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

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

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

Usage guidelines

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

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

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

No.

BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE.

18 11/2 Med.

THE NEW ENGLAND MEDICAL GAZETTE.

VOLUME XVI.

THE

NEW ENGLAND

MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE.

"Die milde Macht ist gross."

EDITOR . . . HERBERT C. CLAPP, M. D.

VOLUME XVI.

BOSTON:
OTIS CLAPP & SON, 3 BEACON STREET.
1881.

INDEX TO VOLUME XVI.

EDITORIALS.

	PAGE
A Curious Blunder	163
A Homœopathic Insane Asylum	168
American Institute of Homœopathy	1
A New Insane Asylum	65
A Pair of Twins	97
Boston's Donation to our Hospital.	193
Boston University Commencement.	195
Cutaneous Pathogenesy.	33
Cutting One's Own Throat	161
Guiteau's Insanity	321, 355
Lord Beaconsfield's Physicians	164
Niemeyer and Nehemiah	133
Non-Restraint in Insane Asylums.	353
Ought the Pot to call the Kettle Black?	129
St. Louis Ahead	167
The Lister Antiseptic Dressing	225
Too much Enthusiasm about the Adirondacks	289
Unshod Horses	257, 292

ORIGINAL ARTICLES.

	PAGE
Ahl's Adaptable Porous Splints	248
Albuminuria following Vaccination. J. P Sutherland, M. D.	335
A Libelled Giant. Arthur DeVoe, M. D.	279
An Unfortunate Fall. C. L. Green, M. D.	178
Appreciable Doses, The Occasional Necessity for. By Jousset. Translated by E. B. Squire, M. D.	238
A Very Unusual Operation	78
Bad Odor from Excessive Sweating of the Feet, and How to Cure it	78
Billroth on Carbolic Acid in Surgery. Translated by Jas. B. Bell, M. D.	227
Boston's Offensive Water. I. T. Talbot, M. D.	374
Boston's Water Supply	122
Carbolic Acid in Conjunctivitis. F. G. Oehme, M. D.	203
Case of Death during Labor. C. A. Barnard, M. D.	203
Case of Meningocele. A. L. Kennedy, M. D.	200
Case of Primary Cancer of the Stomach. Chas. A. Barnard, M. D.	169
Case of Rupture of the Uterus. John H. Thompson, M. D.	365
Case of Ulcerative Endocarditis. Chas. A. Barnard, M. D.	9
Certain Toxic Principles in Alcoholic Stimulants. Ira B. Cushing, M. D.	234
Climate of San Francisco, The. F. F. DeDerkey, M. D.	99
Clinical Observations on the Use of Heat and Cold in Neuralgic Affections. W. B. Chamberlain, M. D.	7
Correction, A. Henry O. Marcy, M. D.	152
Creation of Public Sentiment in Favor of Necropsies. I. W. Sawin, M. D.	67
Drug Specifics and Dr. Hawkes. J. P. Dake, M. D.	74
Drug Specifics Again. W. J. Hawkes, M. D.	115
Duties and Opportunities of Local Medical Societies. I. T. Talbot, M. D.	112
Encephalitis. John L. Coffin, M.D.	362
Erechthites Hieracifolia. J. H. Marsden, M. D.	102
Errata in Transactions of American Institute of Homœopathy	90
Foreign Degrees. Samuel O. L. Potter, M. D.	180
Feigned Epilepsy	141
Garfield Scholarship in Boston University School of Medicine	342
Goitre, Argenticum Nitricum in. A. H. Tompkins, M. D.	292
Gluten in Diabetes Mellitus. J. H. Sherman, M. D.	13
Horses and their Feet. Sir Geo. W. Cox	258
History of Homœopathy since 1876. Charles L. Nichols, M. D.	293, 324
Homœopathic Hospital for Insane in Massachusetts, the Demand for a. Samuel Worcester, M. D.	41
Homoion in the Stocks. E. B. de Gersdorff, M. D.	75, 118

Hydrocephalus, An Encouraging Case of. A. H. Allen, M. D. . 170
Imaginary Fracture of the Femur. Perry Marshall, M. D. . . 202
Impressions concerning Medical Affairs Abroad. C. Wesselhoeft, M. D. 358
International Medical Congress. Horace Packard, M. D. . . 304
Ingrowing Toe-Nails. J. D. Neet, M. D. 243
Interesting Experience. Geo. B. Peck, M. D. 134
London Letters . . 3, 138, 205, 330
Laceration of the Perineum. John J. Shaw, M. D. 70
Lacerated Cervix. Mary J. Safford, M. D. 301
Medical Teaching. J. G. Gilchrist, M. D. 299
Milk as a Cause of Tubercular Disease 76
Notes on Proving Societies. Chas. L. Nichols, M. D. . . . 107
Neuranalysis. C. Wesselhoeft, M. D. 198
Observations on Vaccination. F. G. Oehme, M. D. 137
Puerperal Albuminuria. Edwin L. Mellus, M. D. 308
Pond's Sphygmograph 345
Placenta Prævia. Geo. B. Peck, M. D. 273
Richardson, The late Edw. T., M. D. 345
Report of the Committee of the Massachusetts Homœopathic Medical Society on an Insane Hospital 339
Report of the Boston Homœopathic Medical Dispensary . 90
Rotunda Hospital, Dublin. G. R. Southwick, M. D. 368
Statistics of Medical Education in the United States . . . 77
Some Practical Hints to Recent Graduates. Boardman Reed, M. D. 245
Slight Gynæcological Mistake. J. Hedenberg, M. D. 39
Septicæmia following Abortion. J. H. Carmichael, M. D. . . 14
The Elastic Ligature in Fistula in Ano. Russell F. Benson, M. D. 373
Thoracentesis in Children . . 339
Thoughtlessness in Obstetricy. Geo. B. Peck, M. D. . . . 172
Tone Deafness. H. C. Angell, M. D. 356
Unshod Horses. J. C. Morgan, M. D. 361
Unity and Duality in Venereal Disease. H. C. Jessen, M. D. . 174
Venereal Diseases in General. H. C. Jessen, M. D. 35
Where to Look. H. W. Taylor, M. D. 71
With One Morbific Cause, why Many Remedies? W. J. Hawkes, M. D. 48

REVIEWS AND NOTICES OF BOOKS.

Aids to Diagnosis. J. Milner Fothergill 122
Albuminuria, A Treatise on. N. H. Dickinson, M. D. . . . 184
A Manual of Medical Jurisprudence. Alfred S. Taylor, M. D. 22
A Manual of Pharmacodynamics. Richard Hughes, L. R. C. P. . 23
Anatomical Plates. Prof. J. N. Masse 186
Anatomical Studies upon Brains of Criminals. Moriz Benedikt . 250
Annals of the British Homœopathic Society and of the London Homœopathic Hospital . . 156
A Physiological Materia Medica. W. H. Burt, M. D. . . . 251
Applied Anatomy of the Nervous System. Ambrose L. Ranney, M. D. 316
Archives of Medicine . . 22, 89
Artificial Anæsthesia and Anæsthetics. Henry M. Lyman, M. D. 347
A Unique Catalogue . . . 253
Biliary Calculi, Perineorraphy, and Hospital Gangrene. C. H. Von Tagen, M. D. 87
Catarrhal Diseases of the Nasal and Respiratory Organs. G. N. Brigham, M. D. 121
Championnière's Antiseptic Surgery. F. H. Gerrish, A. M., M. D. 316
Child of Promise. W. M. Cate, M. D. 381
Clacher's Pamphlet and Magazine Box 186
Continued Fevers. J. C. Wilson, M. D. 313
Diseases of the Nervous System. Chas. P. Hart, M. D. . . 253
Diagnosis and Treatment of Ear Diseases. Albert H. Buck, M.D. 62
Diseases of Children. Wm. H. Day, M. D. 219
Diseases of Infancy and Childhood. J. Lewis Smith 378
Diseases of Old Age. J. M. Charcot, M. D. 313
Diseases of the Joints. Richard Barwell, F. R. C. S. . . . 185
Diseases of the Nervous System. Chas. P. Hart, M. D. . . . 253

Disease of the Bladder and Prostate Gland. Walter J. Coulson, F. R. C. S. 317
Diseases of Women. Ludlam . 317
Diseases Peculiar to Infants and Children. W. A. Edmands, M.D. 221
Drugs that Enslave. H. H. Kane, M. D. 156
Ecce Medicus. J. C. Burnett, M.D. 121
Eczema and its Management. L. Duncan Bulkley, M. D. . 379
Electricity. C. W. Boyce, M. D. . 88
Electricity. A. D. Rockwell, M. D. 382
Essentials of Practical Medicine. Henry Hartshorne, M. D. . . 380
Examination and Diagnosis. Richard Hagen, M. D. 155
Feeding and Management of Infants and Children. T. C. Duncan, M. D. 22
Food and Dietetics. F. W. Pavy, M. D. 380
General Medical Chemistry. R. A. Witthaus, A. M., M. D. . . 347
Hernia, Strangulated and Reducible. Joseph H. Warren, M. D. 154, 379
Holmes's System of Surgery 223, 315, 381
Habitual Mouth Breathing. Clinton Wagner, M. D. 252
Homœopathic Physicians and Surgeons of America. H.N. and J. C. Guernsey 89
How Persons afflicted with Bright's Disease ought to Live. J. F. Edwards, M. D. 22
How to see with the Microscope. J. Edward Smith, M. D. . . 187
How we Fed the Baby. C. E. Page, M. D. 188
Humboldt Library. . 21, 122, 253
Hygiene and Treatment of Catarrh. Thos. F. Rumbold, M. D. . . 220
Impotence, Sterility, and Allied Disorders of the Male Sexual Organs. Samuel W. Grose, A. M., M. D. 252
Index of Comparative Therapeutics. Samuel O. L. Potter, M. D. 86
Insanity and its Treatment. Samuel Worcester, M. D. . . . 382
Lady's Manual. E. H. Ruddock, M. D. 223
Landmarks, Medical and Surgical. Luther Holden, M. D. . . 347
Lectures on Diseases of the Nervous System, S. Weir Mitchell, M. D. 157
Lindsay & Blakiston's Visiting List. 346
Martin's Atlas of Obstetrics and Gynæcology. Fancourt Barnes, M. D. 18
Materia Medica and Therapeutics of the Skin. H. J. Piffard, A. M., M. D. 184
Materia Medica and Therapeutics. Hempel and Arndt . . . 318
Medical Formulary. Lawrence Johnson, A. M., M. D. . . 313
Hahnemann's Materia Medica Pura. R. E. Dudgeon, M. D. . . 312
Medical Electricity. Roberts Bartholow, M. D. 221
Medical Heresies, Past and Present, especially Homœopathy: Gonzalvo C. Smith, M. D. . . 61
Medical and Surgical Diseases of Women, with their Homœopathic Treatment. Morton M. Eaton, M. D. 20
Minor Surgical Gynæcology. Paul F. Mundé, M. D. 87
Manual of Diseases of the Eye and Ear. W. F. Mittendorf, M. D. . 157
Manual of Midwifery. Alfred Meadows, M. D. 381
Malpractice, Medical Evidence, Insanity. John J. Elwell, M. D. . 222
Nasal Catarrh. Beverly Robinson, A. M., M. D. 19
New Form of Nervous Disease. W. L. Searle, M. D. . . . 314
Pathology and Morbid Anatomy. T. H. Green, M. D. . . . 186
Pictorial Manikin of the Human Body. G. J. Witkowski, M. D. 88
Physician's Visiting List . . 346
Physician's Day Book and Journal. 314
Photographic Illustrations of Cutaneous Syphilis. Geo. H. Fox, A. M., M. D. . . 86, 184, 378
Physiology. M. Foster, M. D. . 381
Practical and Analytical Chemistry. Frank Clowes . . . 156
Practical Normal Histology. T. Mitchell Prudden . . . 347
Prevention of Congenital Malformation, Defects, and Diseases. J. C. Burnett, M. D. . . . 221
Recruit before Petersburg. George B. Peck, Jr., M. D. . . . 223
Repertory to the Modalities. Sam'l Worcester, M. D. . . . 24
Revelations of a Boston Physician. C. W. Stevens, M. D. . . 87
Rocky Mountain Health Resorts. Chas. Dennison, A. M., M. D. . 88
Sexual Neuroses. J. T. Kent, A. M., M. D. 120
Special Pathology and Therapeutic Hints. C. G. Raue, M. D. . 378
Spectacles and How to Choose Them. C. H. Vilas, A. M., M. D. 187
Surgical Diagnosis. Ambrose A. Ranney, A. M., M. D. . . 19

Surgical Principles and Minor Surgery. J. G. Gilchrist, M. D. . 253
Teething and Croup. W.V. Drury, M. D. 88
The Cold Pack and Massage in the Treatment of Anæmia. Drs. Jacobi and White . . . 18
Therapeutics of Diarrhœa. Drs. Bell and Laird 252
Therapeutics of Obstetrics. Shel don Leavitt, M. D. 347
Thomas on Diseases of Women . 21
Treatise on Diphtheria. A. Jacobi, M. D. 19
The Heart, and How to take Care of it. Edwin M. Hale, M. D. . 222
Transactions of the Homœopathic Medical Society of Pennsylvania, 62
Transactions of the American Institute of Homœopathy . 119, 380
Transactions of the International Homœopathic Convention . . 346
Transactions of the World's Homœopathic Convention of 1876, 120, 313
Trousseau and Pidoux's Therapeutics. D. F. Lincoln, M. D. . 20
Visiting Lists: Otis Clapp & Son's, Faulkner's, Miner's, and Medical Record 382
Walsh's Retrospect . . 122, 222

PERSONAL AND NEWS ITEMS, 32, 96, 128, 191, 22,, 320, 351.

OBITUARIES.

Clarke, John L., M. D. . . . 31
Scales, Thomas S., M. D. . . 254

OUR MISCELLANY.

A Catholic (?) View of Homœopathy 128
A Complicated Case . . . 128
A Curious Experiment . . . 91
A Dog's Life 319
Adulteration 254
A Dangerous Instrument . . 288
Advice to Young Doctors . . 384
An Epitaph 288
An Enormous Industry . . . 189
A Helpful Wife 318
A Leading Physician . . . 128
America a Refuge for Consumptives 63
An Honest Confession is Good for the Soul 63
Antiquity of the Drainage Tube . 350
A Mooted Question . . . 63
Amputation of the Hip Joint . . 64
A New Allopathic Discovery . 191
A New Physical Sign of Thoracic Aneurism 93
A New Exhilarant 348
Another Way to bleach Red Noses, 29
A Royal Physician 191
Artificial Feeding 30
A Remarkable Escape . . . 190
Arsenic 27
Arterial Infusion of Blood . . 91
A Temperance Sermon . . . 319
A Truth 286
A Tænia "in Situ" . . . 91
Bacteria 256
Bad Smells 263
Bad Effects of Tea and Coffee . 28
Balling of Horses' Feet with Snow, 63
Better Left Unsaid 383
Bogus Diplomas 92
Brain Work and Longevity . . 348
Bromidrosis 63
Cancers 287
Carlyle and Tobacco . . . 288
Carbuncle, Treatment of . . 159
Causes of Obesity 92
Chiromancy 190
Chloroform 27
Countries Exempt from Consumption 29
Cremation 319, 160
Cold Bathing 91
Coffee 127, 348
Colored Confectionery . . . 127
Consumption Contagious . . 255
Doctor-Making 257
Death of Christ 255
Death from Ether 254
Dr. Hayward 189
Dr. Paul Broca 91
Diabetes 191
Diplomas for Sale 287
Early Menstruation . . . 189
Electric Apparatus . . . 160
Electro-Magnetism . . . 319
Emotional Albuminuria . . 255
Equipoise 64
Fast 27
Female Suicide 190
Feminine Beards 158
Frankness worthy of Emulation . 349
Friction in Insomnia . . . 318
German Text 348
Gold 27
Good Advice 92
Green Light for Plants . . . 383
High-strung Medical Ethics . . 349
High Temperature . . . 349
Hippophagy 62
Homœopathy in Nice . . . 64
Hospital Saturday and Sunday . 198
Hot Water and Chloroform Narcosis 348
Hygienic and Therapeutic Relations of House Plants 256
Ice 29
Important (?) 287
Impulsive Monomania . . . 255
Increase of Cancer . . 28, 159
Inception and Duration of Menstruation 159

India 62
Influence of Mind in Puerperal Septicæmia 63
Influence of Alcoholic Baths . . 92
Insanity and Religion . . . 159
International Medical Congress, 159, 255
Iodine 27
Kant's Skull 319
Lemon Juice in Diphtheria . . 255
Life-Insurance Examiners . . 94
Litholapaxy 28
London Fogs 91
Malaria in New England . . 384
Massachusetts Homœopathic Hospital 28
Maternal Impressions and Poetry . 28
Mecca Water 383
Medical Practitioners in France . 189
Medical College in Japan . . 159
Medical Night Service . . . 30
Merited Punishment . . . 319
Mind and Body 128
Mortality from Anæsthetics . . 255
Mortality in Boston . . . 63
Mouth Breathing 255
Mushrooms in Mammoth Cave . 383
Myopic Horses 319
Napoleon's Will Power . . . 255
New Eclectic Chair . . . 318
New Method of testing Trichinæ 63
New Method of telling a Horse's Age 63
Noiseless China in the Sick-Room, 29
Nothing New 92
Obesity 93
Phosphorus and Washerwomen . 30
Phosphorus and Malformations . 160
Plants in the Sick-Room . . 191
Plaster of Paris, Substitute for . 93
Population of the World . . 190
Professional 63
Professor Kuester 256
Progressive Education . . . 319
Public Schools 287
Quick Amputation 29
Rapid Breathing 319
Result of Medical Legislation . 64
Resuscitation from Freezing . . 29
Resuscitation in Apparent Death of the Newly Born . . . 287
Reward to a Surgeon . . . 160
Richard Grant White . . . 318
Self-Satisfaction 318
Singular Case of Protracted Gestation 160
Sleeplessness 189
Sneezing 93
Soap-Suds and Burns . . . 127
Sterility 159
Students 191
Substitutes for Tobacco . . . 189
Success 191
Sunstroke 91
Test for Milk 256
The Age of an Egg 319
The Anæsthetic Mixture . . 287
The Anti-Vivisection Bill . . 127
The County Hospital at Denver . 318
The Deaths in New York . . 286
The Doctor 63
The Expenses of the Allopathic Congress 286
The Cure of Cataracts by Medicine 29
The International Congress . . 287
The Miracle of the Iodides . . 28
The Mind in Eclipse . . . 31
The New York Stock Exchange . 286
The Noise of the Fingers . . 218
The Order of Knights . . . 318
The Skin 28
Thymol 91
Tribute to Mrs. Elizabeth Thompson 383
True 318
To Vaccinate or not . . . 287
Tracheotomy 191
Trichinosis 256
Tuberculosis and Experiments on Murderers 190
Tubercular Consumption Infectious 91
Tyndall 27
Unique Entertainment . . . 62
Use of Charcoal 30
Unanimity of Opinion on Diphtheria 190
Vaccination in Morocco . . 348
Variation in the Size of Drops . 92
Vesico Vaginal Fistula . . . 159
Vivisection 319
Waterproof 27
Whooping Cough 127
Yellow Fever 383
Zulu Enemas 189

SOCIETIES AND INSTITUTIONS.

Worcester County Homœopathic Society . . 25, 124, 218, 344
Massachusetts Homœopathic Medical Society . . . 52, 126, 215
Boston Homœopathic Medical Society . . . 54, 80, 150, 181, 217
Rhode Island Homœopathic Society 59, 83, 182
Homœopathic Medical Dispensary, Boston 90
International Homœopathic Convention . . . 126, 208, 280
Homœopathic Medical Society of the State of New York . . 126
New York Homœopathic Medical College 127
American Institute of Homœopathy 158, 209

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 1. JANUARY, 1881. VOL. XVI.

EDITORIAL.

AMERICAN INSTITUTE OF HOMŒOPATHY.

IN the history of this association, 1880 should be a red-letter year, made so alike by the work accomplished and by the indications presented of fresh vigor and growth. Established in 1844 by some seventy of the leading homœopathic physicians of the United States, the Institute was the first attempt to found a national medical society, the old school following its lead two years later. Up to the time of the war it held regular annual sessions, but the work performed, aside from the social influences exerted, was little more than could have been done in any State society. Now and then an excellent address was given, or a valuable paper presented; its discussions were always interesting, and sometimes brilliant, as well as profitable: still, the Institute never fully realized the national character it had assumed, and during the war, when it might have been of the greatest service had it fully grasped its opportunities, its meetings were suspended. In 1865 the Institute reassembled and reorganized. Its members numbered nearly three hundred, and its work was divided into departments or bureaus designed to work during the entire year, and to receive from the members any contributions or observations of value. A new life was infused into the Institute; its publications assumed a value and importance to the profession which they had never before possessed: and at its meetings, instead of a small attendance, assembled from two to four hundred physicians. Its membership rapidly increased, and in 1870 included over one thousand.

The centennial meeting at Philadelphia in 1876 was the most important assemblage of homœopathic physicians ever held. From the time of this meeting the growth of the Institute should have been rapid; but the delay in its publications proved a disappointment to the members, and the attempt to remedy this delay by increasing the annual dues of members, so as to pay the secretary a salary of $1,000, failed to produce the desired result, and changed the disappointment to dissatisfaction. The consequences of this were legitimate: a dropping off of the members, a lukewarmness on the part of many who remained, and a general criticism of all the officers. But the mistakes of the last four years have been grappled, and in a great measure remedied. The annual dues have been reduced, and the salary of the secretary made sufficient only to recompense him for the actual time employed, while most of his work must be done *con amore.* More than this, two valuable volumes of Transactions, for 1879 and 1880, have been issued since the last meeting, and the two volumes of 1876 are nearly completed. Thus the members in six months' time will have received four valuable volumes, and with a *tabula rasa* the Institute closes the year 1880. The statistics of the past year show an unexpected strength, which needs but to be properly exercised to rapidly increase. The number of members, now less than nine hundred, may easily be doubled, and with the increase of funds the Transactions may be made much more extensive and valuable. The bureaus, composed of very able physicians, are actively at work, and their reports at the next session bid fair to exceed any past efforts. The State and local societies are showing increased activity and interest, the hospitals and dispensaries are doing more and better work, the colleges are more prosperous, and the journals more active and enterprising than ever before. Let every physician realize and perform his duties towards all these institutions, and the rapid progress of homœopathy henceforward will show 1880 as the red-letter year, not only of the American Institute of Homœopathy, but of medical progress in America.

THIS is the way a country doctor, according to a foreign exchange, consoled a widow: "I cannot tell how pained I was to hear that your husband had gone to heaven. We were bosom friends, but now we shall never meet again."

OUR LONDON LETTER.

FROM GILES F. GOLDSBROUGH, M. B., C. M.

WHAT is known as the "Guy's Hospital Scandal" is occupying a very large share of public attention in London at the present time, as well as being the topic uppermost in the mind of the medical profession. It is almost incredible that a hospital with six hundred and ninety beds, relieving over eighty thousand patients annually, having a large medical school attached, the buildings of the whole institution covering an area of six acres, should be threatened with a dead-lock.

That such should be the case is, in truth, a scandal, both to the governing body within the hospital and to the general public outside. The facts, which may not be familiar to your readers, are briefly these. The treasurer of the hospital, who, by tacit consent of the other governors, had been invested with supreme power in its management, took it upon himself, some twelve months ago, to dismiss the matron, and having engaged a new one, to introduce, through her, a new system of nursing.

The reputed reason for this change was that a form of religious observance could be established, which was highly desirable, and could not be carried out under the old arrangements. It appears, however, that no regard was paid to real nursing requirements; or if otherwise, the ideas of the matron on the subject have since revealed the fact that she is entirely unfitted for her post. Nurses have been appointed to wards without proof of their fitness to undertake the nursing of particular cases under treatment there, or moved from wards just at the moment when their presence was required in departments where they had gained experience, or won the confidence of the physicians or surgeons. Old, tried, and trusted nurses have been dismissed by the matron for not conforming to her notions of religion, or they have left in disgust at the new *régime*. Those who are now filling their places occupy them, not so much because they can nurse, but because "they look well and go to prayers." All this change has been effected without any reference to the opinions or desires of the medical officers; and more than all, patients have been treated by nurses rather than by physicians, — treated, it may be said, worse than paupers in work-houses in the days of Oliver Twist. To mention that persons convalescent from acute chest disease have been ordered from their beds at five in the morning, and sent into the cold, foggy air of the depth of winter; to mention, also, that a nurse left in charge of a patient on whom the operation of tracheotomy had just been performed was ordered away by the matron, and that while she was gone,

the tube slipped from the trachea, and the patient choked; or to mention that a nurse on her own responsibility should give a patient suffering from phthisis a cold bath at nine o'clock in the morning, leave her in the water an hour and a half, and thus cause death from nervous shock, — are sufficient to warrant such a strong assertion. The above are but isolated cases of a whole course of grossly neglectful treatment. Remonstrances have from time to time been made by the medical officers to both treasurer and matron; the students have banded themselves together to do what they could to put a stop to such proceedings: but all to no purpose. However, about three months ago, the senior physician and the senior surgeon wrote a letter, which appeared in the public press, in which they accused the governors of continuing a system they "knew to be mischievous." This language, though borne out by the facts, was perhaps somewhat unguarded, and it called forth the indignation of the governors to such a degree that they called upon the offending officers to resign. The climax was now reached. What was to be done? If this request had been complied with, as many think it should, the whole staff would have followed suit; they would have been backed by the bulk of the medical profession in London, and Guy's Hospital would have had to be closed. This calamity — for such it would have been to the surrounding dense population — was averted by the withdrawal on the part of the senior officers of their unguarded language, and in consequence, on the part of the governors, of the requested resignation. The "mischievous system" has continued up to the present week (ending Nov. 20), during which it has been announced that the senior medical officers have voluntarily resigned, having been connected with the hospital over forty years. What will be the next move is not quite clear; but it is deplorable that the true remedy — an adequate representation of the medical staff on the board of management — at present seems impossible.

Coming events cast their shadows before them. The shadow of the universal adoption of homœopathy is before the eyes of our allopathic friends. It appears to them as darkness, — so much so that often they make a desperate effort to remove it; though, if the truth were stated, the shadow is brightness, and it reveals the darkness on which it falls in a true light. It is evident that the Royal College of Surgeons of Ireland is feeling that allopathy is no longer in a secure position; that its darkness is being clearly made manifest by the true light of homœopathy, which is threatening to scatter before it every cloud that impedes its march. The council of this eminent corporation has issued what it would make believe a *fresh* ordinance, "that no fellow or licentiate of the college shall hold any professional communica-

tion with any one who professes to cure disease by the deception (!) called 'homœopathy'; and in the opinion of the council it is inconsistent with professional propriety, and derogatory to the reputation, honor, and dignity of the college, to engage in the practice of homœopathy, mesmerism, or any other forms of quackery." If the honorable council did not fear that homœopathy was making way in their midst, what would be the use of the renewal of an ordinance which has in reality been in force since 1861? Where the necessity of ignoring the spirit of the Medical Act of Great Britain, which allows every one freedom of thought and action in therapeutics? It is intended as a cloak for ignorance, but it only makes that ignorance more apparent. As a means of cure the method of Hahnemann is far too well established to fear anything from its opponents, especially when they, being ignorant upon every point connected with that method, denounce it as deception, quackery, and the like. Notwithstanding, however, that abuse and misrepresentation are continually being launched at homœopathy, occasionally the truth has to be acknowledged in spite of all. The following instance well illustrates this: A new temperance hospital has just been erected in London, where treatment is to be conducted as at the old one, according to the orthodox fashion, without the use of alcohol. At the opening ceremony, which took place not long since, the treasurer stated that the mortality for the past year was lower at the Temperance Hospital than at any similar institution in London excepting the Homœopathic Hospital. So far so good. This gentleman, undoubtedly, was perfectly unbiassed in his views, and had no desire to take more merit for treatment on temperance principles than was its due. Not so with the senior physician, an allopath whose knowledge of homœopathy is strictly limited, having once stated to the writer, just then entering practice, that the public never would be gulled with pilules and globules; he steps forward with the assertion that serious cases are not as a rule admitted to the Homœopathic Hospital, therefore in reality his own treatment bore off the palm. These proceedings were reported in "The Christian World," a weekly newspaper with a large circulation, and it could not be that such an erroneous statement, made through such a channel, should remain uncorrected. Accordingly, in a letter to the same paper, one of the physicians to the Homœopathic Hospital stated that whereas seventy-three out of one hundred and thirty-five cases treated at the Temperance Hospital might be termed serious, two hundred and fifty-two out of four hundred and ninety-four at the Homœopathic Hospital were in the same category, while the mortality at the one was 4.5 per cent and at the other 3.2 per cent. More of this will do us good.

The late Congress at Leeds passed off very satisfactorily, although perhaps the attendance was not quite so good as usual. The main subjects brought up were the best means for the propagation of homœopathy in this country, and the International Convention to be held in London next year.

The question of how the homœopathic system of medicine can best be extended is undoubtedly a most important one. Important it is at all times, but for many reasons especially so at the present. We see that during the past few years our numbers have not only not increased, but perhaps decreased. Our opponents everywhere are not only adopting our remedies wholesale, without acknowledgment, but they continue with unabated energy to hold up to contempt the true source of those remedies. Further, our true allies, the public, are demanding well-trained homœopathic practitioners in every town; and indeed, it is only by supplying this demand that we can expect scientific therapeutics to gain the footing so much to be desired.

The discussion at the Congress turned chiefly upon the schemes proposed respectively by Drs. Bayes and Drysdale. Dr. Bayes goes to the extreme of radicalism, and as far as one can at present judge, beyond the extreme of practicability.

The main features of the plan he brings forward are: (1) To enlarge the Hospital to at least one hundred and thirty beds; (2) to institute public teaching of our principles by lectures; and (3) to obtain a charter for granting degrees. To carry this out would cost £100,000. Where is the money to be found? As an alternative, Dr. Bayes advises the formation of an examining board of homœopathists to grant a diploma; and then to press for its recognition by government along with other qualifications. On the other hand, Dr. Drysdale recommends that we should adopt a modification of the plan pursued at Michigan University; which would be dropping what he is pleased to term the sectarian title of the present school, and applying for recognition of the lectures delivered there by the University of London, as equivalent to similar courses at present recognized by that body. This method of procedure would be less advantageous than that proposed by Dr. Bayes, even though more practicable; for it would compel all students studying homœopathy to take their degrees at the University of London, which is only one examining body out of nineteen, and *that* the one which entails the longest period of study of any, and aims at making its examinations as difficult as possible.

It is very unfortunate, also, that our numbers are so divided on this question. Many, indeed, are content to be as they are, not perceiving that in matters of reform to stand still is to go backwards. Those, however, who are not thus content must unceas-

ingly urge the claims of homœopathy in every possible channel; and it is certain that the agitation will produce good fruit, if only to convince our opponents that we are in earnest, and to drag on those within the ranks who are lagging behind. We cannot rest until the goal is reached.

Unanimity prevails respecting the International Convention, notwithstanding a protest made by the editor of the "Organon." A welcome will be ready for our colleagues from all parts of the world; and we intend that representatives from America shall be received as hospitably as were those from this country in America, in 1876.

CLINICAL OBSERVATIONS ON THE USE OF HEAT AND COLD IN NEURALGIC AFFECTIONS.

BY W. B. CHAMBERLAIN, M. D., WORCESTER, MASS.

FIFTEEN years ago there was a medical man travelling through the country who advertised to cure disease without medicine. His cures were principally made by the application successively of hot and cold water, followed by sharp friction applied by the hands in the form of spatting or spanking. He really made quite a number of good cures.

A medical friend of mine who had observed this treatment, and who was willing to obtain knowledge from any source, took his rheumatic uncle to practise on and test it. The patient, Luther Morrill, a stationer and bookseller, had been laid up all winter with sciatica in the right leg, with symptoms for which we ordinarily prescribe *Nux vomica.* He had had considerable treatment during the winter without any good result. Finally the doctor said to him, "I think I can cure you if you are willing to go through a severe treatment." His uncle consented, and said he would take any treatment, however severe, if it would only relieve him. The next day the doctor called, had his patient taken out of bed and made to stand up in a tub of warm water. Around the leg he applied a double woollen blanket, arranged so that the nozzle of a teakettle could be placed between the folds of the blanket, so as to allow hot water to be turned in. The hot water was applied in this way for ten or twelve minutes, then the blanket was removed, and cold water applied to the leg, while the doctor with his hands spatted the surface vigorously. The patient stood the treatment as bravely and unmurmuringly as possible, but not without grimaces and tears. Afterwards he was wrapped up in a dry, hot blanket and put to bed.

Although he had not previously been out of the house for two months, the next morning he rode half a mile to his store, and stayed during the forenoon. At the end of a week he was able to walk to the store and go about his business as usual. Although not entirely free from rheumatism, he lived in comfortable health for fourteen years, and died suddenly of heart disease.

Shortly after I was informed of this case, I knew a Mrs. H——, who suffered with sudden and very violent attacks of sciatica. I advised the daughter to treat her in the way the above-mentioned case was treated. The first attack she had following this advice, the daughter made the application of hot water without using the cold; it gave her so much relief that she could walk again in ten minutes. While the old lady used to suffer sometimes for weeks, she now rarely suffers with it for a single hour, because they make the application of blankets and hot water, which gives immediate relief.

Another case was that of Mr. Stone, of this city. Some eighteen years ago he had an attack of sciatica, which lasted more than four months under my predecessor's care. When I was called, some three years ago, he had, by shovelling snow, brought on another attack, which he said was more violent than the previous one. He was very desirous to be cured quickly. He was treated with hot water, cold water, and spatting, and in one week was at his place as book-keeper in the store again. This treatment was given every night or every second night for three weeks before the patient was well again. He died last year of cholera morbus, having been treated with fearfully heavy doses of laudanum.

Mrs. L—— had a sciatic trouble lasting her some three months. The hot and cold applications, as above described, cured her in one week.

Mrs. D——, in the same family, had lumbago. She was treated with cloths wrung out of tepid, warm, and hot water for twenty minutes; then the cloths were gradually made cooler until they became ice-cold. She was cured in one hour.

