Geo. I. Forbes of Burlington, D. C. Noble of Middlebury, Hamilton, Noyes and Tucker of Brattleboro, E. L. Wyman of Manchester, S. S. Martin of Windsor, E. B. Clift of Fairhaven, R. H. Burke of West Burke, T. R. Waugh of St. Albans and Edw. Kirkland of Bellows Falls, and others.

The topic under discussion was Poliomyelitis. Papers were read by Drs. A. F. Moore, Henry Tucker and E. L. Wyman. Many cases were related, and several cases were exhibited, showing various stages of convalescence. Discussion was entered into very earnestly by all present, and the afternoon session proved to be practically a clinical conference enjoyed by all.

Later in the day a paper was read by Dr. J. P. Sutherland of Boston, entitled "A Study of Arterio-Sclerosis." Methods of diagnosis were illustrated, cases illustrating various manifestations of the disease were related, and the subject of general treatment was considered. A general discussion followed, after which the company sat down to a well served and enjoyable banquet.

The evening session was an informal discussion of the topics presented at the afternoon session, and the meeting adjourned at about 10 o'clock.

SOUTHERN HOMŒOPATHIC MEDICAL SOCIETY.

Attention is called to the next session of the "Southern," which will be held in Jacksonville, Fla., December 6, 7 and 8, 1910.

The officers and bureau chairmen are making an earnest and determined effort to make this the most profitable meeting ever held.

All information regarding hotel arrangements and transportation will be found in the program, which will be sent out in advance of the meeting. Anyone desiring the above before, may obtain same from Chairman Dr. H. R. Stout, Jacksonville, Fla.

THE WOMEN'S HOMŒOPATHIC MEDICAL ASSOCIATION OF PITTSBURG held its regular monthly meeting at the office of Dr. Mary Y. Cochran, Bellevue, Pa., on Thursday, October 6. Subjects for the ensuing year were assigned for scientific discussion. There was a report of delegates and election of officers.

THE PHILADELPHIA OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY held its regular monthly meeting at the office of Dr. W. W. Speakman, Professional Building, Philadelphia, on the evening of September 29, the president, Dr. Speakman, in the chair. Numerous cases were presented for discussion by Dr. G. J. Palen, Dr. Jos. Clay and Dr. Speakman. The meeting was well attended and unusual interest shown in the cases presented, which were of a rather rare type.

THE PITTSBURG EAST END DOCTORS' CLUB met at the residence of Dr. Charles I. Wendt, 600 Shady Avenue, on the evening of September 29, at which time a presentation of the Wasserman Reaction took place, delivered by Dr. F. S. Morris.

THE OXFORD MEDICAL CLUB, of Philadelphia, met on the evening of October 7, at Boothby's, as the guests of Dr. E. M. Gramm, whose subject for discussion was "The Personal Equation."

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY OF PHILADELPHIA held its regular monthly meeting at 9 o'clock Monday evening, September 19, at the Hotel Walton, Philadelphia. The address of the evening was delivered by Dr. Clarence Bartlett, Professor of Medicine, Hahnemann Medical College.

THE BERKS COUNTY HOMŒOPATHIC MEDICAL SOCIETY held their regular monthly meeting at Woodvale Inn, as the guests of Dr. D. C. Cline of Reading, Pa. Dr. Theodore J. Gramm of Philadelphia, the president of the Homœopathic Medical Society of Philadelphia County, read a paper on "The Pathology of Cancer."

THE HOMŒOPATHIC MEDICAL SOCIETY OF ERIE COUNTY met on Wednesday evening, October 5, at the Erie Public Library. A paper was presented by Dr. P. T. Johnson, which elicited unusual discussion.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting on Wednesday evening, September 28th, at the residence of Dr. F. C. Emrey, Second Street Pike, Fox Chase. An interesting letter was read by Dr. Emrey, who presented several interesting cases. Officers for the ensuing year were nominated.

CHICAGO LETTER.

The Chicago Homœopathic Medical Society held an informal meeting and banquet September 16, at the Great Northern Hotel, in honor of Dr. Hugo R. Arndt. Field Secretary of the A. I. H. About fifty members were present. Dr. Hobson, president of the society, was in the chair, and Dr. Frank Weland, acting as toastmaster, very happily introduced the speakers of a short after-dinner program. "Militant Homœopathy" was responded to by Dr. James P. Cobb. The doctor's militancy was as gentle as the homœopathic remedy, and he dwelt more upon the needs and dangers of our school than upon the line of battle. Briefly, he said: "The average homœopathic physician going into any community, in five years would be making a good living. This easy establishing of a practice has made us selfish and apathetic. The spirit of previous generations, that has made the place for us, is lost or overlaid. Some are doing good work in our colleges, but the larger class does not care enough for the school. Different States are making laws with reference to State examining boards that soon will leave us no voice in medical affairs. There are few States now in which our school has its independent State board. If the National Bureau of Health, for which the old school is working, is established, we shall soon feel the

might of this medical trust or oligarchy. Our school, as a whole, has not made the same effort as the old school, to keep certain parts of our medical education up to their standard, particularly in scientific laboratory work. For, while it may not be especially valuable at the bedside, under existing conditions it is safe and commendable to meet required attainments. We have not let the world know what we are doing. Hahnemann College, criticised by the Carnegie Commission, has relatively as large a laboratory as Rush College." In closing he suggested three points as a basis of field work:

1st. Waking up the whole homœopathic school to a feeling of responsibility.

2nd. Medical Legislation.—Urging each one to take notice of any request to write or appeal to his district legislators, and do so. Not half use their opportunities.

3d. Support of our Colleges.—About enough graduating each year to fill the places of those disabled or dying. They are turning out just as good doctors as any other medical institutions.

Dr. Burton Hazeltine spoke briefly on the topic "Dormant Homœopathy." In part, he said: "We have omitted the personal element,—personal inspiration. The students of today, not in as close relation to their preceptors as in the old days, hence lose the inspiration of the old doctor's faith and enthusiasm. They feel in the minority, in a small crowd. They should see homœopathy demonstrated. We should tell them why we are homœopaths, and how homœopathy differs from allopathy. We are not convincing in our personal application, though honest in our convictions."

Before he closed, Dr. Hazeltine spoke in earnest terms of the enthusiasm of the homœopaths on the Pacific coast, and, though not present at the national meeting, gave a graceful tribute of thanks for their generous hospitality.

Dr. Arndt was enthusiastically received when he arose to respond to the toast, "The Work in Hand." He paid a tender tribute to the work and character of some of the older homœopaths of Chicago, Drs. Ludlam, Fellows, Hall, Mitchell and Woodard, passed to the great beyond; but declared there are men now equally prepared to take up the battle. Speaking of his work, he aimed to give the profession an outline of the last twenty years, and to show the absolute necessity for organization.

To arouse the profession to the cardinal principle, is to revive faith and advance knowledge of homœopathy. Many a doctor is not willing, or is without the courage to stand up and avow himself a homœopath. If we loved homœopathy as they did twenty years ago, we have within ourselves a power for success. Faith begets enthusiasm, and enthusiasm will inspire organization. In the State of Washington, at a meeting a year ago, he had found coldness and indifference and many who had allied themselves with old school organizations. This year a great change is manifest, they are alive, earnest, and belief in homœopathy is renewed and restored.

In Oregon he found no organization. In Portland they were wrangling over a hospital. The same thing in Denver. But wherever he has been, a direct appeal has been effective to arouse a sense of manhood and to gain support.

Years ago homœopathic physicians were on the lookout for students; now there are not enough graduates to supply the demand. There are 2,000 places for homœopathic physicians in towns of 3,000 inhabitants.

There must be a revival of faith within the fold itself. The old custom of missionary work, and of tracts in the office, should be revived. He appealed to the homœopaths to throw away foolish pride, and to let the people know just what they believe. At the close of the meeting there was an informal reception to Dr. Arndt.

Dr. Hobson stated that of the 300 homœopathic physicians in Chicago, only 100 were members of the city society. In accordance with a vote at the close of last year, she announced the appointment of a committee of twenty-one, composed of representatives from every homœopathic organization and college, also several not members of any society, the purpose of the committee being to increase the interest and membership of the society, and to extend its influence.

Rhoda Pike Barstow, M.D.

MONTREAL LETTER.

The Homœopathic Hospital of Montreal is doing splendid work in all its departments. The outdoor clinic has recently been reorganized, and the number of patients treated is increasing every day.

The hospital has a capacity for fifty patients and is usually well filled. Plans are under way for a new hospital. Two internes are in attendance. There will be at least one vacancy next spring. Here is a splendid opportunity for a good man who may desire to settle in Canada. This country is growing at a tremendous rate and in no place can better openings be found for homœopaths. Montreal is a great cosmopolitan city of half a million people. There are only ten physicians of our school here. Inquiries regarding hospital appointment or possibly location will be promptly answered on application to Dr. A. R. Griffith, 221 Peel Street.

A very fine German microscope was recently presented to the Homœopathic Hospital by Mr. W. L. Gear.

The Mount Royal Sanitarium, owned and controlled by Dr. Hugh M. Patton, a leading homœopath, has been doing splendid work during the past year. It is beautifully situated and is largely patronized.

Dr. O. W. Bradley is spending a month in the upper Ottawa Valley looking for deer.

Dr. E. N. Perrigard has located at 1899 Park Avenue, in a rapidly growing section of the city. He is fast making a favorable name for himself and is one of our coming young men.

Dr. A. R. Griffith expects to attend the World's Homœopathic Congress to be held in London next July.

By the way, the St. Lawrence route to Europe is becoming increasingly popular with Americans as well as Canadians.

PITTSBURG LETTER.

The Allegheny County Homœopathic Society held its October meeting on the evening of Wednesday, the 19th, and it was made the occasion of a dinner complimentary to Dr. Arndt, propagandist of the American Institute, and to Dr. James, Professor of Obstetrics at Hahnemann College, Philadelphia, who were to address the society. Some sixty-three members and guests sat down to a dinner served in the Fort Pitt Hotel's best style.

After some routine business, the president, Dr. Nicholson, introduced Dr. James, who was no stranger, many having studied under him. His paper was highly instructive and dealt with the diagnosis and treatment of gonorrhoeal infections of pregnancy. He advised a more careful examination of the patient, especially in the earlier months,—and the earlier the better,—explaining that by this means many otherwise obscure cases of puerperal complications would be avoided. He also—to the great pleasure of the audience—advocated the compulsory treatment, with silver nitrate, of the eyes of all new-born babies. One regretted that such an excellent opportunity of spreading the Hahnemannian teaching of Sycosis and its treatment was not embraced or even noticed by the distinguished lecturer. When will our pathological prescribers learn just a little more?

He was followed by Dr. Arndt, who, with forcible eloquence, and beautiful diction, urged the homœopathic profession to greater efforts to preserve their autonomy undisturbed by the blandishments of the ubiquitous and ably organized A.M.A.; showed that "therapeutic nihilism" was in danger of leaving its impress upon us by engendering a distrust of drug therapeutics. He made a strong appeal for the Homœopathy of the Fathers of the Craft; told of his and their abiding faith in the therapeutic law; and the confidence thereby inspired in one upon entering the sick room with their "small medicine cases of two-hundredths or ten-thousandths"; and vividly recounted the care taken and responsibility recognized in choosing the medicine needed. In his words, "the choosing of the remedy was a solemn, almost prayerful function." His enthusiasm was contagious, and it is no marvel that the older men made such wonderful cures, and did so much with their remedies if the half of the earnestness of Dr. Arndt was brought to bear upon each case. Would that his "abiding faith in the homœopathic law and method of administration of drugs" could be communicated to those following after! He also spoke of the magnificent equipment of the homœopathic schools, but qualified his praise of bacteriological and other "logical" studies by regretting the comparative recedence of the study of materia medica without which we as a separate school have no *raison d'etre.*

Altogether, it was a most inspiring meeting, but the pessimistic note creeps in. How many of those so loudly applauding the exponent of fidelity to Homœopathy will remember over night? Already many of so-called homœopaths are awaiting an opportunity of trying "606"; so eager are they to experiment with something newer and more easily found (but infinitely less reliable) than the appropriate homœopathic remedy adapted to the totality of the symptoms.

Richard Blackmore, Jr., M.D.

WASHINGTON LETTER.

The A. I. H. meeting last summer was the first in over 20 years at which Washington has not been represented. Dr. J. B. Gregg Custis, Sr., an ex-president of the Institute, has missed only two meetings in twenty-eight years.

Dr. M. Alice Brosius spent her vacation in Europe, as did Miss Little, the superintendent of the National Homœopathic Hospital.

Dr. Lillian Rue Le Kites, having entirely recovered from her encounter with typhoid fever and having spent the summer in the North, is hard at work again.

Dr. Ira W. Dennison has moved from 1312 L Street, N.W., his office for many years, to The Wyoming, on Columbia Road.

Dr. H. W. Woodward was married in August.

Dr. Gregg Custis Birdsall has moved his family and offices to 1332 15th Street, N.W.

Dr. Baumann is alone as interne in the N. H. H., Dr. Mercer having left some weeks ago.

The Washington Homœopathic Medical Society resumed its meetings for the winter on the evening of October 4th at the Palm Room, Hotel Shoreham. A goodly number were in attendance to hear the reports from the A. I. H. meetings, and to discuss the subject of anterior poliomyelitis, of which an unusual number of cases have been chronicled in the daily press during the past summer.

Washington is among that steadily-decreasing number of cities where vaccination is compulsory, regardless of the views of the family or the opinion of the physician with respect to any individual case. The matter has now been brought to the attention of the courts by a parent who refused to have his children vaccinated and yet demands the right of placing them in the public schools, which privilege was denied him.

A test will be made of this case. No doubt the matter will also be thoroughly aired before Congress this winter.

Dr. Julia M. Green has recently returned from her vacation, spent, as usual, in Maine. Louise Ross, M.D.

PERSONAL AND GENERAL ITEMS.

Dr. Ray N. Randall, class of 1906, B. U. S. M., has located at Lewiston, Maine.

Dr. John B. May, class of 1904, B. U. S. M., has removed from Duxbury to 1631 Beacon Street, Waban, Massachusetts.

Dr. Ralph O. Dodge, 1910, B. U. S. M., is in practice with Dr. F. W. Dodge, 155 West River Street, Hyde Park, Mass.

Dr. L. W. Atkinson, of the class of '84, B. U. S. M., formerly of North Fryeburg, Maine, and since April 1 located at Covina, California, has assumed the practice of Dr. Coulter at Azusa, California.

Dr. James D. Christie, B. U. S. M., 1908, has located at Littleton Common, Massachusetts.

It is announced that Dr. L. Duncan Bulkley will give a series of clinical lectures on Diseases of the Skin on Wednesday afternoons, from November 2 to December 21, in the out-patient hall of the New York Skin and Cancer Hosptial. The course will be free to the medical profession.

Dr. J. E. Runnells, B. U. S. M., '06, formerly of Rutland Sanatorium and later of Lakeville Sanatorium, has been elected superintendent of the New Hampshire State Sanatorium at Warren Summit, N. H.

Duxbury, Massachusetts, offers a good opening for an homœopathic physician. For particulars address Dr. John B. May, Waban, Mass.

Book Sale at B. U. S. M.—There will be a sale of odd volumes, duplicates, etc., at B. U. Medical Library, 80 East Concord Street, November 7 to 11, from 11 A. M. to 2 P. M. Members of the profession are invited to the sale.

The Gazette extends congratulations to the editor of the Critique and his wife, who celebrated their 25th wedding anniversary on October 1st. May they live to celebrate many more anniversaries, and may his pen be ever as strong for that which he believes to be right as it has been in the past.

Bostonians are pleased to note the prominence which Boston University graduates are receiving in the Oregon State Homœopathic Medical Society. Dr. D. O. Webster, B. U. S. M., '03, is president, and Dr. Charles Billington, B. U. S. M., '03, is treasurer. This, in addition to our good friend, Dr. Osmon Royal, who is always prominent in things homœopathic, insures a good representation for New England.

Dr. Erwin Schenk has been appointed to the chair of theory and practice in the College of Homœopathic Medicine in the University of Iowa to fill the vacancy caused by the resignation of Prof. R. E. Peck. Dr. Delmar L. Davis was at the same time appointed to the chair of gynaecology, succeeding Prof. F. J. Becker.

Dr. D. W. Vanderburgh, late of Fall River, Mass., died on August 29. Obituary notice will appear in a later issue of the *Gazette.*

Dr. J. Miller Hinson's sudden death in Saratoga, N. Y., which occurred early in October, came as a shock and surprise to his Boston colleagues. An obituary will appear in the December issue of the *Gazette.*

Dr. John F. Worcester has removed from Massachusetts to Oregon, and has given up the practice of medicine for fruit farming.

Dr. David L. Martin, class of 1909, B. U. S. M., has resigned his position as house physician at the Emerson Hospital and has located at 4 Rosedale street, Dorchester.

In the October number of the *Gazette* it was stated that Dr. Geo. N. Lapham had associated himself with Dr. D. P. Butler in the conduct of the Rutland Cottages. This we learn to have been an error, as Dr. Lapham has started an independent practice in Rutland, where he gives particular attention to tuberculosis and its allied conditions.

Dr. Irving H. Kiesling, class of 1904, for several years in service at Fergus Falls (Minn.) Insane Hospital, is now at Rood Hospital, Hibbing, Minn.

Dr. H. R. Arndt, the newly elected field secretary of the American Institute, has already shown most commendable activity in his inception of the work. He has made quite an extensive tour through the Northwest, visiting the State society meetings of Washington, Oregon and Colorado. He has also been a guest of the Chicago Society, of the Pennsylvania Society and attended the opening exercises of the Hahnemann Medical College of Philadelphia.