Mrs. —— had suffered with neuralgic pains of the shoulders and the spine down to the twelfth dorsal vertebra. She was scarcely without pain for ten years; she had abscess of the liver and was otherwise debilitated. Eight thicknesses of linen towels four inches wide were wrung out of hot water and applied along her spine for five minutes, the rest of the body being well covered. Then with another set of towels an application of cold water was made. These were alternated so that she had two applications of hot water and two of cold during twenty or twenty-five minutes. She was cured in ten days. It is now five years since, and she has had no return of the trouble.

I may add that neither this treatment nor any other will always succeed. While I commend it to the profession as an excellent adjuvant in some troublesome cases of sciatica or neuralgia and neuralgic rheumatism, wherever located, I do not claim it as a specific for all cases.

A Mr. Mason, who lived opposite Mr. Stone, whose case has been reported above, had an attack of sciatic rheumatism lasting several weeks, which the hot applications did not relieve. I therefore, after having tried several medicines, ordered his wife to rub his leg with a large, smooth piece of ice for a minute at a time, with intervals of two or three minutes. This was repeated four or five times at night. The cure was complete in ten days.

I think Dr. Beckwith has reported cures made by this treatment. His mode of applying the heat is to affix to the nozzle of the teakettle a piece of rubber hose which will curve down so as to facilitate pouring the water between the blankets.

A CASE OF ULCERATIVE ENDOCARDITIS.

BY CHARLES A. BARNARD, M. D., CENTREDALE, R. I.

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

On page 270, Vol. II., of Trousseau's "Clinical Medicine" may be found the description of a fatal and obscure though fortunately rare form of endocarditis. The following particulars of a case which lately came under my notice, with a change of names and dates, might well be given for the one there recorded.

On Saturday, Aug. 14, 1880, I was called to see James F——. He gave his age as twenty years, and said he had always been healthy; also that up to the night previous he had felt as well as ever. I learned, however, that he had not been, for a few days, as cheerful, and had not eaten as much as usual. During the preceding night he had experienced a severe and protracted chill. At the usual hour he had risen to do his morning chores. Feeling chilly, although at work, he started for the house for his coat, when he was seized with vertigo and fell to the ground. Upon recovery from the vertigo, he was helped to the house.

When I first saw the patient, he was restless, anxious, and thirsty; had profuse, watery, foul-smelling diarrhœa, and a temperature of 105½. His pulse was 116, and seemed to have a dicrotic character. I gave an unfavorable prognosis, but could only pronounce the case one of fever.

On the next day I found the patient quiet, with thirst lessened, no diarrhœa, pulse 116, temperature 104.

Monday, Aug. 16, the patient was very restless, with diarrhœa, thirst, delirium, and a dry, brown tongue. The abdomen was tympanitic, the pulse 116, and temperature 105¾. On Tuesday there seemed to be a great change. He was quiet, his tongue moist, temperature 102, abdomen natural, and diarrhœa ceased. His mother said that when he took the second dose of medicine, after my departure, he vomited, and had seemed much better ever since. Wednesday the pendulum swung to the other side. My patient had a very restless night, with diarrhœa, a dry, brown tongue, a temperature of 104, and the abdomen tympanitic.

Thursday. He had slept well, but was restless during the day. Had a profuse perspiration, was very weak and thirsty. Temperature 105. Tongue dry, red in the centre and white at the edges. No diarrhœa. Tympanitis increasing.

Friday, 20th. Slept well, but is restless and thirsty. Tympanitis increasing. Bowels moved once. Tongue and skin dry. Temperature 105. Next day about the same.

Sunday, 22d. Patient slept well. Had a severe chill about 8 A. M., followed by profuse perspiration. Patient is very quiet. Temperature 105½. Skin dry, tongue red and dry. Thirst for large quantities of cold water. Is taking freely of milk. Tympanitis is so marked as to interfere with respiration.

Monday, 23d. Found my patient very weak. Dyspnœa quite marked. Respirations 40 per minute. Countenance pale and anxious. Very thirsty. Tongue dry and rough, with no coating. His temperature is 105½, pulse 136. About noon he became cyanotic, and began to eject frothy, sanious fluid between his teeth. This was followed by profuse vomiting of greenish-yellow fluid, and death.

From first to last I regarded the case with much anxiety and interest. What is it? was the question constantly recurring to me. We were surrounded at the time with typhoid fever. The case presented unmistakable typhoid symptoms; but the suddenness of the attack, the rapidity of the pulse, and the absence of the typical curve of temperature protested loudly against a diagnosis of enteric fever. It certainly could not be typhus. As I review the case, I blame myself for not making a careful physical examination; for had I done so, I think I must have discovered the cause of all this trouble. Only a few months previous I had a case in which I suspected this same disease.

On Wednesday, Aug. 25, Drs. J. C. Budlong, George D. Wilcox, and myself held an autopsy. The abdomen was so completely distended with gas that it was with difficulty incisions could be made without cutting the intestines. Except for a slight hyperæmia, these were normal. The liver was enlarged,

congested, and softened. The spleen was three times its normal size, and so soft that it resembled an immense clot of blood. The stomach was enlarged and thickened. The kidneys were normal. The lungs seemed normal, but they were not cut. The heart seemed of normal size, and its walls were also normal. In the endocardium was found the pathological condition which had been the cause of such profound changes. The right side of the heart was most affected.

The tricuspid valves were the seat of intense inflammation. The pulmonary valves came next in order as regards degree of inflammation. The mitral valves were next, while the aortic valves seemed normal. No ulcerations were found, although Dr. Wilcox expressed the opinion that there would have been had the patient lived a few days longer. No vegetations were found. The visceral portion of the endocardium was apparently normal.

Such is the history of the case which came under my care. I will now give such facts of importance pertaining to the disease as I have been able to glean from the literature of the subject.

Trousseau gives a very interesting account. Rosenstein, in Ziemssen, gives the fullest account I have been able to obtain. Reynolds merely refers to it as from other authors. Trousseau says that not only was Bouillaud the first to discover the relationship between articular rheumatism and acute disease of the heart, but he was also the first to notice that patients died with typhoid symptoms, the result of gangrenous endocarditis. Stenhouse Kirkes followed the hints of Bouillaud, and discovered that migrations of fibrinous clots may produce metastatic abscesses in different organs, — notably the spleen, liver, lungs, and brain. Virchow, Bamberger, and Friedreich among the Germans, and Charcot, Vulpian, and Lancereaux among the French, have contributed to the literature of the subject. By these authors it is called ulcerative, diphtheritic, and puerperal endocarditis. Trousseau says the disease has undoubtedly always existed, but was not recognized till the time of Bouillaud. Regarding the anatomical appearances, Trousseau and Rosenstein both agree that the left side of the heart is the one most often affected. Ulceration of the valves and deposition of fibrinous vegetations frequently occur. The formation of pus seldom happens, although it has been found between the reduplications of the valves and between the endocardium and myocardium. The spleen is always enlarged and softened. The liver is generally hypertrophied, but has been found atrophied. Metastatic abscesses have frequently been found in the spleen, liver, kidneys, lungs, and sometimes in the brain, giving rise to hemiplegia and aphasia.

Ziemssen says, in regard to etiology, that we must distinguish

between a primary and a secondary form, the latter subsequent to pyæmia, etc., and that regarding the cause of the former we know absolutely nothing, but that the disease seldom attacks healthy subjects.

Trousseau leads us to believe that Charcot, Vulpian, and Lancereaux taught that the inflammation of the endocardium is a primary morbid condition, and that to embolism is due the typhoid condition. Bouillaud, Hardy, and Béhier claim that the endocarditis occurs in cachectic subjects, and is the result of a general vitiation of the economy at the time when the inflammation manifests itself. Duguet and Hayem support this view. Prof. Janeway, of New York, says his experience leads him to believe it is always due to pyæmia or septicæmia, having found it in the puerperal state, or when the presence of pus in some part of the body would account for it. In one case the search for pus was about to be given up when he discovered an abscess in the thyroid gland.

In nearly all the cases the patients have been under thirty years of age. Sex seems to exert no influence.

The symptoms are by no means uniform. The outset is sudden, and is ushered in with a severe and protracted chill. The temperature is high from the first, and shows a decidedly remittent type. The pulse is quicker than in enteric fever, and if complicated with pericarditis or myocarditis, is very quick and altered in rhythm. The sensorium is excited at first; afterwards depressed. The dyspnœa seems much greater than can be accounted for by the anatomical lesions found in the lungs. Disturbances in the digestive tract occur frequently in a large majority of cases. Epistaxis is seldom met with. Except when parenchymatous changes are effected, the function of the kidneys is seldom disturbed.

With reference to the diagnosis of ulcerative endocarditis, all authors agree that it must be made with caution. Trousseau says the aggregate symptoms of the case of which he gives the history justify typhoid fever as the diagnosis. Charcot and Vulpian named it — with all reserve, however — ulcerative endocarditis. The autopsy justified their opinion. In Dr. Chalvet's case the diagnosis was made by Dr. Lancereaux on the dissecting-table.

Ziemssen says a heart-murmur accompanying the foregoing symptoms cannot be taken as positive evidence, for there may have been a heart-lesion before. The changes in the character of the murmur are of more value. When the murmur changes its seat and the disease follows the puerperal state, rheumatic arthritis, pyæmia, or traumatic diseases, we should be led to think of the disease under discussion. It is most liable to be con-

founded with typhoid fever, especially by one who is not accustomed to taking the temperature of his patients.

The duration is variously stated as from four days to four weeks.

In regard to the prognosis, I have to state that an unfavorable if not fatal one must be given. Ziemssen says even if an ulcer does form, unless it be the result of general infection, it may heal and recovery take place; but as a matter of fact, no case has ever been known to recover after the diagnosis was fully established.

With reference to the treatment little need be said. It is, in the old school, ice bags to the head, quinia for the fever, mineral acids, antiseptics, etc. In my case I followed the indications with *Rhus*, *Ars.*, *Bry.*, and applied cold to the head, with turpentine stupes to the abdomen for the tympanitis.

GLUTEN IN DIABETES MELLITUS.

BY J. H. SHERMAN, M. D., SOUTH BOSTON.

About six months ago I was called to a lad aged twelve, who had been in a decline for four or five months. He complained of nothing but weakness. He ate well, but had excessive thirst and drank great quantities of water. He was much emaciated. An examination of the urine showed a large amount of sugar, and the quantity passed daily was six quarts (the amount passed at night not being ascertained, as he wet the bed). My diagnosis of the case was diabetes mellitus, and my prognosis was unfavorable. In fact, there seemed so little encouragement, judging from previous experience in such cases, as well as from clinical reports, that I did not recommend any medicine, but suggested the stereotyped meat diet, and such hygienic measures as I thought expedient. A few days ago I was called to vaccinate a little brother of the lad above mentioned, and was surprised to see the patient that I had doomed to premature death looking comparatively healthy. On inquiry as to what had wrought the change, I was told by the mother that soon after my visit to the boy, a neighbor told her of a case of diabetes that had been cured by the use of gluten-flour bread. She immediately put the boy upon a diet of beef and gluten bread, with the result of a rapid improvement in flesh and strength. The thirst is greatly diminished, the amount of urine voided is not now much above the normal quantity, and there is barely a trace of sugar left.

I offer this information for what it is worth; and if it shall

prove that gluten bread will cure diabetes, it is worth a great deal. Of the truth of the statement there is no doubt, and if "one swallow" would make a summer, I should consider that the remedy for diabetes had been found.

The gluten flour was bought of Fulton, Bartlett & Blain, 594 Washington Street, Boston. It may be obtained directly from the Health Food Company, No. 74 Fourth Avenue, New York City. I see that it is recommended by Drs. Helmuth and Bayard, of our school.

SEPTICÆMIA FOLLOWING ABORTION.

BY J. H. CARMICHAEL, M. D., WORCESTER.

[*Abstract of a paper read before the Worcester County Homœopathic Medical Society.*]

I DO not intend to dwell upon the duties of physicians in attendance upon abortion, for Dr. Bennett of Fitchburg, Dr. Minton of Brooklyn, and Dr. Foster of Chicago, have all written able papers upon the subject; but I do not think that these papers have paid sufficient attention to the greatest of all dangers following abortion. Septicæmia is an entirely different disease from pyæmia, because after the poison has been absorbed into the blood, it has no power of self-multiplication, whereas in pyæmia it has this power. The clinical phenomena are pyrexia, vomiting, diarrhœa, muscular enfeeblement, affecting particularly the heart and respiratory muscles, and ultimately a condition of collapse which tends to terminate in death. The changes in the blood are in proportion to the quantity of poison absorbed. Prior to the third month there is no placenta to be expelled, and in case of the embryo escaping, there are apt to be ragged membranes remaining which are especially prone to decomposition. The engorged womb at this time readily takes up the poison thus formed.

It is at this time, also, that criminal abortion is most frequently performed. When called to such a case soon after the embryo has been expelled, if we find a closed cervix, firm to the touch, with slight hemorrhage, we need have no fear, but give the indicated remedy, ordering at the same time hot vaginal injections, and wait the result, — of course carefully watching the case. But if we find a flabby and dilated condition of the cervix, and a constant oozing of blood or even no hemorrhage, we must pass our index finger into the womb, while at the same time the latter is well pressed into the pelvis with the other hand, and empty the uterine cavity. We then inject it with a two per cent solution of carbolized hot water, unless it has already closed, in which case hot carbolized vaginal injections will be sufficient. Again, sup-

pose we are called to a case three or four days after the expulsion of the embryo, when septic poisoning has already taken place, the patient having had a severe chill with a rapid pulse and high temperature: what are we to do? Precisely as we did before. We must remove all particles from the uterine cavity, of whatever nature, and wash it out, as well as the vagina. I insist upon this! Do not hesitate because you recognize that your patient is very sick, and you fear the consequences of the operation. My word for it, she will resist the shock of the operation many times better than a few hours of the absorption of the poison steadily going on with every impulse of the heart. I recognize that this is not always as easily performed at the bedside as with the pen on paper; but if you find you cannot evacuate the uterine cavity yourself, do not hesitate to call counsel, and do all in your power to remove the cause of your patient's illness.

The uterine cavity can be emptied even if it is necessary to go so far as to etherize the patient, introduce a Sims speculum, apply the tenaculum or volsella, and then remove the contents with the curette. Why do I insist upon this? The effects of the septic poison are proportionate to the dose, and it has not the least power of self-multiplication in the body. Consequently, if you remove the local putrid matter to the last particle, and thus cut off the supply, your patient's system will stand a chance of eliminating what has already been absorbed; while if the poison is allowed to remain, the absorption will go on, and soon there will be complete destruction of the white blood corpuscles, and death.

In the dangerous cases I do not think you will ever find any difficulty about the dilatability of the cervix. Furthermore, do not deceive yourselves into the idea that the uterine contents will come away if left to nature, or by the imaginary action of some drug. You may give your drug and have hot carbolized injections used, or use them yourself; but unless all of the putrid matter be removed, your case will go on from bad to worse and die.

A rapid fall and again rising in the temperature of the patient is of constant occurrence in septicæmia.

As to the remedies to be used in the treatment of such cases, I consider *Sulpho-carbolate of soda* of the most importance, for I feel that it has a specific influence over septic poison, however produced in the system, and that it will eliminate or neutralize it after it has entered the circulation. The late Dr. Beebe of Chicago introduced this remedy to the profession, and spoke of it in the highest terms as a remedy in diphtheria, puerperal fever, erysipelas, and indeed all forms of *septic poison.* After stating the circumstances which caused him to seek for some antiseptic, he says:—

"The first antiseptic remedy administered internally by myself was *Carbolic acid;* but it was never used with entire satisfaction, because it could not be diffused through the blood in sufficient quantity to destroy the living germs, without producing toxic effects of its own, and it was, besides, objectionable on account of its odor and taste. The sulphites, especially the *Sulphite of soda,* were found to be quite diffusive, but lacked energy, and hence efficiency.

"In the chemical combination of *Carbolic acid* with *Sulphite of soda,* we have all the objectionable qualities reduced to the minimum, while all the desirable properties are retained. During nearly two years I have administered this salt in many hundreds of cases of scarlet fever and diphtheria, as well as in a reasonable number of cases of erysipelas and puerperal fever, both with a view to the prevention of contagion, and in the treatment of these forms of disease.

"The *Sulpho-carbolate of soda* is readily soluble, and very diffusive when brought within reach of the absorbents. It is odorless and of a taste differing but little from soda. By its administration the blood and tissues of the human body may be thoroughly disinfected without exciting any toxic effects of the drug.

"Administered to children breathing an atmosphere loaded with scarlet fever or diphtheritic contagion, it acts as an absolute preventive, with exceptions so rare, and with symptoms so slight when any appear, that one is forced to believe that the fault was rather in an insufficient dose than in the agent. Given when either of these diseases has developed an attack, within a few hours the activity of the disease has ceased, and the remaining symptoms speedily fade out into health. Administered to a case of puerperal fever, when one septicæmic chill follows another, with the hot drenching sweats between, if not too late in the history of the case, the patient may be assured that not more than one chill will follow its first administration, and the high temperature and icteroid hue of skin will disappear with most gratifying promptness. No less gratifying is the action of this substance when administered in erysipelas."

For administration of *Sulpho-carbolate of soda,* it is triturated with equal parts of sugar of milk, and two or three grains given every two or three hours. Dr. Beebe's paper may be found in full in the "United States Medical Investigator" of Feb. 15, 1877, page 202. I recommend it to your careful and considerate perusal.

Next in importance to *Sulpho-carbolate of soda* is *Rhus radicans.* Its pathogenesis corresponds with many of the symptoms of septic poisoning; chills and sweating, typhoid symptoms, fre-

quent yawning, great exhaustion, icteroid condition, watery, light-colored stools, oppression of the chest, and sleeplessness.

Arseniate of quinine. — Face shows great anxiety, with sudden debility, excessive prostration after loss of blood, tinnitus aurium, chills followed by burning heat all over the body except the hands and feet. If thirsty, violent vomiting follows drinking. Sweating as soon as going to sleep, which is very debilitating. Hiccough with empty eructations. Stools watery, putrid, and undigested. Offensive discharges generally. Urine suppressed or nearly so.

Baptisia. — Pulse quick, full, irregular, and compressible. Stupor, delirium, and restlessness; uneasy sleep with frightful dreams. Face dark red, from fulness of superficial veins. Dryness of mouth and tongue. Can swallow nothing but liquids. Great sinking sensation at epigastrium. Putrid diarrhœa with faintness.

Carbo animalis. — Rigid feeling of the body and extremities, as though the muscles were too short. Very sensitive to the air; even moving the bedclothes causes chilliness. Great coldness of extremities; almost impossible to warm them. Eating or drinking causes putrid sweating. Nausea with frequent sour eructations. Hiccough only after eating. Frequent stools, with stinging pains in anus. Thin, offensive lochia.

Carbo. veg. — Collapse. Pulse slow and very weak. Mind perverted. Great accumulation of gas in stomach and bowels. Profuse cold sweating. All food or nourishment disagrees. Stools very foul. Short breathing from distended abdomen.

Crotalus horridus. — Severe icteroid condition. Coma or low, muttering delirium. Vertigo; trembling worse on right side of body. Bilious vomiting and diarrhœa.

Eucalyptus globulus. — Sleeplessness accompanied by exhaustion. Said to destroy infusoria and bacteria. Chills and sweating, with offensive exhalations.

Gelsemium. — Pulse large, full, and quick, but compressible. A feeling that she must move to keep her heart beating. Hysterical convulsions and actions. Chills with little or no sweating, attendant upon some primary cause. No fear of death.

Lachesis. — Anxiety with trembling, principally of left side. Nightly delirium. Constriction of throat; must have everything loose about it. Dyspnœa. Feels worse when first waking. Diarrhœa.

Veratrum viride. — Pulse hard, full, bounding, incompressible. Active delirium, with pinched, cold, and blue nose More or less nausea and vomiting, with cold sweating. Anxious about the future.

Reviews and Notices of Books.

Martin's Atlas of Obstetrics and Gynæcology. Second Edition. Translated by Fancourt Barnes, M. D. Philadelphia: Presley Blakiston, 1880. Boston: C. M. Thomas, 215 Tremont Street.

The first edition of this magnificent work, to which we called attention in the November Gazette, appeared in 1861, and was so well received that it soon became out of print. In 1878 a second edition was issued, with the assistance of Herr A. Schültze, the noted German artist, who had done much of the work upon the first issue. Many of the older plates were superseded by others of greater utility; and to the task of rendering the volume as comprehensive and complete as possible, several of the most noted obstetricians and gynæcologists of Germany contributed, notably those of the Berlin clinic.

Hitherto the work has been available only to German-speaking physicians and students, as the descriptions of the plates were entirely in that language. Dr. Barnes by his English translation has greatly extended the sphere of its usefulness. This Atlas has no competitor; and even after a hasty examination, it cannot fail to be appreciated by obstetricians and gynæcologists. Its ninety-eight full-page plates, containing over four hundred finely lithographed figures, some of them colored, certainly present a very fine appearance, and in the opinion of those best competent to give an opinion, are exceedingly accurate. Some of them are taken from frozen sections. One of these, Plate 24, is a full-page illustration of the vertical section of a normally formed pregnant woman, about twenty-five years old, after death from hanging. Other illustrations are of the pathological relations of the uterus and its appendages in retroflexion and retroversion with prolapse, of anteflexion at various angles, and of the changes in the senile uterus and other pathological changes. Even to enumerate the other good things would be tedious; the book can only be appreciated by being seen. After a more careful examination, we see no reason to retract from our words of high praise given in a preceding number. The Atlas is sold only by subscription.

The Cold Pack and Massage in the Treatment of Anæmia. By Drs. Jacobi and White. New York: G. P. Putnam's Sons. 1880. pp. 76. $1.25.

This little monograph is a reprint from several recent numbers of the "Archives of Medicine," and is a valuable contribu-

tion made in the light of recent researches on the physiology of nutrition. It demonstrates how very much superior, in the treatment of anæmia, massage is when preceded by the cold pack. The latter is beneficial in neurasthenia or hysteria only in proportion to the amount of coexisting anæmia, and is even dangerous if used too near to periods of abdominal hyperæmia.

NASAL CATARRH. By Beverley Robinson, A. M., M. D. New York: William Wood & Co. 1880. pp. 182.

Dr. Robinson has here given us a very compact and useful guide, rather than an encyclopædia; an exponent of his every-day practice, rather than a work bristling with authorities. It contains 56 illustrations, mostly of approved instruments.

SURGICAL DIAGNOSIS. By Ambrose A. Ranney, A. M., M. D. Second edition. New York: Wm. Wood & Co. 1880. pp. 471. Boston: Frank Rivers.

The nature of this work, which is written by a professor in the University of the City of New York, can perhaps best be indicated in a few words by comparing it to that book with which every well-educated physician is familiar, — Da Costa's "Medical Diagnosis"; and it bears the same relation to the common text-books on surgery which Da Costa's *chef d'œuvre* does to those on the practice of medicine. It is devoted particularly to differential diagnosis, and is arranged to a great extent in parallel columns in tabular form. To obtain the symptoms of any one disease, read up and down; to note the points of contrast from others, read across the page. Dr. Ranney has evidently done a great amount of hard work, and the resulting treatise must be very helpful to students and practitioners.

TREATISE ON DIPHTHERIA. By A. Jacobi, M. D. New York: Wm. Wood & Co. 1880. pp. 252. Boston: Frank Rivers.

The author, who is professor of diseases of children in the College of Physicians and Surgeons, New York, claims that the present treatise is based on an experience of thousands of cases of the disease. The nine chapters discuss respectively its history, etiology, manner of infection, contagion, and incubation, symptoms, anatomical appearances, diagnosis, prognosis, and treatment. Dr. Jacobi has faith in the future possible success of the parasitic theory, but strongly deprecates the hasty conclusions now so common with regard to the prevalent bacteria doctrine. He rather leans to the identity of "croup" and diphtheria.

THE MEDICAL AND SURGICAL DISEASES OF WOMEN, WITH THEIR HOMŒOPATHIC TREATMENT. By Morton Monroe Eaton, M. D. New York: Boericke & Tafel. 1880. pp. 782.

The publishers' part of this work is indeed very elegant. The handsome and strong sheep binding, the thick paper, and the leaded pica type, so refreshing to the eye to read, would to some extent tend to prepossess one in favor of almost any book. Dr. Eaton's great aim seems to be completeness. He has noticed certain omissions in Thomas, more in Emmet and other authors, and apparently resolves to produce a book without any, if possible; and therefore discusses in more or less detail almost every conceivable topic, however remotely connected with the subject as usually considered. For instance, he includes abortion, moles in the uterus, vomiting and other diseases in pregnancy, puerperal fever, puerperal mania, milk fever, sore nipples, milk leg, etc., which are usually discussed in works on obstetrics. For pregnancy vomiting he recommends the artificial induction of abortion, if other means fail, but does not include among these other means that which has been satisfactorily tried in so many cases during the last two years, — simple dilatation of the os with the finger. We certainly enjoy a plenty of good illustrations in a book of this kind, but think that here they are thrown in with too lavish profusion for good taste. It makes the book seem like Tiemann's, or some other surgical-instrument maker's catalogue. Little's antiseptic spray apparatus it may perhaps be well enough to represent, but we can see no good pretext for devoting a whole page (161) to a description and a wood-cut of a sphygmograph in a work on diseases of women. Nevertheless, in spite of a few faults, — it is impossible to please everybody in everything, — it is on the whole an excellent and instructive book.

TROUSSEAU AND PIDOUX'S THERAPEUTICS. Ninth edition. Translated by D. F. Lincoln, M. D., New York. Wood's Library of Standard Medical Authors. 3 vols. Boston: Frank Rivers. 1880.

We regret that Dr. Lincoln has omitted in his translation almost a third of the original work, much of that third being of far greater interest, especially from our point of view, than the other two thirds. For instance, what have we here more important than the descriptions of the physiological action of drugs which were left out, or the articles on milk, raw meat, massage, gymnastics, hydro-therapeutics, caloric, etc., and the Introduction, of more than a hundred pages, which gives a historical account of the progress of medicine from the earliest ages? Instead, we

here often have superannuated notions about evacuants, reconstituents, alteratives, irritants, antispasmodics, excitants, neurasthenic tonics, and other such superficial classifications of drugs. Although Trousseau, whose first edition appeared in 1836, was far ahead of his times, and waged a righteous battle against the prevalent rude antiphlogistic treatment and other barbarisms of his time, and had clearer ideas upon and more respect for homœopathy than most of his colleagues, endeavoring to refute it with philosophical argument rather than with sky-seeking proboscis and frothing mouth, yet for daily consultation at the present day his work is wellnigh useless, possessing only a historic interest.

THOMAS ON DISEASES OF WOMEN. Fifth edition. Philadelphia: Henry C. Lea's Son & Co. 1880. pp. 806. Boston: A. Williams & Co.

This new edition of one of the best works on gynæcology ever written, if not *the* best, — a work which has been translated into French, German, Spanish, and Italian, — brings it fully up to date. Although many changes have been made, the most interesting, we think, are those relating to the female perineum, on the anatomy, physiology, and pathology of which Dr. Thomas has advanced new and very plausible views. The conventional description of it makes it simply the floor of the pelvis, the space extending from the inferior commissure of the vulva to the anus. Tyler Smith, Playfair, Leishman, Meadows, Cazeaux, Meigs, Bedford, and others make only the briefest reference to it. Gray and Wilson, in their anatomies, give a diagram which is often copied, representing a large vagina gaping from one end to the other; whereas it may easily be proved that the vaginal walls are in apposition. Thomas lays great stress on the importance of regarding it as the perineal triangular *body*, not *space*, and also of estimating its proper functions, giving as an aid to this work several large diagrams. His reasoning and facts are very conclusive. He advises an immediate operation for lacerated perineum after childbirth, and regards such an accident as so serious a matter, that he would rather by far have a woman fracture her radius.

THE HUMBOLDT LIBRARY. New York: J. Fitzgerald & Co.

This is a marvel of cheapness. Twenty-four numbers are supposed to appear in one year, for which only $3.00 is charged, or fifteen cents apiece. Reprints of really valuable scientific works are presented. Among the last are "The Naturalist on the River Amazons," by H. W. Bates; "Mind and Body," by Alexander Bain; "The Wonders of the Heavens," by Flamma-

rion; "Longevity," by Dr. John Gardner; Huxley's "Origin of Species," etc.

ARCHIVES OF MEDICINE for October (G. P. Putnam's Sons) contains articles on spinal myosis, chronic rheumatism, paræsthesia, cold pack, Dr. Hamilton's 127 cases of fracture of the patella, etc. For December, the training of an idiotic eye, obscure pelvic abscess in women, the fungus of syphilis, auscultatory percussion, specialties in medicine, etc.

HOW PERSONS AFFLICTED WITH BRIGHT'S DISEASE OUGHT TO LIVE. By J. F. Edwards, M. D. Philadelphia: Presley Blakiston. Boston: Hall & Whiting.

This little book of 87 pages gives in simple language, for the benefit of non-professional readers with this disease, sensible advice, which, if followed, will undoubtedly increase their comfort and prolong their days.

THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN, AND THE HOME TREATMENT OF THEIR DISEASES. By T. C. Duncan, M. D. Chicago: Duncan Bros. Pages 426. 1880.

It is certainly desirable that mothers should have in the house a manual to consult on the diseases of children, and Dr. Duncan's work answers the purpose very well, although to some of his directions we should feel inclined to take exceptions; as, for instance, his advice to feed the new-born babe with sweetened diluted cream until the mother's milk comes. We believe that during this time the child does far better with nothing, except perhaps a little water, and that if nature had designed the child to be fed, the mother's milk would have come immediately after child-birth. The mechanical part of the book is exceedingly neat, and is marred only by the cheap-looking illustrations, which had better be left out of the next edition. Taken as a whole, however (barring the literary crudities), it is the most satisfactory book of the kind with which we are acquainted.

A MANUAL OF MEDICAL JURISPRUDENCE. By Alfred S. Taylor, M. D. Eighth American edition, from the tenth London edition. Edited by John J. Reese, M. D. Philadelphia: Henry C. Lea's Son & Co. Boston: A. Williams & Co. pp. 933. 1880.

Not to have known this great authority in one of its previous editions, the first of which was issued in 1844, surely would argue one's self unknown. Everybody agrees that it has been the most attractive as well as most reliable work on the subject

ever published in the English language. Probably no man in the world has ever acquired a higher reputation for medico-legal knowledge than Dr. Taylor, and this edition acquires a peculiar interest from the fact of his death immediately after revising it. This revision is claimed to be very thorough, many additions being scattered through the volume, and cases of interest which have lately occurred having been inserted in appropriate places. It is undoubtedly true that this record of the progress of the science of medical jurisprudence is now thoroughly placed on a level with the latest experience and research.

A MANUAL OF PHARMACODYNAMICS. Fourth edition. By Richard Hughes, L. R. C. P. London: Leath & Ross. pp. 945. 1880.

The third edition of this masterly work was published in 1875. Not expecting that the present edition would be so long delayed, and in anticipation of it, we published in the GAZETTE for September, 1879 (pp. 211–213), a careful general estimate of Dr. Hughes's work in materia medica, written by a very able reviewer, and applicable to any edition. On this account we will now refrain from any extended attempt at expressing our opinions as to its practical usefulness and the soundness of the principles by which Dr. Hughes has been guided, for this referring our readers to the place just mentioned. Excellent as the third edition was, the fourth far surpasses it, although the framework is still the same. In 1877 the London School of Homœopathy was founded, and Dr. Hughes was appointed lecturer on materia medica. This was the immediate stimulus which prompted him to revise and augment his work. Changes are to be detected in almost every article, while the sections on most of the polychrests and on *Chamomilla*, *Gelsemium*, *Iris*, etc., have been much enlarged, and several others added. Dr. Hughes has very wisely, and much to the satisfaction of his readers, undoubtedly, incorporated in this edition six lectures not hitherto presented together: viz., two on the "Sources of the Homœopathic Materia Medica," which many of us have already become familiar with in separate book form; two on the "General Principles of Drug Action," reprinted from the "Monthly Homœopathic Review"; one on "Homœopathy —what it is," read in Liverpool in 1877; and one on "Homœopathic Posology," reprinted from the "British Journal of Homœopathy," of January, 1879. These lectures ought to be read by everybody. We are strongly tempted to make extracts here and there, but our limited space forbids; and even if we did so, it would merely be an aggravation to our readers, whom we urge, one and all, to buy the book for complete satisfaction. Dr. Hughes has bestowed on it an immense amount of work for

many years, to which his frequent references to almost everything in homœopathic literature bear abundant evidence. His English is so clean, simple, precise, elegant, and scholarly, that even if the opinions clothed in it were repugnant to us, their reading could not fail to be fascinating. When, however, we find these opinions marked by the strongest common-sense, and such as we can, almost without exception, heartily indorse, we cannot be blamed for considering the book not only charming, but also valuable in the extreme. Especially valuable will it be found to recommend to allopathic physicians or students from which to get their first ideas of homœopathy; for, starting from premises with which they are familiar, it will gradually lead them up to the truth without confusing or disgusting them. We especially prize the results of experiments on animals here given, as well as the frequent references to such works as Ringer's and Phillips's, to which in the third edition some of our confreres objected. For us *Hughes is a model as an exponent of sensible, rational homœopathy*, and we are glad to say that in this respect we belong to a large and constantly increasing class.

REPERTORY TO THE MODALITIES. By Samuel Worcester, M. D. New York: Boericke & Tafel. 1880. pp. 160. Price $1.25.