Dr. Samuel Lambert, Dean of the College of Physicians & Surgeons, New York, in his annual report to Columbia University strongly urges the need of a hospital in immediate connection with the college in order to more satisfactorily carry out the work of instruction to the upper classes. He expresses his opinion that the sum of six million dollars is necessary for its erection and suitable endowment.

Dr. John B. Shoemaker, who has for years held the position of Professor of Materia Medica, Pharmacy and Therapeutics, and Clinical Professor of Medicine of Skin Diseases in the Medico-Chirurgical College, Philadelphia, died October 11. Dr. Shoemaker was well known by the entire medical profession, largely on account of his voluminous writings upon his specialty.

The report of the Michigan State Board of Registration in Medicine for June shows that the highest percentage was obtained by a graduate of the Chicago Homœopathic Medical College; not only so, but this graduate was a member of the class of 1878. The *Gazette* would be very glad to learn the name of such a distinguished graduate who, after thirty-two years away from the medical school, has been able to make such an enviable record.

Pursuant to instructions received at the California meeting of the Institute Dr. James Ward appointed the following committee upon college endowments: For New England, J. P. Sutherland; for New York, R. S. Copeland: for Pennsylvania, W. B. Van Lennep; for Michigan, W. B. Hinsdale; for Ohio, George H. Quay: for Illinois, C. E. Carke; for Iowa, George Royal; for California, J. E. Ward.

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ORIGINAL COMMUNICATIONS.

TUBERCOLOSIS OF THE EAR.

By Howard P. Bellows, M.D., Boston, Mass.

Tuberculosis, in its various forms, is now engaging the best thought of the medical profession in every civilized country in the world. The so-called "crusade" against the spread and the ravages of this disease is one of the glories of our twentieth century progress. From the side of the profession and the laity alike have arisen men and women of the noblest type, who have thrown into this struggle their strength, wealth, wisdom and experience. And the efforts of these practical workers in the field have been wonderfully seconded and most efficiently directed by the labors of the men of science pursuing their investigations in the laboratory. Never before has the nature of this disease, the mode of its transmission and the method of its prevention and its treatment been so well understood as now. To this general knowledge the specialist can add some further details regarding the action of the disease upon individual organs throughout the system—details which may be both of use and of interest to general practitioners of medicine and to specialists in other departments than his own. Let us then consider the effects of tuberculosis upon the organ of hearing—upon whose integrity so much of the usefulness and the satisfaction of living depends.

The typical development of a case of tuberculosis of the ear proceeds as follows. The patient, probably far advanced in pulmonary consumption, is annoyed for a few days by a feeling of fullness in the ear, with some tinnitus and reverberation of his own voice in speaking, and some sense of deafness upon the side affected. Then there will appear, to his surprise, moisture in the ear and a discharge is soon established, which consists at first of a rather bland muco-serous fluid, but later becomes thicker, distinctly purulent and offensive if thorough cleansing is neglected. Usually no great concern is felt by the patient, or his family, at this earlier stage of the invasion, for the reason that throughout the whole development no pain whatever has been felt. In no other form of aural disease will a suppuration be thus estab-

lished without pain which is violent and prolonged—pain which is at once the central feature of the disease.

If the patient consults at this time a physician who is accustomed to specular examination of the ear, he will find the drumhead exhibiting, in all probability, two or three rather large perforations, instead of one perforation, as would be expected in other suppurative states. Had the specular examination been made some days before, when the attention of the patient was first called to the fullness in the ear, he would have seen the drumhead exhibiting several yellowish-red spots which later became somewhat granular in appearance and still later showed areas of minute perforations, which coalesced to form the larger perforations, two or three in number, which have just been mentioned. Upon succeeding calls of the patient these larger perforations will be seen to have united and almost the entire drumhead to have been destroyed. The mucous membrane lining the cavity of the middle ear will be seen to be involved, with fine granulation, ulceration, cheesy degeneration and carious destruction of adjacent osseous tissue, but not with the development of large granulation masses or of polypi, as might be expected in ordinary suppurative attacks of the middle ear, which also show less active involvement of the bony structure.

Should this case be neglected, from this time on, and the progress of the aural involvement be unchecked by local drainage, cleansing and disinfection, the most serious results may ensue—involving the loss of the ossicular chain with marked deafness; the invasion of the labyrinth with total deafness, or with distressing disturbance of equilibrium; erosion of the carotid artery or jugular vein with fatal hemorrhage; paralysis of the facial nerve; the formation of extensive sequestra or large areas of softened and crumbling bone, and even meningeal involvement or other intercranial complications, although the pulmonary condition usually first claims the life of the patient. Through all this destructive course, however, the almost total absence of pain remains the most marked and characteristic feature of the disease—distinguishing it at once from similar destructive processes dependent upon other causes.

If a search is made in this typical case for the tubercle bacillus, to place the diagnosis beyond question, it may or may not be found. Something depends upon the part of the diseased area from which the secretion for examination is taken. It is well understood that the bacillus is rarely found in pus from tubercular caries. It is most likely to be found, therefore, in secretions, or portions of granular tissue, taken at a point removed from the carious centre. Even then, in many undoubtedly tubercular cases, the tubercle bacillus cannot be demonstrated. When it can be, its presence is considered by almost everybody as proof positive of the tubercular nature of the aural

disease. Still further assurance may be obtained by the inoculation of guinea-pigs with the purulent secretion from the ear.

The treatment of this typical case would consist, locally, in thorough cleansing and disinfection. Mopping with dry absorbent cotton would be preferable if it were adequate, but it is probable that at least occasional syringing would be necessary. This should be done always with gentleness and extreme care, especially in the presence of sequestra. If odor were present the free use of dioxogen, in full strength, would be advisable. Those who depend upon local medicaments in these cases use chiefly iodoform—either insufflated, in powder (alone or mixed with boric acid, one to three); instilled, in glycerated form or in alcoholic solution (one-half drachm to the ounce); or packed, in strips of iodoform gauze. The general treatment would be directed to the general tubercular condition of the patient.

So much for this typical adult case. There are other cases which occur in childhood which, in their way, are equally typical. These are the cases where in the earliest years of life the ears suppurate persistently, with little or no suffering from pain, and where there are adenoid vegetations in the pharyngeal vault, enlarged tonsils, enlarged cervical glands, and the general constitutional dyscrasia which used to be termed scrofulous. Some of these little patients even develop carious disease which involves the mastoid region. In quite a large percentage of these cases it is probable that the aural disease is strictly tuberculous, and in some of them the tubercle bacillus may be demonstrated, not only in the aural secretions but in the tonsils and in the adenoid growths as well.

Still other cases fall into a group by themselves. In these there is no general tubercular infection present, but local tubercular disease is developed within the middle ear. This is usually secondary to a throat or nasal infection which has allowed the transmission of the tubercle bacillus through the Eustachian tube to the middle ear, either in secretions forced through the tube during sneezing, coughing or blowing the nose, or by direct transmission along the mucous membrane which, with unbroken continuity, lines the pharynx, the tube and the tympanic cavity alike. Or the local infection within the ear may, in rare instances, be primary, and due to the entrance of the tubercle bacillus from the exterior through the external auditory canal and thence through a previously existing perforation in the tympanic membrane, or, more probably, to entrance directly through the Eustachian tube from inspired air which bears the bacilli. In all these localized cases there is danger of systemic infection proceeding from the ear, probably through the lymphatic or blood currents, or of intercranial infection conveyed through the same channels. Cases have been reported in which such infection from the ear has apparently occurred. In tuberculous aural disease of

this localized nature permanent cures may be effected, although with probable damage to the hearing, and surgical measures may be resorted to in the treatment with far greater freedom than when pulmonary or visceral involvement is present.

On looking over the records of tubercular cases which have come under my personal observation, I find but one which exhibits points of sufficient interest to warrant its presentation in detail. The others, without exception, show the characteristic painless development, the relatively rapid destruction of tissue and the marked degree of deafness which we expect to find. To this somewhat unusual case I will call your attention.

A. E., male, about 28 years of age, far gone with pulmonary tuberculosis, was referred to me from Rutland, Mass., for examination of the ears and suggestions as to their local treatment. The left ear was the cause of chief complaint and that largely on account of the deafness, which four or five days previous to his visit to me had become so extreme that he could not even hear upon that side through a speaking tube. This left ear had been discharging for three months. On the train during a long journey he had first noted a "crazy feeling" in the head and then pain of heavy character, accompanied by tenderness over the mastoid, which was distinctly paroxysmal, lasting two or three hours at a time—both pain and tenderness then disappearing wholly. For a month past there had been little change in this condition, but upon examination I could find no tenderness over the mastoid. This recurrence of pain was exceptional, but, from its complete remission, it had apparently little connection with any inflammatory state of the ear. Upon examination of the right ear, about which little or no complaint had been made and in which there had never been pain, I found the drumhead nearly gone, only a stump of the malleus handle remaining, and the exposed inner wall of the tympanic cavity insensitive but bleeding upon the slightest touch of the probe. The mucous surfaces were covered with a layer of moist secretion which was not plentiful enough to run from the ear, while the attic-space seemed filled with thick, tenacious pus. The objective appearance upon the left side was similar to that upon the right, but the secretion was far more active. Evidently the pain in this case was of nervous origin.

And now a word in closing as to the frequency with which this disease occurs. Prof. Bezold, of Munich, upon analyzing 17,087 cases of aural disease found 127 to be tubercular, i. e., 0.7 per cent. The majority of these patients were presumably in attendance at the public clinics. In my private practice, here in one of the world's centres for tuberculosis, I find the percentage even smaller than that—although many of these cases, in private practice, do not reach the specialist at all, the hopelessness of the general condition making the aural involvement seem of

little consequence. Yet, in spite of this infrequency of occurrence, the very first patient whom we, any of us, see tomorrow morning, may present this disease. Recall the characteristic features by which we shall recognize it. First and foremost, the development, up to the point of discharge, without pain, temperature or any external signs of the aural involvement, and its subsequent painless course, unless the pain be neuralgic. Second, the appearance of multiple minute perforations in the drumhead which coalesce to form two or three larger perforations, with subsequent disappearance of practically the entire structure. Third, the high degree of accompanying deafness, which is quickly developed. Fourth, the relatively early and rapid involvement and carious destruction of osseous tissue. Although it must be borne in mind that it is possible for a tuberculous patient to have a non-tubercular affection of the ear, these four diagnostic points will usually enable the physician to determine the true nature of the disease. Assurance may be made complete if, in addition to these, the presence of the tubercle bacillus can be demonstrated. Finally, as soon as the tubercular diagnosis is established it becomes the duty of the physician to sharply impress upon the mind of the patient, and of his family, that the condition is infectious and must be guarded accordingly.

OUR MATERIA MEDICA—FACT AND FICTION.*

By Dana Fletcher Downing, A.M., M.D., Boston, Mass.
(Instructor in Physiology, Boston University School of Medicine).

When we speak of the homœopathic materia medica we are speaking of something that is very definite but at the same time is also indefinite. The materia medica of the fathers of Homœopathy is not the materia medica of their successors. In the "Materia Medica Pura" Hahnemann records the symptom-lists of sixty-seven medicines. In the "Chronic Diseases" there appear symptom-lists of thirty additional medicines. Thus we find that Hahnemann furnishes us with one hundred and seven remedies, approximately one-tenth of the number of remedies that compose our materia medica as we have it today.

In the "Dictionary of Materia Medica," Dr. Clarke records the symptom-lists of one thousand and sixty-three substances which have been used as medicines by homœopathists in practice. These medicines have been derived from the vegetable, animal and mineral kingdom; some of them have been "proved" in accordance with the rules laid down by Hahnemann, others have been found acceptable clinically, and a very few, notably Atropa Belladonna, have been proved, not only in accordance with the

*Read before the Massachusetts Homœopathic Medical Society, October 12, 1910.

rules of Hahnemann, but also in accordance with all the checks and counterchecks that science can devise.

In the "Organon," Sections 121 to 144, Hahnemann formulates rules and regulations for the guidance of provers of substances to be used as medicines in accordance with the Law of Similars. And today in this twentieth century as far as general procedure we cannot better the directions of the founder of Homœopathy.

One who reads the early literature of Homœopathy as found in the writings of Hahnemann, his contemporaries and immediate successors cannot help being amazed at the powers of observation, the conscientious devotion to the discovery of truth, the enthusiasm of these pioneers of Homœopathy. When we further consider the immense difficulties, from the standpoint of present day science, under which they conducted their investigations we can but marvel, not that our materia medica is imperfect, but that it is as perfect as it is. We can only conclude that the materia medica of the fathers of Homœopathy must be true in its fundamental and characteristic symptoms, otherwise it would not have been an instrument of healing in the hands of homœopathic prescribers for a century.

In the days of Hahnemann and subsequently the provers of our medicines recorded all symptoms occurring after the taking of a drug as caused by the drug. In this way many symptoms have been incorporated in our materia medica which are not drug effects, symptoms which occurred after taking the drug rather than because of taking the drug. Consequently we have a materia medica which is part of it fact and the rest fiction or at best unproved fact in some cases. We know of the facts of the materia medica because of the success in the treatment of the sick which has attended the exhibition of these medicines according to the indications found in the symptom-lists. The amount of fiction which may be in our materia medica we can only imagine.

Sections 143 and 144 of the "Organon" read as follows: "If we have tested on the healthy individual a considerable number of simple medicines and carefully and faithfully registered all the disease elements and symptoms they are capable of developing as artificial disease-producers, then only have we a true materia medica—a collection of real, pure, reliable modes of action of simple medicinal substances, a volume of the book of nature, wherein is recorded a considerable array of the peculiar changes of the health and symptoms ascertained to belong to each of the powerful medicines, as they were revealed to the attention of the observer, in which the likeness of the (homœopathic) disease elements of many natural diseases to be hereafter cured by them are present, which, in a word, contain artificial morbid states, that furnish for the similar natural mor-

bid states the only true, homœopathic, that is to say, specific, therapeutic instruments for effecting their certain and permanent cure." "From such a materia medica everything that is conjectural, all that is mere assertion or imaginary should be strictly excluded; everything should be the pure language of nature carefully and honestly interrogated." Looking at these statements of Hahnemann we cannot but believe that we are in the straight Hahnemannian succession when we ask that our materia medica be put upon a strictly scientific basis.

When, however, we undertake to consider the particular merits and defects of the homœopathic materia medica we enter upon a large field of inquiry which cannot be considered at length at this time.

Among the followers of Hahnemann are found men who, taking the materia medica literally, go about their professional duties with the consciousness that the materia medica as we have it today is all-sufficient for their therapeutic needs. A still larger class is made up of men, who, in view of the enormous amount of labor, expense, and time involved in scientifically verifying Hahnemannian materia medica, prefer to take the materia medica as it is, try to separate fact from fiction as determined in every-day practice by themselves and others. The predominance of this class in our ranks accounts for the preponderance of clinical over scientific data found in papers read before the various societies.

There is still another class of our practitioners, and the number of this class is on the increase, which maintains that while the materia medica as we have it may be fact in the main, still, much is known to be fiction. The members of this class are unwilling to undertake, individually, to determine what is fact and what is fiction. They declare for the verification of all symptoms by provings of the various materials used as medicines by a series of pharmacological studies under the superintendence of men of scientific training who will see to it that every test with which science is acquainted may be used in this endeavor to make our materia medica trustworthy in every respect.

No one who contemplates the century of achievement of in Homœopathy "belongs of right to scientific medicine," but that serving what is true in our materia medica, but he may also see the necessity of adding to it the sanctions which science demands. But whatever may be our individual opinion the fact remains that as long as it seems desirable for us to maintain a separate existence as Homœopathic practitioners we must not neglect our materia medica. More than that, the attainment of the goal which is our only excuse for such separate existence, namely, that the truth of Homœopathy may be acknowledged by

all the world, depends upon our demonstration of this truth in the most accurate and scientific manner possible.

Some of our friends are of the opinion that Homœopathy has already fulfilled its mission in the world and now has no more excuse for existence. Abraham Flexner, the able investigator of the Carnegie Foundation for the Advancement of Teaching, in his now famous Bulletin No. 4, entitled Medical Education in the United States and Canada, on the subject "Medical Sects" reports as follows: "In the year 1900 there were twenty-two Homœopathic colleges in the United States; today there are fifteen; the total student enrollment has within the same period been cut almost in half, decreasing from 1909 to 1009; the graduating classes have fallen from 413 to 246. As the country is still poorly supplied with Homœopathic physicians, these figures are ominous; for the rise of legal standard must inevitably affect Homœopathic practitioners. In the financial weakness of their schools the further shrinkage of the student body will inhibit first the expansion, then the keeping up, of the sect.

"Logically, no other outcome is possible. The ebbing vitality of Homœopathic schools is a striking demonstration of the incompatibility of science and dogma. One may begin with science and work through the entire medical curriculum consistently, exposing everything to the same sort of test; or one may begin with a dogmatic assertion and resolutely refuse to entertain anything at variance with it. But one cannot do both. One cannot assert simultaneously science and dogma; one cannot travel half the road under the former banner, in the hope of taking up the latter, too, at the middle of the march. Science, once embraced, will conquer the whole. Homœopathy has two options: one to withdraw into the isolation in which alone any peculiar tenet can maintain itself; the other to put that tenet into the melting-pot. Historically it undoubtedly played an important part in discrediting empirical allopathy. But laboratories of physiology and pharmacology are now doing that work far more effectively than Homœopathy; and they are performing a constructive work for which Homœopathy as such is unfitted. It will be clear, then, why, when outlining a system of schools for the training of physicians on scientific lines, no specific provision is made for Homœopathy. For everything of proved value in Homœopathy belongs of right to scientific medicine and is at this moment incorporate in it; nothing else has any footing at all, whether it be of allopathic or homœopathic lineage." The author then quotes that familiar saying of Dr. Osler which amounts to therapeutic nihilism and the truth of which is certainly open to question.