Dr. Worcester, of Salem, who has justly earned the reputation of being the best authority on insanity in our ranks in New England, and who lectures on this subject at our school in Boston, here presents us with a little volume, which he says was originally compiled to meet a want felt in his daily practice. At first he confined his repertorial compilation of symptoms relating to modalities to Hering's Condensed Materia Medica, but afterwards decided to add many more from Lippe, Hale, and Allen, starring the characteristic symptoms. We fully believe that some importance is to be attached to the influence of heat, cold, food, drink, the weather, etc., as supplying indications for the use of medicines; but we must confess that in our opinion there is such a thing as carrying this modality influence to so great an extreme that it must almost of necessity, on account of the limitation of our time for prescribing, bar out some more important indications. For instance, if a person is relieved by, or worse from, external heat or warmth, does it not seem like an excessive refinement to investigate further and specify that the heat or warmth comes from the sun, a stove, external applications, clothes, bed-covering, warm air, warm weather, etc., and to make these points the basis for a further differentiation of remedies? For those who like to make these nice distinctions, however, the book will be found very serviceable. It appears to be very conscientiously done, and represents a large amount of hard work. Its arrangement is very convenient and its mechanical features very neat.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY J. H. CARMICHAEL, M. D., CORR. SECRETARY.

THE society met Nov. 10, at the Bay State House, Worcester, D. B. Whittier, M. D., in the chair. It elected for the ensuing year the following officers: President, Francis Brick, M. D., Worcester; vice-president, H. K. Bennett, M. D., Fitchburg; secretary and treasurer, C. L. Nichols, M. D., Worcester; corresponding secretary, J. H. Carmichael, M. D., Worcester; censors, Dr. O. J. Travers, North Brookfield, Dr. Knight, Leominster, and Dr. George Porter, Webster. A paper on "Gastralgia," written by N. W. Rand, M. D., was read by Dr. J. K. Warren. *Nux vom.* ^{2x} proved the curative remedy in his cases. Dr. Whittier spoke of hot water as a remedy, and said the cause was often reflex. Palliatives often sent the pain to its proper place. Dr. Sibley spoke of a man who took fifteen drops of *Tinct. of Nux. vom.* three times a day for three months, with only temporary relief. Dr. Carmichael at one time had this case under his care, and considered the cause of it had been the previous cauterization of the cervix uteri by *Arg. nitras.* Dr. Emmett, of New York, had known of many cases of the same nature. His treatment, denuding the whole of the cervix of its hardened cicatrix, generally cured such cases. *Arg. nitras* $^{\infty}$ had been used by Dr. Carmichael with good success. Dilute hydrocyanic acid was the best palliative in many cases. Dr. Bennett mentioned a case cured as if by magic by fifteen drops of *Viburnum prun.* Dr. Carmichael suggested that the valerianic acid it contained might have been the curative agent. *Valerian* was a useful remedy in Dr. Sibley's practice. Dr. Chamberlain said careful diet was to be observed. *Anacardium* was particularly indicated where the pain made its appearance three or four hours after eating and was relieved by eating. He said Dr. Peters, of New York, considered *Cocc. Ind.* the best remedy where there was pain at the base of the brain with it. *Platina* ^{6x} was a useful remedy when it was caused by uterine trouble with profuse dark flowing. Dr. Brick said that chloral in five-grain doses had been a useful remedy with him as a palliative, in connection with the indicated remedy during intervals. Dr. Travers had used chloral, but did not find it a palliative in all cases. One case was first given five grains, then ten, and finally twenty, with only aggravation. Dr. Mellus presented a very interesting paper, verifying a symptom of *Aconite.* He was called to a patient who coughed constantly every time she inspired; *Aconite* ^{30} was given, and in less than one hour the cough disappeared and did not return. Dr. Chamberlain also presented a paper of unusual

merit on the use of alternating very hot and very cold water in such cases as sciatica, lumbago, and severe neuralgic affections.

Dr. Carmichael presented a paper on "Septicæmia following Abortion." This paper, upon a motion of Dr. Bennett, was voted to be forwarded to the New York "Journal of Obstetrics" for publication, also a synopsis to be forwarded to the NEW ENGLAND MEDICAL GAZETTE for publication. Dr. George Porter read a paper entitled "Thirty-four Cases of Scarlatina." *Ailanthus* Φ, ten drops in one half a glass of water, he found an excellent remedy in the first stage, with stupor, low muttering delirium, etc. Dr. Travers reported the following clinical cases: (1.) Verification of *Apis* in strangury in a child, after failure of *Acon.*, *anth.*, *Nux vom.*, etc. (2.) Coryza of hay fever, *Euphrasia.* (3.) *Phos. acid* in diarrhœa, whitish, watery, no pain, profuse day and night. (4.) *Leptandria* in diarrhœa, black, fœcal. (5.) *Bismuth. subnit.* in acute gastralgia. (6.) *Bell.* in gastralgia which changed location, going into the bowels with a feeling as though they were grasped by a powerful hand in rapid succession. (7.) Chorea following rheumatism, cured by *Cimicifuga* Φ on pellets in ten days.

Next followed a discussion on diphtheria Dr. H. K. Bennett advised to first choose the remedy and then continue it. He kept the throat constantly packed in old water, and gave internally *Bell.* 1[x] and *Kali bich.* 1[x] in water alternately every one half or one or two hours, according to the severity of the case. A spray of alcohol one part to three of water was used. There were three things to be feared: (1) Septic poisoning; (2) diphtheritic croup; (3) paralysis. For the first he used *Apis* and *Lachesis* when indicated. In croup, *Kali bich* enough to give a yellow color to the water, and slacked-lime inhalations. Mercury in all forms he claims should be discarded in true diphtheria, as it destroys the white corpuscles of the blood and produces anæmia. He claimed that *Kali bich.* covered the pathological condition. Dr. Sibley said the best treatment was to select the remedy homœopathically in every case. Dr. Carmichael said he had had considerable experience with diphtheria. Two years ago he presented a paper to the State Society, in which a few cases were given treated by *Sulpho-carbolate of soda.* He was not present at the time, but was told that those who participated in the discussion considered *Sulpho-carbolate of soda* of no benefit. Since that time he had read the remarks of those who spoke, and now he was prepared to state that not one who assisted in exploding that theory knew anything about *Sulpho-carbolate of soda* or its action. He held that it was of great value in diphtheria; and he wished to state that the proper time to give it was as early in the history of the case as possible, and not to wait until the septic

poison had destroyed all chances of success. He did not discard the other remedies, but gave them as indicated, alternately with the general remedy *Sulpho-carbolate of soda.* His experience was that all cases that would eat got well, while those that would not, died. He gave solid food, as beefsteak three times daily, bread and butter, milk and eggs ; and if the patient was not old enough to understand why he should eat, he let him have anything he wanted. Dr. Brick was in favor of *Sulpho-carbolate of soda,* but not of indiscriminate feeding, for he had seen two cases die from this cause: one ate warm doughnuts and the other fried onions. *Phytolacca* was a good remedy where there was much swelling. Dr. Barton had used *Sulpho-carbolate of soda* of late, and was much pleased with it ; did not see the necessity of giving other remedies with it ; was inclined to think it created an appetite ; was in favor of feeding. Dr. Warren had been disappointed with all remedies. Dr. Whittier held that if a remedy was indicated in a disease, it was proper to continue it throughout the disease. There were two indications: nourishment and the remedy selected given to the end. *Kali bich.* was his choice. Dr. Knight spoke of nephritic complications Dr. Bennett had noticed dimness of vision where paralysis followed. Dr. Carmichael said in regard to Dr. Brick's cases, that they had been very sick and were very anæmic at the time they took the solid food, which was not of the ordinary kind, consequently the fatality ; but in the cases he treated with *Sulpho-carbolate of soda,* the patients did not become anæmic, and were accustomed to solid food from the beginning, and could assimilate it.

Our Miscellany.

TYNDALL says that the whole mass of particles which give the blue to the sky could be packed together in a lady's toilet-box.

GOLD. — There are twelve thousand dentists in the United States, who use half a ton of gold annually for dental cavities.

WATER-PROOF.—The "Tischler Zeitung" says cloth may be rendered water-proof by alternately steeping in alum-water and in a lye of rosin soap.

FAST.—An account is given in the "Union Médicale" of one Guillaume Granié, who died in prison in Toulouse after fasting sixty-three days.

ARSENIC. — The "Chemiker Zeitung" reports that arsenic in considerable quantities has been found in the examination of green carpets at Bonn.

IODINE. — "What do we get from iodine?" asked a medical professor. "We usually get idiotic acid," yawned the student. "Have you been taking some?" quietly asked the professor.

CHLOROFORM. — Dr. Hughes, of England, says if he were being put under the influence of chloroform, he would say: "Never mind my pulse, never mind my heart, leave my pupil to itself, but keep your eyes on my breathing."

THE SKIN. — There is not a dermatological society nor journal in Great Britain.

LITHOLAPAXY (Bigelow's Method) has been employed by Sir Henry Thompson in thirty-one consecutive cases, and is recommended by him as a decided advance in surgery.

INCREASE OF CANCER. — According to the "Medical Record," the death-rate from cancer has increased at the rate of four hundred per cent in London, England, and in Philadelphia, during the last sixty-five years.

NEW METHOD OF TELLING A HORSE'S AGE. — It is said that after a horse is nine years old a wrinkle comes in the eyelid at the upper corner of the lower lid, and each year thereafter he has one well-defined wrinkle for each year of his age over nine. If, for instance, a horse has three wrinkles, he is twelve; if four, he is thirteen.

BAD EFFECTS OF TEA AND COFFEE ON CHILDREN. — Dr. Ferguson, an English physician, says the use of tea and coffee retards growth and causes a deteriorated physique in children. Children so fed grow only about four pounds per annum, while those who have milk, night and morning, increase fifteen pounds a year. This is the result of his study and experiment.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL. — A strong effort is now to be made to raise by subscription $50,000, to enlarge this worthy charity by adding children's, lying-in, and special surgical wards. If all our New England physicians will present the case properly to their patrons, it can be done very speedily.

MATERNAL IMPRESSIONS AND POETRY. — According to the "Dublin Medical Journal," a case has been reported of maternal impression far in advance of all other cases. A lady, during pregnancy, carried with her a pocket edition of "Moore's Poetical Works," which she read almost constantly. Her child, at three years of age, exhibited a most wonderful faculty for putting sentences into rhyme; in fact, naturally expressed his little ideas and thoughts in flowing measure. "Blame not the bard," says the "British Medical Journal," "but a case like this shows how important is a well-assorted library to a gravid uterus."

MACAULAY ON THE PROGRESS OF MEDICINE. — In reference to Southey's remarks on medicine in the olden time and in our day, Macaulay said: "The advice and medicine now within reach of the poorest laborer in disease or after accident are far superior to what Henry VIII. could have commanded Scarcely any part of the country is beyond reach of practitioners not so far inferior to Sir Henry Halford as they are superior to Dr. Butts. Mr. Southey allows there has been a great improvement in this respect, but thinks 'the evils for which these sciences are the palliative have increased since the time of the Druids in a proportion that heavily outweighs the benefit of improved therapeutics.' We all know that the progress in medical science has been far greater than the increase of disease in the last two centuries, of which we have the best possible evidence: the term of human life is decidedly longer in England than in any former age. No test of the physical well-being of society can be named so decisive as that which is furnished by bills of mortality."

THE MIRACLE OF THE IODIDES. — The following little incident from a French journal proves that the science of therapeutics is not without its romance. R—— was considered the first tenor in Paris, and for a time he held Paris enslaved within the compass of his gamut. Suddenly his song ceased and he appeared not upon the boards. Weeks grew into months, months ripened into years, till the sweet memories and melodies of R—— were consigned to the brilliant past of the opera. One day, however, it was announced that he would sing again, and in his old rôle in "Favorita." There was a great rush to see this musical resurrection. The Emperor and Eugénie were there; Magnan, commander of the garrison, a hundred thousand strong; the brilliant De Morgny; and, more important than all the rest, the École de Médecine was represented in full force. Ricord, then in the zenith of his fame, was there, beside Marshal Magnan. R—— never sang better. His melodies gushed forth, and a storm of applause fairly shook the roof. Above the rest of the din were the plaudits of Ricord, who notoriously knew not one note from another save those upon the Bank of France. "How is it, Ricord," asked Marshal Magnan, "that you cheer so vociferously? you, who cannot diagnose between A minor and B flat!" "Hang the music, Magnan; it is the *iodide of potash* I cheer!" was Ricord's reply.

ANOTHER WAY TO BLEACH RED NOSES. — Menyl is the name of a secret preparation to bleach red noses. It has been analyzed and is found to consist of a liquid containing benzoic acid, salicylic acid, and thymol, and a powder composed of oxide of zinc, French chalk, and a trace of carbolic acid.

QUICK AMPUTATION. — A sailor in New York Harbor lately chanced to step into a coil of rope, one end of which was attached to a ship, and the other to a tug-boat which was about to tow her. When the boat started, the rope was drawn so tightly around his leg that the limb was instantaneously and completely amputated.

ICE. — A simple method of preserving ice in the sick-room is to tie a piece of flannel round the mouth of a tumbler, so as to leave a cup-shaped depression of flannel within the glass to about half its depth. In this flannel ice may be kept for many hours, and still longer if care be taken to cover the ice with a piece of flannel. An open-meshed flannel is preferable, as the water easily drains through it, leaving the ice dry. Ice may be broken into small pieces with a common needle, easily and noiselessly.

COUNTRIES EXEMPT FROM CONSUMPTION. — Dr. V. A. Jagielsky of London says, in the "Lancet," that the Tartar steppes, Iceland, the Shetland, Färöe, and Hebrides Islands are almost entirely exempt from consumption. These places are all low elevations, which tells somewhat against the exclusive value of mountain climates. Dr. Jagielsky thinks the immunity is largely due to the universal use of *koumiss* in Tartary, and of a similar drink, called "bland," in Iceland, Färöe, and the Shetland Isles. Drs. Ucke, Chomenkoff, Portirikoff, Schnepp, etc., believe that if there be anything to check consumption, it is *koumiss*, especially in a dry, warm climate like that of the Tartar steppes in summer.

NOISELESS CHINA IN THE SICK ROOM. — From the "British Journal of Homœopathy," we learn that a patent has been taken out by Mr. Vernon of Newton-Stewart for rendering crockery absolutely noiseless. It consists in the insertion of a vulcanized india-rubber ring in the bottom of the article, and is applied to cups, saucers, plates, ewers, — in fact, all articles of domestic use. This invention is specially adapted to the sick-room, and will not slip about, as a cup will bear to be inclined in the saucer at a very considerable angle without sliding. We hope the next invention may be one to preserve the edges of cups, dishes, etc. Probably, however, that improvement must be grounded on an improved condition of "Bridgets."

RESUSCITATION FROM FREEZING. — Regarding the subject of resuscitating frozen persons or animals, experimenters and clinical surgeons widely differ. The latter advocate the gradual introduction of heat, while the former claim that it should be applied rapidly. Experiments were made on dogs by Dr. Laptschinsky, with the following results: Three dogs of the same size, age, and species were frozen simultaneously. One of the animals was then placed in a bath at a temperature of 37° R., the second in a room heated to 24° R., and the third in a cold room (0° R.); and directly afterwards, as soon as there were symptoms of returning animation and an increase of vital temperature, the latter was introduced into a warmer atmosphere. In each case friction with brushes and coarse cloths was resorted to, but the rapid method of resuscitation by the hot bath proved most effectual. Of twenty animals treated by the gradual method of resuscitation in a cold room, fourteen died; of twenty introduced at once into a warm room, eight died; while the twenty placed immediately in a hot bath all recovered.

THE CURE OF CATARACT BY MEDICINES. — Dr. H. Bernard, in the "Revue Homœopathique Belge," while reviewing Dr. Burnett's book on the subject of curing cataract by medication, gives items of his own experience, one of which was a lenticular cataract of the left eye in a person eighty years old, where the sight was gone. Under the action of *Cannabis* tincture the sight returned in six months. He also treated a lady seventy years old, having the arthritic diathesis, with *Spigelia*, and with marked benefit. Another case, a young girl, was relieved with the *Hypophosphite of soda*, and he has helped a number of cases with *Cannabis* tincture and *Natrum mur.* 1x. in alternation. Bushrod W. James, M. D., of Philadelphia, has effected a marked change in a case of cataract in a lady, who, from groping about with great difficulty, is now able to go anywhere, and even to enjoy dancing. The remedies used in her case were *Chimaphila umb.* ^{6} for four months, thrice daily, and *Graph.* $^{8x.}$ trit., a powder every morning, noon, and night for three weeks.

THE USES OF CHARCOAL.—Charcoal, applied to a burn, causes the pain to subside immediately; tainted meat surrounded with it becomes sweetened; strewn over decomposed pelts, or over dead animals, it prevents any unpleasant odor; foul water is purified by it. Charcoal is a great disinfectant; when placed in shallow trays in an apartment, it absorbs and condenses gases very rapidly. One cubic inch of fresh charcoal will absorb nearly one hundred inches of gaseous ammonia. Charcoal is invaluable for malignant wounds or sores, corroding away dead flesh and reducing it to one quarter in six hours. A teaspoonful in half a glass of water will often relieve a sick-headache; it absorbs the gases and relieves the distended stomach pressing against the nerves which extend from the stomach to the head.

ARTIFICIAL FEEDING. — Dr. John P. Gray, in a recent lecture, called special attention to a method of feeding patients by means of the œsophageal tube and funnel, adapted to sustaining nutrition in cases other than those of insanity. The plan is, to introduce an ordinary flexible œsophageal tube into the stomach, adjust a funnel to its outer extremity, which carries a metallic ferrule to keep it from brooming, and then pour in such quantities of fluid food as may be desirable. The tube is easily introduced by carrying it along the side of the mouth and around the tonsil, and so down; and when introduced in that manner, it gives less inconvenience to the patient than when carried through the centre of the pharyngeal space. The tube and funnel were recommended in cases of paralysis, for example, following diphtheria; in cases of acute tonsilitis, attended with difficult and painful deglutition; in cases of severe inflammatory sore throat; in short, in any case in which the patient finds marked inconvenience from any cause, in swallowing. Those who, by closing the jaws, resist the introduction of the tube, can be easily overcome by insinuating the end of a strong spoon-handle between the teeth and then turning it up edgewise, when the tube, being only about five eighths of an inch in diameter, can be readily introduced.

PHOSPHORUS AND THE WASHERWOMEN. — Before the year 1840, there assembled at the Academy at Allentown, Pa, the pupils of the late William Wesselhoeft, M. D., to make their clinical reports. Dr. Wesselhoeft taught his pupils not only materia medica, etc., but he gave them actual cases, on which they had to report; and these reports opened a wide field for instruction, showing the practical applicability of our healing art. During one of these evening instructions, the late Dr. Gosewitch had to report on a case of toothache of a washerwoman. It appeared that washing always increased or provoked it, and Dr. Gosewitch administered *Phosphorus*. The good old Dr. Wesselhoeft could not see it in the same light, and severely criticised this prescription. After his not flattering remarks were finished, the late Dr. Gosewitch arose and flung down on the table from his pockets several closely written sheets of paper, and began earnestly to plead his case. He had evidently given the case hours of study, and his comparisons were exhaustive. After he had finished his defence, he wound up by saying that he was as confident of the speedy cure of the present toothache as he was that the washerwoman would have no toothache next washing-day. And he was right. *Phosphorus*, ever since, has been the principal, if not the specific remedy for the toothache of washerwomen.

MEDICAL NIGHT SERVICE. — A bill for the creation of a medical night service in New York City has been passed by the State Legislature. It is framed after the Parisian plan of such service, and in accordance with the suggestions offered by Dr. Nachtel at the recent meeting of the New York Academy of Medicine. It provides for the registration, at the police precincts and at such other convenient places as the captain of the precinct may elect, of the names of physicians duly authorized by the Health Board, who are willing to respond to a night call for $3.00, — the sum to be paid by the patient or by the Health Board on presentation of a properly authenticated certificate of attendance, signed by the captain of the precinct. Consultations, when necessary, may be obtained at the rate of $6.00 each, payable under conditions similar to those of ordinary visits. Each patient may exercise his preference for either medical attendant on the list, though, as a rule, the nearest one will be summoned. The physician, within twenty-four hours after his visit, must fill out a blank containing his name and address, the age, sex, residence, and disease of the patient, and forward the same to the Registrar of Vital Statistics. The service is intended for such only as have no regular medical attendant, who are strangers in the city, and who require the immediate attention of a physician or surgeon. The sum of $3,000 has been granted as an appropriation for the effective working of the scheme. The bill has received the indorsement of many leading medical men of New York. About three hundred physicians have already applied and been enrolled.

THE MIND IN ECLIPSE.—At a recent meeting of the Medico-Legal Society of New York, a paper was read on "The Problems of Insanity." "It is an astronomical paradox that the sun may best be studied during an eclipse; and in psychology, the mind may be studied best when it is eclipsed." There is no plain line of demarcation between sanity and insanity. There is an intellectual insanity, embracing forms in which there are delusions, and there is an emotional insanity, in which there are no delusions. Insanity is a barometer of civilization; and as we advance higher in the arts and sciences, so will insanity become more prevalent among us Intense application, brain-work, and indoor life are the agencies which most frequently bring it about. Among savages and barbarians there is little or none of it. The intellectual activity of the women of to-day is another great cause of insanity. What the mother is the child will be in an intenser degree. A diagnosis in cases of insanity is most difficult. The physician must know his patient physically and psychologically. The probabilities of a cure depend greatly upon the advancement of the disease when treatment is begun. It is better if the patient can be treated out of an asylum, and if he be not confined or isolated from the world. Until a comparatively recent time our inventions have tended to increase rather than decrease insanity. Of late the inventions have been in the opposite direction, tending to give us more ease and rest: as, for example, the telephone, the elevated railroad, and the electric light. When the latter is perfected we shall breathe a purer atmosphere. An improved system of education, with less "cramming," would tend to reduce the number of cases of insanity. An eclipse of the mind cannot be predicted like the eclipses of the sun; but, with study men may learn to detect it in its first stages, when, if properly treated, it need rarely become serious.

OBITUARY.

JOHN L. CLARKE, M. D.

IT is rarely the province of any one to chronicle the death of a person more deeply loved, more highly esteemed, or one who will be more sincerely lamented than Dr. John L. Clarke, of Fall River. Mass. One who had known him for forty years said to us: "He died full of honor, with the record of a spotless life, and one full of kind and useful services to his fellow-men. His personal character was absolutely superior to that of any man I have ever known,"—a rare tribute of praise from one physician to another.

Dr. Clarke was born in Scituate, R. I., in 1812, and was in his sixty-eighth year. He was the son of Dr. Peleg Clarke, one of the leading physicians in that State; went to Fall River in 1854, and was the oldest in practice of the homœopathic physicians there. We cannot do better than to quote the words of Rev. Mr. Westall, his attached friend and pastor. "He was held, like Luke. as the beloved physician. He took great interest in all progressive movements of the day, and was alive to the new facts in science, the new phases of thought, and the advancing cause of liberty and justice among men. He was an earnest worker in the antislavery cause, when it cost something to be an abolitionist. No 'summer soldiers' were at that time engaged in the cause of freedom; but earnest men and women, and brave and trustful hearts led the way through severe opposition to a better day. He was one of the faithful workers; and no one rejoiced more heartily than he at the final emancipation of the slaves of our country, nor more sincerely desired their instruction and elevation, under the benign influences of education, morality, and religion."

Dr. Clarke was formerly a member of the Society of Friends, but for many years he attended the church of the New Jerusalem, and contributed largely to its support and to the building fund for the erection of the church. That

"all religion has relation to life, and the life of religion is to do good" seemed to express his views, the practice of which he carried into his own daily life. He translated and made practical the apostle James's definition, that "pure religion . . . before God and the Father is this, to visit the fatherless and widows in their affliction, and to keep himself unspotted from the world."

Dr. Clarke was taken suddenly ill on the 22d inst., with congestion of the lungs, and in little more than two days after he passed to the spiritual world. On the first night, anticipating from the severity of the attack the coming change, he made all necessary arrangements. He was a man of few words; was always kind, gentle, and courteous; his heart was full of courage and of love for his fellow-men, desiring to help them in all good and noble ways; his sympathies were readily enlisted by sorrow or distress, and his skill and his means were generously given through his efforts to alleviate the sufferings of others. He was always cheerful on entering the sick-room, and his genial smile seemed to his patient like a prophecy of returning health. He was a skilful practitioner, and one who left nothing undone that would assist his patients.

Dr. Clarke leaves a widow and an only daughter, — the wife of Dr. H. P. Bellows of Auburndale, to whom we give our tenderest sympathy in this hour of sorrow and bereavement. W.

Personal and News Items.

The Boston Homœopathic Medical Society expects to have a grand time at its annual meeting and supper on Thursday, Jan. 13, 1881. Several prominent physicians from New York, Philadelphia, and other cities are expected to be present, and the members will turn out in full force.

Dr. N. Emmons Paine and lady have taken passage in a sailing vessel for Naples, where they will spend the winter for the benefit of his health. He has been obliged to resign his position as assistant physician at the N. Y. State Homœopathic Insane Asylum at Middletown.

Locations — Dr. E. P. White at Merrimac. — Dr. S. G. Sewall at Castine, Me. — Dr. Stella Manning at 22 Franklin St., East Somerville.

Removals. — Dr. J. B. Bolton from Merrimac to Newburyport. Dr. G. A. T. Lincoln from 59 W. Canton St. to 769 Tremont St., Boston.

Bushrod W. James, M. D., of Philadelphia, read a lengthy and very interesting paper before the American Public Health Association at its recent meeting in New Orleans, Dec. 7, 1880, entitled "How Abattoirs improve the Sanitary Condition of Cities," which we have received printed in full in the next day's "New Orleans Democrat," four pages of which are occupied with reports of the meeting.

Transactions of the World's Homœopathic Convention, 1876. — Dr. J. C. Guernsey writes us that he is hard at work upon the above volumes, and that one of them, the Historic, is all in type excepting only the chapter on "Literature."

He fully expected this volume would be issued by Dec. 1, but it has taken a much longer time to procure and complete the many missing links in this important work than he anticipated. Meanwhile, he has had seven hundred and five pages of proof struck from the stereotype plates of the remaining volume. The profession will thus see that the work is well forwarded, and that the volumes will in due time be ready for distribution to all those who are square in their accounts with the treasurer of the American Institute of Homœopathy.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 2. FEBRUARY, 1881. VOL. XVI.

EDITORIAL.

CUTANEOUS PATHOGENESY.

THE most important demand of our school to-day is, of course, for an improved materia medica. Those of us particularly who have cultivated special departments of medicine have often felt the inadequacy of the descriptions of the pathogenetic effects of many of our drugs to meet the requirements of modern science. For instance, some of our progressive ophthalmologists have lately called for re-provings of drugs during which careful examination shall be made with the ophthalmoscope and tests for vision ; in the GAZETTE for January, 1879, we called for re-provings, with special reference to stethoscopic and other physical signs ; and others have from time to time made similar demands. It is notorious that provers of drugs, however careful and conscientious they may be, have often not been particularly well posted in special departments, and hence, naturally, have often failed to recognize distinct changes, or at any rate have not expressed them in their proper and generally accepted scientific phraseology. Consequently, much looseness in prescribing necessarily follows. Some exceedingly trivial and very likely accidental mental manifestations are perhaps carefully observed, while prominent pathological changes are allowed to pass unnoticed. This is evidently not the most effective way to search for the *Similimum.*

Our materia medicas are full enough of *skin* symptoms, but they are too often clumsily described, and convey very imperfect ideas of the changes actually produced by different drugs. We

do not want them replaced by descriptions so extravagantly technical that none but professed dermatologists can understand them, but we do desire terms that shall not offend those who know as much of dermatology as the general practitioner ought to be expected to know. We also want to feel sure that they have been thoroughly verified — proved over and over again.

We are led to these remarks after reading a course of three lectures on MEDICINAL ERUPTIONS, by J. E. Atkinson, M. D., Professor of Dermatology in the University of Maryland, now being published in successive numbers of the "Maryland Medical Journal," Baltimore. If Prof. Atkinson were a homœopathist, he could hardly have presented to our cause a better offering in his line than he has here given us. He takes up such drugs as bromide of potash, arsenic, mercury, copaiba, belladonna, etc., and gathers from the attested literature of the subject, and from his own experience, careful descriptions of the cutaneous eruptions which these drugs have been known to produce. The differentiation of them is very interesting. We dare say that the average student could obtain from these lectures much clearer and more exact ideas on the subject, with a less amount of study, than from most of our works on materia medica. We hope that they may some time be reproduced in pamphlet form. A sample can be obtained for fifteen cents, by sending for the "Maryland Medical Journal" for Jan. 15, 1881.

IS CONSUMPTION CONTAGIOUS? — "Through years, popular belief held to the suspicion that consumption is contagious, the profession often deriding the idea. Now the experimentalist has proven that he can pass it from man to the lower animals, and from one lower animal to another. To complete the chain of evidence, we ought to pass it from the lower animals to man,* but this is neither justifiable nor really necessary." — *Prof. H. C. Wood, M. D., of Philadelphia (author of "Wood's Therapeutics"), in article on "Vivisection" in "Scribner's," for September,* 1880.

* This has actually been done in Greece under peculiar circumstances. — ED.

THE VENEREAL DISEASES IN GENERAL.

BY H. C. JESSEN, M. D., CHICAGO.

AT the present day it is the prevailing opinion of the medical profession regarding venereal diseases, that there are three kinds; namely, gonorrhœa, chancroid, and syphilis. Each of these is a specific disease, different from the others in all principal points, as in ætiology, pathology, and therapeutics. This doctrine, however, has been adopted very recently, until about one hundred years ago it being generally accepted that they all were but varieties of one malady, — the venereal disease, or syphilis.

The name "venereal disease" seems to owe its origin to the most usual mode by which it is contracted, — namely, the venereal or sexual congress; and the name "syphilis" is most likely due to a mythological poem by Frascatorius,[1] in which it is related that a herdsman of King Alkithous, Syphilus by name, was afflicted with the disease by Apollo, in punishment for paying divine homage to the king instead of to the god.

The venereal diseases have been given many other names, some of which we shall mention: namely, lues,[2] on account of its dissolving or destructive character; morbus Gallicus,[3] morbus Neapolitanus,[4] the French disease, the French pox, etc., referring to that country from which it was said to have originated; pudendagra,[5] mentulagra,[6] bubo,[7] etc., referring to those parts of the body which were especially liable to become affected; gonorrhœa,[8] fluor,[9] chancre,[10] pox,[11] etc., according to the prominent symptoms, and so on.

As already mentioned, it is but very recently that by the majority of the medical profession it has been acknowledged as a fact that gonorrhœa, chancroid, and syphilis are different diseases; and only a hundred years ago, as a rule, every physician believed that gonorrhœa, for example, might change into constitutional syphilis. But now every physician knows that gonorrhœa

[1] Hieronymus Frascatorius lived in Italy from 1483 to 1553.

[2] The name "lues" was in earlier times given to destructive diseases in general, as to the plague, scurvy, dysentery, etc. Now it is applied only to syphilis.

[3] Morbus Gallicus, the French, and [4] Morbus Neapolitanus, the Italian disease.

[5] Pudendagra, a disease of the pudenda, or genitals.

[6] Mentulagra, a disease of the mentula, or penis.

[7] Bubo, from the Grecian name of the groin.

[8] Gonorrhœa strictly means "sperm flowing," because the ancients considered the discharge semen. At this time, however, it was accepted that gonorrhœa was a symptom of syphilis.

[9] Fluor, a flowing, one of the symptoms in venereal diseases.

[10] Chancre is a derivation from cancer. There was a tendency at this time to compare and characterize diseases with animals; so with lupus (wolf), ringworm, etc.

[11] Usually the French pox, or the great pox. The English king, Henry VII., 1494, consulted the French physician Tiler for "the great pox."

is gonorrhœa and nothing more, and that it never changes into any of the other venereal affections; and most syphilodologists agree, further, that chancroid and syphilis are entirely different diseases, the one never causing or substituting the other.

Physicians of the Middle Ages, as Capivaccius,[12] Maynardus,[13] Fallopius,[14] Cluteo, and others, were well aware of the varieties of the venereal affections, not only in regard to the parts affected, but also to the malignancy of the different symptoms, and they therefore made distinction between "simple venereal disease" and "morbus Gallicus"; but they seem to have believed that the poison of all these diseases was unique,— so that, for example, any case of gonorrhœa might terminate as constitutional syphilis.

It was Balfour[15] who, in the year 1767, first maintained that gonorrhœa is a specific disease, having no relation to chancre or syphilis; and J. C. Tode[16] probably was the next one who, about ten years later, advocated a similar theory. But a long time elapsed before it became accepted by the profession; and the most distinguished physicians at that time, as Van Swieten, F. Hoffmann, A. G. Richter, Stoll, Girtanner, Swediaur, and even Hunter and Hufeland, were opposed to it. And as Hunter,[17] — who in regard to the diagnosis of chancre had so great a name in the history of the venereal diseases, — by some unfortunate accident, not noticed by him, experimentally thought to have settled the question of the identity of gonorrhœa and syphilis, it seemed likely that no further doubt would be raised.

But this was done by B. Bell,[18] who in a work in 1793 proved that the inoculation of gonorrhœal matter did not, in any of his many experiments, at any time cause either chancroid or syphilis, but always gonorrhœa, and nothing else. The authority of Hunter and others was, however, so great that the doctrine of identity substantially was unshaken until 1838, when Ricord[19] published his experiments regarding this subject, containing such a number of cases of inoculations of gonorrhœal pus on healthy persons, without the result of chancre or syphilis in a single instance, that the most skeptical mind was now compelled to drop the doctrine of identity, and to believe that gonorrhœa is a specific disease.

As an idea of the experiments spoken of, we give the following outline: —

---

[12] and [13] Italian physicians. The latter wrote, in 1506, a work about syphilis.

[14] Gabriel Fallopius, 1523–1563, a distinguished Italian physician, discoverer of the Fallopian tubes, etc.

[15] F. Balfour: Dissertatio de Gonorrhœa Venerea. Edinburgh, 1767.

[16] J. C. Tode: Kenntniss und Heilung des Trippers. Dritte Auflage, Copenhagen, 1793.

[17] John Hunter, 1728–1793: The Venereal Disease. London, 1767.

[18] Benj. Bell: On Gonorrhœa Virulenta and Venereal Disease. London, 1793.

[19] Ph. Ricord: Traité Pract. des Malad. Vénré. Paris, 1838.

J. Hunter took pus from the urethra of a man apparently affected with gonorrhœa, and inoculated this in the glans penis and prepuce of a healthy person. In both places ulcers were formed, besides a bubo in the right groin, and months later there came ulcers on the tonsils, and still later roseola on the skin ; in short, a complete manifestation of constitutional syphilis, which, as if to leave no doubt of its nature, disappeared after the use of *Mercury*. From this evidence, Hunter drew the conclusion that gonorrhœa and syphilis were identical, or due to one kind of poison. Now that the incorrectness of this supposition has been fully settled, the result from Hunter's experiment must be ascribed to the existence inside of the urethra of a syphilitic chancre. Later experiments have fully established the correctness of this view.

In B. Bell's experiments, two healthy young men were scarified with the lancet on the skin of the glans penis and prepuce, and lint saturated with gonorrhœal discharge for forty-eight hours was applied to the wounds. In one case there set in a balanitis, which lasted several days, and was of a very offensive character ; in the other some pus had entered into the urethra, and a gonorrhœa was the sequence. Bell made a number of other experiments in similar or different ways ; but in not one single instance did there result a chancre, syphilis, or any other constitutional affection. Gonorrhœa and nothing else followed.

In his work on syphilis, Ph. Ricord, 1838, published a series of experiments containing six hundred and sixty-seven cases of inoculations with gonorrhœal discharge taken either from the urethra, vulva, vagina, or fossa coronæ glandis. The inoculations were performed on healthy skin, mostly on the inside of the thigh, in persons both without and with gonorrhœa, but otherwise in perfect health. When there had been ulcers on the surface from which the matter inoculated had been taken, in some cases ulcers resulted from the inoculation, but in all other cases the result was negative ; which will be understood by those who know that gonorrhœa affects only the mucous membrane and not the skin. It must be mentioned that Ricord was the first who used the speculum in order to diagnose a pure gonorrhœal discharge free from the secretions of chancroidal or syphilitic ulcers, which made his experiments more reliable. After such evidence the world was bound to accept the doctrine that there are at least two kinds of venereal disease ; it was left to the future to prove that there are more than two.

We have already observed that in the Middle Ages, and we may say from the time that syphilis made its great entrance into Europe, at the end of the fifteenth century,[20] the atten-

[2] *Vide* Hereditary Syphilis: A monograph by H. C. Jessen.

tion of physicians was directed to the fact that the ulcers in venereal affections were of great ovariety in appearance, malignancy, etc.; and it was known, to, that some ulcers or lesions were characterized by a peculiar hardness. This was noticed, among others, by Lopez,[21] De Vigo,[22] and Maynardus; but Fallopius[23] especially speaks very decidedly of such a condition, and denominates ulcers of this kind "callosities of the pudenda," considering them manifestations of morbus Gallicus (the malignant kind of venereal disease).

It was, however, J. Hunter who, by a concise description and a correct diagnosis between these ulcers, gave us the theory of the soft and the hard (or indurated) chancre, which latter after him has been called the Hunterian chancre; and his great authority was the principal reason that this distinction was so rapidly adopted by the medical profession. According to his theory there is only one kind of poison, but this manifests itself under three forms; namely, as gonorrhœa, as soft and as hard chancre, the latter being the first manifestation of constitutional syphilis. Any one of these forms may result from a single infection, but which of them will follow depends upon accidental circumstances; for example, upon the intensity of the poison, the location of the infected spot, etc., but chiefly upon the constitutional condition of the infected individual. This theory was published in a work by Hunter on venereal diseases, and it was the ruling theory for many years.

In the first period of his practice, Ricord was a decided adherent of the Hunterian doctrine. He developed it further, and with numerous experiments he proved its correctness in general; but he also gave the first push that shook it. He found out that the soft chancre was auto-inoculable to almost an unlimited extent, but the hard chancre not auto-inoculable at all; and from these evidences he drew the conclusion that the soft chancre was the primary effect from syphilis, representing its time of incubation, but that when this period had terminated the chancre became indurated, and as now the body was saturated with the poison, inoculation gave negative results. Ricord at this time was a strong adherent of the unity of poison for both kinds of diseases; the different results he principally ascribed to constitutional conditions. "The seed-corn of syphilis (*la grain syphilitique*)," he says, "is but one; but the bottom is different."

But notwithstanding Ricord's great authority, his theories could not stand the attacks of criticism, based upon fact and

[21] Francisco Lopez de Villalobus, a Spanish physician, wrote about syphilis in 1498.

[22] Juan de Vigo, a Spanish physician, wrote about syphilis in 1503.

[23] Fallopius speaks so decidedly about the induration, that the indurated chancre could as well be termed the "Fallopian" as the "Hunterian" chancre.

observation, which were raised against them. One by one they were disproved, and almost the only one that kept its position was this: that the soft chancre, or the more correctly termed chancroid, is inoculable upon the bearer, while the indurated chancre is not

Now the next step of progress was to accept the theory of two kinds of poison in regard to chancre. In 1852, Basserau[24] published a work on syphilis: and in this, as the result of numerous experiments, on account of the impossibility of finding an explanation of the most common symptoms of syphilis according to the theory of unity, and from many other reasons, he drew the conclusion that the soft and hard chancres were entirely different affections; that the one did not substitute or change into the other; and that they were due to special kinds of poisons, the one of which gave rise to a local ulcer and nothing more, while the other was the precursor of constitutional syphilis with all its miseries.

These are the principal points of the doctrine which has been termed duality, as it was presented by Basserau, and later adopted and advocated by Le Clerc.[25] It was at first opposed by many, among them Ricord; but in 1858 he adopted it:[26] and when this great syphilodologist, with all the power of eloquence and authority at his service, advocated the theory, it made so great a progress that F. von Niemeyer[27] says, "The doctrine of duality was adopted with a surprising rapidity by almost every distinguished syphilodologist, even by those who at first were its most zealous opposers, — a fact almost without counterpart in the history of medicine."

A SLIGHT GYNÆCOLOGICAL MISTAKE.

BY J. HEDENBERG, M. D., MEDFORD, MASS.

On reading a London letter to the Louisville "Medical News," copied into the "Boston Medical and Surgical Journal" for Dec. 23, 1880, I was reminded of a bit of experience in the "lacerated cervix" business, which recently came under my observation, and which strongly impressed me at that time that the business of repairing lacerations might *at times* be overdone.

The part of the letter referring to the treatment of the cervix

---

[24] Leon Basserau, a pupil of Ricord. Traité des Affections de la Peau, Symptomatiques de le Syphilis. Paris, 1852.

[25] F. L. Le Clerc: Du Chancroide Syphilitique. Paris, 1854.

[26] P. Ricord: Letters sur la Syphilis. Paris, 1858.

[27] Felix von Niemeyer: Lehrbuch der Speciellen Pathologie und Therapie. Berlin 1871.

uteri is so good that I propose to give first an extract from the letter, and then the experience alluded to.

"Subsequently, Dr. Montrose Pallen, of New York, read a paper on the Ætiology and Treatment of Lacerations of the Cervix Uteri, from which it seemed to follow that about twenty-five patients out of every hundred (two hundred out of nine hundred gynæcological patients seen in six years in a New York clinic) suffered from laceration of the cervix uteri, which either interfered with the generative functions or produced more or less disease. These lacerations required to be sewn up, sometimes to be pared; but the right thing was to look for them after labor, and within a few days after labor to take the poor woman and sew up these unhappy lacerations. Dr. Marion Sims quite approved of this, but seemed rather doubtful whether it might not be possible to have too much of a good thing, and whether some "unnecessary" sewing up were not practised at this moment in New York. He intimated, indeed, that he thought it was. This episode has created some alarm in the minds of the uninitiated who are not gynæcologists. When Dr. Sims was first here he demonstrated, to the satisfaction of a great many people, and indeed seemed almost to have established it as a canon in practice, that a great number of women are suffering from complaints which require that the cervix uteri shall be lacerated to the extent of complete division; and we were under the impression that according to the well-established experience of Marion Sims and his school, about twenty to twenty-five per cent of the gynæcological patients are required to have the cervix uteri divided in order to be restored to health. But if now we find that at least as many are suffering from complaints which require that cracks, cuts, and fissures of the cervix shall be shut up, it seems as if the greater part of the energies of that most fearfully numerous, highly intelligent, and active class of practitioners who, either as specialists or as family doctors, have a claim to the title of gynæcologists, will in future be divided between splitting up the cervices of those women who yet possess them entire, or uniting with horsehair or silver wire those which are by nature cracked or fissured. The general moral would then be open to deduction that in respect to the uterus whatever is is wrong, and whatever is not ought to be brought about. Between the mechanists, the vitalists, the incisors, and the sutors of the womb, that long-suffering organ is likely to have anything but a quiet time; and it is perhaps hardly surprising that men like Henry Bennett, who are largely responsible for the introduction of this alarming instrument of precision, should, at the close of a long and honorable career, adopt a conservative attitude, urging some of his enthusiastic young friends to display less zeal and try a little more cool observation."

Mrs. —— having a very difficult first labor, the attending physician, Dr. Libby, of Arlington, sent for me in consultation. The forceps was applied, and a living child delivered, the mother making a rapid recovery. Ten months subsequently she felt ill, and acting under the advice of her nurse, consulted a practitioner in Cambridge, whose specialty is gynæcology. He heard her story of a first pregnancy, a severe labor, and instrumental delivery, and thought, of course, of a laceration of the cervix, which on examination he found. Here was the trouble, he was certain: "She must have had a fearful labor, but if she had hopes of a further increase in her family she would undoubtedly be disappointed, as it was almost if not quite impossible that she should again become pregnant with the then existing state of the cervix." He proposed to restore it to its normal condition, made some topical application, and appointed a time to etherize her and put in a few sutures.

After this visit to the specialist she called upon her family physician (Dr. Libby), and told him of what she had done and what was being done to her. He asked her a few questions, and gave it as his opinion that she was *then* some three months pregnant. "Oh, no! this could not be: would not Dr. —— have found it out when he had examined her so carefully?" The family physician advised delay and against any treatment, as in his opinion likely to produce a miscarriage, and she finally consented to follow his advice. In a few weeks she called again to say she had *quickened*, which proved his opinion as to the date of pregnancy correct. To cut it short, she was again delivered at full term (just sixteen months after her first labor), with forceps, of a living child, and was truly thankful she had not been made to abort by the operative procedures of the gynæcologist. As I see in my copy of the new edition of "Venereal Diseases, by Bumstead and Taylor," that the author gives at page 447 an account of a mistake in the diagnosis of syphilis, (I wonder if this was the only one he ever saw?) which he informs his readers was made by a "homœopath," I suppose I should add that the gynæcologist is an "allopath," whose card appears regularly in the "Boston Medical and Surgical Journal."

THE DEMAND FOR A HOMŒOPATHIC HOSPITAL FOR THE INSANE IN MASSACHUSETTS.

BY SAMUEL WORCESTER, M. D., SALEM, MASS.

DURING the past few years the various questions concerning the management of the insane and their needs have gradually ceased to be considered the exclusive property of the close cor-

poration styled the Association of Superintendents of American Hospitals for the Insane, and are receiving much and increasing attention from the profession at large and the general public. More and more it is the case that insanity is regarded — not as some mysterious disease, a knowledge of the proper treatment of which has been intrusted to a favored few, and transmitted by a kind of apostolic succession, but — as a disease of the nervous system, *a disease of the brain*, and only a disease of the mind in the sense that the mental manifestations are disturbed or destroyed as a result of the diseased condition of its instrument, the human brain.

In June, 1873, at the time that the Danvers Hospital was decided upon, I endeavored to show in the pages of THE NEW ENGLAND MEDICAL GAZETTE the need there was for a hospital for the insane to be under homœopathic management. Again in April, 1874, at the annual meeting of the Massachusetts Homœopathic Medical Society, an appeal for the establishment of a homœopathic insane asylum was read by the secretary and referred to a special committee, who reported later that the time had not yet come for such an effort to be successful. The appeal was again renewed in a paper upon the "Care of the Insane," read before the Medical Society in April, 1879, and at the close of that paper the following words were used: "There has been such a discussion of the subject that the public are ready to overthrow the existing system, if any one will show or promise anything better. We can do this: a change must come, and the insane will be cared for in a more humane and rational way than ever before. Shall we lead on the movement and at the same time offer our better way of healing, or shall we sit idly by and see the golden opportunity pass from us?"

Two evidences of this increased popular interest will now be spoken of. The first is that of the establishment of a national association for the protection of the insane and the prevention of insanity. This association had its immediate origin in the general discussion concerning the management of hospitals, and the hearing before the legislative committee in the winter of 1878–79, allusion to which was made above; and it has among its members many prominent physicians and laymen. Its whole animus is opposed to the present system of asylum management, and consequently it meets with but little favor among asylum superintendents. The association at present is endeavoring to induce medical colleges, professional journals, and asylum authorities to diffuse among physicians a better knowledge of psychiatry, and also to secure in the great hospitals better facilities for physicians desirous of studying insanity; to obtain facts and statistics relating to the methods and use of restraint; and the use of labor in the hospitals for the insane in this country.

The fruits of this movement, and the influence of the association, may be very clearly seen in the inaugural message of his Excellency Gov. John D. Long, delivered at the opening of the Legislature on Jan. 6, 1881; and I shall quote fully from that portion of the message which is devoted to the insane, for my views accord fully with his, and are what I have advocated for years.

He says: "The increase in the number of the insane in the asylums is not believed to be due to an increase of insanity among our people, but rather to an accumulation of persons mentally affected, resulting in part from the very abundance of accommodation for them More room for them must soon be made. I trust that both as a matter of treatment and economy, some other plan will be adopted than that of erecting another costly hospital like the last. It is desirable that there should be a more intelligent classification of the insane, instead of herding them all together." After making suggestions as to this classification, he advises at a suitable time making separate provision for insane criminals in some one of the county buildings, and also providing specially for insane epileptics, whose presence constantly serves as a source of annoyance and injury to other patients. "Contrary to what was the prevailing opinion twenty-five years ago, it is now coming to be agreed by the best experts that the recent and presumably curable insane should not be crowded together with the chronic and incurable in great hospitals, where the very air seems charged with the hopelessness of a madhouse. Connected with this change of opinion is the suggestion lately made to me, that if it shall come to the erection of new buildings, these should be small hospitals, where the curable should have every available appliance for their recovery; while, for the incurables, buildings such as I have already referred to, constructed at no great expense, would be found sufficient to meet any exigency for some years to come."

It seems probable, from the above words of the governor, that it will be the policy of the State, first to relieve the crowded condition of the hospitals by making separate provision for the insane epileptics and insane criminals; but only a few years at the most can elapse before the asylums will again be full. When that time comes, smaller hospitals will be built, and so located in the different parts of the State that they can be reached without much expense to the patients or their friends.

The present system of asylum management and the treatment of the insane is erroneous, and within the next ten years will undergo an entire revolution. Our large asylums are manufactories of chronic and incurable insanity; and the laws of humanity and of love to the neighbor are by no means constantly kept in mind in dealing with the inmates. From a somewhat extensive

knowledge of the various hospitals in the country, I am forced to say that in but few is the treatment (other than medical) such as I would be willing to intrust a friend of mine to. These may seem sweeping and harsh statements, but they are true. It is not my purpose here to enter upon the evils of the hospitals in this State, except to say that they are due in a great measure to the number of patients under the supervision of one man. In many hospitals the superintendent would hardly know half his patients by sight.

Thus far the medical management of all the public institutions in this State, including those for the insane, has been exclusively in the hands of the dominant school of medicine; but it seems as if the friends of homœopathy were now strong enough to gain control of at least one of the existing asylums, and a fair share of those to be organized in the future.

If the State of Massachusetts were to place all the ecclesiastical offices within its gift at the disposal of any one of the religious denominations, were to tax the citizens to pay their salaries, and were to compel all its wards requiring the offices of religion to submit themselves to the ministrations of such ecclesiastics, would not a storm of indignant protest at once spring up from one end of the State to the other, and such action be denounced as unconstitutional? The principle is the same in medical affairs. A large minority of the tax-payers in this Commonwealth are firm believers in homœopathy as the best if not the only law of cure; and while experience teaches them to intrust to it the health and lives of themselves and family, it also teaches them to dread and recoil from the dosing and drugging of allopathy. These same homœopathists are heavily taxed to build and support the various asylums founded by the State in accordance with its policy that no one of its citizens, whether rich or poor, shall be denied the benefits of protection, care, and medical treatment when required by reason of insanity. It is a well-known fact that many if not most of the cases of acute insanity cannot possibly be cared for at home, and removal to a hospital becomes a matter of necessity and not of choice; hence admission to such institutions is made as easy as is compatible with personal liberty. This being the case, it would be supposed to be only right and just that in a State hospital supported by general taxation, all due regard should be paid to individual scruples and opinions. If a patient in any State hospital desires to receive treatment from a homœopathic physician, he has the same legal, constitutional, and just right to demand and receive it, that the Protestant and Catholic has to demand and receive comfort and assistance from the minister in whom he believes and trusts; a privilege not denied to the most debased criminals. If the State

undertakes to provide care and treatment for all her citizens needing the same, and pays for them by taxation upon all, it ought not to be permitted to escape the implied obligation that it assumes, viz., to furnish satisfactory and proper treatment. It is no answer to reply that treatment is furnished satisfactory to a majority of the people; the minority have rights as well as the majority, and the Legislature has no more right to establish a State medicine than a State religion. By the "Bill of Rights" every citizen of Massachusetts is guaranteed freedom of conscience, and this includes the welfare of the body as well as the soul.

It is doubtless true that as hospitals for the insane are now organized and administered, it would produce more or less clashing and discord were an attempt made to introduce homœopathy side by side with allopathy in the same asylum; for to a great extent the medical superintendent is an absolute dictator, and he would not willingly brook interference. In the future, when the insane are cared for in special but *open* hospitals, such mingling of the two schools may be feasible; but not yet. At present our policy should be to demand the establishment of separate hospitals by the State, sufficient to accommodate all those desiring to be cared for homœopathically.

Turning now to the statistics of insanity, I shall rely upon the latest published report of the Board of Health, Lunacy, and Charity, January, 1880. "The returns show that there were on the 1st of October, 1878, about 2,830 insane persons in the twelve or fourteen hospitals and asylums, public and private. During the year, 1,297 admissions (including 1,000 different persons) to these establishments took place; 282 patients were discharged recovered, and 253 died: but at the end of the year (Oct. 1, 1879) 3,017 patients remained." Including now the number of the insane in the workhouse at Bridgewater, the almshouses, prisons, etc., we have the number supported by the State as 3,335 at the beginning of the year, and 3,562 at the close, Oct. 1, 1819. "At this rate there is an addition to the number of the insane persons supported at the public expense of 227 in a single year; and as the insane who do not come under notice also increase somewhat, we may safely assume the present addition to our insane population at 20 a month, or 240 in a year.

Let us now see what becomes of all these insane. What hope has allopathy and the present system to give us? Again we take their own figures. "In the five years just elapsed [up to Oct. 1, 1879] there have been reported, in the Massachusetts hospitals and asylums, something more than 5,200 discharges, other than transfers; of these, 1,373 were deaths, 1,365 persons recovered or not insane, while 2,531 unquestionably insane persons were

discharged, improved or not improved. These figures indicate what has long been the fact, — that the great majority of those discharged from our hospitals and asylums, otherwise than by death, go forth insane. Even of those 'recovered,' a large number return again and again to the hospitals, so that the *permanent recoveries* cannot well be estimated at more than *one fifth* of all who are discharged, *including the deaths* Thus, of the 5,200 actual discharges above mentioned, not more than 1,050 can have been permanent recoveries.

"Among the 559 patients at Taunton, on the 1st of October, the superintendent reckoned only 83, or about one in seven, as possibly curable; at the Worcester Hospital, with 860 patients in both its departments, less than forty were reckoned curable, — not quite one in twenty-one. At the Danvers Hospital, with 533 patients, but little more than fifty, or one in ten, could be classed as probably curable; and among the whole 3,017 patients in the fourteen hospitals and asylums, it would be a large estimate which would rank 300 of them as curable. Of the 1,000 patients admitted to all the hospitals in the course of a year, perhaps half may be primarily classed as curable or doubtful cases; so that nearly all the recoveries of the year must practically be found among 800 of the patients, — less than one fourth of all those under treatment."

Let us now look at the statistics of the costly hospital at Danvers, and compare them with those of the State Homœopathic Asylum at Middletown, N. Y. The hospital at Danvers was built and furnished regardless of expense; it covers much ground, is carried on at great cost, received during the year more admissions than all the other State hospitals, and reports almost as many recoveries as all of them, owing to the admission of a greater number of recent cases. "It began the year with 222 patients; has had a total of 846, reports 63 deaths and 115 recoveries, and closed the year with 533 patients. The death-rate at Danvers is larger than at any other hospital, and this may be ascribed to the greater number of recent and acute cases under treatment." We see, then, that the best results given under favorable circumstances by allopathic treatment at the Danvers Asylum are, — percentage of *recoveries* on whole number discharged, nearly 37 per cent; and the *death-rate* on the whole number treated, nearly 7½ per cent.*

A letter received from Dr. S. H. Talcott, superintendent of the Homœopathic Asylum at Middletown, N. Y., under date of

* From report printed January, 1880. I have not yet seen the report issued January, 1881, so can say nothing about the percentage of recoveries during the past year; but a newspaper quotation gives the number of deaths as 89. If these figures are correct, the mortality must have been about 10 per cent of the number treated.

Jan. 6, 1881, says: "At this asylum (during the past year), the percentage of recoveries on the whole number discharged was $46\frac{56}{100}$; all *bona fide* recoveries, and not cases of recurrent mania, which will recover themselves. The death-rate on the whole number treated was $4\frac{18}{100}$ per cent, which is certainly a very low rate for an asylum where all classes of acute and critical cases are received." The hospital began the year with 164 patients; has had a total of 311; reports 13 deaths, 61 discharged recovered, 24 improved and 33 unimproved, and closes the year with 180 patients.

At Middletown they have had to crowd their patients and neglect proper classification, to a great extent, as one pavilion is yet unfinished; the medical officers had also to explore an almost untrodden path in searching out and applying the proper homœopathic remedy and dose to such cases of insanity as require hospital treatment. To those who are acquainted with the usual allopathic treatment and have had much to do with the insane, it may be a source of surprise to know that narcotics and sedatives, morphine, bromide of potassium, chloral, and the like, have never been used at Middletown. As, however, the medical officers become more familiar with the homœopathic materia medica in its relations to insanity, we may expect even better results than now.

The mean average of recoveries and deaths in the State asylums in New England for the ten years ending in 1876 was: percentage of recoveries, 32.14; of deaths, 10.25.

It has been shown that it is right and just to demand the introduction of homœopathy into our asylums for the insane, and also that such a change would be followed by beneficial results; but the demand will not be complied with until the profession are determined and in earnest. For three months the Danvers Hospital has been without a superintendent.* The board of trustees were requested to appoint a homœopathist, and resolutions to that effect were forwarded from the Essex County Homœopathic Medical Society, but thus far without result.

We should demand that one of the hospitals should be placed under our care, or that one should be built. If the latter, we should ask for no costly prison, but for a hospital. Such a hospital should be capable of accommodating from one hundred to one hundred and fifty cases, and contain all the needed administrative officers, and should be surrounded by at least two hundred acres of land. Scattered about at convenient distances on the grounds should be cottages, each accommodating perhaps a dozen or more patients and their attendants. The whole institu-

* As we go to press, we learn that at length Dr. C. F. Folsom, an allopath, has been appointed superintendent. — Ed.

tion ought not to receive more than two hundred and fifty patients. The acute cases would be received and treated in the hospital, and as convalescence sets in, could be transferred to the greater freedom of the cottage, which would also serve as a plaee of preparation for again going out into the world. The medical staff should consist of superintendent and his assistants of both sexes, together with house pupils, as in ordinary hospitals There should also be a board of consulting physicians, who would make regular visits. Such a hospital, well organized and administered and placed under homœopathic management, would prove a blessing to the insane.

It is in the power of the homœopathic profession in this State to have such a hospital built, and it will be done when they unite in demanding it of the Legislature.

WITH ONE MORBIFIC CAUSE, WHY MANY REMEDIES?

BY W. J. HAWKES, M. D., CHICAGO.

UNDER the above heading, Dr. J. P. Dake, in the December number of the GAZETTE, in trying to take a step forward, takes two backward. Like the boy who thus excused himself for being late at school, he should turn about, and go the other way.

Nothing that has appeared over the signature of a prominent homœopathic physician has given me more surprise than this article of Dr. Dake's on the subject of "specifics." The chief fault of homœopathic physicians has been that they have given way too readily to a natural aversion to work, and have studied too little. The effect this article will have in this direction will be to justify laziness.

Utopian day! when, our *materia medica* sold to the ragman, we can cheerily step up to the bedsides of our patients, and say to them one after another, in this wise: Scarlet fever, *Belladonna;* typhoid fever, *Rhus;* pneumonia, *Phosphorus;* amenorrhœa, *Pulsatilla;* intermittent fever, *Natrum muriaticum;* hysteria, *Ignatia;* rachitis, *Braces;* scrofula, hydra-headed — what? lunacy, its *specific,* — and so on through the list. In that happy time we shall all have leisure to disprove facts with the microscope, and progress (?) backward by seeking truth with negative evidence, while abundance of that which is positive lies all about us.

Dr. Dake says: "If a morbific agency, a single factor, impressing a certain tissue of the human body, gives rise to an almost uniform series of symptoms in thousands of cases, not in one country alone, nor amongst the people of a single race, but in all countries and among all races of men, there is no valid reason

why a medicinal agent, a single curative factor, may not remove the whole series of symptoms so singly and distinctly developed."

He says, "There is no valid reason," etc., but gives neither fact nor illustration in support of the assertion. *Per contra*, I presume to say there is a "*valid reason*," etc.; and the best evidence in support of my assertion is, that "a single curative factor" *does not* remove all evidences of a certain disease from all individuals. While that one fact stands on my side, it is sufficient against all assertions or theories not thus supported.

Again he says, "Individual peculiarities and differences weigh against the specific remedy no more than against the specific morbific cause." If this means anything, it means that the same cause will always produce the same results and phenomena in all individuals. Is argument needed to show that this is not supported by facts?

As well might we say that the symptoms of the rich earth, under the influence of moisture and sunlight and sun warmth, shall all be grass or corn or weeds or flowers. As well might we say that the effects produced on a gentle lady and a murderous savage by the sight of a warmly dripping and bloody scalp shall be in both joyous. If this were so, then would the cause of scarlatina always produce in all individuals a smooth, shining red surface, suppression of urine, death.

And again: "If variations in medicinal effects occur in persons of different temperaments and habits, so they are found to occur in morbific effects in the same persons." If this sentence is to be interpreted according to its rhetorical construction, it ought to stand as it is.

The doctor gives us a few samples of the "specifics" he has already found. It is hardly conceivable that Dr. J. P. Dake wrote that article in good faith. I am in doubt even now as to whether or not I am criticising in sad earnest a clever satire or a *bona fide* proposition.

The first-mentioned specific is *Mercury* for syphilis. Homœopathy as the "science of therapeutics" teaches the treatment of disease, — or more properly, evidences of derangement of function, induced by unphysiological living; in other words, diseased conditions from natural causes. It does not include in its especial field antidotes for poisons. Therefore we must not confound these two in discussing "specifics," or anything else. But syphilis is an animal poison, and a patient suffering from it must be treated as should be a patient suffering from poisoning by any other animal virus. The proper treatment, then, would be common-sense applied to chemistry and mechanics, with a view to antidoting or removing the cause. Remove the cause and clear the system of poison, and the "sci-

ence of therapeutics" will find the proper field for its power in correcting any remaining derangement of function. Whiskey in massive doses is said to be a specific in snake bites, because it antidotes — neutralizes — the animal poison. *Mercury* may do as well for the syphilitic. I neither deny nor affirm. The question is as to specifics in therapeutics.

Cinchona bark in intermittent fever is the doctor's next "specific." The assumption that here the same cause virtually or actually produces in all individuals exposed to its influence the same symptoms is, by the facts, proved to be wholly unwarranted. So also is that which claims that *Cinchona bark cures*, according to the law of "Similia," more cases of intermittent fever than all other agents.

Tom, Dick, and Harry are exposed to the influences which cause the phenomena of intermittent fever: they are eating the same food, breathing the same air, drinking the same water, engaged in the same labor; they are, in short, all alike subject to the same external influences. Tom is attacked with ague; he has a chill every day, with a feeling as if his bones were breaking, as his most prominent symptoms. Dick is also attacked with ague. He has a severe chill every second day, with a most terrific headache, as *his* prominent symptoms. His chill comes on in the morning, the other's in the evening. Harry is more fortunate: he escapes "scot-free." He has no ague. Why is this? Why should there be such a difference between the symptoms of the two attacked? and why does the third escape without any?

Dr. Dake will not deny that the true reason is to be found in the physiological or pathological individualities of the persons exposed. One is in such a state of unhealth as to have, under the influence of the miasm, a chill every day, and break-bone pains; another is in such a condition as to have a significantly different set of symptoms; and the third is in such a state of health as to be totally unaffected by the morbific influence. One, from the unphysiological living of himself or his progenitors in the past, has prepared a congenial soil for the seed; the second, from a similar cause, a less favorable bed; the third, having escaped the one or avoided the other predisposing cause, has no suitable soil for the seed to take root, and he consequently does not feel the influence.

Perfectly healthy individuals do not have intermittent fever. It is not marsh miasm, nor is it the intermittent fever, that curative medicines act upon. It is upon the individual unhealthy condition of each patient, — his disease tendency, so to speak, — which affords congenial soil in which the miasmatic influence may take root, and whose presence and peculiarities are thereby

made manifest. Remove these by the indicated remedy, the specific for that patient, and the intermittent fever will disappear.

That *Cinchona bark* has *cured* more cases of ague than all other substances, I unhesitatingly and emphatically deny, and do so with a confidence inspired by five hundred facts to sustain me. That this drug has in one form or another been more often given to those suffering from marsh miasm, and that the peculiar symptoms of that "disease" have been thereby more often suppressed, modified, or changed into other and worse forms of expression, I am ready to admit. All the evidence on the side of the universal efficacy of *Cinchona* in curing intermittent fever comes from the allopathic school, or their timid imitators in other schools. All the evidence of the efficacy of the properly selected homœopathic remedy comes from those who have confidence in their materia medica, — all of it, not a part, — and in the universality of their law. If there is one truth in medicine that I *know*, and have reason to know, it is the varied and wonderful efficacy of homœopathic remedies in intermittent fever. It has always been the bane of homœopathy. It should be, and is when properly studied, its crown.

In Asiatic cholera, "*Camphor* supplemented by *Cuprum* and *Veratrum album*" (why leave out *Arsenicum?*) "is the specific!" Why need supplements? A specific ceases to be such when other remedies are needed.

Belladonna "specific" for scarlatina! "Other homœopathic remedies are sometimes employed in scarlet fever, but they are subordinate or secondary in importance!" This from J. P. Dake, M. D., in the year of our Lord 1880! *Aconite, Ailanthus, Apis, Arum Triphyllum, Bryonia, Lachesis, Rhus Tox.*, "subordinate remedies" in scarlet fever! Either *Apis, Lachesis*, or *Rhus Tox.* is more often indicated in severe cases of scarlet fever in my practice than is *Belladonna.*

The common symptoms produced by a drug or a disease, in every person experimented upon or attacked, are of but little value as guides in selecting the remedy. Every patient has these. The valuable symptoms are those which are peculiar to the drug or the patient; and those in the patient depend on his individuality. They are not, strictly speaking, symptoms of the disease; they are evidences of previous ill-health, and are developed by the disease. And remedies aimed at and hitting these will the most effectually remove the disease or keep it under control.

It is a significant fact that those in our profession who have been in the past and are in the present best posted in the materia medica, those who have given us the greatest number and

most reliable symptoms, have the least to say in favor of "specifics" and extra-homœopathic expedients, and the most to say in favor of the simple remedy — selected according to the law — and the minimum dose. I am sorry not to find Dr. Dake among them.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HERBERT A. CHASE, M. D., REC. SEC.

The semi-annual meeting of the society was held in Union Hall, Boylston Street, Boston, Wednesday, Oct. 13, 1880.

MORNING SESSION. — The society was called to order at 10.30 A. M., by the president, W. H. Lougee, M. D., of Lawrence.

The records of the annual meeting were read and approved; also the records of the April and July meetings of the executive committee.

The following physicians were elected to membership: —

J. E. Blaisdell, A. M., M. D., Chelsea; Frank B. Clock, M. D., Boston; Harriet H. Cobb, M. D., Cambridgeport; John L. Coffin, M. D., West Medford; Jane K. Culver, M. D., Boston; Frank S. Davis, M. D., Quincy; Edgar E. Dean, M. D., Brockton; Frank A. Hale, M. D., Newburyport; Mary B. Harris, M. D., Andover; Stephen W. Hopkins, M. D., Lynn; Robert L. Lane, M. D., Somerville; Freeland D. Leslie, M. D., Canton; Horace Packard, M. D., Boston; Charlotte E. Page, M. D., Lowell; Lou B. Parkhurst, M. D., Northampton; N. R. Perkins, M. D., Winchendon; George Porter, M. D., Webster; W. E. Richards, M. D., Boston; F. D. Stackpole, M. D., Boston; John P. Sutherland, M. D., Concord; David W. Van der Burgh, M. D, Fall River; Chas. L. Woods, M. D., Lowell.

The Committee on Materia Medica furnished some interesting papers. Dr. Smith, of Melrose, chairman of the committee, gave an account of provings made with the gall of the rattlesnake. From an analysis of these provings, Dr. Smith concludes that the substance affects the circulatory system, the heart especially, and also the spine, where it produces congestion, gradually leading to paralysis. The drug had been used with success in several cases of malignant diphtheria. Dr. Smith thinks that the symptoms are similar to those of *Lachesis*, except that they are right instead of left sided. The doctor will continue his investigations and report at some future meeting of the society.

Dr. Rand, of Monson, read an interesting paper on "Poisoning with *Tartar emetic*," giving a careful report of seven cases.

On motion of Dr. French, of Lawrence, each bureau was lim-

ited to thirty minutes for presenting its reports, unless the time should be extended by a unanimous vote.