We would agree that all that is of value, not "proved value," in Homœopathy "belongs of right to scientific medicine," but that it is "at this moment incorporate in it" will take more than mere

assertion to substantiate. The sooner that critics of Homœopathy learn that we regard the fundamental truths of Homœopathy as scientific and capable of being proved such the better it will be for them. We have never objected to having Homœopathy placed in the melting-pot. Indeed all the power and patronage of regular medicine has consistently objected to its being placed there. The Law of Similars is a natural scientific law as much as is the Law of Gravitation, and when anyone has the effrontery to call it "dogma" he merits the severest censure that we are capable of giving him. We may be at times dogmatic in our assertions of the truths and principles of Homœopathy, but few if any of the "scientific school of medicine" have been willing to apply the tests which they readily and eagerly apply to any new theory in Physiology, Chemistry or Physics. In short, such conclusions as these can only be accounted for by remembering that a lay investigator such as compiled this report, while admirably equipped to say what is of merit or is defective in our teaching methods as well as to criticize our equipment, has no adequate conception of what Homœopathy really is, what its achievements have been, and therefore sees no reason in it all.

Such an opinion, however, is of value to us inasmuch as it warns us what our duty is if we deem it desirable that our homœopathic institutions may continue their existence as such. In a word we must convince the scientific mind of the world that the fundamental principles of Homœopathy, shorn of unnecessary and unwarranted assertions, notions of men, new and old, are scientific. If we do not do this it is certain that it will be done for us, and some day, not far distant, we shall awake from sleep to find someone proclaiming to the world a new law, apparently having no connection with our homœopathic law, and yet embodying all that is in that law. We see today in many parts of the world scientific researches being conducted which confirm us in the belief that the Law of Similars, as discovered by Samuel Hahnemann, has had as yet a very limited application, and that as time goes on its universality will be generally recognized. In the meantime we had best take the opinion of a Watters or a Copeland rather than that of a lay investigator.

The question then comes as to just what our part should be in putting the truths of Homœopathy upon unquestioned scientific grounds. It seems to me that we can do no better thing than to establish in our several medical colleges well-endowed departments of pharmacology.

In this same Carnegie report we have the opinion of the investigator as to what a department of pharmacology should be. After speaking of anatomy and physiology as the "vestibule of medical education" he goes on to say:

"The next step carries the student *in medias res;* he begins the study of pharmacology,—the experimental study of the response of the body to medication.

"The science got its first problem in the first place from the credulity of which the traditional pharmacopœia is the encyclopedic expression. It undertook to question the complacency and vagueness of the empiric. How far was his reliance upon specific agents justified? If at all, was it possible to ascertain the source of their efficiency and its limits?

"Pharmacology was thus originally negative and critical. It rapidly pruned away exaggeration and superstition, leaving, however, a vigorous growth behind. It ascertained, for example, that quinine was administered in vain nine times out of ten; but that in the single condition in which it was applicable—malaria—it struck at the root of the disease by actually destroying in the blood the obnoxious parasite. The limits of the effectiveness of digitalis, atropine, strychnine, have been discovered and explained; and similarly, the utter uselessness of dozens of concoctions with which the digestive capacity of the race has long been taxed. Intelligence has thus been introduced into a realm for ages unguardedly open to ignorance and recklessness.

"The science did not long remain merely critical; the development of chemistry and experimental physiology created a positive opportunity. Given, in a word, this or that condition,—a disease, a symptom, or pain itself,—cannot an agent be devised capable of combating it? Cocaine, the antipyretics, the various glandular preparations, and serum therapy are among the affirmative replies that witness the constructive possibilities of pharmacodynamics. The strictly experimental science thus richly rewarded, has reinforced physiological conceptions independently at work in the effort to rationalize materia medica and therapeutics. Instead of naive reliance upon poly-pharmacy, diseases and their attendant symptoms have now been divided into some half-dozen provisional classes, subject to continuous revision, according to the method of attack to which they are at the moment most accessible. There are those that drugs actually combat,—syphilis and malaria for example; next the self-limited diseases, in the course of which therapeutic measures may be used to avert dangerous symptomatic consequences,—as bathing reduces the temperature in typhoid, as chloroform checks convulsions in strychnine poisoning, as morphine relieves mere pain. There are those in which the body's natural methods of defense may be hastened and strengthened, as through serum therapy; those in which our only reliance thus far is on environment or suggestion; and finally, those in which summary relief may be had through the surgeon. . . . . .

"In the university, pharmacology has critically an extensive, creatively an apparently boundless opportunity. The medical student can at best browse the field here and there. But as was found to be the case with experimental physiology, he cannot forego that opportunity, limited though it be. The young doctor's therapeutic environment is still distinctly unfavorable. He is exposed to danger, front and rear. The traditions of the profession are in the main crudely empiric; they embody a 'pop-gun pharmacy, hitting now the malady and again the patient, the doctor himself not knowing which.' Besides the practitioner is subjected, year in, year out, to the steady bombardment of the unscrupulous manufacturer, persuasive to the uncritical, on the principle that 'what I tell you three times is true.' Against bad example and persistent asseveration, only precise scientific concepts and a critical appreciation of the nature and limits of actual demonstration can protect the young physician. The laity has in this matter more to fear from credulous doctors than from advertisements themselves; for a nostrum containing dangerous drugs is doubly dangerous if introduced into the household by the prescription of a physician who knows nothing of its composition and is misled as to its effect. Experimental physiology and pharma-

cology must train the student both to doubt unwarranted claims and to be open to really authoritative suggestion; for it is equally important to reject humbug and to accept truth. Fortunately, even a brief concrete experience may teach one to be wary in weighing evidence.

"The course in pharmacology need include, therefore, actual experimental determination by the student himself of the effects on animals of a relatively small number of carefully selected agents; demonstration of others by the instructor; and a critical survey of the rest by means of lectures and recitations. Materia medica, now much shrunken, need concern itself only with the pharmaceutical side, aiming to familiarize the student with drugs of proved power and most agreeable and effective forms in which these may be administered. Therapeutics subsequently adds to these agents whatever other resources the clinician has accumulated,—baths, electricity, massage, psychic suggestion, dietetics, etc.,—approaching the subject from the standpoint of disease, as opposed to the pharmacological approach from the standpoint of the drug itself."

The Report then proceeds to say that about 450 hours are devoted to instruction in pharmacology in the best schools. I presume the writer means that during the four years in the medical school each student receives that amount of instruction in pharmacology. I have consulted the catalogues of Johns Hopkins, Western Reserve University, Harvard and University of Pennsylvania, and I do not find anywhere near that number of hours given the subject. At Harvard, for example, the subject, like all subjects of the fourth year, is elective, so that although the presumption is that most students elect pharmacology still it is possible that most of them do not. The course at Harvard occupies every afternoon except Saturday from 2 to 6 during the months of April and May. It is called a course in Pharmacology and Toxicology, so that only a part of the time can be spent on pharmacology. In April and May, 1910, there were forty-one days which could be utilized for the course, making a total of one hundred and sixty-four hours given to the subject. The course of instruction during these hours is as follows:

A. The study of the general physical and chemical characteristics of the most important organic and inorganic drugs. . . . . .

B. Toxicological and pharmaceutical methods of extracting drugs. . . . . .

C. The making of illustrative pharmaceutical preparations such as pills, ointments, et cetera. . . . . .

D. Special study of drugs by groups, including materia medica, the pharmacological and toxicological action and therapeutical deductions. At the beginning of the exercise the student will examine the drugs to be studied and make some physical and chemical tests, followed by experiments on animals; after which comes a summing up of the facts learned experimentally, and an intelligent deduction as to their application in practical medicine with the writing of prescriptions.

From this exhibit it is easily seen that the experimental part of the course occupies but a small place in it.

This opinion is confirmed by conversation with an undergraduate Harvard medical student, who gave me to understand that the experimental portion of the course was entirely subsidiary to the didactic portion and that such experimental work

as was done was upon animals; very little, if any, was performed upon the healthy human organism. The textbook used is that of Dr. Tyrode, and for the experimental work a special manual is provided.

At Johns Hopkins twenty afternoons, about eighty hours, are given to experimental pharmacology. At Western Reserve experimental pharmacodynamics occupies sixty-four hours. At the University of Pennsylvania only twenty-seven hours of experimental work is required with nine hours of demonstration. From actual examination of medical school catalogues it would seem that actual experimental work in pharmacology occupies a relatively small place in courses which include toxicology, old school materia medica, pharmacy and prescription writing.

That the homœopathic medical school, if it had the money and was willing to do so, could offer a much better course in experimental pharmacology than is now being given in any institution in the country is obvious. You will note that Flexner in the passage above quoted states, at the outset, in his definition of pharmacology, that it is "the experimental study of the body to medication." Presumably by the word "body" he means the human body. If this is so, the homœopathic method of proving or trying-out drugs upon the human healthy organism is far superior to any animal experimentation that can be indulged in. For the gross physiological effects of drugs it is well to use animals, but for drug effects of the fineness necessary for intelligent prescribing, animals are of little value in this age of individualization of the case. In such a course in pharmacology in a homœopathic medical school all that is now done in the regular school could be done if thought desirable and in addition to that the homœopathic materia medica could be "re-proved" with scientific accuracy and method. Such a department would appeal especially to graduates in medicine and would certainly give our undergraduates something that they do not receive now.

Samuel Hahnemann was not the first pharmacologist, but he ranks well up in the list of those men, ancient and modern, who have added to the knowledge of the race something of inestimable value. Systems of one kind and another have arrived and passed beyond the ken of man, but Homœopathy has survived in its fundamental tenets because in them is truth. It remains for us and our successors to demonstrate this truth not to a few but to all the world. It remains for us to clothe the truths of Homœopathy in new garments, to substitute scientific statement for dogmatic assertion. We must take part in the scientific research which all over the world is even now confirming the truthfulness of homœopathic principles.

All of the works of Hahnemann had been published some years before the first laboratory for the study of drug effects, that

of Rudolph Buchheim at Dorpat in 1849, was established. Since that date many such laboratories have been founded, some in connection with universities, but many others have been due to the commercial enterprise of manufacturers of chemicals. But the home of experimental pharmacology, the study of drug effects by experimentation upon animals and man, should be in the university medical school, not in the laboratories of individuals, societies, or manufacturing chemists. The nearest approach to that which may be expected of these departments as far as the "re-proving" of the drugs of the homœopathic materia medica is to be found in the records of the proving of Atropa Belladonna which was made by the Ophthalmological, Otological and Laryngological Society under the direction of Dr. H. P. Bellows.

There is already evidence that homœopathists in this country realize the need of just this sort of thing as applied to Homœopathy. Hahnemann Medical College and Hospital of Philadelphia has just received a fund of one hundred thousand dollars to establish the Hering Chair of Homœopathic Research. Recent additions to the financial resources of our local institutions would seem to encourage us in the belief that somewhere some person or persons has one hundred thousand dollars, perhaps more, for the establishment, in Boston University School of Medicine, of a new department which could be known by no better name than that of that tireless worker in the field of experimental drug effects, the late Conrad Wesselhoeft.

But however that may be, it is desirable that we proceed as soon as possible to establish, in our medical colleges, departments of experimental pharmacology in which, not only the experiments as now conducted by our "best schools," but also, that which is much more valuable to us and to mankind, that our homœopathic materia medica may be "re-proved" in accordance with the best scientific procedure; further, that all that is valuable in physiological medicine may be studied; and, finally, that the truth of homœopathic practice may be demonstrated in such a way as to make it acceptable to the mind of the scientific practitioner of whatever name.

Even under the most favorable circumstances it will take a century or more to sift the chaff from the wheat. We can but build for the men of tomorrow, but let us look to it that we build well.

DISCUSSION.

J. Herbert Moore, M.D. In his admirable paper Dr. Downing has certainly touched upon one of the most fundamental problems concerning Homœopathy as any one knows who realizes the important relationship which a true, concise and practical materia medica bears to the standing of modern homœopathic medicine, and to that promulga-

tion of the latter among general medicine which we, who are making a life work of the principles and practice of Homœopathy, so much desire.

One thing that especially impresses me in Dr. Downing's paper is that although it is a paper of criticism, it is a paper of constructive and not destructive criticism.

In these days when we see so many unjust criticisms of homœopathic materia medica which seem to lead up to nothing but destruction, nothing to suggest or to offer towards correction of its imperfections, a paper like this with a practical idea in mind looking to a further and more scientific way of proving our drugs is certainly refreshing and should command our best attention.

I have before recorded my disapproval of the chronic attitude of some of the drones of our school of medicine in decrying our materia medica to the unjust and unreasonable degree of a merely destructive criticism, in a paper on "Our Materia Medica" presented to the American Institute of Homœopathy at its recent meeting in our city.

Those who thus criticize homœopathic materia medica certainly cannot have been well versed, or even grounded, in the magnificent work done by Hahnemann, Lippe, Hering, Dunham, by Dudgeon and Hughes, in their excellent work in English Homœopathy, by Allen, our lamented Conrad Wesselhoeft, and the one masterpiece of Belladonna proving by Dr. Bellows. Proper appreciation of results accomplished by such workers demonstrates that for every imperfection we have so many perfections, or in the words of the writer of the paper for every fiction we have so many facts, that in these later days of scientific medical progress we can well emulate their industry and energy by reproving our more important drugs in laboratory fields, in which they could not work during the more primitive days of medicine.

These fields should be, as Dr. Downing suggests, in pharmacological departments connected with our medical schools in that same close intimacy of the hospital to the school in the study of disease. There are bright prospects that such work will be inaugurated in Boston University School of Medicine in the new building soon to be added to its plant.

It is not necessary for me to discuss Mr. Abraham Flexner's conception of Homœopathy as quoted by Dr. Downing, as the latter has so well taken him to task in controverting his views.

When we see such excellent work accomplished in accordance with the principles of Homœopathy as that by the distinguished brother of our critic, Dr. Simon Flexner of the Rockefeller Institute in New York, as well as the results of vaccine therapy, which is homœopathic therapeutics where the bacteriological agent is used instead of the drug, we cannot help questioning whether such criticisms of Homœopathy as dogmas versus principle, as contained in Mr. A. Flexner's report, proceed from ignorance of Homœopathy or from malice towards its followers.

We ask for no better melting pot in which to test our principle of therapeutics than clinical results obtained by homœopathic drug remedies during the past century, and by vaccine therapy and antitoxin treatment during the past decade.

The great majority of the homœopathic profession are in hearty sympathy and accord with the efforts being made in old school laboratories to perfect this same vaccine and antitoxin treatment, as evidenced by the excellent work accomplished along these same lines in our own laboratories.

We ask of the older school of medicine that they show us a like sympathy and accord in our efforts to verify the pathogenic action of drugs in laboratories connected, or about to be connected, with standard homœopathic medical colleges.

We look forward to the time when in the laboratories under their direction, which are so generously endowed with public and private money, the older school of medicine will co-operate with the homœopathic school in verifying by experiments upon animals, and provings upon the human, the pathogenic action of drugs for the purpose of employing these as remedial agents against disease, in accordance with the same homœopathic principle of therapeutics as now governs the action of their bacterial vaccines.

It is an encouraging sign of increased interest in homœopathic materia medica that such good work is promised by the Hahnemann Medical College of Philadelphia in response to their liberal Hering donation; that such earnest work is being done in the New York College, the University of Iowa, Chicago, and the California Medical College.

It may interest the members of the Society to hear the purpose and plans of presenting materia medica to the students of Boston University during the coming year.

It is the purpose to take up fewer drugs than heretofore, and these the more important ones, in order that the students may become familiar with and have a working knowledge of remedies which will be more apt to be used during the first few years of their practice. The plan is to present these drugs in a logical order of courses, each supplementing the one preceding, and to begin the teaching of materia medica the moment the student enters the college.

During the first half of the first year Mr. Lowell T. Clapp will give a practical course in pharmaceutical methods as applied to the preparation and standardization of homœopathic tinctures, triturations and tablet triturates.

The second half of the first year Dr. Horton will lecture on the first principles of materia medica, comprising classification and general action of drugs; metric system, prescription writing, etc.

During the second year Dr. Leavitt will lecture on elementary materia medica, taking up the general pharmacodynamics of drugs, including their toxicological and physiological action as verified by drug provings.

During the fourth year Dr. Piper will present a course on physiological therapeutics.

During the third and fourth year the writer will endeavor to teach materia medica from the standpoints of drug pathogenesy and homœopathic therapeutics; emphasizing first, the affinitive relationship which each drug has to the various organs and tissues of the body; second, the specific action of each drug relative to the ultimate pathogenic effect produced upon the tissues; and third, the specific action of each drug manifested by a concise and reliable symptomatology derived from homœopathic provings of the drug. The pathogenesy and symptomatology of drugs as outlined above will be presented individually and comparatively and will be used as a basis of indicating their therapeutic application to homœopathic practice.

By these courses it is hoped to graduate students in homœopathic materia medica who will be able to make such use of it as to become good homœopathic prescribers, with an intelligent discrimination between the meagre results obtained by the physiological or palliative use of drugs, and the many excellent curative results obtainable by the homœopathic or curative method of using drugs. And perhaps from these students some may be obtained who will become useful workers in the pharmacological laboratory suggested in the paper it has been my privilege to discuss.

A CONTRIBUTION TO THE ETIOLOGY OF NEURALGIA OF THE HEAD *

By Leroy M. S. Miner, M.D., D.M.D., Boston, Mass.

It is necessary when discussing the very broad subject of neuralgia to have clearly in mind a few fundamental facts. In the first place, neuralgia, as we commonly understand it, is but a symptom, not a disease entity, and a sharp distinction must be made between neuritis, which presents a definite pathological picture, and neuralgia, which, so far as we know, shows no pathological change in the particular nerve involved. The fact, however, that neuralgia is a prominent symptom of neuritis, must be taken into consideration when differentiating these two conditions.