The following papers were presented by the Bureau of Surgery: "Suppuration of Mastoid Cells," by J. H. Carmichael, M. D., of Worcester; "Necrosis, with Calcification of the Arteries, and Abscess of the Dura Mater," by J. K. Warren, M. D., of Palmer; "Malignant Tumor of Breast," by W. L Jackson, M. D., of Boston (section shown under the microscope); "Lumbo-Colotomy," by Jas. Utley, M. D., of Newton.

E. Hasbrouck, M. D., of Brooklyn, N. Y., vice-president of the New York State Society, was present as delegate from that body. He extended a cordial greeting to the Massachusetts society from the brethren in New York.

Leila S. Bedell, M. D., of Chicago, was present as delegate from the Illinois State Society, but did not arrive in time to receive a formal introduction to the society.

At 1.30 P. M., the society adjourned for lunch.

AFTERNOON SESSION. — Society was called to order at 2.20 P. M., by the president.

There was no oration, as both orator and substitute orator had declined to serve.

On motion of Dr. A. J. French, the Committee of Arrangements was authorized to procure the Meionian for the annual meeting in April, 1881, with a view to making a permanent arrangement, if the acoustic properties should prove satisfactory.

On motion of Dr. H. C. Clapp, Dr. Thos. A. Capen, of Fall River, was reinstated as a member of the society.

The following papers were presented by the Bureau of Ophthalmology and Otology: "Otorrhœa of Childhood," by John H. Payne, M. D., of Boston; "Foreign Bodies in the Ear," by F. W. Payne, M. D., of Boston Discussion was participated in by Drs. F. W. Payne, Chamberlain, and Woodvine.

The following papers were presented by the Bureau of Zymotic Diseases: "Malarious Poison, or Noxious Exhalations," by A. J. French, M. D., of Lawrence; "Cases of Diphtheria," by D. G. Woodvine, M. D., of Boston (part only was read, from lack of time).

Discussion was participated in by Drs. E. P. Scales, Bennett, and Sherman.

The following papers were presented by the Bureau of Gynæcology: "Influence of Uterine Disease on the General Health," by H K. Bennett, M. D., of Fitchburg; "Membranous Dysmenorrhœa," by L. A. Phillips, M. D., of Boston.

Discussion was participated in by Drs. Phillips, French, and Sherman.

The following amendments to the By-Laws were offered: By

Dr. H. L. Chase, "Add to Art. XVII. the words 'Five negative ballots shall reject a candidate';" by Dr. E. U. Jones, "Insert in Art. XXV., after the words 'Every member of the society,' the words 'the Recording Secretary and Treasurer excepted.'"

Referred to Drs. H. L. Chase, E. U. Jones, and H. C. Clapp, as committee.

Dr. Morse, of Salem, reported that the Essex County Society was still alive and flourishing. Dr. E. P. Scales, of Newton, gave a like encouraging report from the Middlesex South Society. One death had occurred during the year, H. H. Cushing, M. D. The other societies made no report.

Adjourned to 4.15 P. M.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY, ANNUAL MEETING.

REPORTED BY HORACE PACKARD, M. D., SECRETARY.

NOT for a long time has such a fully attended and interesting meeting of the society been held as was enjoyed by about sixty of the members on the evening of Jan. 13, at the college building. After the preliminary business of the evening, the secretary gave his annual report, which showed the present membership to be sixty-four, an increase of five over that of last year; the meetings had been rather poorly attended during the year, but there seemed to be a waking up at the last meeting, and three new names were proposed for membership. He closed by tendering his resignation. Dr. De Gersdorff, the retiring president, then read the following interesting address: —

THE PRESIDENT'S ADDRESS.

Friends and Colleagues, Ladies and Gentlemen:

I do not know whether any of you fall in with the modern views on the origin of man and his final destiny. I refer to the theory of those modern scientists who consider us only as a higher sort of animals, armed with a somewhat larger nerve centre than other animals, and capable of future improvement by evolution and the survival of the fittest. Be this as it may, I must confess that I have always considered physicians to be the hardest driven and most suffering domestic animals of the human family: very often overworked, ill-rewarded, when most deserving, rarely sufficiently acknowledged in their endeavors and achievements, most frequently blamed for mishaps over which they have no

control, condemned when least guilty, and at other times receiving praise when innocent of any merit, *which is still more humiliating*. The very fact that the physician is mostly only needed and called upon when man is in trouble, in suffering, in danger, causes him also to be pushed aside and forgotten again by man during the happy days of health. You will say that this is a somewhat dark side of the picture ; but it is true. Therefore the question occurs, What do we practical physicians, during this life of hardship in mind and body, receive for it in exchange? Is the property which occasionally one of us may accumulate (in reality most of us only make a decent living), during and by his professional labor, a sufficient reward? Is the gratitude which we awaken in the hearts of some of our patients enough to make us forget all the slights and cold-shoulders of others, who hardly bestow a thought upon us after having paid us — or not — our fee? Does contact with the multifarious bodily and mental sufferings and weaknesses of mankind act like a pleasant salve upon our weary souls, or is our science, and particularly our applied science — our practice — so constantly successful, our progress in it so encouraging, our future so promising, that we can cheerfully suffer all the hardships of a professional life? I confess for one, that in all this I find no sufficient equivalent for the life spent, the mental worry — even anguish — suffered, the labor and expense by research and experiment incurred, the time, the money, the health sacrificed. And yet there is something, — there is a boon within the reach of each physician in good standing, which may in a measure lighten his life's burdens, cheer his often desponding soul, heal his often wounded heart. It is founded upon our deepest nature, which is both selfish and generous at once, and it consists in the consciousness of the fact that we are not alone in this our pilgrimage, but that we have brethren and sisters in our life's work. In fact, it is the *colleagueship* I wish to refer to, which is akin to professional friendship and brotherhood, which often will reward us by spare moments of happiness for the dreary weeks, months, years of drudgery, and which has to-night brought us here together with the best feelings towards each other, with the sincere wish to bestow praise where it belongs, to express thanks where due, to give mutual promise of support when asked, to compare experiences, and to congratulate upon successes. The sympathy of our brethren with our plans, labors, endeavors, with our successes as well as our failures, is what keeps our hearts alive. I speak from the heart, and my own experience. Why, a pleasant social intercourse of a few hours with a few friendly colleagues will make me forget the drudgery of a week, and the opposition of a host of enemies. This mutual exchange is as necessary to me as an occasional bath to the body.

It is like a bath of the soul, in which all our good faculties are regenerated, which washes off our doubts and apprehensions and cleanses us of false hopes and self-deceptions, and thus gathers the strength, the conviction, and the energy of many men into one.

But besides this natural desire for good-fellowship and brotherhood, which is in us as in all men, we are joined together by another bond which belongs to a higher platform. It is that which binds all men together who strive for a reform of a school or an institution, and who are, like all reformers, as yet in the minority. Such handfuls of men are always led and bound together into a firm and steady friendship as long as they are faithful and hopeful in their proposed reform. Let us hope that we here, assembled homœopathists, shall always consider our school a reform in medicine for the good of the human race, which shall never become a stumbling block against further progress in its turn This society consists mainly of informal meetings of colleagues in friendship and good feeling. We have no great ambition to bring before the world new facts or theories, but we meet to strengthen each other's faith in our good cause of reform in medicine, allowing all latitude of opinion in special cases ; we meet as practical physicians of a large city, who wish to compare their experiences in a profitable and practical way, and as men who occasionally need a friendly, brotherly voice to cheer us in our serious up-hill work of daily practice. To such a meeting I to-night have the pleasure of calling you ; and I welcome you, ladies and gentlemen, and especially those who, coming from kindred circles of colleagues and brethren from neighboring cities and States, favor us with their presence as guests.

Next came the election of officers for the ensuing year, resulting as follows : For president, Dr. M. P. Wheeler ; vice-president, Dr. H. E. Spalding ; treasurer, Dr. H. C. Clapp ; secretary, Dr. Horace Packard ; censors, Dr. C. H. Farnsworth, C. Wesselhoeft, and F. N. Palmer.

OVARIOTOMY.

Dr. Talbot exhibited the specimens and reported two recent cases in which he had performed ovariotomy in the Massachusetts Homœopathic Hospital, and a third case in which for a large fibroid he had removed the uterus and both ovaries.

The first case, Miss J., aged forty-one, entered the Hospital July 26. She first noticed a swelling in the left side about a year ago. In March last, her menses, which had been quite regular up to that time, ceased. The tumor rapidly increased in size,

was hard, firm, knobbed, and immovable, with pain and soreness over the entire surface of the abdomen. She kept about her work till June 6, since which time she has been obliged to remain in bed. By the aspirator, about four ounces of ovarian fluid were withdrawn, requiring the puncture of several cysts. It was diagnosed as multilocular ovarian tumor, with extensive adhesions. The case was not deemed a favorable one for operation, and the patient remained in the hospital two months under treatment, and though made comfortable in many ways, still the tumor increased in size and impeded the various functions. The urine was scanty, bowels rarely moved, appetite wanting, the limbs became swollen and hardly movable, and general strength rapidly diminished. Death was imminent, and at the urgent request of the patient and her friends, the operation was made on Sept. 25, under carbolic-acid spray, and later, antiseptic dressing. On making the incision along the median line from umbilicus to near symphysis pubis, the tumor was found to be quite firmly adherent to the peritoneum in front and on both sides, requiring much force to separate it; also above to the stomach, mesentery, spleen, and posteriorly to the intestines. It was found to be impossible to reduce the size much by puncturing the cysts, and it was found necessary to enlarge the incision to some four inches above the umbilicus. On removing the tumor from the abdominal cavity, the pedicle was found to be about six inches in width. This was secured by the carbolated catgut ligature, and severed by the thermo-cautery. The bowels were carefully restored to their place, and the wound brought together by twelve silver sutures. The tumor weighed something more than twenty pounds, was multilocular, of the endogenous variety, every cyst being lined with innumerable smaller ones, and the contents varying greatly in color and density. The incision healed by first intention, and the patient did remarkably well. The pulse was at its highest on the third day, at 124, and the temperature 101⅘. The urine became free and copious, but heavily laden with phosphates The œdema in limbs rapidly diminished; flatus passed on the third day; the patient was moved to another bed on the eighth day; and the bowels moved on the tenth day. Her appetite improved and her health was fully restored.

The second case, Mrs. M., aged thirty-seven, was admitted Nov. 6, for treatment of an abdominal swelling. Six months previously she had had severe cutting pain in the umbilical region, and her abdomen soon began to enlarge and measured thirty-five inches around the umbilicus. Fluctuation was perceptible, and forty-five ounces of ovarian fluid were drawn off by the aspirator. In the upper part of the swelling in the region of the spleen, a hard tumor was perceptible, quite movable and of the size of a child's

head. Although the pedicle could not be detected, a monocystic ovarian tumor was diagnosed and its removal recommended. The operation was performed on Dec. 23. A linear incision exhibited a tumor of left ovary adherent slightly to the peritoneum of left side. Its contents were easily evacuated, and a pedicle was exhibited about five and one half inches in width. This was secured by carbolized catgut thrust through the centre, divided, and the two ligatures, linked together like a chain, passed around the whole, which was thus doubly secured and reduced to its smallest possible space, not larger than the little finger. The tumor was then separated by the thermo-cautery. The wound healed by first intention, and no untoward symptoms occurred. The pulse was only for a little time above 72 and the temperature did not reach 100. The flatulence which usually follows the operation was relieved, as in the first case, by *carbo veg.* A full evacuation occurred on the twelfth day. The urine was free, but contained successively large quantities of albumen, phosphates, uric and hippuric acids, oxalate of lime, and sugar, but in two weeks became perfectly normal. At the end of three weeks the patient was quite recovered, appetite enormous, and rapidly gaining strength.

The third case will be reported at length in a future number.

The call by the president on Dr. Helmuth, of New York, for remarks, was greated by an enthusiastic round of applause. He continued on the same theme selected by Dr. Talbot, and said: "There is no surgical operation which gives the young surgeon greater conceit than a successful case of ovariotomy, and none that takes it out of him more thoroughly than an unsuccessful one." He thinks the operation should be performed even in unpromising cases, as these frequently make a better recovery than those in which all the conditions seem favorable; that the greater percentage of successes at the present day is due to improved methods of operating, such as the antiseptic spray and dressing, the thermo-cautery, the drainage tube, and frequent washing of the abdominal cavity, and last but not least, the turning of the patient on her side when the fluid is drawn off, thus preventing any possibility of a chance of the contents of the cyst flowing back into the cavity. Out of his last seven cases he has lost but one. In case of rapid sinking of the vital forces during the operation, he finds the injection of a drachm or two of whiskey into the glutei muscles far preferable to administration by mouth or rectum.

Dr. Dowling, also of New York, gave a lengthy and interesting dissertation on valvular disease of the heart; after which Dr. J. B. Bell, of Boston, reported seven cases of ovariotomy, five of which were successful.

Dr. Gallinger, the medical politician from the Granite State, and its surgeon-general, then gave a stirring address, in which he enthusiastically portrayed the advantages derived from medical legislation, and appealed to every member of the society to use all his influence toward obtaining a legislative act regulating the practice of medicine in Massachusetts. He reported a severe case of diphtheria in which he attributed success to the persistent use of two atomizers, thus keeping the air of the room heavily charged with moisture.

At this point in the proceedings, the committee reported supper waiting in the hall below, to which the meeting was at once adjourned. After an hour of sumptuous repast and social conversation, the meeting was again called to order and remarks made by Dr. Von Gottschalck, of Providence, R. I., and Dr. Budlong, of Centredale, R. I., surgeon-general of the military forces of that State, and others.

The exercises of the evening were closed by a humorous poem recited by the poet-physician, Dr. Helmuth, which was received with enthusiastic applause.

The next meeting of the society will be held on Thursday evening, Feb. 10, at which interesting papers on practical subjects will be read. In the future, special effort will be made to have all the meetings of this society worthy of a large attendance.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

REPORTED BY GEO. B. PECK, M. D., SECRETARY.

A QUARTERLY meeting of this society was held at the residence of Dr. Asa W. Brown in Elmwood, — the most charming suburb of Providence, — on Friday afternoon, Oct. 15, at five o'clock. The president, Dr. Sawin, occupied the chair.

Dr. Peck reported his visit to the semi-annual meeting of the Connecticut Society at Hartford, giving abstracts of the more important papers there presented. An animated discussion then ensued on topics relating to Dr. Foote's paper, "Heredity and Opium Cure." Dr. Barnard detailed a case of the latter recently accomplished by himself.

The essay of the evening was by Dr. Charles A. Barnard of Centredale, on "Ulcerative Endocarditis." He gave a complete account of the last sickness of a patient he had just lost from this disease; also an accurate *résumé* of everything known concerning it.

Dr. Geo. D. Wilcox reported that on a recent Saturday he was called to see a gentleman aged eighty-four, who had performed

no labor for several years, and was possessed of a quiet temperament. He found him suffering from a mild gastralgia. On Sunday his tongue was coated, and there was no appetite; on Monday, he was improved, and on Tuesday he was so well he ventured on steak. On Wednesday, while crossing from one room to another, he suddenly placed his right hand on the region of the heart, fell, and instantly expired. He had suffered from severe fainting spells for a year, and several years since Dr. Wilcox treated him for partial paralysis of the lower extremities. The autopsy revealed a pericardium filled with blood and clots, and a rupture in the left ventricle sufficiently large to pass a pencil through. It was occasioned by fatty degeneration.

Dr. Darius Hicks mentioned the case of a gentleman forty-two years of age, who had been troubled for nearly six years with a stinging pain in the region of the left nipple. He recently had suffered from a severe pulmonary affection, which lasted six weeks, and subsequently he was unable to lie down for a similar length of time. A change of climate was deemed advisable. Although the gentleman had been upon the street attending to his business, it was not thought safe for him to ride in the cars, so Dr. Hicks offered to drive him to the depot. When on the way, and while moving quite moderately, he suddenly remarked: "Do not drive so fast!" Dr. Hicks asked if it hurt him, when the gentleman sank down, and was dead before the carriage could be turned around. No examination was permitted.

Dr. Barnard, at the request of a physician whose opinion had been asked in the incipiency of the case, but who had not seen the patient, told of a woman about sixty years of age who complained of slight constipation, a pain in the left hypochondrium, and a swelling just below the liver. Three months previously she was under the care of an allopathic physician, who gave her something that bound her up. It was soon determined to be unconnected with the liver: it seemed to be freely movable. A judicious administration of castor oil brought away four immense fœcal masses, but the bunch remained. After several days it was thought fluctuation was detected. Now increase was rapid, and soon the aspirator was employed, which brought away a pint of laudable pus. The wound was kept open, and recovery was rapid. The cause of this abdominal abscess was believed to be the carrying of bundles of wood. It reached to the rectus muscle and crest of the ilium.

Dr. Brown presented specimens of *Marigold* and *Calendula* tincture, prepared with dilute alcohol, from the fresh flower, which he considers much superior to that from the dried. He spoke of its use for burns and wounds, applying it of one-tenth strength. He mentioned a case of urethral abscess treated therewith, and Dr. Hicks also extolled its excellences.

A vote of thanks to Dr. Barnard for his paper was adopted.

The society now adjourned to the dining-room, where a fine supper was elegantly served. Everything was done by the host that could minister to the comfort of his guests.

The annual meeting was held at the Hotel Dorrance on Friday, Jan. 14, at four o'clock P. M. Report in the March GAZETTE.

REVIEWS AND NOTICES OF BOOKS.

MEDICAL HERESIES, PAST AND PRESENT, ESPECIALLY HOMŒOPATHY. By Gonzalvo C. Smythe, M. D. Philadelphia: Presley Blakiston. Boston: Hall & Whiting.

From the title of this book our readers will not have much difficulty in imagining its contents. Although on the title-page *Medical Heresies* appears in very large type, and *Homœopathy* in very small type, yet that this latter is the real *bête noir* is evident from the fact that its discussion occupies one hundred and twenty-two pages, while all *other* medical "heresies," such as demonology, Egyptian mysteries, incantations, holy waters, cabalistics, witchcraft, etc., etc., mixed in with accounts of Hippocrates, Galen, and other luminous bodies, fill up but seventy-seven pages. Five chapters are devoted to homœopathy, which the author pretends to treat, not by ridicule, but by the ordinary rules applied to scientific investigations; and we must give him the credit of resorting to ridicule much less frequently than the average of his fellows. His life of Hahnemann, for example, although not excessively eulogistic, is in strange contrast to the garbled statements and cunningly devised lies which make up the same biography in *Palmer's Homœopathy*. Smythe also in the freshness of his information excels Palmer, who evidently has not read anything homœopathic for years. Here we have many quotations not only from the earliest and intermediate authorities, but also from the very latest; as the famous resolutions of our New York Society, the Milwaukee test, the simon-pure International Society of last June, Ludlam's ovariotomy case in the "Clinique" for August, etc., etc. We could hardly expect Dr. Smythe, with his natural bias, to discuss the subject with perfect fairness; but after his lofty promises in the preface, of doing this "from a scientific standpoint," we are surprised at his regarding as such (to quote only one instance, on page 194 about Ward's Island Homœopathic Hospital) the stupidly ignorant, sensational falsehoods of a reporter for a daily newspaper.

DIAGNOSIS AND TREATMENT OF EAR DISEASES. By Albert H. Buck, M. D. New York: Wm. Wood & Co. Boston: Frank Rivers. pp. 411. 1880.

This, the eleventh volume of Wood's Library of Standard Medical Authors, was prepared especially for this library by Dr. Buck, surgeon to the New York Eye and Ear Infirmary, who is well known as the editor of the American edition of Ziemssen's Cyclopædia. There is a good deal of originality in this treatise, and most of the illustrative cases are drawn from the author's private or hospital practice. There are twenty-seven wood-cuts.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, FOR 1880.

Last year we commended the extraordinary promptness of issue of the Transactions of this reviving society, and now have occasion to renew our commendation, the present volume, neatly printed and bound in cloth, having reached us about *seven weeks* after the date of the annual meeting. It contains three hundred and eighty-eight pages, and, what is of vastly more importance, is full of valuable articles. We have been particularly interested in two by Drs. Bushrod W. James and T. M. Strong, on Diseased Meat, and are pleased to see that both of these gentlemen recognize that tuberculosis can be in this way transmitted. On page 298 begins an exhaustive article of forty-four pages, on the Pancreas and its Diseases, by the Philadelphia Society. Other articles discuss *Bryonia* and *Rhus tox.*, Ophthalmoscope, Abdominal Tumors, Dosage, Typhoid, Cholera, Eczema, etc.

OTHER BOOKS RECEIVED. — Von Tagen's Biliary Calculi, etc. — Potter's Comparative Therapeutics. — Boyce's Electricity. — Revelations of a Boston Physician. — Burnett's Medicinal Treatment of the Veins. — Drury's Teething and Croup. — Dennison's Rocky Mountain Health Resorts. — Warren on Hernia. — Mundé's Minor Surgical Gynæcology. — Fox's Cutaneous Syphilis, 3 parts.

OUR MISCELLANY.

HIPPOPHAGY. — In 1879 nearly two million pounds of horse, mule, and ass flesh were consumed in Paris, France.

INDIA. — More than twenty thousand persons were killed in India during the last year by wild beasts and venomous snakes.

UNIQUE ENTERTAINMENT. — From the "Homœopathic World" we learn that during the session of the International Congress of Hygiene at Turin, the city of Milan invited the members of the Congress to a breakfast and to *two cremations!* We unite with the editors of the named journal in the hope that Dr. Roth will favor the public with an account of the visit, including the "breakfast and the cremations."

MORTALITY IN BOSTON. — There were 800 more deaths in Boston for ten months of 1880 than during the corresponding time the previous year. The increase is attributed, in part, to the hot weather, and in part to the prevalence of diphtheria.

INFLUENCE OF MIND IN PUERPERAL SEPTICÆMIA. — At a recent meeting of an obstetrical society in this city, Dr. Richardson reported that in the Lying-in Hospital, twenty-three out of twenty-six fatal cases of puerperal septicæmia were single women with mental trouble.

AMERICA A REFUGE FOR CONSUMPTIVES. — The "British Medical Review" says: "It might be worth the while of many English consumptives, especially in cases where the disease has an inflammatory origin, and who have undertaken long sea voyages, to try the Colorado district of North America."

PROFESSIONAL! — Paul Broca, who was a capital *raconteur*, told the following anecdote of himself: He was in Seville, and wishing to be shaved, he applied to a barber whom he chanced to know. After the conclusion of the operation, the barber declined to accept any pay, on the ground that *confrères* should not accept fees of one another. ("American Practitioner.")

THE BALLING OF HORSES' FEET WITH SNOW may be prevented by filling each hoof with about one quarter of a pound of gutta-percha; not the raw material, but in sheet form. By putting it in hot water, it becomes as soft as dough, and can be well pressed in between the shoe and frog, leaving a smooth surface. As after each shoeing it is reheated and put back, it will last forever.

"AN HONEST CONFESSION IS GOOD FOR THE SOUL." — In a letter to Dr. Gaillard, editor of "L'Homœopathie Militante," Dr. Boens — member of the Royal Academy of Medicine, Belgium — says: "I cannot refrain from acknowledging that the homœopathists have rendered incontestible services to many persons, in replacing by a suitable diet the infatuation for drugs, *one half of which are useless, a quarter harmful, and only the other quarter useful and efficacious.*"

A MOOTED QUESTION. — Was the Apollo Belvedere a negro? Dr. Broca informed the Society of Anthropology, of Paris, that for a long time he had been in search of a skeleton which corresponded in proportions and outline to that of the statue of the Apollo Belvedere. He had discovered that a negro skeleton alone presents similar proportions. The Apollo Belvedere has, in fact, thoroughly negro limbs.

BAD SMELLS. — The Boston "Medical and Surgical Journal" is responsible for the following: Apropos of the increasing bad smells in which various quarters of Paris abound, a late number of the "Charivari" depicts a gentleman in the country standing over a manure heap inhaling its emanations. He replied to his son, when asked by him what he was doing there, "Going into training for a visit to Paris!"

THE DOCTOR. — Translated from the Latin in 1864: —

"Three faces has the doctor: longed for, he
Appears angelic; giving ease, divine;
But let him, long delaying, ask his fee,
His horrid visage Satan's doth outshine."

BROMIDROSIS. — Remedies for "bromidrosis" abound in the journals. The latest one is a solution of chloral in alcohol and water, applied several times a day. An application of equal parts of belladonna ointment and glycerine we remember to have seen lately as a highly praised remedy. One great difficulty in the way of removing the odor lies in the stockings and shoes. These must be treated as energetically as the epidermis.

NEW METHOD OF TESTING FOR TRICHINÆ. — A late British journal gives an account of a peasant of Holstein, who, uninstructed in microscopical research and not possessing the requisite instruments of precision, has devised for himself a new test for the presence of trichinæ in pork. When he killed a pig, he sent a portion of it — ham or sausage — to his *minister*, and for fourteen days awaited the result. If his Reverence remained well, he felt easy in his mind and well assured of the sound condition of his pig, which he then dispensed in his own family. This ingenious method of research has not, however, been considered sufficiently satisfactory by educated physicians to tempt its general adoption.

HOMŒOPATHY IN NICE. — According to Dr. Bernard Arnulphy, in the "Homœopathic Review," the progress of homœopathy has been such in the South of France, particularly in Nice, that a special homœopathic dispensary has become necessary. A splendid pharmacy is opened to the public in the very centre of that town, — the Avenue de la Gare, — which in its external appearance and interior arrangements is equalled by none of the homœopathic pharmacies in Paris. This, surely, is a good indication of the progress our system is making there.

AMPUTATION OF THE HIP-JOINT. — The "Dublin Journal" gives an account of a successful case of amputation of the hip-joint. Davy's method of arresting hemorrhage, by the introduction of a lever into the rectum, was adopted, and the operation was almost a bloodless one. Lister's antiseptic dressings were vigorously carried out. To the bloodlessness of the operation and the antiseptic precautions is attributed the success. This was probably the first successful amputation at the hip, on an adult, in Ireland. The operation was performed for disease of the hip. The age of the patient, and the large extent of the femur involved, decided the operator against excision.

EQUIPOISE. — Dr. Shorthouse, in the "British Medical Journal," says that according to his observation, intoxication from wine or malt liquor is likely to cause its subject to fall on his side; whiskey brings him down on his face; and cider or sherry invariably lays him on his back. He supposes that the different drinks act on various organs of the cerebro-spinal system. According to this theory, a carefully adjusted mixture of beverages might be devised which should have the effect of exactly *balancing* the imbiber!

RESULT OF MEDICAL LEGISLATION. — From the "Medical Register" of the Illinois State Board of Health for 1880, we learn that "the total number of practitioners in the State when the law regulating the practice of medicine went into effect — in July, 1877 — was about 7,400. Of these 3,600 (less than half) were graduates or licentiates, the remaining 3,800 being unqualified practitioners. The graduates and licentiates at the present time number 4,825, and the non-graduates 1,500; a diminution in the total number of practitioners of 1,075. The number of itinerants in the State in 1877 was 73; in 1880 only 9. The number of 'cancer doctors' in 1877 was 23; in 1880 only 4." This result offers surely a most eloquent plea for sound medical legislation.

THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

PROF. DOWLING, of New York, president of the Institute and chairman of the Executive Committee, to which was referred arrangements for the time and place of the next meeting, announces that it will be held at Brighton Beach Hotel, commencing June 14, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the city of New York. The hotel, which is one of the grandest in the world, is kept by James Breslin, Esq., well known to the travelling public as the former proprietor of the Grand Union Hotel at Saratoga Springs, and at present proprietor of the Gilsey House, New York. Mr. Breslin pledges himself to do all within his power to make the stay of the members as pleasant as possible. Should he be lacking in sleeping accommodations for all of the large number expected to attend, provision will be made for them to lodge at the Manhattan Beach Hotel, distant but two or three minutes' ride by rail. He has dining accommodations for 1,200. A banquet will be given to the members of the Institute and other friends who may be present, and arrangements will probably be made for an excursion (with supper on board the boat) through the bay and East River, *via* Hell Gate, — the seat of the celebrated submarine blast, which shook the entire island of New York a few years ago, — to the homœopathic hospital on Ward's Island. Those proposing to attend the International Congress, which meets in London on July 11, will have ample time for the voyage after the adjournment of the Institute. The president trusts and believes this will be the largest and one of the most interesting meetings of the American Institute of Homœopathy ever held.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 3. MARCH, 1881. VOL. XVI.

EDITORIAL.

A NEW INSANE ASYLUM.

IN our last issue Dr. Worcester, who has shown himself to be well posted on the subject, both theoretically and practically, ably set forth the necessity which exists to-day for a new insane asylum in Massachusetts, to be supported by the State and to be under homœopathic management. We do not feel called upon to argue the point here at greater length, for we can only with difficulty conceive of the possibility of any of our readers needing to be convinced on the subject, so self-evident is it. If we do wrangle over the potency question, and fight among ourselves about dynamization and other theories, yet on this matter we may sit together like a happy family of cooing turtle-doves and present an undivided front to the enemy.

But although it seems superfluous to bring forward arguments to convince our readers, yet we do most decidedly recognize the necessity for doing something to *stir them up;* to urge them to have a due sense of their individual responsibility in the matter; to induce them, if possible, to use their influence with their patrons, and to bring their arguments to bear on them in such a manner as to excite their deep interest. If our Massachusetts physicians can be persuaded to make a little earnest, concerted effort in this way, our insane asylum will become a certainty within a year. Now seems to be an auspicious time to go to work. For several years there has been evident throughout the

country an increasing dissatisfaction with the management of insane asylums, resulting, in several instances, in formal investigations into alleged abuses, and perhaps reaching a climax in the recent formation of a national society for the protection of the insane, which has already become quite a power. In these and other ways an unusual amount of public attention has lately been drawn to the subject, and the public ear will therefore be more than commonly accessible to us. Governor Long, in his message to the Legislature in January, drew especial attention to the necessity for making extra provision for accommodating the rapidly increasing numbers of the insane, and for separating those who are criminal and epileptic from the others, acute cases from chronic, curable from incurable. If we can prove that in all likelihood a homœopathic asylum will do more for this wretched class than the existing allopathic institutions, and if there will soon be need for greater accommodations, what valid objection can there be against making the new institution homœopathic? Even if there were no need for another hospital for years to come, we should still have a homœopathic institution, changing therefor the allopathic drugging in one of those now existing, as happened in the New York Ophthalmic Hospital several years ago. This we should not beg as a favor, but *demand as a right.* We can make this demand with much more confidence than we could have made it five years ago; for we can now point with pride to the glorious success of the New York Homœopathic Insane Asylum at Middletown, with its little less than 200 patients (soon to be doubled). Every one acknowledges that to be a great success, — even the State Commissioner of Insanity, an allopathic physician, certifying to it; an institution in which last year the rate of cures was 46½ per cent, and that of deaths only 4.18 per cent, the class of patients treated being exactly the same as in the other (allopathic) State asylums.

At the next annual meeting of the Massachusetts Homœopathic Medical Society, to be held on April 13, this matter will be brought up for discussion; and it is earnestly hoped that every member who can possibly be present will come prepared to take part in the discussion, — at least in the applause, — and that he may be aroused into activity by the fires of enthusiasm kindled there, if the brands on his own hearth are insufficient.

THE CREATION OF PUBLIC SENTIMENT IN FAVOR OF NECROPSIES.

BY I. W. SAWIN, M. D., PROVIDENCE, R. I.

[*Presidential address read before the Rhode Island Homœopathic Society, Jan.* 14, 1881.]

On the twenty-fifth day of December last, a young woman called at my office, having walked nearly a mile. She hoped to find relief for a shortness of breath, which was particularly troublesome at night in bed, and complained only of that symptom. She had been inconvenienced by the trouble but a few days. She was but little disturbed by her walk, which had been taken leisurely. Upon inquiry, however, she said sudden exertion caused palpitation and breathlessness; that her sight was impaired (objects appeared indistinct, or blurred, as she expressed it), so that she was unable to recognize persons across the room, or tell time by the clock. She had nausea at times, and in answer to questions, admitted that her general health had been impaired about a year. She had been unable to endure as much as formerly, and with increasing frequency had been so much indisposed as to be obliged to leave her work for a day or two. She remembered that the dimness of vision had interfered with her ability to do fine work as long as eight months ago. Her other symptoms had appeared at intervals, but all of them had been present a considerable time.

There was no valvular murmur, or abnormal extension of the area of dulness over the heart or spleen, or enlargement of the glands. There was a little puffiness about the eyes, and the feet were œdematous.

Now, every one present anticipates that I found the urine light-colored, of a low specific gravity (it was 1.006), highly albuminous, and containing hyaline casts, in some of which were oil globules. You are prepared to hear that only six days after the walk to the office we found her incapable of any considerable exertion, with orthopnœa, with involuntary twitching of the muscles, with distinct friction murmur and fremitus, the evidence of plastic effusion, resulting from pericarditis; that later we had recurring epistaxis to treat, and that œdema of the lung was detected: all this because you know that these symptoms arise directly from the original lesion. You will not be surprised to learn that she had bronchitis and diarrhœa, with a good deal of tenesmus, and that these difficulties were not readily amenable to treatment; for it is well understood that this malady saps the citadel of life, rendering it an easy prey to any intercurrent disorder which may supervene. All diseases under these cir-

cumstances are rendered more intractable, and any one of considerable severity becomes almost certainly fatal. Every injury is rendered so much more grave that no capital operation can be undertaken if the functions of the kidneys are much impaired. She died last evening after uræmic convulsions.

How came we in possession of the knowledge which is so important to us and to the patient and her friends?

But for the skilful, conscientious, and persistent labor of a celebrated physician of Guy's Hospital fifty years ago (in recognition of whose discovery the disease is called by his name), and the investigation of subsequent workers in the same field, we should have known as little of this malady as did those who lived before his time.

I present this incomplete report of a case recently under treatment, for the reason that it suggested the theme of this paper, and is one of the many maladies which were not at all understood till revealed by the pathologist's knife, aided sometimes by the microscope.

In what I shall say of necroscopy there may be nothing new, but it may appear that some of the advantages to be derived from its general practice have not been sufficiently impressed on the public mind.

We would have it considered the duty of the physician to make or procure to be made a necropsy in every fatal case occurring in his practice, to verify or correct his diagnosis. It is because we would have this to be the public as well as the professional judgment, that I have decided to call attention to the subject to-night, when we have present representative non-medical men, who can sway the public mind. We ask them to give us the weight of their influence to assist in building up a public sentiment which shall demand that this duty of the attending physician shall be performed. He owes it to himself. He should acquire all the information on medical subjects that is accessible; but in no other way can he obtain the same knowledge or have it so vividly impressed on his memory: hence if he lets pass the opportunity to learn what otherwise is unattainable, he wrongs himself. He owes it to the public, including the other members of the profession, as a conservator of the public health; while the claims of near relatives of the deceased are more imperative, as their interest in the case is more intimate. Through heredity its result to them is most important, as a help to diagnosis in future cases of illness. It is from them, however, and naturally enough, that opposition to *post mortem* examinations is apt to come; but as they have control in all cases except where there is legal interposition on account of suspicious circumstances, it is essential that they should appreciate its impor-

tance to them. We can but respect the feeling which revolts at thoughts of the mutilation of bodies recently tenanted by the loved and lost; and when performing this duty which we owe to the living, we should always remember that we are in the house of mourning. Yet when we can assure the friends, as we truly can, that the form and features will appear as before; that while we search in that precious dust, which soon will mingle with its mother earth, for that invaluable information which, while it gives us the true morbific biography of the departed, may enable us to save from suffering, perhaps from death, some other most near and dear ones; and that about all we *know* of diagnosis and prognosis has been learned in this way, — it would seem that opposition ought to be removed. We find indeed this is quite often the case, the readiness of compliance being as a rule the measure of intelligence.

As physicians add to their knowledge of morbid processes, their appreciation and usefulness will be increased. To us, as homœopaths, will the practice we advocate be of special advantage, as the opinion is entertained that we simply prescribe for prominent symptoms, and ignore their cause. A systematic search for the cause of the manifestations we witness, in the manner indicated, will disabuse the community of this error. But it was not my only or principal purpose to-night to urge upon my fellows its importance to them, or to the public, in an educational aspect, momentous as it is.

There always have been unprincipled persons who pretend a knowledge of medical subjects they do not possess, and by exciting the fears of the mentally weak and of the ignorant, or by promising impossible cures, sponge the last dollar from the incurable and his friends, thus depriving him of comforts and little delicacies so grateful to the failing appetite; or worse still, by their blundering treatment, render cases which with proper care would recover, irremediable, dooming the subject to a life of suffering, perhaps mercifully a short one.

From a very remote period society has been trying to rid itself of these cormorants, as well as to protect itself against heedless, reckless, and incompetent practitioners. But the laws that have been made have been seldom enforced. If in some isolated cases attempts have been made to do so, the testimony of medical men being necessary to convict, the charge that they are simply acting as did the ancient Ephesians has generally been sufficient to cause a disagreement of the jury, so that the law has little terror.

Again, the test of admission to the profession, though entirely proper, affords no security against recklessness, heedlessness, or mental deterioration. To save us from all these dangers, we

should have a criterion which has the efficiency of a law that executes itself. It seems to me such a measure is not far to seek, or difficult to apply, if it can be sustained by public opinion. The principal object of writing this paper is to contribute toward building up a sentiment which shall require that to the work of the physician shall be applied the same rules which hold good in all other branches of human endeavor. The framer of every legal document knows that it is liable to be examined and its merits passed upon by men learned in the law, or experts in business. So the success of the artist, the architect, and the artisan depends upon the opinion formed of their productions by persons conversant with their several requirements. Of the practitioners of medicine alone has it been truly said that while their successes walk the streets, their blunders are covered in the grave.

We believe the time is coming when it will be conceded that the physician has a right to justify his conduct of a case. It is allowed the commander of a boat, of a military company, or any one to whom is intrusted the life of another. It can be done in this way without any legal process. As promotive of it we would suggest that there shall be in no case any charge for a *post mortem* examination, by any physician who attends a case, whether requested by himself or the friends, unless the result is likely to involve legal inquiry.

Let it be distinctly understood that we ask no legislative enactment. We would even be decidedly opposed to any, believing it would be regarded an unwarrantable interference with private rights and feelings, which on this subject have an almost sacred character, and would so excite opposition as to retard rather than advance the much-needed reform. We would rather, as before intimated, accomplish our purpose by impressing people with the great advantages to be derived from the general adoption of such examinations (to some of which we have alluded); confident that when it becomes the usual practice, at a time not far distant, skilful though modest diagnosis will be accepted before simple, positive assertion.

LACERATION OF THE PERINEUM.

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

THERE seems to be a good deal said in the different medical journals in regard to the above subject. My practice has of course been very limited in comparison with that of many others, but still it may not be altogether a matter of chance that I have had but one case of this accident, and that occurred

before my arrival. My method is neither original nor new, but perhaps some may derive benefit from having it called to their attention.

I always use *lard* freely, especially with primiparæ. Before the head begins to press on the perineum, I begin to apply the lard, and with steady, gradually applied, and quite forcible pressure, I anticipate nature, so that by the time the head has been brought down upon that organ, it has become dilated to a considerable degree.

Between the pains I now continue to apply the dilating force, and the lard. As soon as the perineum is put upon the stretch, and the occiput is beginning to pass over the pubic arch, I pass two fingers of the left hand into the rectum, and by forward pressure assist, with some degree of force, the passage of the occiput over the pubes; while at the same time, with the thumb of the same hand, I endeavor to draw back the perineum, assisting it at length to slip over the sinciput, by placing the fingers of the right hand on one side, the thumb on the other, and pressing it backward.

The correctness of this procedure is proved by the fact that the force applied by nature for the expulsion of the head is in many cases, where the perineum is wide, applied almost directly down upon it, and, especially if the parts are rather dry, there is great danger that it may not slip back in time to be saved from laceration. When the shoulders are coming down, let nature do the expelling, but manipulate them so as to relieve the perineum as much as possible.

Finally, I believe it is as contrary to good sense to deliver the placenta by drawing it out, as it would be to draw out the child in a natural labor. It is a natural irri..t and excitant of contractions, and the chances of excessive flowing will be much diminished if it is allowed to remain until it has produced its normal effect. If after a proper length of time and proper excitation, the uterus refuses to expel it, of course it must be taken. Let it be borne in mind, however, that these remarks apply to its removal from the uterus, and not from the vagina. No good end is gained by leaving it in the vagina after the uterus has expelled it.

WHERE TO LOOK.

BY H. W. TAYLOR, M. D., CRAWFORDSVILLE, IND.

WHILE etiologists and sanitary scientists are vainly interrogating earth, air, and sky for signs of approaching epidemics, and while the literature of sewage and ventilation has become a wild ex-

travaganza in the music of the spheres, the only solid ground that has already had such preliminary survey as to give assurance that it *is* solid ground for the etiologist, remains, save as to its border land, a vast *terra incognita.*

Nor is it because of impassable barriers of icy mystery rising like frowning walls upon the border of this true ground of the etiologist, that no hardy explorer has hitherto penetrated its dark forests and tangled thickets. On the contrary, it is perhaps so easy of access as to be held in contempt by that etiologist who yet bends under the burden of the accumulated opinions and theories of thirty centuries, and who is thus impressed with the vastness of that problem that apparently defied solution from the dawn of animal life down to this present midday of existence.

I say "apparently escaped solution," because it is not certain that the ancients did not have more than an inkling of the truth. Thus the animal origin of the disease of animals is shadowed forth in the Archæus, that was himself a living creature. Again it was brightly prefigured in the Greek legend of Pandora, who opened a casket and let loose the thousand swift-winged evils and ills of mortal flesh, holding back only delusive hope.

Thus it is fairly inferable that the ancients attributed the various diseases to actual living animal agencies. The winged evils of Pandora are the swift-winged and sure-footed legion of beasts, birds, reptiles, and insects that to-day contest with man for sole possession of that great battle-field, the earth.

All disease is the effect of an animal poison which is made to mingle with the tissues of other animals, producing identical or similar diseases in the inoculated animal. The modes of inoculation are various. Sometimes it is directly through the broken skin of the hand, as in the communication of erysipelas from a patient to his careless medical attendant. More frequently the inoculation takes place in the pharyngeal follicles, in which are lodged and held minute particles of epithelial débris exhaled in the moist breath of the sick, and inhaled into the throat of the well when in near proximity. But in the vast majority of instances of inoculation of animal virus, such inoculation takes place in the act of deglutition of food and drink. The peculiar structure of the pharynx, with its fringed rugæ of follicular glands, renders it *impossible* that any solid can pass into the œsophagus without paying small tribute to the grasping walls of the pharynx. A careful inspection of the pharynx after meals will demonstrate this physiological and etiological fact. In this manner we probably contract pleuro-pneumonia from the freshly killed and half-cooked flesh of hogs. The swine is subject to an eruptive disease, closely resembling scarlatina in man ; and it is not improbable that all the winter epidemics to which all civil-

ized countries are subject are derived from the animal flesh that is used *in its recent state for food only at this period.*

Tuberculosis is that glandular inflammatory process that is set up in the *Quadrumana* from any suppurating wound. Numerous observations discover the fact that the inflammatory process in the *Quadrumana* results in inflammation of lymphatic glandular structures. Lymphatic glands are by far the most numerous in the lungs. Hence it is the lung tissue that chiefly suffers in these glandular inflammations, which, going on to enlargement and cheesy degeneration, form cavities in the structure and produce "consumption." Is it not reasonable that this chief disease of the *Quadrumana* can and must be inoculated in the pharynx of the creature that eats the flesh and blood of the diseased animal, which has been so recently slaughtered that the hydrogen of the air has not yet had time to annihilate the poison which we *know* is therein contained? The production of tuberculosis by inoculation with the blood of the tuberculosis subject is demonstrated. Involuntary inoculation takes place with the greatest facility in the pharyngeal follicles. Did Moses have these facts in view when he said, "Ye shall eat the blood of no manner of flesh," and "Whosoever eateth it shall be cut off"?

In the water which we drink must be large quantities of "flesh and blood" in the aggregate. But we are on the wrong road when searching for infusoria with the microscope, or for albumen compounds and gases with the test-tubes of the chemist. The great entomological order of *Diptera* furnishes us with the poison that makes Intermittent Fever, Typho-Malarial Fever, Typhoid Fever, and Yellow Fever; to the *Culex Americanus* we may safely credit all the various phases of Intermittent Fever; while to the *Musca Domestica* belongs the honor of the production of that terrible pandemic, Typhoid Fever, and its congener, Typhus.

Here, then, is the true field of the coming etiologist, — a field untrodden in modern times; a field fallow since the days of Moses; a field into which Hahnemann, with his all-inquiring mind, was about to set venturesome foot, when he declared that domestic animals were carriers of disease; a field in which some laggard explorers like me have caught dim glimpses of the astounding and terrifying spectacle of the dispensation of poetic justice, in the wreaking of vengeance upon the all-powerful animal man, by the puny tribes of the *Quadrumana* and *Diptera.*

CREMATION. — According to the "Medical Record," a memorial in favor of cremation, signed by over one hundred members of the British Medical Association, has been presented to the Home Secretary. The memorialists state that they disapprove of the present method of burying the dead, and pray that the government will not oppose the practice of cremation when it is done under proper restrictions.

DRUG SPECIFICS AND DR. HAWKES.

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

It has been my habit as a medical writer, to consider every statement I am about to submit to the profession very carefully, in the light of my best information on the subject; and when my statements are made public, I solicit for them a rigid and impartial scrutiny, not in the least objecting to criticism from those who think they have some better light on the subject than I have. If my views are shown to be untenable, or my statements at variance with the truth, I am not only ready to accept correction, — I am thankful for it.

The paper from my pen, in the December Gazette, was to show the working of the homœopathic law, and of the healthy vital test, the fundamental principles of our school, in the direction of drug specifics. I explained the sense of the term *specific* employed by me, not as applicable to a *single remedy for all cases of a special class, but as the* LEADING OR MOST PROMINENT ONE, *as confirmed by clinical experience.*

I cited examples, by way of illustration, mentioning the remedies which the professional judgment had put forward as most entitled to the name *specifics*. I did not by any means say that *Mercury* was the only remedy to be used in syphilis, nor *Cinchona bark* in intermittent fevers, nor *Camphor* in Asiatic cholera, nor *Belladonna* in scarlatina. I mentioned them as more entitled than any others to the highest place among the remedies for those affections.

The great thought which I especially desired to bring out was the possibility of arriving at points of comparison in *disease causation*, on the one hand, and of *drug influence* on the other, so that the selection of the remedy would be at once more direct, sure, and simple.

I spoke of the unity of the efficient cause, on the disease side, and the unity of cause on the side of pathogenesy and therapeutics, maintaining what every intelligent medical man must admit, *that in both cases there is a primary impression upon the one tissue, and hence an orderly progress of action, more or less uniform in all cases.*

I said, if from the one drug there are diversities of manifestation, there are also diversities of manifestation from the one morbific cause.

I have carefully read the criticism upon my paper, by Dr. W. J. Hawkes, in the February Gazette, and am led to say that no change of sentiment nor modification of language is called for on my part. I see how entirely he has failed to grasp my

thought, how he has grappled and struggled with phantoms of his own conjuring, gravely attributed to me. In view of his failure to comprehend my purpose and my statements, it is ludicrous to witness his affected surprise and strenuous efforts to lecture me, as one who has "studied so little" and written what will "justify laziness."

In looking over some portions of his paper a second time, I am at a loss to determine whether the charges made against my views in etiology and pathology are the result of inability to comprehend them, or an unwillingness to represent them fairly. Were it worth the while, or did I believe that I was not already rightly understood by the readers of the GAZETTE, I should crave the space for further explanations. Where Dr. Hawkes places his dictum against mine, without a particle of proof, each reader must take his choice.

It may seem somewhat strange to the associates of the doctor in the "International Association" that he makes such a desperate fight against one of the leading planks in their platform,— "The Single Remedy." Those acquainted with the critic and the criticised must enjoy the closing paragraph of the criticism, in which the writer, after ranking himself by implication among the "best posted in the materia medica," mournfully adds, "I am sorry not to find Dr. Dake among them"!

I would mildly suggest to Dr. Hawkes that when he undertakes to write reviews, he should be sure that he has some additional or better light on the matters under consideration than the author reviewed enjoyed, or that he can himself state the important points more correctly. And in speaking of what is taught by another, it would be well for him to remember that a play of imagination does not assist his effort, as it may in the preparation of clinical cases for "dress parade," in college or journalistic shows.

In the production of the doctor, I notice several grave blunders in etiology, pathology, and therapeutics, which are so palpable as to call for no comment from me. The class of persons who read the GAZETTE will not be misled by them.

"*HOMOION IN THE STOCKS.*"

BY E. B. DE GERSDORFF, M. D., BOSTON.

UNDER this heading, Dr. T. P. Wilson, of Ann Arbor, in the January number of the "Medical Advance," has attempted to liberate homœopathy from the natural limitations to that law of cure pointed out by Dr. J. P. Dake, which I was glad to quote in

an address to the students of Boston University School of Medicine, Oct. 6, 1880, as a sign of a progressive era in homœopathy. As Dr. Wilson has waited so long before attempting to break down Dr. Dake's logic, I am afraid that the mischief which he feared might be done by such heresy has already been done. He certainly, even now, has not succeeded in subverting any of the propositions advanced by Dr. Dake. Neither the invectives nor the dogmas nor the Indian stories brought forward by him can alter one iota of them. However, as Dr. Wilson has not considered it necessary to criticise any of my own opinions, expressed in my address on Progressive Homœopathy, I must leave it to Dr. Dake to answer for himself. I will only say to Dr. Wilson, that homœopathy *in the stocks* is not so much in danger as when *on the stretch*, for no truth pronounced by men will permanently suffer from being too much limited, as it will break through its fetters sooner or later; but when carried beyond its legitimate limits by enthusiasts, it may become abortive, and may meet with an untimely end.

MILK AS A CAUSE OF TUBERCULOUS DISEASES.

Mr. Fleming, veterinary surgeon to the Royal Engineers, has insisted upon the urgent necessity that exists for preventing the consumption of the milk and flesh of diseased cattle. In a paper recently read by him at Norwich, England, he has adduced further proof of the extreme danger to the public from this source, and these proofs are certainly startling and worthy of notice. We learn that tuberculosis among cattle is greatly on the increase, and especially in the higher bred stock; some authorities going so far as to assert that five per centum are affected. As dairy cows are never inspected as to their state of health, as they furnish by far the larger proportion of phthisical bovines, there can be no doubt as to the gravity of the question in its relation to human tuberculosis. As the pig, an omnivorous creature like man, and bearing a close analogy to the lord of creation in other respects, is most readily infected by feeding with tuberculous milk, there is every reason to think that mankind, and particularly children, may be as susceptible as the porcine tribe. It is somewhat strange that though the note of warning was sounded so frequently and so long ago, it should not have excited attention. It is not too late now to adopt precautions. If what is reported be correct, it is high time that the sanitary condition of milk and flesh producing animals was ascertained. At present there is ample scope for free trade in these

disease and death dealing articles of food. What with private slaughter-houses and unvisited dairies, there is no check whatever. — *Sanitarian.*

STATISTICS OF MEDICAL EDUCATION IN THE UNITED STATES.

THE Report of the United States Commissioner of Education, for the year 1878, contains some interesting statistics regarding the medical, dental, and pharmaceutical schools of the country.

The number of these schools reported to the Bureau during the year was 106. These had 1,337 instructors and 11,830 students. The regular school of medicine and surgery reported 64 institutions (the number now is 69); 915 instructors; 8,279 students; 2,506 graduates; 46,065 volumes in libraries; $1,685,250 in grounds, buildings, and apparatus; $214,347 in productive funds, yielding an income of $13,186; and tuition receipts to the amount of $289,398. The eclectics reported 6 institutions; 51 instructors; 448 students; 211 graduates; 3,000 volumes in libraries; $161,000 in grounds, buildings, and apparatus; and $8,960 receipts from tuition. The homœopathists reported 11 schools; 158 instructors; 1,215 students; 363 graduates; 39,800 volumes in libraries; $349,000 in grounds, buildings, and apparatus; and $95,471 receipts from tuition fees.

The dental schools report as follows: Number, 12; instructors, 161; students, 701; graduates, 218; volumes in libraries, 505; value of grounds, buildings, and apparatus, $68,000; receipts from tuition fees, $60,734.

The pharmaceutical schools number 13; instructors, 52; students, 1,187; graduates, 380; volumes in libraries, 5,175; value of grounds, buildings, and apparatus, $155,000; receipts from tuition fees, $25,487.

The medical degrees conferred in course were 3,814; honorary degrees, 4. There were, during the same year, conferred in course 222 degrees in theology; 1,000 in law; 6,367 in arts.

The total amount of educational benefactions during the year is $3,103,289, of which schools of medicine received $8,762. Of this sum, however, regular medical schools received only $4,662, one of these schools being the New York Medical College for Women.

The increase in medical students over the previous year (1877) was 615, the total number being 11,830. The increase of the previous year was 1,082. — *Medical Record.*

BAD ODOR FROM EXCESSIVE SWEATING OF THE FEET, AND HOW TO CURE IT.

In a communication to the "British Medical Journal," Sept. 18, Dr. Geo. Thin gives some hints on the above subject which seem practical. Evidently, treatment such as that recommended by Hebra — viz., of enveloping the soles of the feet in lead plaster, and putting the patient to bed for eight or twelve days — is objectionable. Dr. Thin concludes after some recent investigations that the fluid from the soles of the feet is not pure sweat, the faintly alkaline reaction showing a serous discharge from the eczema accompanying the local hyperidrosis. An examination of the fluid from the sole of the stocking of one patient proved it to be teeming with bacteria forms, the nature of which he carefully investigated. The rapid development of bacteria in the fluid which exudes from the soles is doubtless favored by the alkaline reaction produced by the mixture of serous exudation with sweat.

The treatment instituted in this case is as simple as it has been effective. The stockings are changed twice daily, and the stocking feet are placed for some hours in a jar containing a saturated solution of boracic acid. They are then dried, and are fit for wear again if it be desired. The boracic acid effectually destroys the smell. But to kill the bacteria in the stocking is not enough. The leather in the bottom of the boot is wet and sodden, and smells as vilely as the stocking. This difficulty is got over by the use of cork soles. I directed my patient to get half a dozen, which she finds sufficient. A pair must only be worn one day unchanged ; at night they are placed in the boracic jar, and are put aside the next day to dry. If these directions be accurately carried out, the evil smell is perfectly destroyed.

The boracic acid solution is an excellent application to the painful skin in these cases. When the tender skin of the soles is washed with it, a sensation of coolness succeeds the feeling of heat and tension which are the usual accompaniments of the eczematous condition associated with the smell, and the skin becomes harder and loses its abnormal redness. — *N. C. Med. Journal.*

A VERY UNUSUAL OPERATION.

November 26, 1880, Dr. Fenger performed an operation which, on account of its rarity and importance, deserves a more extended notice than we shall here be able to give. It is to be hoped that Dr. Fenger will publish in full the report of this case in due time. The patient, an Italian, male, had a large gangre-

nous cavity in the right lung, extending from the second to the fifth rib and from the sternum to the posterior axillary line. An extremely offensive odor, like that of rotten eggs, surrounded the patient; and in coughing, small quantities of grayish fetid matter were brought up. The cavernous respiration showed the cavity to be in the substance of the lung. No empyema was present. Dr. Verity withdrew, by means of a hypodermic syringe, a thin, grayish, fetid fluid, from between the third and fourth ribs. Dr. Hollister very kindly consented to Dr. Fenger's suggestion of making an attempt to save the patient's life by an operation. Consequently, on Nov. 26, the patient having been anæsthetized, Dr. Fenger made a large transverse incision between the third and fourth ribs, and one and one half inches to the right of the sternum, dissecting carefully through the overlying soft tissues, down towards the pleura. When the intercostal muscles were laid bare, an aspirator needle was introduced to ascertain whether or not the subjacent lung was adherent. As the needle did not oscillate conformably with the respiratory movements, he concluded that there was no fear of opening into the pleural cavity in this place, and consequently the knife was introduced into the cavity, giving means of escape to a quantity of very fetid matter. A counter-opening was made at the posterior border of the axilla, and after the evacuation of a pint and a half of fetid matter, the cavity was washed out with a two and one half per cent solution of carbolic acid. A subsequent cough caused a coherent, yellowish-white, gelatinous mass to appear at the large anterior opening. This slipped back several times into the cavity, but was finally obtained by introducing a large forceps and the index finger into the cavity. A microscopical examination of this mass demonstrated it to be the cyst of a large echinococcus. A large drainage tube was now passed in at one opening and out at the other, and voluminous antiseptic dressing applied. The patient is now in a fair way to recover, and unless something untoward supervenes, will leave the hospital in a few days.

This is, so far as we can learn, the first case on record of surgical treatment of cavities in the lungs, with recovery. The operation has been thrice attempted before, — once for a consumptive cavity, once for abscess, and once for gangrene of the lungs; but none of the patients recovered. In one case, the patient lived for nine days after the operation; but in this case, ten weeks after the operation, the patient is living, and in a fair way towards recovery. — *Chicago Medical Review.*

HIGH ALTITUDE FOR CONSUMPTION. — For a long time it has been customary among the Peruvians, before the conquest by the Spaniards, to send consumptives from the coast line to heights of from 8,000 to 10,000 feet, on the Andes, often with signal benefit to the patient.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SECRETARY.

A REGULAR meeting was held Thursday evening, Feb. 10, at the College building, East Concord Street, and was attended by the following named members: Drs. Farnsworth, Walker, H. C. Clapp, Talbot, De Gersdorff, Hastings, Porter, Baker, L. D. Packard, H. Packard, Spalding, Woodvine, Palmer, Sherman, F. B Percy, Sanders, W. Wesselhoeft, Clock, Kennedy, Shattuck, Sylvester, and by invitation, Drs. J. W. Clapp, Fisher, Dudley, Stackpole, Carr, James, Shaw, and Loring.

In the absence of the President and Vice-President, the Secretary called the meeting to order. Dr. Farnsworth was nominated as President *pro tem.*, and served till the arrival of Vice-President Spalding, who took the meeting in charge and conducted it through the session, the President being detained at home by sickness.

The reading and approval of the business records was followed by the election of the following new members: J. W. Clapp, M. D.; J. B. Bell, M. D.; J. K. Culver, M. D.; Annie E. Fisher, M. D.; Arvilla B. Haynes, M. D.; W. L. Jackson, M. D.; R. E. Jameson, M. D.; A. Macdonald, M. D.; F. D. Stackpole, M. D.; J. Merle Teele, M. D.

The following new names were proposed: J. S. Shaw, M. D.; J. P. Paine, M. D.; Charles Sturtevant, M. D.; F. S. Davis, M. D.; S. Ida Dudley, M. D.; Charity James, M. D.; M. Louise Cummings, M. D.; J. E. Kinney, M. D.; J. L. Coffin, M. D.; B. T. Church, M D.; A. B. Church, M. D.; L. S. Carr, M. D.; Harriet A. Loring, M. D.; H. P. Hemenway, M. D.

On motion of Dr. Talbot, it was voted that the Secretary be directed to issue, after April 1, 1881, the Constitution and By-Laws of the society, with the Code of Ethics, as adopted by the American Institute of Homœopathy, and a list of the members of the society, with the address and office hours of each.

After the reading and approval of the scientific records, the subject of

MEASLES

was taken up, and an introductory paper on true measles was read by Dr. A. E. Fisher.

Prof. De Gersdorff's remarks upon roseola, rötheln, or German measles, referred mostly to the etiology and classification of this rash. He said the name "false measles" was false in itself, as there is nothing false in nature; only our appreciation of facts is often false. Several erroneous ideas have prevailed about this rash

during the last century. Some have called it modified measles or scarlatina; some have thought it merely symptomatic of, or consecutive to, other diseases, such as typhus, rheumatic fever, and syphilis, or rank it in the same class with those produced by certain drugs, such as *Copaiba*, *Cubebs*, *Iodide of potash*, *Turpentine*, etc. At the present time, however, since the zymotic and germ theories have had time to act upon the former prevailing errors about this otherwise mild disease, according to the last works of German pathologists, roseola has been elevated to a specific acute exanthem, *sui generis*. During epidemics of measles and scarlet fever, this rash also occurs frequently. It might be compared to jackals, who hunt gregariously in the wake of the more powerful beasts of prey, the lion and tiger. It may either closely follow or precede measles or scarlet fever, or may appear independently in children who have had other kinds of contagious exanthems previously. It cannot be denied that epidemics of this kind have raged both in this country and in Europe, and that individuals who were attacked by this disease were not thereby protected against scarlatina or measles. When we consider this fact, we may easily come to the conclusion that frequently the reported cases of measles or scarlet fever occurring the second time in the same person may be explained on the supposition that one of the two attacks was roseola.

Dr. De Gersdorff then gave a short description of the disease, and thereby showed that if the similarity to both measles and scarlet fever is great, still the difference is intrinsic and unquestionable.

Dr. A. L. Kennedy presented statistics of the present measles epidemic in Boston. He said he had found it impossible to get anything like full statistics, as he had received but few returns from the large number of circulars sent out. Reports had been received from Drs. Clock, H. B. Cross, De Gersdorff, Haynes, Hoffendahl, Krebs, Nichols, Palmer, Shaw, Stackpole, Talbot, and C. Wesselhoeft, aggregating 300 cases, of which 80 per cent were true measles, 20 per cent false; 85 per cent of a mild type and 15 per cent severe; 38 per cent of cases in adults affected were severe. Males and females were attacked about equally, and at ages from three months to fifty-seven years. Many persons were reported to have had the disease the second time. The time of incubation varied from five to fourteen days: from the first symptom to the appearance of the rash, from one to seven days; the duration of the eruption, from two to five days. Complications with diarrhœa, 33 per cent; with vomiting, 25 per cent; with cerebral symptoms, 15 per cent; with cough, nearly all. The highest temperature — 105 degrees — was observed in a man fifty-seven years old, who had escaped the disease in youth, notwith-

standing repeated exposures. In spite of his having been very low, his recovery was rapid. One case of complication with pneumonia was reported in a child two years old. *Sequelæ*, catarrh, glandular swellings, typhoid symptoms, conjunctivitis, bronchitis, dysuria. In a few cases the menses were hastened, and epistaxis occurred in a few others.

Dr. De Gersdorff thought that the report would have been more complete if made at the next meeting, as the epidemic is not yet over, and therefore proposed a continuation of the same investigation.

Dr. Woodvine reported three peculiar cases in a family, in which a girl said to have had diphtheria, and on whom tracheotomy had been performed by Dr. Jackson at her own home, was convalescing. She had been taken into the family through the generosity of the lady of the house, and allowed to play with her three children. In a short time one was taken sick with scarlatina, the typical rash of which passed down the body in the usual way ; and as it was disappearing from the legs, a distinct eruption of measles made its appearance on the forehead, and the child went through a regular course of measles, — cough, coryza, and all. The second child was taken, in the course of a week or two, with measles, but it was complicated with vomiting and sore throat, while the third had distinct and uncomplicated measles. He is inclined to think that the presence of the girl convalescing from diphtheria had something to do with the complications. He also reported two cases of black measles in one family, where the rash remained for fourteen days. Even after desquamation had taken place, the scars remained very red, giving an appearance to the child's face which he compared to mottled castile soap. He has never had measles himself, though repeatedly exposed.

Dr. Walker, of Chelsea, reported the epidemic as very mild in that place. He had treated one child three times for measles ; believes saffron, peppermint, and sage teas are homœopathic to measles, as their use in health will bring out a similar eruption.

Dr. Hastings reported a case of measles, followed by scarlatina, in which the fingers and toes looked as if severely scalded ; huge blisters formed and projected beyond the nails, but did not break, gradually fading away as the other symptoms passed off.

Dr. L. D. Packard believes that sometimes too close discrimination is made ; that all these cases reported as complications should be considered simply as measles, modified by the constitution of the patient. He has lately treated seventy cases, in several of which the rash has reappeared after a few days.

Dr. Sanders thinks it impossible to make a diagnosis in early stage ; that the purpura of black measles is due to depravity of

constitution or medical treatment; that sweating is injurious and should never be resorted to, but on the contrary, the patient should be kept cool. He reported a case of a man who was suffering from what had been pronounced by other physicians congestion of the lungs, but it proved to be a case of measles of the purpuric variety. The discoloration was very marked, and persisted a long time, giving the patient a horrible appearance. He thinks that rubeola is a distinct type of measles, and should be so recognized.

Dr. Spalding, of Hingham, reported about three hundred cases in that town, thirty of which he has treated. About a year ago he had a case which, contrary to the general rule, was more uncomfortable after the rash had come thoroughly out than before. There was marked extravasation of blood under the skin, followed by a large swelling in the roof of the mouth, from which the most offensive discharge took place. He has recently had four interesting cases characterized by puffiness about the eyes, creeping chills, bone pains, and perfect anæsthesia of small portions of the skin on the legs. He thinks this was very like Beriberi, a disease belonging to China and Japan, but which has recently made its appearance on the Pacific coast of the United States.

A paper on "The Duties and Opportunities of Local Medical Societies" was then read by Dr. Talbot.

On motion of the Secretary, it was voted that the subject for the next meeting, on March 10, be the "Water Supply of Boston," with special reference to the recent impurities in the Cochituate. Several interesting papers will be read on the subject, and members are expected to give their opinion as to whether they have met in their practice with any cases of disease attributable to these impurities.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

REPORTED BY GEORGE B. PECK, M. D., SECRETARY.

THE thirty-first anniversary of this society was observed at the Hotel Dorrance, on Friday, Jan. 14. The members were called to order by the President, Dr. I. W. Sawin, at 4.45, and the ordinary routine business transacted. Dr. Peck reported, in behalf of the dispensary, that 1,355 prescriptions had been issued to nine hundred and fifty-one patients, a marked decrease from the preceding year. This is due chiefly to the circumstance that no moneys had been furnished to supply medicines, and hence the fifteen-cent rule was vigorously enforced; also that the weekly

appointments of attending physicians were not always met. There has been a gain in both the dental and surgical departments. No funds having been provided for the out-patient department, the visiting physicians exercised their discretion, devoting attention only to those who seemed peculiarly worthy, but yet never refusing appeals from the officers of the various charitable organizations of the city. Their labors were quite as arduous as in the preceding year, though the number treated was not as large; 1,587 visits to three hundred and five persons. The benevolent and the suffering should alike remember that since December first, homœopathic as well as allopathic physicians have been employed by the city, and the only way to insure gratuitous treatment under the former system is by application for an order to the Overseer of the Poor. It was also stated that arrangements had been perfected for placing the dispensary upon a strong foundation within the next six weeks. Drs. Robert Hall and William Von Gottschalck were reappointed its special committee. Dr. Sawin having previously announced that in no event would he accept re-election, the society chose Dr. George D. Wilcox, the late Vice-President, to fill its executive chair. That gentleman also persistently refused the appointment. The following physicians were then elected to their various offices with remarkable unanimity:—

President. — John C. Budlong, of Centredale.

Vice-President. — Robert Hall, of Providence.

Secretary. — George B. Peck, Jr., of Providence.

Treasurer. — Charles H. Barnard, of Centredale.

Censors. — Isaac W. Sawin, Wm. Von Gottschalck, Mary D. Mathews, of Providence.

The retiring President now presented his address (see page 67). It was referred to a special committee, consisting of Drs. E. B. Knight, Geo. D. Wilcox, and Charles L. Green, to consider its recommendations and report at the next meeting.

Dr. J. W. Dowling, Dean of the New York Homœopathic College, after stating that the so-called uræmic symptoms in Bright's Disease often resulted from anæmia of the brain, mentioned two cases, illustrating the importance of autopsies. One had been diagnosed (past history confirming) as an old pleurisy with absorption of effusion and carnification of the lung. The *post mortem* revealed that condition, but what was believed to be the mass deposited by the exudation proved to be an aneurism of the ascending aorta, with walls of fibrinous deposit three inches thick, the cavity no larger than an egg, and the opening insufficient to admit a finger. The distinction as to the nature of such a deposit could not, of course, be effected in life. The other was reported to the health officer as a case of simple meningitis,

caused by taking cold while convalescing from other illness. The certificate was returned as doubted. Reasons were then given for the diagnosis, which proved satisfactory; but the matter could not be absolutely settled, for no *post mortem* was permitted.