Regarding neuralgia, then, as a symptom, simply as nerve pain, but nevertheless not forgetting that it is a condition which frequently attains in the mind of the patient the dignity of a disease and one which a more or less profound effect on the patient if the condition is not successfully combated, I wish to discuss briefly certain etiologic factors not commonly thought of in searching for causes of neuralgia in and about the head, and more especially confined to the fifth pair of cranial nerves.

We used to hear much about idiopathic neuralgia, which we have understood to mean an existing pain for which there seemed to be no cause, or for which no cause could be found. It is a fundamental truth that nothing exists without cause. Hence it is a credit to the medical profession that the phrase idiopathic neuralgia is less commonly heard than formerly, for it is evidence that progress is being made in the search for the causes of this baffling condition. We know that causes, hitherto unsuspected, are being recognized as not uncommon factors in the etiology of cranial and facial neuralgia, and we owe much to the X-ray in bringing to light the presence of mal-formations and pathological conditions which play an important part in the causation of reflex pain.

To leave now the general consideration of the subject and turn our attention more particularly to a discussion of neuralgia of the head and face, let me say that it is my purpose to dwell neither upon the constitutional nor the local causes except so far as they directly concern the particular conditions with which I wish to deal especially. In the first place, when the pain, or the neuralgia, is located in either of the maxillary branches of the trigeminal nerve, it is most natural to suspect some inflammatory condition of the teeth or jaws, such as pulpitis, pericementitis or periotitis of the alveolar processes. Especially is this so when

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the patient has been complaining of trouble with one or more teeth, and is conscious of the pain starting in or about the teeth and radiating along the course of a nerve to other parts of the head. A majority of this class of cases will respond to proper treatment by a dentist, and I dismiss it without further comment.

There are many cases, however, the etiological factors of which are not so easily recognized, and a certain proportion of these are of especial interest to the stomatologist. The cases which concern the oral specialist I have divided for sake of convenience into two classes. The first class is made up of cases where the neuralgia exists apparently with no relation to any dental involvement, but really is caused by some abnormal condition of the dental apparatus. In the second class of cases the patient is conscious of pain of an indefinite sort, which seems to have some connection with the teeth, and in some cases the patient is sure that it is the teeth, but careful examination shows the true cause to be located elsewhere than about the teeth or jaws. The first class of cases is the more common; therefore, let us study it in more detail. The pain may be located in or about the ear or over the temporal bone. It may also be frontal, parietal or even occipital. Sometimes the pain is sharply defined in the supraorbital region, but extends rarely to the eyeball itself. Usually, however, the pain shows a tendency to radiate. In this class of cases where an examination by the general practitioner or the neurologist fails to reveal a cause for the pain, where eyes and ears are normal, and where even a routine dental examination proves to be negative, so that a given case would have to be classified as idiopathic, further careful examination of the teeth and the bones that contain them, assisted by the X-ray, will frequently reveal the cause to be of a dental nature. There are five principal conditions which have their influence in causing this pain.

a. Pulpitis, minus the usual local symptoms of that disease.

b. Incomplete removal of a dental pulp, with a subsequent filling of the tooth.

c. Foreign bodies, broken roots and exostoses.

d. Non-erupted and impacted teeth.

e. Infectious processes.

I can, perhaps, present the different types most clearly and in a briefer way, by citing cases which have come under my own observation.

1st Class:

Pain due to an obscure pulpitis.

Patient, man of 30 years, in perfect health and nearly perfect dental equipment.

Three weeks previous to my seeing him, a medium-sized filling had been inserted in a lower right third molar tooth. The tooth had not ached previously, nor following the insertion of

the filling. Tooth was not sore, and the patient was absolutely unconscious of the tooth. In the early evening, nearly three weeks after the filling was inserted, he was suddenly seized with tremendous pain in right ear. Four years previously he suffered with a middle ear abscess and paracentesis was performed. Belladonna gave temporary relief. An examination of the ears by aurists was negative.

Three days later he was again seized with this sharp pain in ear, which lasted intermittently for twenty-four hours. Careful examination of mouth revealed nothing abnormal. There was, however, a slight increase in reaction to heat in third molar. The filling was removed and a sedative dressing inserted, with a quick relief from pain. Pain returned again in ear and radiated toward tooth. Removal of the pulp entirely cleared up the case. In this case there was nothing to point especially to the tooth being the cause of the pain in the ear, and nothing to indicate the removal of what seemed to be a perfectly satisfactory filling in every way, except the very slight increase in reaction to heat, which could easily have been overlooked in a routine examination.

1st Class, Division B:

Patient, woman, 24 years. Nervous type. Uses some alcohol. The pulp of the superior left first molar had supposedly been removed, the canals treated and the tooth filled. Tooth was perfectly comfortable.

A month later she complained of pain over parotid region running up over the forehead.

In this case, as in the other, the tooth felt perfectly comfortable. Very rarely, however, she complained of a crust or other hard substance causing a pricking sensation at the end of the root. The removal of the filling and a thorough treatment of the root canals relieved the whole condition.

1st Class, Division C:

Foreign bodies, broken roots, etc. Man, 45 years. Suffered severely for three months with heavy pain in infraorbital region running up and becoming frontal. Pain especially severe at night. No pain in teeth. X-ray examination showed the tip of a bicuspid root buried in the superior maxillary bone. A small fistula on gum discharged at short intervals, and the bone was slightly softened to the probe. An operation for removal of root with a thorough curettement of the bone in the vicinity was done, and entire relief followed.

Case 2:

Woman, 30 years old. Patient had severe general headaches which sometimes were frontal and sometimes occipital. Vomiting spells frequently. There seemed to be no explanation of these attacks outside a possible mouth condition. Examination of mouth showed fistula on gum over region of superior first molar. X-ray

showed a large piece of root which had been broken off in extracting, surrounded by a large abscess area. In an operation the root was removed, and also the second molar. Areas of softened bone and the abscess sac were taken away, and patient has been free from the headaches and vomiting spells for six months.

Non-erupted and impacted teeth, especially the lower third molars, or wisdom teeth, are a very frequent cause of severe neuralgias. These cases are insidious in that when the teeth are in condition of non eruption their presence can be detected only by the X-ray.

The following case illustrates this type: Woman, 35 years old, in good health. One day, while walking through a building in process of construction, she fell through an opening in floor and struck on the side of head and shoulder. A short time following fall she began to have pain in the head over temporal bone, which was quite severe. A week later the upper teeth commenced to get sore, and soon an alveolar abscess formed, and after some treatment of tooth the upper right first molar was extracted. Mouth symptoms gradually subsided and disappeared. The pain in the head and face persisted, however. It became so severe that finally she was persuaded to consult a neurologist, who gave her a most thorough examination and was unable to locate the cause. Upon his recommendation, thinking the cause might be of a dental nature, she came to me and an X-ray examination was made. The radiograph showed the upper right third molar tooth buried well up in the bone; the crown of the tooth pressing against the root of the second molar. Removal of the tooth was advised, which was done, and after the shock incident to the injury caused by the operation, the pain gradually subsided, and the patient at last report was entirely free from pain.

Another very interesting case was one in which the lower left third molar was involved. Woman, 45 years. Had suffered for a couple of weeks with an indefinite pain on left side of head and face. This pain became localized for a short time over the region of the lower left third molar, which was not erupted, and in addition badly impacted. Later this pain shifted to ear, where it became very severe. Examination of ear proved to be negative. One morning patient awoke to find left side of face paralyzed. This proved to be a case of Bell's palsy. Pain in ear still continued. Her physician recommended the removal of the third molar, which proved to be quite difficult. After removal of tooth, pain in ear somewhat abated, but patient was conscious of pain at intervals both in ear and in jaw. The case is still under observation, and I am not prepared to discuss the relation of Bell's palsy to the non-erupted molar.

A case to illustrate the effect of infectious processes is that of a man 65 years of age. For two years he had suffered from a peculiar severe pain, located in the occiput and definitely local-

ized to cover an area slightly larger than a silver dollar. He had been under the care of a good physician who made no progress. An oculist could find nothing seriously wrong with the eyes. He came to me, upon the advice of his son. Examination of mouth at first revealed nothing remarkable. Careful search, however, revealed small fistula at the alveolo-buccal fold opposite lower right second bicuspid. Probe passed in one-half inch. Both bicuspids were found to be dead. Operation was advised; both teeth were removed, and a large area of spongy, degenerated bone was removed, uncovering the inferior dental nerve. The freedom from this peculiar occipital pain was immediate. For a week he had no pain whatever. After that when he became tired a slight return of old pain was felt, and now four months after operation he has occasional pain but less severe in character.

These cases I have cited show in a general way how neuralgias, even of the occiput, may possibly find their cause in some disturbance in equilibrium of the dental apparatus even when there are absolutely no symptoms to indicate it.

I wish briefly to make the contrary point that neuralgia of the face and head does exist where the pain seems to be rather definitely located in the jaws, yet the cause of the pain is at some distance or due to a constitutional disturbance.

In the practice of a colleague, I know of a case of a young woman who had severe neuralgia on left side of face, especially on upper jaw. A most thorough examination revealed no pathological condition of the dental equipment. Gynaecological examination revealed a torn cervix which was repaired with entire relief from facial neuralgia.

Another case in my own practice was a young, married woman who suffered severely with pain in lower left jaw for seven years. One tooth after another had been extracted with but the slightest temporary relief. Examination into her habits of life, diet, etc., revealed the fact that she took no care of herself at all. The urine showed considerable amount of sodium and calcium oxalate. She complained of rheumatism and rheumatic pains. A regular course of living was prescribed and the treatment as given has afforded her great relief, showing the real cause was foreign to the seat of pain.

Summary and Conclusion.

Neuralgia of head and face is often difficult to find, and at times there seems to be no cause. We know, however, that there is cause for everything, and sometimes a case may be cleared up by spending a little extra time in investigating a clue which may seem entirely inconsequential.

Neuralgia of the head and face is frequently caused by an obscure dental lesion, which may be overlooked in a routine dental examination.

The X-ray is invaluable in searching for local causes of neuralgia, and no case should be termed idiopathic until radiographs of the jaws have been taken, and it is shown that there is no focus of irritation in the maxillary bones.

DISCUSSION.

By Frank C. Richardson, M.D. Such papers are very valuable because they remind us very often of things which we know, and by calling our attention to them, are of undoubted help not only to us but to the people who are under our care. Neuraglia is, of course, of comparatively frequent occurrence in the experience of the general practitioner. It also comes within the scope of the ophthalmologist and otologist and the dental surgeon. The neurologists generally see the patient after the disease has existed for a good many years, and often when it exists with complications of various sorts. I feel that the term "neuralgia" should be restricted to those cases of purely functional disturbances,—in other words, those cases which are not symptomatic. Perhaps the type most frequently met with is the idiopathic variety, which so generally occurs in patients about forty or in old people. These intractable cases are more likely to occur in elderly people. They are generally of the degenerative type,—that is, they are probably dependent upon some change in the nerve itself,—and it is these cases which apply for relief to the surgeon. Trigenimus is, of course, the nerve most frequently affected by neuralgia, and that fact reminds us that that is the largest nerve and that it is not only the nerve of common sensation, but the nerve of special sensation, and the nerve of motion; in other words, it serves a very varied fuction.

It seems to me that certain etiological factors appear to possess a predilection for certain branches. The supra-orbital branch seems more frequently affected by infections, such as malaria, etc.; the superior maxillary by abnormal dental conditions, especially of the molars. In the neurology of the auriculo-temporal branches, this pain is sometimes limited to a stripe which goes across the vertex. I met with two such cases. I heard the description of that first in Vienna. I had two cases due to syphilis.

Neuralgia of a persistent character may be due, of course, to errors of refraction or other ocular defects, to frontal sinus, or it may result from exposure to cold. Apropos of that comes the question propounded in Dr. Miner's paper in regard to the relationship between Bell's palsy and the unenupted molar. I would hardly think from an anatomical and physiological consideration that there could be any direct relationship. I rather think that the pain preceding and accompanying Bell's palsy was of the so-called rheumatic origin, which means simply that there has been no infection which involves the nerve. When investigating the causes of the neuralgia our chief aim should be to ascertain whether it arises from an infection of the nerve alone or from an abnormal condition of the patient, or, as frequently occurs, from a morbid state of the blood or the various secretions. The latter element is, it seems to me, of very great importance, and in every case, or at least in very many cases, is to be taken into consideration of the diagnosis and treatment in these cases. It may be auto-intoxication, from constipation or other abnormal conditions of the digestive tract, and that is not an infrequent condition co-existing with neuralgia, as we have found. It may be the so-called gouty or rheumatic diathesis which really comes down to an error in metabolism for a basis. At all events, generally we get as a result of these various causes a disturbance of the nutrition.

When we take all these things into consideration I believe you will readily see the futility of confining the management of these cases solely to symptomatic treatment of the pain, and I believe this is a matter of

very common occurrence with us all. It has become my custom at my office never to make a diagnosis or a prognosis or to institute treatment of a case of facial neuralgia without a very thorough examination by an expert dental surgeon of the condition of the dental apparatus. That procedure has helped me out not a few times.

I am pleased to say that the case referred to by Dr. Miner is still free from trouble, or was a month or so ago when I heard from her. The result in that case was very satisfactory, and it was the persistency in having the X-ray made which saved this woman from a surgical operation. She had been to dentists who had made an examination of the teeth with absolutely negative results. She had been assured by dentists of repute that her teeth were sound and whole, and that there was no trouble. Still the X-ray revealed this condition, and the removal in this case has cured the neuralgia.

In regard to symptomatic conditions and constitutional conditions being at the root of these things, a case has just come under my observation. It came to me on June 14. The family history showed a decided neurotic tendency. Patient 55 years old, married. She had always been well until five years ago. Then she had facial pain on the left side, lasting about ten days, then had relief. Four years ago, on hearing of sister's death, had sudden, severe pain in the right superior branch.

The teeth were thoroughly examined with negative results. In January, 1909, had a severe attack lasting 17 days. At that time was operated on by one of our surgeons (in February) and she was free from pain until the following May. She had occasional attacks during that summer, and during the fall and winter had severe attacks of pain in the arm and chest.

The urine had never been examined up to the time I saw her. I found upon inquiring into her present symptoms that there were decided evidences of faulty metabolism. She was constipated. I instituted treatment to relieve that condition. She was put upon a strict diet, was made to live according to schedule, including baths, rub-downs, deep breathing, and the most hygienic regime. She reported on October 19 that she had been free from pain throughout the summer and had gained in weight and was in every way greatly improved. That illustrates a case which was dependent entirely on constitutional defects and metabolic error. It was a case of toxaemia which, in a person of neurotic predisposition, brought about this condition of pain. I might say that the case was referred to me by a surgeon to get an opinion as to further operative procedures, the idea being the removal of the gasserian ganglion, which I believe will be entirely unnecessary so long as the woman persists in her normal hygienic way of living.

The officers of the American Association of Clinical Research for 1910-1911 are as follows:

President, Alvin R. Peebles, M.D., Boulder, Colorado; *First Vice-President,* Ira S. Wile, M.D., 230 W. 97th Street, New York City; *Second Vice-President,* Jos. P. Cobb, M.D., 1021 E. 47th Street, Chicago; *General Secretary and Treasurer,* James Krauss, M.D., 419 Boylston Street, Boston; *Corresponding Secretary,* Chas. S. Gilman, M.D., 419 Boylston Street, Boston; *Registrar,* Henry S. Harrower, M.D., 72 Madison Street, Chicago.

CHRONIC VILLOUS ARTHRITIS.

By Howard Moore, M.D., Boston, Mass

Chronic villous arthritis is a condition characterized by hypertrophy of the synovial fringes or villi in joints. It is not a general disease, but purely a local condition. The villi and the general lack of joint tone are responsible for all of the symptoms.

It deserves this special attention because it is of much more common occurrence than is supposed by the majority of general practitioners. It has been shown that many of the joint lipomata are not true tumors, but of villous origin, in fact even those single, discreet, lipomata are often of such origin.

The *etiology* of villous arthritis is extremely varied but may be considered under three heads.

First.—Diathetic, under which head we have the atrophic and hypertrophic forms of arthritis. The former is the disease of early adult life, polyarticular, a disease of wear and tear, characterized by spindle-shaped joints, capsular thickening, and atrophy of the bone and cartilage. There is generally extreme villous hypertrophy with this type. The latter is the disease of later life, characterized by hypertrophy and lipping of the bones and cartilage,—spur formation.

Second.—Traumatic, under which head there is a great variety. Anything which causes synovial irritation may produce hypertrophy of the villi; an external blow or a wrench is quite frequently a cause. More frequently are the strains resulting from flat or pronated feet, bow-legs or knock knees. Then a semilunar cartilage partially detached or the so-called joint mice may be responsible. It may also be due to any condition relaxing the joint ligaments; whether it be a laceration or the relaxation or lack of tone, which is so frequently met with in rapidly growing children.

Third.—The infectious, under which head the most frequent causes are tuberculosis and gonorrhea, occasionally syphilis. When the former is the cause, it is usually of the synovial type of disease.

Clinical History.—The joints commonly affected in order of frequency are the knee, shoulder, ankle and hip. The greater frequency in the knee is probably due to its exposed condition, which renders it liable to injury; its position, which because of the weight bearing and the leverage element makes its more subject to strain; and, lastly, its anatomy is such as to be easily disarranged.

If the cause is a traumatic one the condition is monarticular except when the cause is bilateral, such for example as flat feet. If, however, the cause is a toxin or irritant in the blood stream, the condition is polyarticular.

One of the most apparent things in the history of the cases, especially those due to trauma, is the interval which elapses between the injury and the first symptoms. These villi are at first soft and easily disposed of and account for the discomfort felt only when

first arising from a chair or a resting posture. They later become fibrous and take on the characteristics of foreign bodies. This is shown by the fact that as an average, the larger the villi found in any case, the tougher and more organized they are.