Dr. Herbert C. Clapp, of Boston, made a few remarks on the former case.

Dr. E. U. Jones, of Taunton, narrated an exceedingly interesting case of empyema, in which purulent matter was discharged freely through the wall of the chest, and also to a slight extent by coughing. During six months abscesses formed over the body; and from those on the scalp, portions of the cranium were removed, yet the woman lived six years afterward.

Dr. Dowling advised physicians to spend more time in the study of physical diagnosis, considering it of at least equal importance with materia medica.

By request of a member, who had attended the annual meeting of the Boston Society the night previous, Dr. Dowling repeated his account of a case of stenosis and insufficiency of the mitral valve, and stenosis of the aortic valve. The case was properly diagnosed eleven years ago by an eminent allopathic specialist, who assured the patient two years would be the extreme measure of his life; but under the care of a homœopathic physician of New York, he had continued until within nearly as many months. The heart weighed seventeen ounces. The left ventricle alone was of normal size.

In accordance with an invitation previously extended, Dr. Jones read extracts from a valuable paper on Climatology in its Relations to Phthisis, originally prepared for the Massachusetts Society.

At this instant, supper was announced, and the members, with their invited guests, repaired at once to the dining hall, where a well-laden table waited to receive them. Its thirty-four plates were promptly covered, when the new President, Dr. Budlong, called upon Chaplain Frederic Denison to invoke the divine blessing. After the appetites of all had been satiated, Dr. Budlong called upon the Secretary to serve as toast-master. He announced the following sentiments, which were duly responded to:—

The State of Rhode Island: Its interests are safe while guarded by an Alfred. His Excellency A. H. Littlefield.

The American Institute of Homœopathy: The history of its four decades insures brilliant triumphs in the future. Dr. J. W. Dowling, President of the Institute.

Brown University: The best preparatory school for life. President E. G. Robinson, D. D.

The Clergy: Faithful *pickets* in the army of righteousness. Rev. E. Pickett Farnham.

Newport: Rhode Island's pride, the brightest gem of the Atlantic Coast. Lieut.-Gov. Henry H. Fay.

The Rhode Island Militia: It can attain perfection only by following well-tried *roads*. Brig.-Gen. Elisha H. Rhodes, late colonel Second Regiment, R. I. V.

The Episcopacy: Ever distinguished by its good works, for James is a favorite apostle. Rev. James W. Colwell.

Our Medical Journals: Indispensable aids to the successful practitioner. Dr. Herbert C. Clapp, of the NEW ENGLAND MEDICAL GAZETTE.

Finally the toast-master stated that much was said about the "cheek" of doctors at the time their bills were sent in; but he knew of two men who had more brass than any physician he had ever met. One was Capt. Charles C. Gray, of the First Rhode Island Light Artillery, a printer by trade, who captured a battery of Confederate artillery single-handed; the other chanced to be present, and he would like Chaplain Denison, of the First Rhode Island Cavalry, to inform the company how he brought in as prisoners, upon a certain occasion, six armed rebels. After a very neat speech, in answer to repeated demands, the chaplain complied.

A brief business session was now held in the parlor, during which Dr Dowling was elected an honorary member of the society. The doctors and their guests then dispersed, apparently in excellent spirits. The post-prandial speeches were exceptionally meritorious; each one seemed particularly happy. The professional meeting was exceedingly fascinating and instructive. Indeed, in every respect, it was the most successful session held by the society for some years.

REVIEWS AND NOTICES OF BOOKS.

FOX'S CUTANEOUS SYPHILIS. Parts 4, 5, and 6. New York: E. B. Treat.

These photographic illustrations fully maintain the excellence of those preceding. They represent the syphilodermata (papulosum, pustulosum, squamosum, tuberculosum, etc.), also onychia syphilitica, hydroa, and for a contrast, eczema squamosum non-syphiliticum. The accompanying descriptive text is clear, concise, and to the point. Several different classifications of the syphilodermata are given, and a tabular differential diagnosis between chancre and chancroid is made up after Bumstead.

MINOR SURGICAL GYNÆCOLOGY. By Paul F. Mundé, M. D. New York: Wood's Library of Standard Medical Authors.

This we consider one of the most valuable books in the series. It does not pretend to take the place of regular treatises on gynæcology, but discusses in detail many practical points, such as minute technicalities of local examinations, manipulations, and minor operations, for which there is no room in such treatises, but which are absolutely necessary for success, and which can only be learned in private practice without such aid with many annoyances. The book contains three hundred and eighty-one pages and three hundred good illustrations.

BILIARY CALCULI, PERINEORAPHY, AND HOSPITAL GANGRENE. By C. H. Von Tagen, M. D. New York: Boericke & Tafel. 1881. Pages 154.

A very interesting trio of essays on subjects which will not fail to be benefited by a little expansion. By frequent references to the literature of each subject, the author has shown himself well posted in their history. He speaks well of Dr. Thayer's *China* as a prophylactic against gallstones, uses the sweet-oil treatment, doubts the efficacy of Dr. Buckler's *Chloroform* and *Hydrated succinate of peroxide of iron* as remedial solvents, and commends Dr. Thomas's removal by the knife. For the treatment of hospital gangrene he strongly urges the use of *Bromine*. The most interesting of the three essays, however, is that on the treatment of lacerated perineum, which is exceedingly well prepared, well illustrated, and bears evidence of having been written by one who understands his subject.

REVELATIONS OF A BOSTON PHYSICIAN. By C. W. Stevens, M. D. Boston: A. Williams & Co. 1881. Pages 252.

A collection, dedicated by permission to Oliver Wendall Holmes, of thirty-three short stories or sketches "intended to illustrate the miseries of the very poor, the delusions of diseased imaginations, the sham diseases of sham patients, and amusing episodes occurring during the course of real sickness, all of which are true or substantially true." When the hard-working doctor is too tired to be able to make any real mental exertion, two or three of these little stories may serve to drive dull care away and to afford the needed recreation. Some of them are funny, some pathetic, some utterly absurd and amusing in their very absurdity. To the reader who doubts the internal evidence of their truth, vouched for in the preface, the author might say with Mr. Murray in his Adirondack sketches, "If you don't believe it, ask John."

ELECTRICITY. By C. W. Boyce, M. D. Chicago : W. A. Chatterton. 1880. Pages 85.

This little volume discusses briefly the nature of electricity and its forms, — magnetism, static and dynamic electricity, and the induced current, —and offers a study on electro-physiology.

TEETHING AND CROUP. By W. V. Drury, M. D., with additions by T. C. Duncan, M. D. Chicago: Duncan Brothers. 1881. Pages 58.

Dr. Drury's little book has had quite an extensive sale among the mothers of Old England, and is now reprinted with American additions by Dr. Duncan.

ROCKY MOUNTAIN HEALTH RESORTS. By Charles Denison, A. M., M. D. Boston : Houghton, Mifflin & Co. 1881.

This little book is an analytical study of high altitudes in relation to the arrest of chronic pulmonary disease, special reference being made to the climate of Colorado, which is the author's home. While Dr. Denison has gathered together some facts which are worth knowing, yet after their perusal it is painfully evident that a really first-class work on the climatic treatment of consumption in this country, which we all so much desire, remains to be written.

A PICTORIAL MANIKIN OF THE HUMAN BODY. By G. J. Witkowski, M. D., of Paris. New York: Joseph Cristadoro. G. F. Corbiere, 93 William Street.

This work is being published in seven parts; each, however, complete in itself and for sale separately. The first part, now before us, is on the Trunk. By means of very ingeniously arranged superposed colored plates, which can readily be turned back one after another, the muscles, many of the bones and cartilages, and all the viscera are exposed to view as in actual dissections. Not only are the relations of internal organs to each other clearly shown, but also, by means of sections, the interior parts of these organs themselves are displayed; as, *e. g.*, the cavities of the auricles and ventricles of the heart. Accompanying the manikin is an octavo pamphlet describing the form and functions of the human body, together with an explanatory anatomical index, referring by means of numbers to corresponding numbers on the manikin. To refresh one's knowledge of regional anatomy, the manikin will do good service, and is certainly very ingenious.

AN INDEX OF COMPARATIVE THERAPEUTICS. By Samuel O. L. Potter, M. D. Chicago: Duncan Brothers. Pages 280.

A few sample pages of this book, in the form of an article, appeared in the GAZETTE in January, 1880, as most of our readers will remember. The same plan of arrangement in two parallel columns, one illustrating the most advanced allopathic modes of treatment, the other homœopathic, has been carried through all the more common diseases. By a difference in type the drugs used in common for the same disease by both schools are shown at a glance, as well as those which are used exclusively by either school. It will readily be seen that thus the homœopathicity, however crude, of much of the practice of the more advanced men of the regular school becomes evident. But this purely speculative interest is not all that entitles the book to consideration. As a practical guide it has claims. Those who expect to derive *all* their therapeutical knowledge from it, or to get anything like exact indications for drugs, will be wofully disappointed, as is always the case with those who entertain unreasonable expectations. It must be remembered that this little book only pretends to be an *index*. As such it is very elaborate and serviceable, calling up to mind remedies for which closer indications must be supplied either from a well-stored memory or from works on materia medica. Dr. Potter's compilation must be the result of a large amount of painstaking and accurate work, and will be appreciated. It is printed in fine type on thin paper, and thus is compact enough in form for the pocket.

THE ARCHIVES OF MEDICINE for February contains, besides other matter, a very interesting twenty-five page article on ulcerative or infectious endocarditis, and two on the treatment of the insane.

THE HOMŒOPATHIC PHYSICIANS AND SURGEONS OF AMERICA. Edited by Drs. H. N. and J. C. Guernsey. Philadelphia: Charles Robson & Co. This book, which is promised for next October, for which circulars desiring information have already been sent out, will undoubtedly be a very desirable possession. This opinion we should not give if we had the least suspicion that it was to be anything like an abominably trashy book of somewhat similar aim published about eight years ago. This latter contained enough sappy and fulsome eulogistic autobiographies to be disgusting. We are persuaded that nothing of the kind will be allowed here, and that the facts presented will be very valuable.

OTHER BOOKS RECEIVED. — Transactions of the World's Homœopathic Convention of 1876, Vol. II. History of Homœopathy. Kent's Sexual Neuroses. Kane's Drugs that Enslave. Smith's How to See with the Microscope. Brigham's Catarrh. Clowes's Chemistry. Medical Progress, by Elbridge C. Price, M. D.

ERRATA CONTAINED IN THE TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1879 AND 1880.

To the Editor of the Gazette:

We are indebted to the zeal and industry of Dr. Joseph C. Guernsey for the long delayed volume of the Transactions of the American Institute of 1879, followed in a very short time by the Transactions of 1880. Owing to the unusually rapid editorial work, a number of typographical errors escaped attention, thus often obscuring the meaning of articles. A list of these errors, with corrections, pertaining to the Reports of the Bureau of last March, mostly furnished through the kindness of Dr. L. Sherman, will doubtless be of service to the members of the Institute in correcting their copies. Yours truly, C. WESSELHOEFT.

TRANSACTIONS OF 1879.

Page 311, line 29, read "auric chloride."
Page 332, line 30, read "$\frac{1}{8000000000}$."
Page 333, line 15, strike out "contractile force reckoned."
Page 334, line 17, read "smallest *possible*."
Page 336, line 33, read "million million *million*."
Page 356, line 15, read "*there* will be."
Page 362, line 1, read "to vanity."

TRANSACTIONS OF 1880.

Page 184, line 33, read "$\frac{1}{950000}$."
Page 186, lines 11, 13, 15, 17, read "aluminum."
Page 198, line 27, repeat the whole line.
Page 201, line 35, read "futility."

HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.

REPORT OF PATIENTS TREATED DURING THE YEAR ENDING DEC. 31, 1880.

	New Patients.	Prescriptions.
CENTRAL DISPENSARY, 14 BURROUGHS PLACE:		
Medical Department	1,208	3,633
Out patients	266	1,668
WEST END BRANCH, CHARITY BUILDING:		
Men's Department	1,185	3,239
Women's Department	922	2,499
Out patients	250	976
COLLEGE BRANCH, EAST CONCORD STREET:		
Medical Department	2,331	5,147
Surgical Department	630	1,385
Women's Department	786	1,711
Dental Department	629	749
*Eye and Ear Department	504	1,961
*Heart and Lungs Department	508	1,157
*Children's Department	439	912
*Skin Department	247	554
*Throat Department	187	519
*Nervous Department	10	29
*Ear Department	24	38
Out Patients	1,114	4,859
Total	11,240	31,036

H. C. CLAPP, M. D., *Supt.*

* Open twice a week. All other departments are open every day, except Sunday.

Our Miscellany.

THYMOL is said to have the property of immediately removing the odor of tobacco.

NO WOMEN are to be admitted to the International Medical Congress (allopathic), which meets in London next August.

STUDENTS. — There are one hundred and sixty-five students in the New York Homœopathic Medical College, sixty of whom will apply for graduation.

SUCCESS. — At the Homœopathic Hospital, W. I., six hundred and forty-eight patients were treated during November, with the unprecedented mortality of only 1.08 per cent.

LONDON FOGS. — The use of anthracite coal as a substitute for bituminous coal has been suggested as a means of lessening the fogs, and thereby decreasing the death-rate.

DIABETES AGGRAVATED BY RAW OYSTERS. — Dr. Uhler mentions the case of a man, about sixty-four years of age, suffering with slight brain trouble and paralysis, with evidence of sugar in his urine, whose urine, each time he ate raw oysters, increased in specific gravity from 1013 to 1028 or 1030.

DR. PAUL BROCA, who died last July, discovered the location of the faculty of language to be in the posterior part of the third frontal convolution of the left hemisphere. He founded the Society of Anthropology, and was considered the greatest authority in the science. He believed thoroughly in the education of women, and one of his last works was a masterly essay on the subject.

TUBERCULAR CONSUMPTION INFECTIOUS. — The "Norsk Mag. für Laegevid" contains an article by Dr Bryhn, embodying some striking facts observed by him, proving the infectious nature of tubercular consumption. According to his theory and experience, consumption is contagious, especially in the advanced stage, and contagion is equally as powerful a cause as inheritance.

COLD BATHING. — Dr. George Johnson — in "London Lancet" — says: "I have arrived at the conclusion that more people are injured than are benefited by cold bathing; and I am confident that if the urine of all men, women, and children who paddle about in the sea until they are blue and cold were tested within a few hours after their immersion, it would be found to be more or less albuminous in a large proportion of cases."

ARTERIAL INFUSION OF BLOOD.—Prof. S. P. Kolomnin performed this operation ten times. He injected defibrinated blood into the peripheral end of the radial artery. He claims the following advantages over the venous transfusion: It is as simple and as easily performed as the latter; a greater amount of blood can be injected (from 100 to 220 c. c.), which enters the heart more gradually, and there is no danger of obstructing the vessels of internal organs. — *Transactions of the Society of Russian Physicians*, 1880.

A CURIOUS EXPERIMENT. — After the execution of Menesclen in Paris, not long since, for the murder of a little girl — Louise Due — his remains were conveyed to the anatomical theatre and subjected to a singular experiment Dr. Sappey injected under the cutaneous tissue of the head some fresh-drawn blood from the carotid of a living dog. The result was startling, for the color returned to the cheeks, there was a perceptible nervous tremor, while the lips slightly moved. The same treatment applied to the body produced no effect. — *St. Louis Clinical Review.*

A TÆNIA "IN SITU." — M. Laboulbéne, in making the autopsy of a man who had suddenly died from the rupture of the pulmonary artery, was afforded an opportunity for studying a tænia *in situ*. Nothing was found in the stomach or the duodenum of the subject. When the jejunum was reached, he found a tænia folded upon itself, and occupying a space of forty-eight centimetres (about a foot and a half). The head was directed superiorly. The worm was alive, thirty-three hours after the death of the patient. Several living cucurbita were seen. The tape-worm measured 412 centimetres in length.

INFLUENCE OF ALCOHOLIC BATHS ON THE PERSPIRATORY FUNCTION OF THE SKIN. — Dr. S. Wassilieff found that after the skin had been thoroughly rubbed with alcohol, hot baths induced much more profuse perspiration, exceeding sometimes four or five times the amount of water lost without previous treatment with alcohol. Hence the two processes should be combined when there is an indication for the extraction of a considerable quantity of water through the skin. Dr. Wassilieff explains the action of the alcohol by an irritation of the sensitive and secretory nerves of the skin, and also by the removal of fat from the surface of the skin and the glandular pores. — *Vratch.*

CAUSES OF OBESITY. — Dr. Emil Querner says that the morbid accumulation of fat in the body — *i. e.*, more than one twentieth part of the weight of the whole body — is mainly due to relatively too small lungs, and the consequently insufficient oxidation of the fat of the blood during respiration, and the deposition of the same in the cellular tissue.

Inactivity of the skin and of the liver seem to be minor agencies for this morbid process, which is augmented by gluttony, long sleep, and sedentary habits. That the use of beer and whiskey causes persons to become fat is also explained by the fact that these beverages check, to a certain degree, the expansion of the lungs during respiration.

GOOD ADVICE. — An aged miser feeling unwell, but grudging to pay a doctor's fee, sees with pleasure a medical gentleman with whom he is acquainted approaching him on the sidewalk.

"How do you do?" said the doctor on meeting him.

"Well! I don't feel very well, doctor," replied the miser; "in fact I am quite out of sorts. I have no appetite, my tongue is coated, I have pains in the back and in the head," and so on.

"Hum!" said the man of science, "that is pretty bad!"

"What would you advise me to do, doctor?" asked the avaricious one.

"To consult a doctor, by all means," replied the doctor, and walked away.— *Exchange.*

VARIATIONS IN THE SIZE OF DROPS. — The axiom "A drop is a drop" is not always applicable to a medical prescription. Liquids containing a small amount of water afford a small drop, and *vice versa*. Gmelin's statement that "The cohesion of liquids is pretty nearly in proportion to their specific gravity" is questioned; and the fact that *Alcohol* and *Mercury* afford nearly the same number of drops to the drachm, certainly throws considerable doubt on the matter. The size of drops greatly depends on the cohesion of the liquid, and on the form of the lip over which the drop falls. The largest drop is formed by syrup of *Gum arabic*, forty-four to the drachm; and the smallest by *Chloroform*, two hundred and fifty to the drachm. As a general rule, tinctures, fluid extracts, and essential oils yield a drop less than one half the size of water; and syrups, dilute acids, and solutions give a drop but slightly less than water.

BOGUS DIPLOMAS. — The honor (?) of instituting bogus diplomas has fallen from Buchanan, as will be seen in the following anecdote of Rabelais, who was born in Touraine in 1483 and received his degree in medicine at the University of Montpelier in 1537, after a seven years' course of study. This university, it is said, sold diplomas extensively, in many instances even dispensing with the name of the buyer. Rabelais, satirist as he was, as well as physician and philosopher, played a practical joke on the venerable faculty. He sent them a formal application in behalf of a young friend, enclosing the customary fee, ending with the request that the degree of M. D. be conferred on this friend, whose name was Johannes Caballus. In due time the precious sheepskin arrived; but the rage of the faculty may be better imagined than described when the report reached them they had conferred the degree upon a jackass, — M. Johannes Caballus being none other than Rabelais's favorite jackass.

NOTHING NEW! — One is inclined to accept the trite axiom, "There is nothing new under the sun," on finding that what one has been led to consider a new idea or theory has been known and practised for generations, sometimes even for centuries. In Peru fossil skulls have been found, with apertures evidently made with the trephine. The Récamier speculum has been found, fairly represented, amid the curiosities

of Herculaneum. The most complete tourniquet of the present century was used also by Petit more than a century ago. A ligature similar to Ambrose Paré's was used by Fabricius in the seventeenth century, and was even recommended by Schultz, the famous German surgeon, who was a pupil of Spigelius in 1620. Acupuncture was familiar to surgeons in the seventeenth century. Anæsthesia was used in Spain as early as 1498, and at a still earlier date its use was familiar to Guy de Chauliac. Antiseptic drainage tubes, as suggested by modern gynæcologists, were known to Hippocrates, who was born 4600 B. C., and were in general use in the fifteenth century. Crede's method of expressing the placenta was used by the old squaws of the Kiowa tribe of North American Indians; and the Egyptians, centuries ago, filled cavities in their teeth with gold.

To cure Fits of Sneezing. — A correspondent of the "British Medical Journal" says: "During the recent rapid changes of temperature, I caught a severe cold in my head, accompanied by almost incessant sneezing. The slightest impact of cold air, or passing into a warm room, brought on a fit of sneezing. I snuffed camphor and pulsatilla in vain. Resolving at length to see what the maintenance of a uniform temperature would do toward diminishing the irritability of my Schneiderian membranes, I plugged my nostrils with cotton wool. The effect was instantaneous: I sneezed no more. I have often tested the efficacy of this simple remedy, and it has never failed me. The pledgets should be sufficiently firm not to tickle, and yet left sufficiently loose to easily breathe through" This simple remedy is worth knowing, is within the reach of all, and may greatly alleviate one of the most distressing features of the "hay fever."

Substitute for Plaster of Paris. — After a series of experiments, Prof. Von Langenbeck recommends tripolith for surgical purposes. It was discovered by Schenk, and consists of lime, silicon, and the oxide of iron. It is gray, of fine quality, lighter and more durable than plaster of Paris; and as it is unaffected by the weather, is well adapted for stucco work. It is applied in the same cases and in the same way as the plaster-of-Paris dressing. After enveloping the limb or body in flannel, the gauze bandages that have been impregnated with the tripolith powder are immersed in water, then smeared with a thin paste of the tripolith and applied It does not absorb moisture as readily as plaster of Paris; it is lighter by about fourteen per cent, and more easily worn. The dressings harden sooner, and when once dry and hard never absorb any moisture. It is therefore possible for patients to bathe while wearing the tripolith dressing. It is beside cheaper than the plaster of Paris. — *Berlin Klin. Woch.*, 1880.

A New Physical Sign in Thoracic Anfurism. — Dr. Drummond, of Newcastle-on-Tyne, demonstrated before the Northumberland and Durham Medical Society a physical sign which will be of considerable value in the diagnosis of aortic aneurism, should it not prove to be pathognomonic. When a patient suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the biaural stethoscope, and is evidently a sudden, involuntary expiration, caused by the sudden systolic expansion of the sac expelling air from the chest. Dr. Drummond has demonstrated this physical sign to be absent in cases of aortic valvular disease without aneurism, while it is present in each of the four cases of aneurism which has come under his notice since the discovery of the sign; he also thinks it will be of importance in distinguishing between aneurism and sarcoma of the lung. — *Dublin Journal of Medical Science.*

Obesity. — The "Lancet" says: "No doubt it is unpleasant to be excessively obese; but the morbid dread of fat, which has in recent years become fashionable, has no foundation in physiological fact. In excess it is inconvenient, but the external laying-on of fat is no certain measure of the internal development of adipose tissue. Much less does a tendency to grow fat imply a tendency to what is called 'fatty degeneration.' Again, it is *not* true that special forms of food determine fat. That is an old and exploded notion. Some organisms will make fat, let them be fed on the leanest and scantiest and least saccharine descriptions of food, while others will not be 'fattened,' let them feed on the most 'fattening' of diets. This matter is one in regard to which it is supremely desirable and politic to be *natural;* adapting the food taken to the requirements of health rather than substance. Simple food, sufficient exercise, regular habits, with moderation in the use of all stimulants, compose the maxim of a safe and healthy mode of life."

LIFE INSURANCE EXAMINERS. — The president and medical director of the Homœopathic Mutual Life Insurance Company, of New York, was asked, Is it a fact that our physicians are refused the position of medical examiners for other companies, and why? He answered that as a rule, this was the fact; and in stating the reasons, related an occurrence of a few years previous. Having asked an officer in one of the oldest life companies why he had discharged a physician who had recently become a convert to homœopathy, and who had been a satisfactory medical examiner for twelve years previously, — if he was not as sound and accurate an examiner as before, — he was answered, "No, because he will now pass risks that he would before have rejected." Having further inquired if that were because he now looked on disease more hopefully in many cases, thinking he could cure where formerly he would have failed, he was assured that it was just so. To which Dr. Kellogg replied, "Then you have paid the highest possible compliment to our system of practice in discharging that physician; for certainly his belief must be based upon actual comparison and experience, and he has honestly chosen the better method of cure."

HERING MEMORIAL VOLUME.

AT the "Hering Memorial Meeting," held in Philadelphia on the tenth day of last October, at the same hour that similar memorial meetings were held in the chief cities of the United States and Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of "The Hering Memorial," which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one which we are sure would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this memorial volume, for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs. Boericke & Tafel, the well-known publishers, have kindly consented to attend without remuneration to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing, and binding. Whatever sum remains after paying these four items will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours respectfully,

C. G. RAUE, M. D.,
121 North Tenth Street,

C. B. KNERR, M. D.,
112 North Twelfth Street,

C. MOHR, M. D.,
555 North Sixteenth Street,
Philadelphia.

A GRATEFUL PATIENT.

I WAS called at midnight to visit a gentleman who had just returned from a late dinner, where he had succeeded, by hasty eating, in lodging a large fish-bone in his throat. I provided myself with an emetic, a pair of œsophagus forceps, and other paraphernalia designed to give him relief, and hurriedly repaired to his room. I found him pacing up and down the floor with a look of intense distress and anxiety, occasionally running his fingers down his throat and gagging. He told me, in tones of despair, that he thought it was all up with him, but begged me, if the least glimmer of hope remained, to proceed at once in my efforts to relieve him. He extravagantly declared, in the generosity of spirit begot by the vividness of his fears, that he would give a million dollars to have that fish-bone removed. I assured him that such cases were frequent and ordinarily not attended with much danger, before proceeding to carry out measures for relief. His fears underwent some diminution on the strength of this, and he then declared that fifty thousand dollars would no more than repay the skill and art required to extricate the unwelcome intruder. I smiled and proceeded to introduce the forceps, but after several attempts failed to grasp the bone. His fears again induced him to mention a fabulous sum as the meed of the service that would expel the object of his terrors. I then gave him the emetic, its depressing effect causing his generosity to rise again, barometer-like, to a very high pressure. In a little while the emetic disburdened him of the greater part of his dinner, and with it up came the fish-bone. He gave a sigh and a look of relief, and solemnly looking toward me, said, " Doctor, I would n't have that thing in my throat again for five dollars ! "

My fee eventually resolved itself into the " valuable experience " that the occasion afforded me. — *Medical Record.*

BILIARY CALCULI.

EDITOR MEDICAL BRIEF: I have suffered from the presence of gall-stones as persons seldom suffer. For fifteen weeks, almost every day one or more calculi passed, and the anguish was so great that the inhalation of chloroform appeared to me to be the only thing to keep body and soul together. Chloroform gave only temporary relief. Have inhaled it over a hundred times. Used every remedy of the materia medica that promised any relief, as prescribed by our most learned and experienced doctors, but without relief from any of them. Finally, upon advice of Dr. Pitchers, of Detroit, I took a remedy which brought away over one hundred crystallized globes, as large as a marrowfat pea, at one evacuation. I have since treated more than a score of sufferers, with the best results and to the satisfaction of all concerned. Remedy: Sweet olive oil, six to eight ounces. First empty the stomach by emetic or by fasting (the latter way preferable). Twenty or thirty minutes after swallowing the oil, which will give time for it to pass into the duodenum, recline upon the left side, with the hips elevated higher than the shoulders. The oil will find its way down the ductus communis and reach the enemy in their castle, — to wit, the gall bladder. Every calculus will be lubricated and slide out of the fount and through the intestines Now, to be certain the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating upon the water. No cathartic will be necessary. Nothing more need be done. I recommend the foregoing treatment with the utmost confidence. I have experimented extensively upon cholesterine, but have never discovered a solvent that could be safely introduced into the stomach. Our supposition is, that by the occasional use of the oil, as above, the cholesterine will not crystallize in the human system. J. W. BABBITT, M. D.

YPSILANTI, MICH.

MEDICAL JOURNALS, &c.

THE ANNALS OF ANATOMY AND SURGERY is the new name of a $2.00 monthly, the first two volumes of which have appeared under a somewhat similar title, and is published at 28 Madison Street, Brooklyn, N. Y. The paper and typography are very elegant, and the contents are of a high order of excellence.

THE MASSACHUSETTS ECLECTIC MEDICAL JOURNAL (monthly) is a new enterprise just started by Dr. H. G. Barrows, of Boston, editor, and published at 31 Cornhill, at $2.00 a year. To the best of our knowledge and belief, the Eclectics in New England have never until now had an organ of their own. It starts off very well, the first two numbers which have reached us containing some very interesting articles.

"THE ORGANON" SUSPENDED. — Dr. Skinner issues the following note to subscribers, dated Liverpool, January, 1881: —

"It is with extreme regret that the editor announces the abrupt termination of 'The Organon.' He has long devoted to its pages much time and attention, and finding it impossible any longer to do so without serious risk to his health and interference with other duties, he has determined to relinquish all interest in the undertaking. He feels that some apology is due for having raised the expectation of the public by issuing the first part of a new volume, but he has desired the publisher to return the full amount of all the subscriptions already received, and thus issues the first part without charge."

NEW YORK MEDICAL ABSTRACT. — This new journal, beginning with January, cannot fail to be very acceptable to, and popular with, the profession. Like "Braithwaite's Retrospect," it does not contain original matter, but is a compilation and abstract of the best articles in contemporary medical literature. Judging from the first number, it does its work much better than "Braithwaite's," and also has the advantage of greater freshness, it being published every month. Those who cannot afford the money or the time for a varied list of periodicals, especially British, will appreciate it. One dollar a year. Sample copies will be sent free from 93 Fulton Street, New York.

NEW HOMŒOPATHIC JOURNALS. — The opening of the new year brings quite a flood of new journals, among which are four devoted to homœopathy: The "Homœopathic Courier," of St. Louis, a monthly, edited by Drs. Richardson, Boyd, Kent, and Thrasher, 64 pages of large, handsome type, subscriptions $2.00, 721 Chestnut Street; the "Medical Herald," also a St. Louis monthly, $1.00, edited by Drs. Goodman and Taylor, successor to the "News," and with the same object; 2628 Gamble Street; the "Homœopathic Physician," a $2.00 monthly of 40 pages, published at 3d Avenue and 175th Street, New York, edited by Dr. E. J. Lee, Philadelphia, — the organ of the extreme high-potency dynamizationists; the "Medical Call," a bright 50-cent 32-page quarterly, edited by Drs. Foster and Crandall, Quincy, Ill. With our twenty homœopathic journals, we certainly have enough now. The next thing is to go to work vigorously and improve them (for which there is an enormous room), and make them more worthy of our beloved science and art.

REMOVALS. — W. E. Harvey, M. D., from North Anson, Me., to Cambridgeport, Mass. H. T. Gatchell, M. D, son of H. P. Gatchell, M. D., from Atlanta, Ga., to 165 Boylston Street, Boston (with Dr. Phillips). E. W. Taylor, M. D., from Freeport, Ill., to 17 Hanson Street, Boston (with Dr. Colby). George E. Percy, M. D., from Boston to Salem, Mass. (with Dr. Cate).

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 4. APRIL, 1881. VOL. XVI.

EDITORIAL.

A PAIR OF TWINS.

MANY physicians, of this vicinity at least, clearly remember how, not long ago, Dr. H. L. Chase, of Cambridge, one of our most prominent homœopathic practitioners, a man of good education and unusual skill, of great experience derived from more than thirty years of very extensive practice, with moral character above suspicion, was, by our exceedingly glorious (!) and time-honored system of trial by jury, legally defrauded out of almost $5,000, on the absurd ground of allowing a woman's pubic bones to separate at the symphysis during labor. A pretty woman's tears, pathos, and dramatic action prevailed more with the jurymen than the expert evidence of educated medical men, *many* of whom came forward voluntarily in support of Dr. Chase, among them Dr. Morrill Wyman and several other prominent allopathic physicians. Intense indignation was aroused among the respectable inhabitants of Cambridge against the woman, whom they believed to be a crafty adventuress, adopting this method of filling her depleted coffers. Even the "Boston Medical and Surgical Journal" espoused Dr. Chase's cause, snubbing one of its hot-headed correspondents who considered that the doctor deserved no sympathy because he was a homœopathist, and recognizing the obvious fact that in such matters we are all in the same box, liable at any moment to be accused by some avaricious scoundrel whom we may have been unfortunate enough to have attended, perhaps gratuitously too, on some trumped-up charge, and have our reputations freely

besmirched. It is indeed a matter entirely outside of all "school" boundaries, and we as homœopathists ought to be willing to stand by any educated physician, of any school or "pathy," who has fallen into such a trap, lending him our moral and, if necessary, material support.

The above remarks have been suggested by a recent case which cannot fail to appeal strongly to our sympathies. In 1878, a woman who, from the developments at the trial, might perhaps best be designated as a strumpet, received gratuitous treatment at the dispensary of the Boston City Hospital from its regularly appointed gynæcologist, Dr. Boardman, for more than two months. The only operation which Dr. Boardman ever performed on her was the simple one of puncturing the cervix for local depletion, through a speculum, in the presence of the medica externe. When discharged convalescent she expressed her gratitude, but three weeks afterwards she threatened the doctor with a suit for malpractice unless he at once paid her hush-money. On his refusal she carried out her threat, and the case has recently been tried in court. There she testified before a crowd of men that Dr. Boardman had on one occasion, for experimental purposes, amputated her *clitoris*, together with a piece of mucous membrane of the vulva as large as her hand, after which she bled freely; "that as soon as the operation was finished, she arose from the table and went home; that in consequence of that operation she has been in mental and physical misery most of the time since; her menstruation has stopped; she has spasmodic pains; she has lost many pounds in weight; she is disabled from her ordinary work; she has distressing hallucinations; and she has been obliged to break an engagement of marriage, because with the loss of her clitoris, she has found on trial that her sexual desire has departed; that she knows her clitoris is gone, for she has examined her person with the aid of a mirror." She claimed $3,000 damages. Two well-known physicians who examined her testified that they found no loss of tissue whatever about the genitals, and that what she considered the scar resulting from the mutilation was merely the meatus urinarius, which readily admitted the catheter. Judge Pitman charged the jury that the case was one mainly of *veracity;* if they had any doubt of the woman's story (for on her was the burden of proof), they should give their verdict for the defendant.