It is more often a matter of years, then, than months before the symptoms have become prominent. It is quite a frequent thing to find a history of slight symptoms occurring some time after an injury, and then severe symptoms following a second injury, the villi themselves being irritated by the second. It is quite commonly the case that when the cause has been a trauma, there are intervals during which there are no symptoms, but which occur again with a new injury even though slight.

When the cause has been diathetic the development of the villi is frequently so insidious that it is hard for the patient to tell when the first symptoms were felt; but there is usually a distinct difference between the symptoms due to the fringes and those due to the causative element, whether trauma or disease.

The characteristic symptoms of villous arthritis are then: a frequently recurring synovitis which may or may not clear up entirely in the intervals, a sensation as if pinching something between the bones, infrequent at first but becoming more and more prominent, usually no pain when at rest, although this is not always the rule. There is almost never any locking of the joint as occurs with a loose cartilage. There is usually swelling, and in the case of trauma it appears below the patella on either side of the tendon, while in the cases of diathetic origin it is more general, rarely being confined to any one part of the joint. The effusion is not as a rule a true one, for while the patella seems to float, and fluctuation is easily obtainable, upon opening the joint it is found due to masses of soft friable villi with no increase whatever in the joint fluid. This should be emphasized, as the fluctuation is often extremely free.

In addition to these symptoms and signs, of course, there are pain, muscular spasm and tenderness in those cases in which true arthritis is the cause, but these symptoms are due to the arthritis, not to the presence of the villi.

Differential Diagnosis.—When villous arthritis is suspected it is important to look carefully into the past history for trauma, previously existing joint disease, and to examine carefully for any element which might produce continued strain in the affected joint.

A trauma external to the joint, severe enough to produce hypertrophy of the villi, can usually be remembered by the patient. One within the joint, such as dislocation of the semilunar cartilage, may occasionally confuse because a well organized fringe may cause similar symptoms to the former. It should be borne in mind, however, that this is not the rule.

Of the diathetic and infectious type of causes the rheumatoid and tubercular conditions, it will be remembered, are the most common. The former are usually polyarticular, the latter monarticular.

The X-ray is of value here, as the spurs in the hypertrophic joints and the atrophy of bone and cartilage in the atrophic joints show very prominently. A negative skigram does not rule out tuberculosis, as the type of this disease is usually synovial. A history of gonorrhea is only significant when the joint symptoms follow very soon after the acute stage of the disease.

In obscure cases an arthrotomy is warranted, as a histological examination would clear up the diagnosis, and the value of a certain diagnosis offsets the damage done by an explanatory incision into a joint.

Treatment.—The treatment of chronic villous arthritis will be considered under two heads,—the conservative and operative,—and varies as to the cause.

When the cause has been a strain from a faulty posture of a member, such as a flat or a pronated foot, or a bow leg, a correction of the posture is usually all that is necessary provided the condition has not been of too long standing. In addition, a bandage of flannel, bias cut, or an adhesive plaster strapping applied to the joint assists by reducing the amount of motion, thereby lessening the irritation within the joint as well as supporting the synovial membrane, making it less likely to fold and become pinched between the bones.

When the condition is due to relaxation, which is more or less general, exercises and general tonic measures should be employed in addition to the local treatment. A very efficient tonic measure locally is douching or showering alternately with hot and cold water.

If the cause has been a tuberculosis, the essential thing is the treatment of the tubercular condition.

If a rheumatoid has been the cause, the treatment too must be more directed to the arthritis than to the villous condition. It must be understood, however, that the villi, once they are formed, are a source of irritation to the rheumatoid condition, and their removal is, therefore, always indicated. Prolonged conservative methods produce no benefit more than a possible temporary relief of symptoms. In these cases it is essential to treat the patient with such general measures as massage, exercises, etc. In very acute cases, hot fomentation or the rubber dam are excellent measures locally for relief of symptoms.

A hypertrophic arthritis must have partial fixation, such as a leather or paper splint or extra firm bandage would provide. Occasionally even a plaster dressing is necessary.

The conditions due to syphilis should be treated with constitutional remedies.

Operative Treatment, in the great majority of cases, is the surest, quickest and most satisfactory treatment. Its greatest danger is that of infection, and this is hardly an excusable danger. It should not be delayed for conservative methods, except, as has been said, in those cases seen early and due to strain from faulty posture.

Even these cases seldom clear up if the villi are definite ones, easily palpable.

Usually the villi in the knee joint may be removed through a single incision, preferably done along the inner aspect of the knee, two or three inches long, and extending downward to a little below the joint line. The area of the synovial membrane, not exposed to view, may be examined by the finger, and the villi, once located, may be removed, even though they be on the opposite side of the joint from the incision. Of course, if the villi are apparently all, or for the most part, in the outer part of the joint, the incision should be made there. Only in occasional cases is it necessary to make both an internal and external incision, and only in extreme cases must one connect the two to make a flap exposing the entire joint. When the latter is done, the period of convalescence is, of course, greatly lengthened because of the fixation for six weeks or more required by the section and suture of the patella tendon.

As a rule there is little trouble from hemorrhage and always much less if scissors are used than when the knife is used. If bleeding is marked, irrigation of the joint with very hot water or normal salt solution is sufficient to control it.

If there are bony spurs or a tubercular process present, or if there is a dislocated cartilage, the operative procedure should include its care, and such a condition previously diagnosed should, of course, help one in deciding the incision best suited to the case.

Care should be exercised in controlling any hemorrhage encountered in the tissues before the capsule is opened, and any blood in the joint, after the villi have been removed, should be washed out before closing the capsule.

Catgut is usually sufficient as a suture in all the layers, and no drainage is necessary except outside of the joint where a silkworm gut drain may be used to take care of the serous oozing into the tissues.

Fixation is not necessary, and the joints should be supported in a position of slight flexion, as there is less discomfort in such a position.

During the first week after the operation the joint should be disturbed as little as possible. At this time, however, manipulations are to be begun. They should be passive by the patient, and carried only to the point of discomfort. Adhesions are not frequent if care has been exercised in freeing the joint from blood, and when they do occur, are usually broken up without an anesthetic being necessary.

In conclusion, it seems well to emphasize the importance of early treatment of these conditions by radical measures, especially if the villi are well organized. In any case conservative methods should be tried, but it is a mistake to continue them if an improvement does not begin at once and continue. The reasons are, that the conservative methods fail in a great majority of cases, no matter how long continued, and because the longer a joint suffers from

the presence of these villi, the more extreme becomes the condition of joint relaxation and lack of tone, which itself requires much time and patience to relieve.

THE EARLY SUBSTITUTION OF KNOWLEDGE FOR IGNORANCE OF THE FUNCTIONS OF SPECIAL ORGANS.*

By Orren B. Sanders, M.D., Boston, Mass.

It has been said that to adequately recount the story of the progress of medicine from its earliest beginnings, would mean "the telling of the strangest and most moving romance of history, in which superstition and credulity, craft and avarice, ignorance and vice have waged through the centuries a losing warfare against the finest and most noble attributes of mankind, the observation of nature, scientific truthfulness, unwearying devotion to human welfare, the purest altruism and the highest exercise of reason in the struggle for the maintenance of health, the mitigation of suffering and sorrow, and the prolongation of life."

While the mere belief that this is true would give us pleasure, we find our strength and courage in our efforts to worthily exercise our art, appreciably increased and vitalized by the knowledge that the testimony of the ages places our belief on a solid foundation of fact. This is so well known to you that I have no intention of offering you even the briefest sketch of the development of the scope and the practice of medicine, but will at once call your attention to that era entered upon early in the eighteenth century, signalized by a new departure in medicine—the study of causes through a concentration of attention upon the actual processes of the human body.

At first this study was greatly impeded by the clinging remnants of old superstitions, vain guesses, imperfect observation, and a certain obstinate tenacity in the upholding of pet theories and prejudices. Few things die harder. We know, however, how the great pitfall of apathy was avoided by the very diversity of methods and opinions, and how, as one position was proved imperfect and untenable, another was chosen freer from error, so that the wonderful advances in the knowledge of pathology characterizing the nineteenth century came as the logical outcome of the eager and long-continued struggle to identify the causes of disease underlying its manifestations.

Today, as the scent grows fresh, as the investigators of the twentieth century find themselves hot upon the trail of the disease germs they are literally running to earth—namely, the biblical dust of which man is made—so our enthusiasm increases, and so we cheer them on, and congratulate ourselves that medicine as a relatively exact science is not wholly beyond the bounds of possibility,

*Read before the Massachusetts Homœopathic Medical Society October 12, 1910.

and that, although civilization imposes new diseases upon us, man's resources promise to keep pace with them and progressively furnish new and effective weapons, offensive and defensive.

We stand then today, irrespective of therapeutic tenets, as a united body of professional men and women committed to the program of the most searching and exact determination of the causes of disease, since, so far, such identification has increasingly carried with it new means of rectifying resulting morbid conditions, or, still better, of protecting the individual or community against overwhelming invasions of death-dealing microbes.

It is, of course, equally true that we want no half knowledge, no partial knowledge; every revelation within our grasp whether of the cause, the effect, the prevention, the palliation, the cure of disease we wish to know, and mean to know if the human brain can compass it.

More, the awakened and increased intelligence of the past and much more conspicuously of the present century, has recognized that knowledge whether of new conquests of the earth and air in general, or of the art and science of medicine in particular, must become not only common property, but also common information, a mental as well as physical asset of the community.

If this is true with regard to the latest revelations, it is no less true with regard to those more familiar. Thus we do not fail to promote and extend the general knowledge of the comparatively ancient discovery of the curative and prophylactic power of soap, water, sunshine, exercise, pure food and air, while in between lecturing on bacteria, germicides, immunity or anaphylaxis. The laity has responded to our efforts by demonstrating not only its capacity to receive an unlimited amount of instruction, but also, which is infinitely more gratifying, its ability to comprehend and assimilate the instruction so given. The result of the teaching of the facts about tuberculosis is a striking example of this. The laity has indeed outrun us collectively, for while collectively we have co-operated heartily and even enthusiastically in the extension of knowledge of general anatomy, physiology and hygiene, sanitation of homes, schools, streets and shops, and are now pushing on the good work of public enlightenment as to the use and care of the eyes, ears and teeth, we have been and are still collectively stricken with a strange paralysis of speech and pen, when the question is agitated of giving the widest possible education in the facts about tthe structure, functions, use and diseases of the organs of generation.

When in 1909 the Faculty of Medicine of Harvard University offered a course of free public lectures at the new medical school Saturday evenings and Sunday afternoons, January 3 to April 25, inclusive, thirty-three subjects were itemized, ranging from a consideration of the organs of sight, hearing, digestion, circulation and respiration, to talks on fevers, tuberculosis, infantile paralysis, pneumonia, curvature of the spine, cancer and rabies, but not a

single lecture on the sexual system, barring one, and that one exclusively for women and dealing only with the hygiene of pregnancy.

Can anyone tell us what proportion the number of cases of scarlet fever and diphtheria, of pneumonia and cancer, of curvature of the spine and rabies bear to the number of cases of gonorrhea, or to the cases of unhappy marriages or single failures due primarily to the lack of early, sensible and systematic instruction in the questions of sex?

I am not at odds with any faculty of medicine for offering such timely subjects as those so generously discussed by Harvard men for the benefit of the public and others; but I do take exception to any list like this of thirty-three lectures which fails to include several, at least, on vital topics of paramount importance, and unavoidably often in the minds of adults and adolescents alike.

Scarlet fever and diphtheria are common diseases which every one should know about; pneumonia is increasing; curvature of the spine is seen too often. Also it is true that cases of rabies occur not infrequently. There is, however, a madness infinitely more dangerous to man, autopathic, as it were, occurring in many with abnormal frequency, and driving each unenlightened victim to take the gravest risks; a madness which results too often in his acquiring a germ called the gonococcus, a germ that promptly gets transferred to the first exposed mucous membrane, there to work untold damage, it may be to infect distant tissues and organs, it may be to ruin a few ovaries, or make a man or two sterile, or a child or two blind. Perhaps the germ acquired proves to be the Treponema pallidum, and the resulting disease syphilis. Can anyone say with certainty what bounds, if any, scientists will set to the disastrous and far-reaching action of this germ?

In the Journal of the American Medical Association, August 27, 1910, Dr. Howard Fox of New York, the well-known syphilologist and dermatologist, referring to recent serologic investigations, says: "It appears that syphilis plays a very important role in the etiology of aortic insufficiency." And again: "Syphilis is probably of more importance in the causation of nerve deafness than has been previously supposed." He also adds at the end of his summary of the findings this significant statement: "Serologic examinations have shown that the percentage of syphilitic infections in prostitutes is extremely high."

Hummel of New York only last month (September 17, 1910) published in the same journal corroborative testimony of these syphilitic arterial lesions, and of aneurismal processes due to the distinctive germ, while the Bureau of the Census has recently reported for the year 1909 a marked increase in deaths, and in the death-rate, for pericarditis, endocarditis, heart disease so-called, angina pectoris, and of diseases of the arteries and of the veins.

This year we have learned that Lippmann[2] in Germany, by the aid of the Wassermann test, has discovered that a very large pro-

portion of pregnant women, three-fourths of the cases he examined, had syphilis, although without the appearance of clinical symptoms, and that one-third of the children in the asylum for the mentally defective at Uchtspringe were likewise affected.

I cannot go into a discussion of laboratory researches and findings, but it is of intense interest to follow the admirable work being done by experts who, by the aid of the Wassermann serodiagnosis and Noguchi's test, are achieving results in the identification of the part syphilis plays in the realm of disease and degeneracy, hitherto undreamed of as demonstrable facts. I commend to your attention Dr. C. E. Atwood's paper on "Idiocy and Hereditary Syphilis," based on blood tests by Dr. Noguchi, Rockefeller Institute, and published in the Journal of the American Medical Association, August 6, 1910.

This is a small, but invaluable part of the extension of that praiseworthy undertaking I first mentioned, namely, to definitely determine the causes of disease. Few of us are called upon to do this laboratory work, but all of us are under obligations to make its results as fruitful of good to our fellow-men as is within our power. These new findings have direct and important bearing upon the question of preventive medicine as a whole, and not least upon this phase of it, for when all men and women know how almost inevitably impure sexual intercourse will result in the acquiring of the gonococcus or the spirochæte pallida, and how it can be shown by convincing proofs that these germs do cause a host of diseases, disabilities and degeneracies; fill our streets with walking reservoirs of contagion, our homes with insidious foes to health and domestic harmony, and the cradles of the land with defective infants, then when these facts are universally known we shall have a fighting chance we do not have today of winning in our so far half-hearted battle with venereal diseases.

The Boston Herald of April 25, 1910, said: "Tuberculosis Sunday was observed in churches throughout the country yesterday. It was arranged by the National Association for the Study and Prevention of Tuberculosis, and notices were sent to ministers all over the country calling upon them to preach or say something about the gospel of health. . . . In many of the churches, in addition to the sermons, there was distributed to the congregations literature about tuberculosis. . . . It was estimated that sermons were preached in 215,000 churches yesterday, reaching about 33,000,000 churchgoers."

The rector of Trinity Church of New York City on this occasion said: "Every man and woman who calls himself a Christian is pledged to service in this improvement by the very terms of his religion. The religion of the incarnation is a social religion."

Now if it is the duty of the clergy and their parishioners to cooperate in the extension of knowledge of means whereby tuberculosis may be prevented and cured, how much more is it their duty

to co-operate in the extension of knowledge of means whereby the venereal diseases may be prevented and cured? But we shall never get this assistance unless we bestir ourselves to obtain a public sentiment demanding it, and a clergy sufficiently instructed to be able to give it. We have not as yet a national society for the study and prevention of venereal diseases corresponding to that for the study and prevention of tuberculosis, but some preliminary steps through the formation of State and city organizations, more especially, have been taken.

Each of you know, and may regard it as a test, whether your interest in the matter has ever been sufficient to lead you to learn what these organizations are, to say nothing of any personal efforts to increase their number or effectiveness.

The first Society of Sanitary and Moral Prophylaxis in the United States was organized in 1905 under the able leadership of Dr. Prince Morrow, in New York, with a membership of twenty. In January, 1910, the California State Journal of Medicine reported that its membership had increased to 400. The following year, 1906, the Pennsylvania Society for the Prevention of Social Disease was founded, and at last accounts had a membership of 800, and its meetings were reported by two daily papers. The Chicago Society, organized in 1906, numbers 250 active members. Similar societies exist in Baltimore, Jacksonville, Detroit, Milwaukee, Indianapolis, St. Louis, Denver, Spokane and Portland, Oregon. In California, also, there is a society bravely calling itself The California Association for the Study and Prevention of Syphilis and Gonorrhea. Dr. David Starr Jordan of Stanford University and other prominent men addressed the first meeting. It was attended by several hundred men and women. "There is every reason," says Dr. Addison Baird of New York, in the Medical Record,[3] "why venereal diseases should be dealt with in a candid and straightforward manner. All mystery and a world of humbuggery would be swept away by open discussion and timely instruction."

Other countries are in advance of us in recognizing this truth, so far at least as national organizations go. These exist in Germany, France, Austria, Denmark, Italy and Hungary, and there is an International Congress for the Prevention of Syphilis and the Venereal Diseases which first met in Brussels in 1899.[4] Our nearest approach to a national organization is the American Federation for Sex-Hygiene, organized at St. Louis last June,[5] by delegates from fifteen State and city organizations interested in the promotion of education in sex matters. Its platform is: "The education of the public in sex physiology and sex hygiene, and the study of every means, educational and sanitary, moral and legislative, for the prevention of certain sex diseases."

Here is an organization we should heartily endorse and help support. It should have an active branch in every city, for there is, I repeat, no way of permanently lessening the foci of contagion, and

the number of men and women who prostitute their sexual powers, except through the education of the public, the giving to each individual adequate information of the physiologic and pathologic facts involved, while at the same time raising his or her physical and moral resistance to the uncontrolled sexual impulse. There must be the early substitution of knowledge for ignorance of the functions of special organs, not only early in the sense of commencement of instruction at an early age, but also through a prompt and immediate effort on our part, an effort not postponed to some indefinite and ever-receding future.

I have said that the laity has outrun the medical profession in taking the initiative that properly belonged to them, as witness the articles, on these long avoided topics relating to the sexual activities, which now frequently appear in popular magazines, women's journals, etc. It is immaterial, save so far as questions of accuracy are involved, whether these articles are written by physicians or not; the point is that somewhere there is an underlying demand for instruction, and an awakening, however gradual, of the realization of the people that readjustments in the corporate life of society must extend to every field of knowledge; that, since every condition and relation of life is changing, in the home, the school, the shop, the church, the social circle, it must be met by new methods based upon the truest and most general enlightenment obtainable, especially on vital problems.

Shall we sit back, and bemoan the halt, the maimed, and the blind victims of gonorrhea and syphilis; the suffering three-fourths of married women; the commonness of infected men; the innocent bride an invalid; the one-child sterility, and the long, accusing list of ills as much due to ignorance as to any other one cause, not excepting human passions?

"It has come about," says a recent editorial writer,[6] "that the only information which could teach a man how to live was never acquired till it was forever too late. The girl was left to her ignorance, and quite generally was sacrificed to that ignorance. The boy gleaned his knowledge from the gutter and from the brothel. The pulpit was silent because it was ignorant; the teacher, because he feared public opinion; the father and mother because of a false modesty." Let this charge cease even in our own lifetime to be true. Of what use are sero-diagnosis and all the other advancements of science which teach us the cause of disease, and the far-reaching effects of disease germs in the human body, unless we not only use the knowledge ourselves in our practice to lessen human suffering, but also liberally and diligently communicate this knowledge to the laity that they equally may intelligently bear their part in the fight?

Four hundred years before Christ, Hippocrates said: "Neither is it sufficient that the physician do his office, unless the patient and his attendants do their duty and that externals are well ordered."

Today the whole world is both our patient and, potentially, our ally, and it is our business to let it know that such is its dual role, and that externals can be well ordered only through this sensible joining of forces, this co-operation of the profession and the people.

There is an article in this year's first September number of the Boston Medical and Surgical Journal, entitled: "Educational Methods in the Anti-Tuberculosis Campaign," giving in detail the different measures which should be taken, and have been taken with immense benefit, to lessen tuberculosis. It is a paper we all ought to read, and in doing so to notice how many of these methods could equally well be adopted, by degrees if not all at once, in controlling venereal diseases. For instance, the traveling tuberculosis exhibit for adults. How about a similar exhibit of bacteria of the diseases referred to, and of specimens of affected organs and tissues? What a gasp of dissent will be the universal response to such a bold and radical suggestion! But another generation will see it, if not this one. Then the distribution of literature, the illustrated lectures and talks in factories, schools of higher education, associations, clubs; the timely word from the pulpit; the compulsory registration of cases; the instructed social worker and trained nurse; the insistence upon adequate dispensary and hospital facilities; the control of drug-store prescribing; the exposure of fake cures and charlatans; the increase of societies for the study of prevention and cure. This is a practical if partial list, and the carrying out of all its suggestions would leave no one idle or useless. Add, as especially applicable to existing conditions, the enacting and enforcing of laws which would answer the blunt question propounded in Wisconsin a year or two ago, namely: "Why should a syphilitic bum or drunkard be allowed a license to wed a pure woman, to disease her and her offspring for life?" We may very pertinently add: Why should the owner of an uncured gonorrhea be allowed such criminal freedom?

When, a year ago this month, Professor Irving Fisher of Yale furnished to the National Conservation Commission his estimate of the average economic value of the lives now sacrificed by preventable diseases, the press of the country overflowed with dollar signs, and grief over the dollar waste represented by untimely deaths. The dollar valuation was extended to the dollar worth of babies under the general heading: "Value of American Baby Crop of 1909, $6,960,000,000," while the dollar worth of a yearly influx of say 1,000,000 immigrants was stated to be eight hundred and seventy-five millions of dollars.

The United States of America has made enormous strides in commerce and industry, and in these outlets of energy is the wonder of the world; but the day is passing when the value of any nation will be its efficiency translatable by dollars and cents. The day is passing for *this* nation when such a valuation will be acceptable within its own borders.

A great leader in the political world expresses this thought as follows[7]: "While not merely acknowledging, but insisting upon, the

fact there must be a basis of national well-being for the nation, let us with equal emphasis insist that this material well-being represents nothing either for the nation or the individual but the foundation, and that the foundation, though indispensable, is worthless unless upon it is raised the superstructure of a higher life."

The measure of efficiency is not money: it is more what a man has in his blood and his character, than what he has in his pockets, that counts for the well-being or the ill-being of his country. The crucial point today in progress is that the theory of the development of the individual without reference to society is of necessity outworn and untenable, and, conversely, that his development must be of necessity with regard to his relation to the social body.

We cannot let a man live unenlightened as to his culpability if he commits theft, spreads smallpox, sells impure milk, or otherwise injures the community. In a thousand directions we admit no unreasonable infringement of personal rights, if we promptly curtail a liberty that threatens the welfare of society. This is logical and just, and needs only to be still further applied in matters which we are beginning to see are of incalculable importance to the virility and character of the race.

"What types of offspring," says a recent writer,[8] "can be expected to proceed from contaminated reproductive conditions? When men and women are ill, we doctor their gonorrheas, their syphilitic sores, their spotty eruptions, their oozing vaginas, their catarrhal wombs, their pussy ovaries; but our tentative remedials do not extend to the diseases of their personality, the defections of their wills, the degeneracy of their moral perceptions, their despairful outcry at the mockery of ill-fate."

To remedy these underlying deficiencies of will, of moral perceptions, of right mental attitude, is the great opportunity of the medical profession in this century just beginning. "The evil that men do lives after them," but, Shakespeare to the contrary notwithstanding, the good is not "oft interred with their bones," but invariably and everlastingly survives to increase the true national wealth and efficiency personified in uncorrupted and incorruptible manhood and womanhood.

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DISCUSSION.

Dr. Piper:—One point to which Dr. Sanders referred was beautifully demonstrated this Spring at the Massachusetts General Hospital,—the involvement of the heart aorta by syphilis. It goes to show us the very far-reaching dangers from syphilis where we little suspected it in the past. We have thought a man or woman affected with heart disease was rather a subject of misfortune quite beyond any act of theirs, but

this case goes to show that more and more we are victims of our own acts. It seems to me there is no subject crying for recognition, crying for better understanding throughout civilization more than that which Dr. Sanders has brought before us today; and personally I feel a debt of gratitude for bringing this to us in such a straightforward manner, not only today but on another occasion. I feel that in his extensive knowledge of the subject he has given us information which makes us all his debtors.

Dr. Frank L. Newton:—This subject is one of the most serious and we should put aside our modesty. Many of these cases are innocently contracted. Dr. Piper refers to our being victims of our own actions, but they are not in that sense. In my personal experience of cases I should certainly say that fifty per cent. of all cases that have come under my observation were absolutely innocently contracted on the part of the individual.

When we conduct an investigation or suggest any methods of overcoming this evil there is always a personality about it; patients are delicate and we are delicate. As Dr. Sanders says, they speak plainly in regard to other diseases, and nothing is said and nothing is done in regard to this disease. If we could begin at that point, that every one of us is in danger of this disease from visiting hotels and apartment houses where they go together in the washrooms, and even in the very best hotels and wealthiest houses where clerks are employed, they still use the roller towel, which is a source of the greatest danger in imparting both of those diseases. If we could once reach the public intelligence and make them feel as we have that they are in danger in drinking fountains, and that has been done more on the ground of tuberculosis infection than infection by syphilis and gonorrhea. I hope Dr. Sanders' issue may be taken to heart by all of us and that we may bring the subject before the people and get it introduced into the sanitary societies and the board of health just as they have in tuberculosis.

The Massachusetts State Board of Health has prepared a very valuable pamphlet upon infantile paralysis incorporating some of the papers that have already appeared in the monthly bulletin. In view of the prevalence of this disease anything that will enable one to make a more early diagnosis is valuable. The two tables given below summarize well the important symptoms that are usually encountered:

Table 1—Noteworthy Prodromal Symptoms.

1. Irritability.
2. Restlessness.
3. Pain in spine or extremities.
4. Apathy.

Table 2.—Important Symptoms During Acute Stage.

1. Fever, 100 deg. to 106 deg. Duration of fever two to seven days.
2. Vomiting (25 per cent. in New York series).
3. Restlessness.
4. Apathy.
5. Rigidity of neck.
6. Headache (frontal).
7. Delirium.
8. Stupor.
9. Convulsions.
10. Photophobia.
11. Dysphagia.
12. Sluggish pupils.
13. General pain (early in 58 per cent.).
14. Absence of deep reflexes.
15. Cold extremities (vasomotor changes).

CLINICAL DEPARTMENT.

Conducted by A. H. Ring, M.D.

Case IX. Diagnosis: Psychasthenia.

This was a most perplexing and instructive patient. She was referred by a well-known alienist with a diagnosis of melancholia and a bad prognosis. After the re-establishment of the old train of thought through the visit of the family after four months, she lapsed into a deeper state of anguish than before and added the common fear that God would not forgive her. She presented the obsessions (that she had been the cause of the death of her child and mother, that her husband no longer loved her, that God would not forgive her), the tic (spasm of the vocal cords with the emition of a moaning, whining sound), the phobiæ (fear of dirt which made her incessantly wash her hands, hanging all her clothes about on screen and chair when she disrobed, etc.), and the characteristic indecision and doubts (folie du doute) so characteristic of the disease.

Born with an unstable temperament the higher mental faculties, the power to weigh, judge and decide seem to have first slackened their tension, producing the scruples about dirt, etc., and great slowness of action, a kind of volitional weakness, though not distinct psycho-motor retardation, which would have placed the case in the class of manic depressive insanity. Then came as a natural sequence unreasoning fears, because, when the intellectual faculties wane the emotional mechanism usually comes to the fore. So also there was, from the same cause, automatic repetition and diminished inhibition, the weakened field of attention being focused about her obsessions. The motor tic was only another evidence of the predominance of the emotional mechanism or slackened intillection, and since the obsessions were of a kind over which one might cry, the tic took the form of a whining sound—a symbolic inversion similar to that which occurs in hysteria (the husband said that the cry sounded much like that of the child who died of meningitis).

Psychotherapeutic conversations were of little avail to this patient until towards the end, when she was sufficiently improved to ask questions and show interest. Water treatments, especially the cold pack, massage, vibration and the large incandescent lamp, proved of much greater value—which illustrates again our belief that we must first build up the physical man; then, if necessary, improve his philosophy, though, of course, in many mild cases they may go hand in hand.

Case XI for Diagnosis:

(a) Case No. 51,447 (O. P. D.). Woman, aged 58, comes to Dispensary for left-sided headache of twenty years' duration. Mother had severe headaches from 50 to 70, died of heart trouble. Patient was a healthy child, but has had neuralgia in head since 19 years old, worse at menstrual periods. Headache appears on waking in morning with nausea and sometimes with vomiting. She gets up and does her housework, but the pain increases through the day; left eye and face muscles twitch and she has to go to bed for a day or two; on third day pain is gone for three to five days, when it returns.

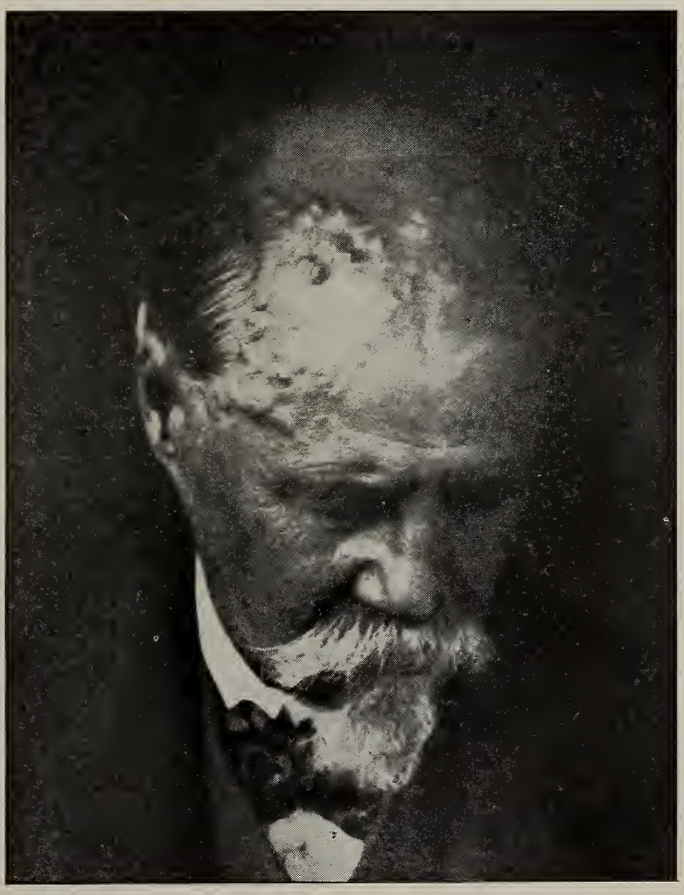
Examination shows heart sounds weak, but regular. The right eye turns in and there is a more or less constant twitching of the left orbicularis muscle. Urine: 64 oz. sp. gr. 1030, urea 45.4 grams; albumin, slight trace. Has worn glasses without relief to headaches.

(b) Case No. 52,458 (O. P. D.). Comes for periodic headaches. Family history: Mother dies of cancer of pelvis; had headaches and a nervous prostration. Father died of liver trouble. Patient, aged 33 years, an unhealthy, scrofulous child; scarlet fever left her deaf in left ear. Menstruated at twelve, painful; married at nineteen; first child two

years later; then came a miscarriage; two and one-half years ago another healthy baby, and a year ago another miscarriage, from which time her headaches date. These came on thus: She wakes up in the morning, the head feeling heavy and achy; this gradually increases through the day; by afternoon she has to go to bed; usually vomits and falls into a sleep. The ache is all over the head like a cap, and wears off slowly over two or three days. The eyeballs are sore and feel swollen. These attacks came at first once a month or so, but now come every week. Physical examination negative. A tall, pasty, flabby woman. Urine: 24-hour quantity 32 oz.; acid; sp. gr. 1018; urea 15.1 grams; albumin, slight trace; indoxyl slightly increased. Examination of eyes showed the urgent need of glasses, which were prescribed.

(c) Case No. 52,460 (O. P. D.). Woman aged 30 years. Comes to clinic for severe periodic headache. Her mother had severe headaches as a girl, but outgrew them. A cousin has epilepsy. Patient was a sickly baby and has never been vigorous. Had a tape worm for years, which she got rid of six years ago. Three years ago she had a nervous breakdown with much stomach trouble, and as this got well she developed severe headaches. When she gets up in the morning she can sometimes tell by her general discomfort that a headache is coming on. Or it may be incited by any unusual excitement or exertion. The pain rapidly increases; worse on the right side of head. She has to go to bed in a darkened room with a wet cloth tightly bound about the head. There is twitching in the right arm and face muscles; the face is pale; there is great intolerance to light or sound. This state lasts over a day or so and then fades over about the same time, leaving her depressed and exhausted. They occur from a week to ten days apart.

What is the diagnosis of these three cases, and what the treatment?



Massachusetts Homoeopathic Hospital, Out Patient No. 50299.

Dr. Frederick S. Piper of Lexington reports the following unusual case from his medical clinic:

August 31, 1910. M. H. H. Out-Patient, No. 50,299. A man, aged 64, short and heavy, dark complexion; shows some carelessness in personal appearance; walks with some unevenness of step and slight scuffing of left foot.

Occupation, negative to present condition.

Father born in England, now living in America and in good health at age of 87. Patient was one of ten children—all living but two; one died at age of 50 of yellow fever in Cuba, and one was deformed and died in infancy. Patient is married and has children—always "lived well" and enjoyed plenty of best foods. Denies all venereal disease, but has indulged freely in coitus all his life. Has used but very small amount of alcoholic drinks and never had any serious sickness.

Started to go to his business one morning three years ago, when he felt a weakness in left leg and left arm. Speech but slightly, if any, impaired and no paralysis of locomotion at any time. Left leg was so weak as to make walking unsteady and difficult. Left hand could not hold a cane strongly enough to aid in walking. Sharp needle pains in different places on his left side; urinations normal. Pulse 70—blood pressure 105. Has had spells of ill temper when he would talk abusively to his friends. Mind is apparently clear, but this is not confirmed.

Tortuous mass of pulsating blood vessels on head over frontal region and temples. (See photograph herewith.) These tortuous vessels have absorbed grooves one-eighth of an inch or more deep into the skull, which are plainly palpable.

Diagnosis:

Arterio-sclerosis with cirsoid aneurism.

Treatment:

Conium 1x four times daily.

September 14. Feels improved in use of left arm and leg; can walk better and hold his cane more firmly.

Presc. Conium 1x continued.

September 28. Improved in every way, except that pains in left leg are no better. Feels more courage and more cheerful.

Presc. Arsenicum iodide 2x—four times a day.

October 19. No improvement in pain, but feels better otherwise.

Presc. Baryta iodide 2x—six times a day.

October 26. Pain began to improve on the second or third day after taking Baryta iodide, and is practically all gone now.

November 9. Patient appears much improved and anxious to get to work again. The use of the left arm and left leg are markedly improved.

Presc. Baryta iodide 2x.

Other remedies to consider are Plumbum, Aurum muriat, Phosphorus, and Zinc phosphide.

In view of the somewhat derogatory statements made concerning the action of Ehrlich in taking out his national patent upon his new remedy for syphilis we are very glad to notice that he has made public explanation of his attitude. He states that he will not personally receive any of the profits; that one-half of such will go to Speyerhouse, an institution of research in Frankfort, and the other half to the manufacturers. In view of the reported fact that Ehrlich is already immensely wealthy, the above statement will be of interest.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be typewritten—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published.

DIAGNOSIS.

Practitioners of the dominant school in medicine have for years been inclined to point the finger of ridicule or scorn at all homœopathic adherents because of what they term the weakness of homœopaths in diagnosis, and to indicate, at least by assumption, that they themselves were masters of the art. Whether or not this may or may not have been true in the past, it can certainly not be justly stated of the more modern members of the school of similars, graduating, as they do, from colleges in every respect the equal of those of the other school.

Apart from further comparison an article has recently appeared in the Journal of the American Medical Association by Cabot which throws much light upon the "perfection" or the "exactness" of this work among that class, many of whom feel themselves to be masters. This article is entitled "Mistaken Diagnoses," and has been prepared from records of one thousand cases carefully examined at the Massachusetts General Hospital that later came to the autopsy table.

The author has in addition carefully studied the records and made his own diagnoses prior to reading the pathologist's reports. He divides the errors into those of commission and those of omission and includes only those conditions directly causing or contributing to fatal results. His first class, errors of commission, includes all those where definite diagnosis was made of conditions that the autopsy showed to be absent. The latter class comprises those diseases that did produce fatal results, as shown post-mortem, but were not recognized during life. When all of the various diseases are brought together we find that the grand total of correct diagnoses amounts to just sixty per cent. of the whole, while errors of omission reach thirty per cent. and those of commission ten per cent. In diseases of the vascular system taken as a whole, the per-

centage of error was thirty-four, in pericarditis eighty, in endocarditis sixty-one. Lobar pneumonia was unrecognized in twenty-six per cent., while broncho-pneumonia gives an error percentage of sixty-seven. Diseases of the stomach were also uncertain. Gastric cancer caused twenty-eight percentage of failures, while ulcer gave rise to sixty-four.

Far be it from us to detract in the slightest from any of the credit of this institution or its attending staff, because all who know of it even by reputation are fully cognizant of the fact that its work in diagnosis is excelled by none, equalled by few.

That upon which we do desire to place emphasis, however, is that our friends of the dominant school are not in any too secure a position from which to launch criticism concerning the errors in diagnosis made by homœopaths. We are all human and must always err more or less until we reach that state where medical diagnoses are not needed and where physicians can be at rest. Till that time comes, let us remember that

> "There is so much good in the worst of us
> And so much bad in the best of us
> That it ill behooves any of us
> To talk about the rest of us."

THE OVERCROWDED MEDICAL PROFESSION.

A favorite topic of discussion, not only in medical journals but in popular ones as well, has been the overcrowding of the medical profession. It has been approached from almost every side, both by those who were qualified to encounter it and by those whose writings merely showed their ignorance of the entire matter. We have been repeatedly told that the average physician, the country over, could have only about seven, or six, or five hundred persons from whom to draw his clientele, or that there were only about one hundred families for each physician in the country. The fact has usually been ignored that, thanks to the modern enthusiasm for high standards of preliminary education, the recent graduates are becoming more and more averse to living in the rural districts, preferring to congregate in the large cities where they are largely unknown, to living in comfort and being influential among friends in some of the many smaller towns and villages that now so much desire their presence.

A recent editorial in American Medicine well discusses the subject in the abstract:

"Economists have repeatedly shown that industries owe their existence to a large unemployed class from whom labor can be obtained at a moment's notice. In the parable the Master said, 'Why stand ye here, all the day idle?' There are always more workmen than the work requires, and the cry of overcrowding is as old as man, and is now heard every year in every trade. In every civilized land we find some doctors in poverty, some lawyers, and some clergymen. It is a condition which cannot be remedied, and the proposition to reduce the number of medical students is palpably absurd—almost amounts to the suggestion that the sick be compelled to submit to the ministrations of the least efficient. The number of students is being reduced in England on account of the increasing cost and labor of obtaining a license, but it will not guarantee all the graduates success. Indeed, overcrowding is socially desirable, as it increases the struggle for efficiency. In the struggle for existence, success goes to the efficient, not necessarily to those we consider the best."

Whether, therefore, the profession is overcrowded to its detriment or not, it can be safely asserted that the homœopathic section continues to present opportunities and openings far in excess of the number of candidates. Whether it be in the country village, the larger town, or the small city, the report is usually the same: the demand is greater than the supply. The homœopathic profession is certainly not overcrowded. In fact, the numbers are much too small except in the immediate vicinity of the largest cities, where the medical schools are located. The writer has for some years been in a position to know definitely whereof he speaks, and he can say with assurance that the difficulty has been to obtain physicians for the openings that are constantly appearing rather than to find positions for the applicants for advice or suggestions. This does not mean that large and lucrative city practices can be obtained for the asking but does mean that the popular talk about overcrowding in medicine need not by any means deter the prospective homœopathic student who is willing to work and who proves himself to be of at least average ability in that art and science that he has made his chosen profession.

Since October 1st, the use of public drinking cups in the city of Boston has been prohibited by the Board of Health. At the present time, therefore, no such cups can be used in any public park, street or railroad car, station, steamboat, ferry boat, hotel, public hall, public school or theatre. A number of theatres and some other places are instituting the sterilization by disinfection of each cup subsequent to its use. In other places the bubbling fountains have been installed.

OBITUARY.

David W. Vander Burgh, M.D.

Dr. David W. Vander Burgh died at his home at 140 Highland Avenue, Fall River, on August 29. He had been in poor health for more than two years, and for several months had been confined to his house.

Dr. Vander Burgh was born in New York City on December 7, 1841. He was a descendant of an old New York family,—the first of his ancestors in America coming to this country in 1693. His parents were Frederick Hoffman and Caroline (Williams) VanderBurgh. He was educated at Riverside Academy at Poughkeepsie, and at the State University—now the University of Michigan.

In 1862, while a student at the medical college, he enlisted as a medical cadet, and was later made Assistant Surgeon to the Tenth Michigan Infantry, joining his regiment at Nashville, April 30, 1863. He served throughout the war and returned to college in 1865, receiving his medical degree at Ann Arbor in 1866.

After graduating he served as Acting Assistant Surgeon of the 17th Regiment, U. S. Infantry, until his removal to Rhinebeck, N. Y., where, having been converted to homœopathy, he practiced with his great uncle, Dr. Federal VanderBurgh, until 1868. He then moved to Illion, N. Y., practicing there for six years. In 1869 he married Miss Katherine Eltinge of New Platz, N. Y. In 1874 Dr. T. Dwight Stow persuaded him to move again, this time to Fall River, and in this city he practiced during the remaining years of his professional life.

Dr. Vander Burgh was a member of the medical staff of the Fall River Hospital and later of the Union Hospital, being a member of the staff of this last-named institution at the time of his death. For many years he was physician to the Children's Home, having full charge. Here, particularly, his record is an enviable one, indeed.

He was a member of the Massachusetts Homœopathic Medical Society; of the American Institute of Homœopathy; of the Grand Army of the Republic; and a companion of the Loyal Legion of the United States.

Deserving and enjoying the respect of his professional associates, whether of his own or of another faith, of his patients, and of all who knew him, Dr. Vander Burgh has gone on to swell the ranks of those who have fought the good fight and have kept the faith.

J. Miller Hinson, M.D.

Dr. J. Miller Hinson died very suddenly of angina pectoris on Tuesday, October 4, at Saratoga, N. Y.

Dr. Hinson had not been feeling well for some time, and only a few days previous to his death had gone with Mrs. Hinson to a sanatorium, hoping that rest and treatment would bring relief.

Dr. Hinson was born in Bridesburg, Penn., not far from Philadelphia, on September 15, 1865, and thus had just passed his forty-fifth birthday. He was the only child of Rev. J. Miller and Mary Hinson. His father, who is still living, has been a distinguished minister in the Methodist Church for fifty years, and, during a number of them, presiding elder.

Dr. Hinson attended the public schools of Philadelphia and later Lauderback Academy in the same city. He graduated from Hahnemann Medical College of Philadelphia in the year 1886, before he was twenty-one years of age. An incident in his life while in the Medical College will illustrate his ability as a scholar. In his senior year he was stricken by a severe attack of typhoid pneumonia, but as soon as he had recovered sufficiently, with undaunted zeal he set about making up his studies, and succeeded so well that he graduated with honors.

The first six years of his active medical life were spent in the general

practise of medicine in Germantown and Merchantville, Penn. After that he went abroad and made a special study of diseases of the eye. On his return he located in Boston, and it is as a specialist in this branch of medicine that he has been so well known in this city during the past fifteen years.

Dr. Hinson possessed a genial and very sympathetic nature, and nowhere were these qualities more clearly shown than in his kindness and consideration toward the poor. He displayed a willingness and enthusiasm for work, and thus at once became a valuable and helpful member of any organization to which he belonged. As a physician he was diligent and thorough, taking high rank in diagnosis and treatment, as was particularly shown in his specialty.

That his life's work in his chosen profession should be so abruptly and suddenly ended, in the midst of the greatest achievements, is a great sorrow to all his friends and associates.

In 1890, Dr. Hinson was married to Miss Bertha L. Bliss of Brookline, who, together with Leonard, a son of thirteen years, survives him.

BOOK REVIEWS.

Pathogenic Micro-Organisms. Including Bacteria and Protozoa. A practical manual for students, physicians and health officers. By William Hallock Park, M.D., Professor of Bacteriology and Hygiene, University and Bellevue Hospital Medical College, etc. Assisted by Anna W. Williams, M.D., Assistant Director of the Research Laboratory; Pathologist to the New York Infirmary for Women and Children. Fourth Edition, enlarged and thoroughly revised. With 196 engravings and 3 full-page plates. Lea & Febiger. New York and Philadelphia. 1910.

In November, '08, the Gazette published a review of the 3rd edition of Park's Pathogenic Micro-Organisms by the present writer. This new edition brings the subject matter fully up to date. In its further discussion we feel that we can, with the greatest interest and sincerity, quote the review formerly printed, as a further knowledge derived from two years of use fully confirms the statements therein contained.

"About three years ago the Gazette had the pleasure of reviewing the preceding edition of this book. In this review a most favorable impression was obtained of its scope, clearness and general completeness and suitability. During the various emergencies of the intervening years it has stood close to the hand of the reviewer and has been subjected to many and repeated tests. The result has been so successful that an even more cordial recommendation would be given at the present time than was earlier accorded. During this interval, however, so many momentous advances have been made in certain departments that a new edition is most timely. Particularly have these discoveries been noted in the study of the pathogenic protozoa, of the normal intestinal flora and of opsonins and opsonic therapy. These and many less important studies have all been incorporated in the new edition, each in the amount in accordance with its importance. We find the present book, therefore, fully up to date in every subject covered, well prepared, well arranged and well written in a clear, not prolix, manner. It can be safely asserted that it brings to the individual members of the medical profession an amount of information along this important line greater in totality and more concise in description than does any other book with which we are familiar."

A Conception of the Self. Being a paper read before the All Bengal T. S. Federation held at Baruipur. By The Dreamer. Published by Aghor Nath Datta Theosophical Publishing Society, 50 Cornwallis street, Calcutta.

This consists of a rather prolonged discussion of theosophy and is throughout about as understandable to the average American mind

as is the last paragraph, which is as follows:

"He who sees this Self, the One shining through the many, the Imperishable bodying forth from the perishable, the One Self seated equally in the heart of everything of name or form,—he seeth. This alone is Theosophy. This alone is the Wisdom Divine of the Lords of Compassion—the Lords of the Great Self. All else is Illusion."

Beri-Beri: Its Causation, Prevention and Homœopathic Treatment. By Sarat Chandra Ghose, M.D., Corresponding Member of British Homœopathic Society, French Homœopathic Medical Society and Hahnemann Institute of Brazil, etc., etc. Calcutta. 1910.

Our Indian co-workers have been brought quite prominently to the front in the past two or three years in one form or another, particularly the author of the present article. This is a little booklet upon a disease apparently not infrequent in India, in which the symptoms, the pathologic diagnosis, the etiology and the homœopathic treatment are given.

A Text-Book on the Therapeutic Action of Light. Including the Rho Rays, Solar and Violet Rays, Electric Arc Light, the Light Cabinet. By Gorydon Eugene Rogers, M.D., formerly Demonstrator of Anatomy in the University of New York City. With original illustrations. Published by the author.

This book is devoted to the description of a new form of light advocated by the author for most diverse conditions. These range from dermatology to gynaecology, from otology to neurology and from tuberculosis to cancer, syphilis, gonorrhoea, appendicitis and goitre. A few quotations will attest the reliability of the work:

"Epithelioma in its various forms is easily, quickly and certainly curable. The disease develops so slowly that there is usually a period, extending over many years, in which it can be cured."

Concerning tuberculosis we read: "If the new rays be projected upon the lungs during the early stage of phthisis, the bacillus will be destroyed. As the disease advances, the result becomes correspondingly more doubtful."

"Copious expectoration with little effort, accompanied by increase in weight, indicates recovery regardless of the state of the disease."

"After the formation of cavities and the occurrence of hemorrhages, even though severe, recoveries are frequent."

Of diphtheria he says: "Anti-diphtheria serum has proved of such benefit in the treatment of diphtheria that I would not advise abandonment of its use. But the improvement following an application of the Rho rays is usually so prompt that the time required to ascertain the effect in any given case is of no vital importance."

Probably no further comments need be made.

A Text-Book of Bacteriology. A practical treatise for students and practitioners of medicine. By Philip Hanson Hiss, Jr., M.D., Professor of Bacteriology, College of Physicians and Surgeons, Columbia University, New York City, and Hans Zinsser, M.D., Associate Professor in charge of Bacteriology, Leland Stanford, Jr., University, Palo Alto, California. With one hundred and fifty-six illustrations in the text, some of which are colored. New York and London. D. Appleton & Company. 1910.

Some years ago a text-book upon this subject consisted very largely of a classification of the pathogenic bacteria with detailed description of the diseases produced by each. At the present time this part, while of course of maximum importance, is closely rivalled by the many allied phases of the subject in the abstract. Here we find exhaustive description of those various topics that are grouped under the general terms of infection and immunity. The authors of this book have taken due and proper recognition of this fact. Accordingly three sections are

made, one upon bacterial biology, one upon infection and immunity and one upon pathogenic bacteria. Section two is necessarily highly technical when discussing the many theories of toxins, anti-toxins, agglutinins, precipitins, opsonins, etc., but is written as clearly as the subject allows.

We have looked in vain for illustrations of Westbrook's cut of types of diphtheria bacilli, now become a classic. The illustration of bacillus pestis is not satisfactory and other minor features might be altered with advantage. As a whole, however, the book is a very satisfactory one, modelled as it is upon the usual type of text-book and one that will well repay anyone to read and study.

Contagious, Constitutional and Blood Diseases. By A. L. Blackwood, B.S., M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College and Hospital, Chicago. Attending physician to the South Chicago Hospital. Boericke & Tafel. Philadelphia. 1910.

This is the fifth of Dr. Blackwood's little books, that with one more, now in preparation, will complete a series upon internal medicine. In many ways it impresses the reviewer better than have the preceding ones, particularly the section upon contagious diseases. Many things call for criticism, particularly in the chapter treating with blood diseases, the majority of which suggest hurried composition rather than actual mistakes. The idea of the series is an excellent one, and having as it does the various, most commonly indicated remedies for each disease, should be of distinct value to homœopaths.

Mental Diseases and Their Homœopathic Treatment. For the Student and Practitioner of Medicine. By William Morris Butler, A.M., M.D. Formerly First Assistant Physician at the Middletown State Homœopathic Hospital for the Insane; Professor of Mental Diseases, New York Homœopathic College and Flower Hospital; Consulting Alienist, Middletown State Homœopathic Hospital for the Insane; Neurologist, Cumberland Street Hospital, etc. Boericke & Runyon, New York. 1910.

As its name indicates, the important thing about this book is the large amount of space given to the description of homœopathy in its relation to mental disease. Because this is so well done it should be in the library of every physician who trusts in the law of similars. The book contains thirteen chapters discussing Classification and Pathology, Etiology, Symptomatology, Infection Psychoses, Exhaustion Psychoses, Neurasthenia, Intoxication Psychoses, Dementia Precox, Dementia Paralytica, Organic Dementia, Involutional Melancholia, Manic Depressive Insanity, Pavanoia, Epileptic Insanity, Terminal Dementia and General and Medicinal Treatment.

There are twenty-four full-page illustrations. It is written in a pleasant and readable style and is well abreast of the best established facts and classifications in a rapidly changing field. It is a little surprising not to find a chapter on Hysteria. The old term "Neurasthenia" has been retained in place of Janet's more inclusive one of "Psychasthenia."

The type is large and well spaced, making reading easy, but the heavy gloss paper used makes the book cumbersome. Had a light paper such as esporto, for example, been used, and the gloss surface been limited to the cuts, it would have made a more pleasant book to hold. It is, however, valuable.

We have just received the announcement of some of the latest medical works published by Lea & Febiger. This house, which is well known to our readers, is notable for the many excellent works that it has produced during the past few years. Pre-eminent among these is the encyclopedic work by Osler upon Modern Medicine in all its phases. A work that is now in preparation, and that will probably form a good com-

panion to this is "Modern Treatment." This will appear in two volumes under the editorial direction of Hare & Landis. Both of these men are able in their respective spheres, are careful and interesting writers and should present a work of unusual value.

We also note with pleasure that there has been call for a second edition of Adami's Pathology, which caused such an unanimous collection of favorable criticism upon its first publication.

Many other books are noted, the greater number of which will be familiar to our readers. Among these are Abbott's Pathology, Ballenger on the Nose, Throat and Ear, Brewer's Surgery, Edward's Practice, Dunglison's Medical Dictionary, Gray's Anatomy, and many others too numerous to mention.

The W. B. Saunders Company have just issued a small pamphlet concerning the Handbook of Practical Treatment just prepared by Musser and Kelly. As far as we are able to judge from the prospectus, this book, which appears in three volumes, is a very valuable contribution to the subject, and is one that should be of much importance to the medical profession.

Rebman & Co. announce among their latest books the following:

No. 606 Ehrlich-Hata.
The Modern Treatment of Alcoholism and Drug Narcotism, by McBride.
The Mental Symptoms of Brain Diseases, by Hollander.
The Phase of Evolution and Heredity, by Berry-Hart.

A number of other equally valuable ones are in course of preparation. When one reviews the books appearing from this source it is a matter almost of surprise that such a strong collection of writers should be represented. The very name of the firm has in many cases become associated with the idea of unusual excellence in medical writings. A particularly attractive feature of the work of this house is a large series of art prints suitable for the waiting room and the home of the physician. These cover practically all phases of medicine, beginning with the well-known photogravure of "The Doctor," and including many others equally noted, such as Versalius at the Dissecting Table, Pasteur in his Laboratory, Tulp's Anatomy Lesson, etc.

We can strongly recommend these as being both of medical and of popular interest and value. They might be suitable for use in connection with the Christmas season.

The Practitioners' Visiting List for 1911. A pocket-sized, wallet-shaped book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. Bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Lea & Febiger, Philadelphia and New York.

The now well-known visiting list published by this firm has already made its appearance in the 1911 edition. Containing, as it does, so many devices and tables that are of value to both the financial and to the professional side of the doctor, it should continue to maintain its popularity among the medical profession. It comes in three forms: a weekly, a monthly and a perpetual, and deserves to be well recommended for the purpose for which it is written.

THE MONTH'S BEST BOOKS.

Practice of Medicine. Kelley. $4.75. Lea & Febiger.
Diseases of the Eye. Weeks. $6.00. Lea & Febiger.
Orthopedic Surgery. Whitman. $5.00. Lea & Febiger.
Physiology. Stewart. $5.00. Wm. Wood.

PERSONAL AND GENERAL ITEMS.

Dr. Benjamin S. Stephenson, class of '92, B. U. S. M., has been appointed to the office of Supervising Principal in the Department of Education of Porto Rico, and he and Dr. Nellie Witter Stephenson are pleasantly located at Toa-Baja.

Dr. Edgar F. Haines, class of '06, B. U. S. M., has been appointed surgeon to the Fourth Battalion of Philippine Scouts at Davao, Moro Province, Mindanao. Dr. Haines writes that the inhabitants of the island are wild tribes with great zeal and ambition for killing Christians. A native who has killed thirty Christians is entitled to the distinction of wearing a red cap. In January, Dr. Haines is to go with others of the army to Japan to spend six weeks in the Japanese Army Medical School for the purpose of studying army sanitation.

Dr. George E. Boynton, B. U. S. M., '09, has located at Mount Vernon, State of Washington.

An homœopathic physician, male, unmarried, is wanted to fill the position of pharmacist at Fergus Falls State Hospital (Minnesota). The salary is $55 per month, with board, lodging and laundry, and the appointment gives excellent opportunity for study and clinical work. Address Dr. Geo. O. Welch, Medical Superintendent, Fergus Falls, Minn.

Cards have been received from Dr. George N. Lapham, who has been physician at the Massachusetts State Sanatorium in Rutland for the past nine years. Dr. Lapham will open an office in Boston, 418 Boylston Street, where he will be on Tuesdays and Fridays from 2 to 4 P. M. On other days his office hours will be in Rutland from 3 to 4 P. M., where he will also conduct private sanatoria for the treatment of tuberculosis.

Dr. Harry J. Lee announces the removal of his office to 535 Beacon Street, Boston.

Dr. and Mrs. Laurence R. Clapp of Farmington, N. H., are receiving congratulations upon the advent into their home of an infant son.

WANTED.—Position as secretary or physician's office assistant wanted by a woman with large hospital and secretarial experience—stenography and typewriting. New England preferred. Address "Secretary," care New England Medical Gazette, 422 Columbia road, Boston, Mass.

An order of the City Council has been signed by Mayor Fitzgerald of Boston authorizing the purchase of the Robert Treat Paine property on Southampton Street as an extension of the South Department of the Boston City Hospital.

Dr. George Blumer, who holds the position of Professor of Theory and Practice in the Yale University Medical School, has been elected Dean of that Institution, replacing Dr. Herbert E. Smith, recently retired.

Governor Eben S. Draper has offered to erect in Milford, Mass., a large addition to the hospital which he gave to the town two years ago. This enlargement has been made necessary by the overcrowded condition of the hospital.

The Northwestern University Medical School has received from Mr. James A. Patten of Evanston a gift of $200,000 for the endowment and maintenance of a Chair of Medical Research.

ANTI-VIVISECTION.

(Continued from Page Fifteen.)

To one who is familiar with laboratory procedure, the keynote of this exhibition is falsity. The visiting laymen can hardly fail to carry away with him a wholly incorrect notion of what animal experimentation means, what its methods are, and what a measureless amount of good it has accomplished for both the human race and the lower animals. Nowhere is there a sincere desire for the truth; everywhere there is ignorance, misrepresentation, and false implication; everywhere the calmness of balanced judgment is wanting; everywhere there is an unbridled appeal to sentiment, and to sentiment inflamed into passion. The harm is great that may thus be done to the individual, but when such an influence is allowed to spread unchecked through a community the harm that may be done to the multitude is incalculable. Such an influence is both intellectually and morally debasing. When a Bishop of a Christian Church, innocent of the truth and moved only by a blind rage excited by the misleading tales of this society, writes of the beneficent method of animal experimentation, a method from which he and his followers unwittingly derive daily blessings: "I have long been an enemy to vivisection, and am so still, * * * I would like to see it totally abolished and made an offense against the law. * * * I am heartily in sympathy with the effort, not only to reform, but to destroy and root out altogether this sin against the lives of innocent creatures," we may well ask whether the time has not come for enlightened people to band themselvs together in opposition to this variety of fatuous fanaticism.

In the exhibition of which I write the most striking single exhibit is the New York Anti-Vivisection Society itself. It has had every opportunity to learn the truth or the falsity of its demonstrations and its declarations. It has been told by those who know how untrue they are, and yet it has continued week after week to keep its deceptive sights before the public and to tell its false tales. In the minds of those who both know and respect the truth the New York Anti-Vivisection Society stands, under the deceitful mask of a pretended moral leader, as an obscurantist, a partisan of vicious principles and practices, and a foe of the public good.

FREDERIC S. LEE.

Columbia University, Feb. 4, 1910.

PENNSYLVANIA NOTES.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA closed its annual session at Williamsport on the afternoon of the twenty-second of September, with the best session which the society had had in recent years, over two hundred participating in the attendance of the scientific and social meetings. Dr. W. Alvah Stewart of Pittsburgh was unanimously elected for president during the coming year. Dr. F. D. Brewster of Scranton was elected first vice-president, and Dr. E. C. Blackburn of Williamsport as second vice-president. Dr. E. H. Pond of Pittsburgh was re-elected recording secretary, and Dr. E. M. Gramm of Philadelphia corresponding secretary. Dr. Ella D. Goff of Pittsburgh was re-elected treasurer, and Dr. W. F. Baker of Philadelphia was re-elected necrologist. Dr. W. F. Edmundson of Pittsburgh was elected censor to serve for three years. The new members elected to the board of trustees were Dr. W. Alvah Stewart of Pittsburgh, Dr. E. R. Gregg of Pittsburgh and Dr. G. P. Palen of Philadelphia.

The meeting was called to order on Tuesday morning, September 20, at 9.30 o'clock. The invocation was delivered by Rev. William Perry

Eveland, A.M., Ph.D., D.D., president of Williamsport Dickinson Seminary. The address of welcome was delivered by the Hon. Charles D. Wolfe, Mayor of Williamsport, and Dr. E. C. Blackburn of Wiliamsport. The response was delivered by Dr. W. W. Speakman of Philadelphia. The presidental address of Dr. H. F. Schantz of Reading was attentively listened to and well received. Dr. E. H. Pond of Pittsburgh reported on behalf of the committee of organization, registration and statistics. Dr. John J. Tuller of Philadelphia reported on behalf of the committee of legislation, Dr. E. M. Gramm of Philadelphia reported on behalf of the committee on publication, Dr. F. S. Howell of Reading reported on behalf of the membership committee. Dr. Emma T. Shriner reported on behalf of the committee for combatting social evil. Dr. W. F. Baker of Philadelphia reported as necrologist.

The Bureau of Ophthalmology, Otology and Laryngology, with Dr. G. J. Palen as chairman, reported on Monday morning, consisting of papers delivered by Drs. G. J. Palen, I. G. Shallcross, H. Bierman of Bloomsburg, W. DeH. Eachcs of Phoenixville, Pa., Dr. F. W. Smith and Dr. J. W. Stitzel of Hollidaysburg, Pa.

The afternoon session was occupied by the Bureau of Obstetrics, with Dr. J. M. Heimbach as chairman, papers having been presented by Drs. F. W. Boyer, Pottsville; A. E. Heimbach, Renovo; J. E. James, Jr., Philadelphia, and A. Grace White, Bradford, Pa.

The Bureau of Gynaecology, with D. B. James, M.D., as chairman, was well reported, papers being presented by Drs. N. S. Betts, Philadelphia; D. P. Maddux, Chester, Pa.; G. C. Webster of Chester, and Isaac Crowther, also of Chester.

On Tuesday evening a special address on "Homœopathy—The Modern Conception of Hahnemann's Law," was delivered by Dr. O. S. Haines, of the Hahnemann Medical College of Philadelphia. The meeting was unusually well attended, the address being well delivered and most heartily applauded.

Dr. Haines was followed by a special address by Dr. H. R. Arndt, field secretary of the American Institute of Homœopathy, who came on especially to address the State Society meeting. His address was spirited and full of good advice and suggestions to the members of the society.

Following Dr. Arndt's address a smoker was held at the official headquarters of the State Medical Society at the Hotel Park, the assemblage being addressed by Hon. John K. Tener, the republican candidate for Governor of the State of Pennsylvania. An address was well delivered by Dr. W. Alvah Stewart of Pittsburgh, the newly elected president of the State Society; Dr. W. B. Van Lennep, the dean of the Hahnemann Medical College of Philadelphia; Dr. Herbert Reading of Philadelphia, and Ralph Bernstein of Philadelphia. The president, Dr. H. F. Schantz, acted as toastmaster. Cordiality and good fellowship reigned supreme, the early morning hours having arrived before the doctors decided to adjourn.

On Wednesday, September 21, the section on Paedology, with Dr. H. Ellen Walker of Sharon, Pa., reported with papers presented by Drs. M. J. Chapman of Springsboro, Anna D. Varner of Wilkinsburg, H. S. Weaver of Philadelphia and H. Bierman of Bloomsburg.

The Surgical Bureau was well reported on Wednesday morning, with Chairman G. W. Hartman of Harrisburg, Pa., in charge. Papers were delivered by Drs. L. T. Ashcraft, Ralph Bernstein of Philadelphia, M. M. Fleagle of Hanover, H. M. Gay, H. L. Northrop, G. A. Van Lennep and J. Dean Elliott of Philadelphia.

The afternoon session was taken up by the Bureau of Materia Medica and Provings, Dr. E. L. Nesbit, Bryn Mawr, Pa., in charge. Papers were presented by Drs. O. S. Haines, Philadelphia; W. S. Piper, Clearfield; C. S. Raue and W. H. Yeager of Philadelphia, and G. M. Golden of Philadelphia.

On Wednesday evening the members of the society and visitors were entertained at a reception held at the official headquarters of the State Society at the Park Hotel; over three hundred members, guests and friends participated in the evening musicale and reception, which was a very enjoyable event, the president, Dr. and Mrs. H. F. Schantz, Dr. and Mrs. N. C. Blackburn, Dr. and Mrs. W. N. Pollmer and Dr. and Mrs. A. D. Dye receiving.

The Thursday morning session was opened at 9.30 o'clock, the election of officers taking place with the customary routine at 11 o'clock. The section on Sanitary Science, with I. D. Metzger in charge, reported, papers having been presented by Drs. I. D. Metzger of Tyrone, C. A. Barron of Williamsport and A. R. Garner of Norristown.

The Bureau of Homœopathic Institutes and Clinical Medicine, with Dr. G. Morris Golden, chairman, in charge, was well reported at this time, papers being presented by Drs. G. Morris Golden, W. F. Baker, W. D. Bayley, T. B. Bradley, Charles D. Fox, G. Harlan Wells, W. R. Williams, all of Philadelphia, and Drs. A. P. Dowie of Uniontown, H. I. Klopp, Westborough, Mass.; F. F. Massey, Womelsdorf; R. L. Piper of Tyrone, and E. L. Straub of Minersville, Pa. After the report of the Board of Censors in the afternoon the meeting adjourned at 5 P. M., as one of the most successful in recent years.

The meeting place for next year has been left to the action of the Board of Trustees, it seeming to be the consensus of opinion that the State Medical Society should be entertained at one of the popular resorts, the Delaware Water Gap, Bedford Springs and Cambridge Springs being prominently mentioned; the Board of Trustees to conclude on a meeting place before the first of January and to report accordingly.

When it is considered that the percentage of attendance of the Homœopathic State Medical Society is so large in comparison to that of the old school medical society in this State it can be readily appreciated how really enthusiastic and well organized the homœopathic profession is in the State of Pennsylvania.

A vote of thanks was extended to Dr. H. F. Schantz of Reading for the service rendered during the past year, and Dr. W. Alvah Stewart of Pittsburgh, the newly elected president, promises his usual hearty support and co-operation for the best interests of homœopathy through the entire State of Pennsylvania. Dr. Stewart is eagerly and anxiously looking forward to the time when he will accept the reins. The western part of the State, which he represents, assures him a hearty and cordial support with one accord; the middle section of the State likewise endorses that sentiment, and the east stands strongly by him, having urged his nomination and election, so that the prospects of unity and harmonious accord throughout the entire State promise well for the ensuing year.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA. The session of 1910-1911 was opened on Monday evening, Sept. 26, at 8 o'clock, in the lecture room. The addresses of the evening were delivered by the Dean, Dr. W. B. Van Lennep, and Dr. H. R. Arndt, the Field Secretary of the American Institute of Homœopathy, delivered an interesting and instructive address to the incoming classes. The student body, after receiving their instructions from the Dean, were entertained by the teaching staff.

A very radical change has been made in the methods of teaching, especially in the junior and senior years. Following the plan of instructions now in vogue at Johns-Hopkins, Harvard and other foremost medical colleges of the country, the didactic lectures have been reduced to a minimum, and advanced students devote their time largly to practical clinical work in the hospital wards and in the out-patient department The senior students are occupied daily from nine until twelve in the medical, surgical and gynaecological wards of the hospital. The first portion of this time is devoted to the taking of histories, clinical and laboratory examinations by the students. The last hour and a half is devoted to ward classes, which are conducted by instructors in the various departments. The junior class spends an hour and a half each afternoon in the out-patient department, where they examine, diagnose and treat the cases under the supervision of competent instructors. This reorganization in the methods of clinical teaching has been perfected through the work of the new Dean, who is determined that nothing shall stand in the way of progress in "Old Hahnemann." The course, as it stands today, compares very favorably with that given by the most progressive medical schools in America, and gives the students an amount of actual experience in the management of patients that has never been possible before.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held a special meeting at Hahnemann College on Tuesday evening, September 27, at 9 P. M., to meet Dr. H. R. Arndt of Cleveland, Ohio, the Field Secretary of the American Institute of Homœopathy. Dr. Arndt was accorded a royal welcome, and delivered an unusually interesting address, as only Dr. Arndt can do.

THE PHILADELPHIA ACADEMY OF MEDICINE held the first of its regular monthly meetings on Thursday evening, October 6, at Odd Fellows' Temple, with the president, Dr. G. Harlan Wells, in the chair. The addresses of the evening were as follows: "How a Physician Should Keep His Accounts," by W. F. Baker,M.D.; "Some Factors That Interfere With a Physician's Success," by W. W. Speakman, M.D.; "Some Methods by Which the Physician Can Increase His Income," by D. P. Maddox, M.D., of Chester.

The newly elected officers for the ensuing year were as follows: President, G. Harlan Wells, M.D.; vice-president, Leon T. Ashcraft, M.D.; secretary, Ralph Bernstein; treasurer, F. R. Shute, M.D.; board of trustees, Dr. Geo. Raiguel and Dr. J. B. A. Clay.

In accordance with the annual custom of the Board of Trustees the honorary fellowship for the year 1910 was conferred upon Dr. Clarence Bartlett, Professor of Medicine, Hahnemann Medical College, Philadelphia, for the distinction and prominence which he has gained in the profession, because of his excellent attainments and ability as a medical writer, and because of his intense interest in, his constant stimulation of and endorsement of the Academy of Medicine from the days of its early beginning. The nomination was made before the Academy on behalf of the Board of Trustees by Ralph Bernstein, and was seconded by Dr. W. H. Sylvis. It was, therefore, so ordered by the Academy, Dr. Bartlett having been notified by night letter by the secretary as follows: "The Philadelphia Academy of Medicine congratulates itself on having unanimously conferred upon you an Honorary Fellowship, official notification and formal presentation to follow."

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