Utterly inconceivable as it may seem, the jury deliberated many hours on this question of veracity and then failed to agree. It was reported that they were equally divided. Six of these noble American citizens, although on their oaths, believed the nasty stories of this vulgar woman, utterly improbable in themselves, not to be believed even if there had been no rebutting testimony. Dr. Boardman's friends hope that he will insist on a new trial. We hope so too. But what guaranty have we that it will result any more fairly than this? How do we know that it is not *our* turn next? Each one of us is liable at any moment to be pounced upon by disreputable harpies, eager for plunder, who can easily enough find plenty of unscrupulous legal advisers to go shares with them. Verily, blessed is he at such times who has nothing! This is the only cheerful side of the picture we can see, — the compensation to the physician who does a small business, and who has only a moderate allowance of this world's goods. We know of more than one well-to-do physician who has recently put his property into other hands, to avoid the risk and anxiety of constantly feeling liable to such annoyances. The facility with which these fraudulent suits are brought is perfectly disgraceful. Courts of *justice*, indeed!

THE CLIMATE OF SAN FRANCISCO.

BY F. F. DE DERKEY, M. D., SAN FRANCISCO, CAL.

THROUGH a recent publication of the United States Signal Service, San Francisco branch, regarding the climate of our region, I find myself induced to write a few notes on the climate of California, and especially that of San Francisco, which I have no doubt may interest the numerous readers of the GAZETTE.

This side of our boundless continent, or the Pacific Slope as it is called familiarly, is so far removed from the Atlantic coast that it is regarded with a certain amount of curiosity. "Distance lends enchantment," which is generally the greater the more the obstacles and difficulties encountered. The distance is the same, with a whole continent between, as it always has been, but the obstacles and difficulties to traverse it have been considerably lessened within a little more than the last decade. Since the completion of the railroad across the continent, the journey has become but a pleasure trip, which it is to be hoped will become

comparatively cheap very soon by the completion of other transcontinental routes. This may be an inducement, perhaps, to many of your readers to make a short or longer visit to this really wonderful country.

B. F. Taylor, in his "Between the Gates," says: "The climate of the coast stimulates men and women like wine." I agree with him, so far, as it is a pleasant stimulation, but not quite as detrimental to the constitution as he wishes to make it out. There is a something in the air which makes you feel your strength and stamina, without correspondingly depressing you afterwards, as is the case when using ordinary stimulants; provided you get acclimated and know how to adapt yourself to your surroundings. He says also: "The weather is as varied in California as the mind of desultory man. . . . Nowhere in America are the seasons so neighborly as in California. . . . The winter is in the summer and the spring is in the winter, and harvest is in the seedtime, and autumn is lost out of the calendar altogether; and the siroccos blow from the north and the cold winds from the south, and you must sail by the almanac or lose your reckoning and get lost in the weather. The effect of this loose state of society among the seasons is delightfully apparent. You never saw such ignorant roses in all your life. They bud and blossom the year round, and never stop to undress or take a wink of sleep. Ripening fruit and baby blossoms show on the same bush at once, as they do in well-blest human families. Cherry-trees go into the ruby business in April and keep it up until October. The hills are emerald in the winter. Ireland would glory in them, and the shamrocks grow as big as burdocks. The hills are tawny as African lions or Sahara sands in the summer. The grasses look withered and dry as tinder, but they hold the concentrated richness of the year cooked down by fire. Turn out an emaciated old ox that resembles a hoopskirt with a hide on, and though you would make affidavit that on such fare he will resemble a hoop-skirt with the hide off in six weeks, yet the old yoke-bearer will grow fat, smooth, and round as a silk hat. The cattle of California are unequalled for breed and beauty. Go where you will, the splendid 'milky mothers of the herd' look handsome enough to sit to Landseer. Rosa Bonheur would be tempted to desert her kind and live with them. The butter of the coast is as sweet as the dew of June." This is using poetical license to some extent, to be sure, but there is a great deal of truth in it nevertheless. I can fully agree with him, however, in what he says regarding our immediate neighborhood: "For Eastern blood, the continent has no summer climate equal to that of San Francisco. No languid days, no enervating nights, no steam to breathe, no lightning flash to dodge.

It is the route of the trade-winds, that make a friendly call every day for half the year. They come through the Golden Gate like the king's trumpeters, in a hurry, but never hurry enough for a hurricane. More tonic weather passes that gate in the afternoon than all the lungs and windmills in America could dispose of. To the stranger, it is at first a little strong. Cold catches him. He growls and barks He thinks he has that musical instrument called catarrh, but wait awhile and it will turn into something pleasant: the catarrh is a guitar, and the cheering, invigorating wind welcome as the 'one blast upon his bugle horn that was worth a thousand men.' Often in the morning it looks like rain, and you think umbrella. You fancy the dark and angry clouds are threatening, but they are no more clouds than a Scotch mist is a thunder-shower. It is only fog from the Pacific that rolled in last night. It will all be neatly reefed by ten o'clock in the morning, like a ship's top-hamper, and out of sight. You see it coming in, leaving the tops of the hills and swinging about below in wreathy gray gauze, like a woman's veil in the wind. It settles upon the city. You button your overcoat against it. You walk briskly and breast it. It does not taste like the fog of the 'States.' It comes from the salted sea, a sort of a pickled relish, as if Lot's wife would become deliquescent; not close and smothering, but crisp and bracing. And this fog is the summer rain of the Pacific."

San Francisco is situated upon a narrow, rocky, and hilly peninsula, with the broad Pacific Ocean on the west, the Straits of the Golden Gate on the north, and the bay of San Francisco on the east. The swiftly flowing tides keep its surroundings washed and pure. The prevailing trade-winds sweep over it through the dry summer and carry off the poisoned effluvia of a large city. This insures for our locality a greater immunity from epidemics and other diseases than falls to the lot of most other large cities of the known world.

The daily observations of the Signal Service in this city, extending over many years, have brought to light many facts of interest regarding the climate of this city, which is peculiar to this locality alone. San Francisco has peculiarly a climate of its own; the change of temperature and humidity is easily distinguished a few miles from town. Its most notable characteristics are its equal temperature and the great humidity of the air. The mean winter temperature is 50 degrees, that of summer 60 degrees, the yearly average about 56. The variation which occurred in 1876 is the greatest ever recorded: the highest of that year was 76 degrees, in June, and the lowest 36, in January. A comparison with five principal cities in the United States shows San Francisco to have the least variation in temperature of any city in the Union, besides having the highest yearly mean. The

highest and lowest monthly mean is appended for the year 1878' at the cities mentioned: At New York: in August, 75 degrees, January, 32 degrees; highest, 99 degrees, lowest, 2 degrees below zero; yearly mean, 56 degrees. At New Orleans: July, 84, January, 51; highest, 96, lowest, 34; yearly mean, 70 degrees. Chicago: July, 73, January, 31; highest, 91, lowest, 1 degree below zero; yearly mean, 53. Sacramento: July, 76, December, 48; highest, 103, lowest, 28; yearly mean, 62. Red Bluff: July, 76, December, 48; highest, 103, lowest, 28; yearly mean, 62. San Francisco: September, 61; December, 53; highest, 92, lowest, 39; mean for the year, 56.6 degrees. It has also been observed that the thermometer never reaches the freezing point in this city, although frost occurs and thin ice forms occasionally during the night in exposed situations. Our summer trade-winds, which come directly from over the ocean, vary in velocity from eighteen to twenty-five miles an hour. In the winter season the velocity of the wind decreases considerably, falling to eight or ten miles an hour. Once or twice a month the wind increases to thirty miles an hour, and a few times a year to forty miles; it then has a pressure of eight pounds to the square foot. The wind begins to rise between four and nine o'clock in the morning, and is generally strongest about two o'clock P. M.; it then decreases until midnight, when it is nearly a calm. It travels at about the rate of 8,000 miles a month in the summer and 4,500 in the winter season.

The strongest winds prevail from June to September, and are highest in February. Fogs are very prevalent during the summer months, from June to October, making the humidity of our atmosphere very great. The hygrometer generally varies from 70 to 75. This city is situated directly in the path of the fogs which are formed by the vapor rising from the Japan current, which is a branch of the warm Gulf Stream flowing through the Pacific westward of us. The great humidity of our atmosphere causes the slight extremes of temperature of our climate to be felt more than they would be in the Eastern States.

ERECHTHITES HIERACIFOLIA.

BY J H. MARSDEN, A. M., M. D., YORK SPRINGS, PA.

THE plant, the botanical name of which is given above, is so common as scarcely to arrest the attention or secure the interest of any one, save that of the botanist and therapeutist. It grows abundantly throughout the Northern and Middle States, in localities where the timber of the forest has been recently cleared

away, and the brush and dead leaves burned upon the ground. From the latter circumstance it is supposed to have derived its common name, "Fire-weed." It is not, however, necessary that the ground should be burnt over to promote its growth. It will be found springing up abundantly on freshly cleared land, provided the surface be not too thickly covered with undecomposed leaves. The plant is from one to five feet high, stem grooved and often hairy, leaves lanceolate or oblong, acute, sessile. It has a rank smell, which no doubt ordinarily admonishes cattle to avoid it; and although, where growing thickly, it is trodden down and broken by grazing animals, it will be found untouched as pasturage. The flowers, which are whitish, appear from July to September.

I have here introduced this plant to notice for the purpose of relating a curious accidental proving of it which I witnessed many years ago, and probably before any proving of the same was made upon the human subject, and which I have never until now given to the profession. As this was, however, the case of one of the "inferior animals," I will not consider it more than suggestive, — as all such provings ought, doubtless, to be regarded, and not fully accepted as reliable guides in practice till confirmed by well-tested clinical experience. I had, as above intimated, up to the time referred to, met with no pathogenesis of the plant, nor do I suppose any had been published. Since then, however, Dr. Hale, in the Symptomatology of his "New Remedies," has given us a pretty extended proving, but without reference to the names of the provers. It will be noticed by the readers of the above-mentioned work that there is a remarkable coincidence between some of the symptoms there given and those I observed in the "brute," and which I am here about to state.

On the 24th of September, 1856, I was requested to see a patient residing on the eastern slope of one of the foot-hills of the South Mountain, Adams County, Pa. I rode, in the saddle, a milk-white mare, still in the prime of life, of good blood, and of a rather remarkably nervous temperament. She had, since in my possession, been kept entirely upon dry feed, with the exception, perhaps, of the indulgence now and then in a little mown grass. This circumstance accounts for her readiness to seize upon any green plant, regardless of the premonitions of animal instinct.

When near the house of the patient I dismounted to drop a set of bars, which it was necessary to do in order to gain an entrance into the enclosure surrounding the buildings; and to enable me to use both hands, I threw the reins loose over the neck. I noticed a large stalk of the fire-weed just at the bar-post, partially broken down, but still retaining many green leaves. The mare

greedily snapped a mouthful of the plant and rapidly ate it; with this I did not interfere, for I had always supposed my horse fully competent to safely select her own food. I was perhaps half an hour in the house, and in passing the same bars upon my return, rather to my surprise, the mare seized another mouthful of the same plant.

I had not proceeded far when I commenced to ascend a long but not very steep hill; and soon after, I noticed the animal to suffer with extreme dyspnœa, and to proceed with an unsteady, feeble gait. She had always been, and continued to be, remarkably free from "heaves." I dismounted and led, in order to relieve her of the difficulty, but the further I proceeded the more difficult her respiration became. Shortly I noticed, in considerable quantity, *bright* red blood within her nostrils, and I think even dropping out. My first impression was that the top of the plant had inflicted a wound in the nose, from which the hemorrhage proceeded. Upon examination, however, I could detect no evidence of this. The animal had now become apparently so feeble, and the breathing so embarrassed, that it was my intention to leave her at the next homestead and borrow a horse to reach my home, still about five miles distant. When I arrived at the top of the hill, however, having thenceforward a descending grade for the most part of the remainder of the way, I mounted, and, with much indulgence, reached home. The mare was turned into the stable, and for the present manifested no further symptoms than perhaps an unusual dulness.

About two days after the above occurrence I was met on my return home from my morning visit with the urgent request to see a young lady who was lying in typhoid fever, whom I had been visiting, but who was now represented as manifesting symptoms requiring immediate attention. The distance was about eight miles.

As the horse I had used during the morning was fatigued, and as I supposed the mare had fully recovered from the effects of the late disaster, I concluded to drive her for the remainder of the day. The day was bright and warm for the season, and it was not much past noon when I set out. I drove moderately, and noticed nothing unusual in the travelling of the mare till I reached the place in view. It being in a village, and shade not easily accessible, I hitched in front of the house and in full exposure to the sun. I was not long at the bedside when some one entered and told me that my horse was sick; but not having finished my duties with the patient, I simply requested him to remove her into the shade. When done, I found the persons present had taken the animal into a stable and stripped off the harness. She was lying down and again panting for breath, and

apparently about to die. Having no medicine with me that I thought available, I requested the men to rub her briskly with wisps of straw, hoping to divert the circulation to the external surface and thus relieve the internal congestion. She soon became easier, and I had the harness replaced in order to make the attempt to drive home. The animal, however, after being harnessed, began to stamp violently and to attempt to tear her skin with her teeth. The father of the patient insisted that I should not attempt to *drive* the mare, — that it would be unsafe; that he would furnish me saddle and bridle to ride home and leave my vehicle in his care till the next day. I complied with his advice. Several times upon my way home the mare staggered as if about to fall, either from exhausted muscular strength or vertigo, I think the latter. Once or oftener I suddenly dismounted, believing she was about to sink under me. She did not, however, fall, but reached home in safety. She was turned into a pasture lot, and I observed no other symptoms, unless it were an appearance of not being quite well, and perhaps some remaining inclination to bite the skin as horses do when itchy. In the course of a day or two patches of cuticle peeled off about the size of an American quarter-dollar. These patches were numerous, circular in shape, and pretty uniform in size. I supposed them to be the result of an urticarious eruption, which had given rise to the excessive itching alluded to above. The question may arise, whether such eruption might have been the result of the friction applied, or a secondary effect of the poison of the plant. If the former (unless *not primarily*, but by metastasis), I think the patches would not have exhibited such uniformity in size and shape. I have frequently seen horses rubbed in like manner, but never observed such consequences follow.

The mare remained in my possession till she died, apparently, of age, but never was affected before or afterwards in a similar manner. I have never seen a horse so affected, although I have been familiar with their use and management during the greater portion of a long life. The whole may, therefore, I think, be regarded as a proving, rather defectively observed, it is true, but nevertheless a proving, of the Erechthites Hieracifolia upon an animal whose susceptibilities to morbific impressions are not very different from those of man.

Having, up to the time of the foregoing incident, never heard the plant mentioned with reference to its therapeutic relations, it at once occurred to me it might be of value in those sudden pulmonic congestions which sometimes occur, accompanied by the most alarming symptoms, and I believe not unfrequently by fatal consequences. Its use in other active congestions, attended or not by hemorrhages, was, of course, suggested too. Very

shortly afterwards I prepared a tincture of the plant, but unfortunately (perhaps I should rather say *fortunately*) I never met with an opportunity to test its value. From the time referred to for years I saw no reference to the plant as of any therapeutic use, until a short article appeared, perhaps in the "Hahnemannian Monthly," detailing its successful employment in a case of active uterine hemorrhage.

From the accidental proving above given, and from those recorded in Dr. Hale's "New Remedies," which he admits to be as yet defective, it may, I think, safely be inferred that the "fireweed" may be useful in active congestions generally. There is one form of disease, not very common with us, which we usually regard as a variety of pneumonia, in which, instead of the rusty or brick-dust sputa which is common, pure, bright blood is raised by coughing, attended by great oppression of the breathing and pain in the chest. Here I should be strongly inclined to try the Erechthites. Again, there is a variety of dysentery, in which the whole of the evacuations, or nearly so, consists of pure blood. Here we are advised to use the Hamamelis Virginica, and here again the Erechthites would properly find a place. Dr. Hale remarks: "Had the provings been carried far enough, nose-bleed would doubtless have resulted." In the case I have detailed, it did result, showing the doctor's conjecture to be judicious and correct. In nose-bleed, therefore, especially in young, plethoric subjects, with whom the effusion is preceded by great cerebral fulness, we would have much confidence in the remedy under consideration. In like manner, in the early stage of congestion, which, if not arrested, leads to apoplectic seizure, with its too often fatal consequences, we would anticipate good results from a judicious use of the same. If the skin symptoms in the case above described were really owing to the remote action of the poison of the plant, we might expect it to be useful in those diseased conditions of the elementary canal which are connected, antecedently or consequently, with urticarious eruptions.

Finally, we should bear in mind that although provings upon the lower animals, as we have before intimated, are not wholly reliable until confirmed by clinical tests, we should always regard them as at least suggestive, especially those occurring in the higher orders, which may be supposed, if I may be allowed the expression, intellectually and physically most nearly to resemble ourselves.

A Bit of Shamrock. — On the state of affairs in Ireland the "British Medical Journal" quotes from a letter: "I am at present attending at a landlord's house, he being very ill of a fever. A doctor from a disturbed district, having come to make a professional visit, said by way of comforting his family, 'Faith, it 's a fine thing for a man to be allowed to die in his own bed these times.'"

NOTES ON PROVING SOCIETIES.

BY CHARLES L. NICHOLS, M. D., WORCESTER, MASS.

THE proving of drugs upon the healthy human body is to-day fairly acknowledged as the soundest basis for a science of *therapeutics;* and the honor of introducing or at least establishing this method may be fairly given to Samuel Hahnemann. In the note to Sect. 108 of "The Organon,"* he says: "During the past 2,500 years, as far as I know, not a single physician, with the exception of the great and immortal Haller, has hit upon this method of proving (testing) drugs with reference to their pure and peculiar effects, by altering the sensorial condition of man, which furnishes the most natural and indispensable means of discovering what morbid conditions each drug is capable of curing. Excepting myself, Haller (Preface to Swiss Pharmacopœia, Basle, 1773) was the only one who recognized this necessity. . . . But no physician has ever obeyed these invaluable hints."

In 1763, however, Anton von Störk, of Vienna, had published a tract containing provings upon himself, together with clinical verifications, with the drugs *Stramonium, Hyosciamus,* and *Aconite;* but though recording a few symptoms resulting from their ingestion, his object seems to have been simply to ascertain if these drugs could be used with safety upon the sick. In these investigations we notice the first suggestion of the trituration of drugs with sugar *(Aconite),* and his involuntary questioning of a law of similars. For, after consulting both ancient and modern writers as to the effects of *Stramonium,* the tendency of which was to dissuade him from its internal use as being too dangerous, he writes: "I thence formed the following query: If thorn-apple, by disordering the mind, causes madness in sound persons, may we not try whether by disturbing and changing the ideas and common sensory, it might not bring the insane and persons bereft of their reason to sanity or soundness of mind, and, by a contrary motion, remove convulsions in the convulsed? This notion was indeed far-fetched, yet it was not without some good success." Then follow reports of five cases in which he used this drug.

Again in 1768 Dr. Alexander, of Edinburgh, published an account of experiments upon himself with four drugs, two of which, *Castoreum* and *Crocus,* he decided to be inert, and advised to have dropped from the Pharmacopœia.

The probabilities are that Hahnemann was not aware of these experiments, or he would, with his customary frankness, have acknowledged them; and the circumstance may be ascribed to the

* 5th American Edition.

coincidence of similar minds tending to the same conclusion, — a fact which has been observed in almost every important discovery. The studies of Haller in his particular branch — and he has been called the father of physiology — probably caused him to see the importance of this method; but his absorbing interest in physiological investigations prevented him from following out this new line, and, as Hahnemann has said, no one profited by the hint.

In an essay in "Hufeland's Journal" on "A New Principle for ascertaining the Curative Power of Drugs," 1796, after giving a review of the different attempts hitherto employed, by means of chemistry, by inferring from external form botanical or chemical relations, and the like, in imitation of the ancient doctrine of signatures, and by the empirical testing of drugs on the sick or on animals, and after showing the causes of their failure, Hahnemann for the first time urged the proving of drugs on the healthy human body as the only true method of establishing a materia medica. Nine years later was published his "Fragmenta de Viribus," which contained provings of twenty-seven drugs upon himself, with records of poisoning, etc., from reliable sources. The opposition which this work created, together with the able defence of the theories put forward, gradually interested other men; and in his "Materia Medica Pura," published five years later, we find thirty-five names enumerated of men who took part more or less actively in his new method of proving. Here then was the first society of provers, and through its labors the principle of homœopathy as a practical art of healing, and the true science of therapeutics, was established.

Although since this time almost every homœopathic medical association has attempted to forward this work to a greater or less degree, it is my intention to speak only of those organizations formed for the sole purpose of testing drugs on the healthy.

It is among the opponents of homœopathy that we find the first provers' society after the original association. In 1822, the year after Hahnemann went to Cöthen, Prof. Jörg, of Leipsic, organized a society of twenty-seven, mostly students of the university, to investigate the subject and prove drugs in accordance with the rules of Hahnemann.

The society existed three years, proved several drugs, and published several volumes of transactions.

Dr. Hughes * speaks of the first volume as containing provings of thirteen drugs taken in moderate doses until decided effects were produced. The record of each prover is presented clearly and fully, together with a description of the age, temperament, characteristics, and condition of health of each; and the result is

* Sources of Homœopathic Materia Medica.

considered as a model for a prover's record book. Another volume was published later, containing extensive provings of *Cinchona*, *Sulphur*, etc., which have been incorporated by James Rogers in his "Present State of Therapeutics," 1870; and the results are claimed by him to be a conclusive refutation of the statements of Hahnemann. Eight persons took part in the proving of *Cinchona*, and ten in the *Sulphur* trials. The doses were crude, sometimes enormous, the time of proving covered a number of weeks, and it was claimed that the rules laid down by Hahnemann were fully carried out; but as has been said, the results were negative. Rogers says that in the fourth edition of his "Organon," Sect. 105, Hahnemann states that the ingestion of 6 oz. (1 oz bark, and 5 oz. alcohol) of *Cinchona* must invariably produce symptoms of intermittent fever, and that it was to disprove this statement that these experiments were undertaken. In this connection it may be stated that Andral, in a verbal report to the French Academy of Sciences in 1835, stated that he and twelve students had made similar experiments faithfully and carefully, but had come to the same unsatisfactory conclusion. The true cause of their failure, however, lay in the strict adherence to the letter and neglect of the spirit of the law; for Hahnemann never said *Cinchona* would produce intermittent fever, but that it produced in him symptoms resembling it, but without chills.* So in the investigations with *Sulphur*, the object to be attained was the development of the itch vesicle; and as it did not appear satisfactorily, the whole system was pronounced a failure, and the results considered as a refutation of the homœopathic law.

Rademacher and his school, though denying the value of provings on the healthy, tested upon themselves the effects of copper, iron, and nitrate of soda. Their object was to establish the peculiar tenet of this school, of the three morbid states of the body cured by these three blood remedies, aided by certain other organ remedies, rather than to advance the system of proving on the healthy.

The only other allopathic association of importance was the Vienna Society of Physicians, organized in 1848. This society was formed in emulation of its prototype among the homœopathic physicians, existed a few years, and attempted the proving of a few remedies. Reports on *Arnica*, *Belladonna*, *Chamomilla*, and *Chelidonium* were published in the "British Journal of Homœopathy," Vol. VI., by Schneller, together with his own further investigations. Rogers says that they failed in their undertaking in consequence of a rule made by themselves *to exclude from their report all symptoms not remarked by the majority of provers.* For,

* Transactions American Institute, 1876, p. 42.

he continues, we must accept as well-established facts: 1. That a given dose of a drug often produces very different effects in different individuals, and even in the same one at different times; 2. That considerable differences are often remarked in the action of different doses of the same drug.

Strong statements these, for one opposed to the law of similars.

Prof. Martin, of Jena, with students from that university, have proved several drugs, *Colocynth* and *Kali chlorieum* for example, the results of which have been in some cases incorporated into our materia medica.

These are the only associations of any consequence formed outside the ranks of homœopathy for this purpose; and the results being of comparatively little value, we can feel that this great field belongs thus far entirely to ourselves, for any real progress in this step towards true therapeutics.

In the year 1842 a society of homœopathic physicians in Vienna undertook the task of reproving the remedies in the "Materia Medica Pura," and the results were reported from time to time in the "Austrian Journal of Homœopathy," and its successor, founded for that purpose.

Six remedies, *Aconite, Bryonia, Colocynth, Thuja, Natrum muriaticum*, and *Sulphur* were thoroughly reproved; *Argentum nitricum, Coccus cacti*, and *Kali bich.* were proved for the first time; and the work of this society is everywhere recognized as of great value, furnishing a complete confirmation of Hahnemann's previous provings. Various dilutions were used, and we all know of the involuntary acknowledgment by Dr. Watzke of the value of the 30th dilution. In 1846 the society was legally recognized, and in 1848 it numbered sixty members. After an interval of two years the society resumed active work; and although the death of Dr. Wurmb, its leading spirit, checked its progress in the way of provings, the organization continued untill 1873, when it resolved itself into the present Society of Homœopathic Physicians of Austria, numbering forty-three members.

Turning now to our own country, we find, at the establishment of the American Institute in 1844, that the formation of a bureau for the augmentation and improvement of materia medica was suggested, and from this source we have had almost yearly valuable additions to our list, or reprovings of old remedies.

In 1873–4 an attempt was made to establish a College of Provers, the result of whose labors would place above question the value of proving upon the healthy, and at the same time obtain (by the number of its tests) undoubted and characteristic symptoms from the remedies now used; but up to the present time nothing has been done to forward this grand object, and new topics of absorbing interest have of late fully occupied the attention of this society.

In 1853 an association was organized in Philadelphia, called the "American Prover's Union." It was designed to unite all those throughout this country, in particular, who were interested in proving, and required of every member a report of at least one drug each year. But its object was cosmopolitan, for corresponding secretaries were appointed for every foreign country, with the hope of uniting all proving societies in these places; and in 1854 it united with the German Society of Provers, established by Dr. Hirschel, in the proving of several remedies. Many drugs were proved, reports of which were transmitted to the American Institute for five years, and valuable additions were made to our list of medicines; but in a few years, from various causes, the organization ceased to exist.

In 1865, in connection with the Hahnemann Medical College of Chicago, the North Western Provers' Association was established, more especially for the proving of new remedies; and it consisted mainly, at the outset, of students directed by the professor of that institution. Later its list was greatly extended, and the work of the society was productive of much benefit to our materia medica. It may be of interest to speak of the Boston Academy of Homœopathic Medicine, established in 1859. Its meetings were partly social, but among its other objects the society formed a proving bureau, with printed rules for that purpose. Its first secretary, Dr. H. L. Chase, writes me, however, that very little was accomplished in this respect, and in 1873 the society was merged with the Boston Homœopathic Society into the Boston Homœopathic Medical Society.

Other societies might have been mentioned, but these are the principal associations for proving alone. The result of their investigations has been valuable, at times of very great importance to homœopathy, and the greater part have been incorporated into the materia medica of to-day; but much still remains to be done. Many questions of vital importance to our system are yet unanswered. Two questions in particular are to-day demanding a settlement:—

1. Can definite, fixed pathological conditions be induced in the healthy human body by the potentized drug *below* the eleventh decimal? an answer to which would put an end to the bitter controversy between the two schools.

2. Can definite symptoms or pathological conditions be invariably produced in the healthy human body by the drug in dilution *above* the eleventh decimal? the answer to which would forever set at rest the discord in our own ranks.

After these are established, the points to be considered are:—

1. To determine the sphere of action of the drug proved.
2. To note its primary and secondary action.

3. To ascertain its characteristic and peculiar symptoms.

These are the points to which attention is particularly called, and these few remarks cannot be better closed than by expressing the hope, uttered by Dr. Watzke, of the Vienna Society, that "we may so succeed in accomplishing our object that our exertions shall prove of lasting service, not to a system, but to science; not to the partisans of homœopathy or allopathy, but to the practical physician; and shall serve as a lasting proof that the advancement and perfection of specific pharmacodynamics, and the improvement of practical therapeutics, are essentially identical."

THE DUTIES AND OPPORTUNITIES OF LOCAL MEDICAL SOCIETIES.

BY I. T. TALBOT, M. D., BOSTON.

It would seem that the beginning of 1881, a new decade, has brought new life into our somnolent, and some one has faintly whispered moribund, Society.

It is not necessary, at this time, for us to question our *raison d'etre;* but it may not be amiss for us to consider our duties, and what opportunities we have for advancing homœopathy, the cause of medical science, and especially what we may do to benefit the community of which we, as physicians, should be important factors.

First, What is our position as a medical school?

We started in this country about a half-century ago with a new idea in medicine, amounting to a complete revolution, which was to reform, if not overturn, the then existing practice. Our numbers have largely increased, and opposition and ostracism have done much to concentrate our energies and organize our forces. This organization has already assumed the following proportions:—

1. Our National Association, with its thousand members (it should number many more), was never so active and strong as now. It takes, as it should, a general supervision of our interests the whole country over. 2. Twenty-three States have fully organized societies, which are or should be in a position to aid in all subjects of medical interest either to the physicians or to the people of the State. To these societies belong the consideration of all those topics which, through State legislation, affect the medical interests of the people. These State societies are either weak and incapable or derelict, if they do not consider, in the proper time and way, all the State institutions which require medical care and supervision, such as prisons, almshouses, State asy-

lums, etc., and also all such subjects as the regulation of the practice of medicine, the proper medical education of physicians, as well as the State sanitary laws and regulations. On all these subjects our State societies should be heard. 3. Over one hundred local societies of our school are organized in various parts of the country, and by considering our own Society and its duties we may judge *omnes ex uno*. We have, with those already proposed, about one hundred members. The tendency of medical practice is to isolate the individual physician. He constructs a circle of his clients, in which, however small, he becomes the medical dictator and reigns supreme. No one must question his knowledge or authority. But he who seeks to thus shut himself up from contact with his fellows not only shrivels himself, but his circle shrinks upon him still more rapidly, until he and his circle, if time enough be given, go out of the world a mere point, dimensionless.

No! We need contact with the broad world, and especially with each other, and with those whose thoughts and aims and purposes are similar to our own. Hence we need these societies, where we can frequently come, and with true courtesy give and receive instruction. It warms our hearts to take each other by the friendly hand; it cheers us to find that our failures are equally the failures of others; it improves us to learn from others what we knew not; and if it is more blessed to give than to receive, it blesses us to impart our knowledge or experience to our associates. Then, too, we need to come together in harmony, that with our combined strength we may do what individually we should be utterly powerless to accomplish. Large as our numbers are, we are still but a small minority in the profession, and it is by union and harmony only that we can make progress against a host. We have come out from the dominant school for the sake of an idea, — a faith which has but grown stronger with our lives. Let that idea, that faith, bind us closely in our efforts for good, and palsied be the hand which seeks to sow jealousies and suspicions in our ranks. Let us come together, not in a hypocritical or even a hypercritical spirit, but each determined to assist the other, and more than we may think we shall find that the welfare of the individual is included in the welfare of the whole.

Second, What are our duties in regard to the care of our institutions?

As a Society, we are bound in honor and in interest to give a friendly, helping hand to all the institutions which are under our care and protection. Especially do we owe this to our dispensary, hospital, and college. Our dispensary has gone on with its work until it aggregates more than one hundred thousand recipients of its bounty, thus giving the emphatic lie to the slander placed

upon us of adopting homœopathy from sordid motives. That dispensary has done noble work, but it fails of its purpose and its privileges if it does not increase faster than the city's growth, and in its prosperity we should all feel a strong interest.

The hospital, which for fifteen years lay a pitiable though legalized bantling, has attained a strength which no ordinary exigency can overturn. It has cared for more than a thousand sick ones who wanted the shelter of its walls and the comfort which it feels proud and happy to render. It is not alone a Boston or a Massachusetts institution, but its inmates have come, not only from all the New England States, but also from many other States and the Provinces.

This hospital has, in ten years, paid out nearly $100,000 for land and buildings, over $60,000 for expenses, and has $42,000 safely invested as a fund. With earnest and judicious effort, in five years more that hospital can contain 150 beds and have a fund sufficient to sustain it. And every bed added there is a cannon shot at the bigotry and intolerance which would make us medical pariahs. It is worth our while, then, for each and every one of us, and all the more if we are not called to give our time and strength for the care of the inmates, to lend a helping hand in the further building up of this charity.

Of the college, little need be said. The encouragement of the great work it has already accomplished strengthens the hands to the hard and self-sacrificing work which is yet to be done. Feel not, I beg you, envy or jealousy towards any connected with its Faculty. They do not deserve it, and whatever you may do to build up this institution will be returned to you many-fold.

The growth of the city demands new institutions. Every year more or less of these are established, and a wise foresight will give to our number an increasing share in them. There are in Boston at least one hundred institutions requiring medical attention. Some of these are under the care of directors who believe in homœopathy, and with a little effort our system could be introduced into them. In all such efforts we should unite as one, and by laying aside all personal feelings or prejudices, endeavor to secure for the inmates of these charities the benefits of homœopathic treatment.

But there are many other ways in which the Society may be of use, its meetings interesting and of great value, not only to the profession but to the community. The Society, to be useful, needs to be active. There is not, of our one hundred associates, a single member who is not capable of doing something better than anybody else ; not one but, if you will set him or her at the right thing, will gladly work for the interests of this Society, since he thereby interests himself. It only remains for us to properly dis-

criminate and set all these members at work. There is enough to do, and we want it done. Let us for every one of our meetings select some subject of especial importance and interest, and the meeting this evening will be only the beginning of still greater work. Aside from the diseases we may discuss, the important cases we may hear, the new remedies which appear, and new usés for old ones, the new instruments, improvements in every direction, and discoveries in all the arts and sciences which affect the medical profession, and which properly hold a place in our Society, there are other topics of the deepest interest as affecting the lives and health of the community. Take, for instance, the water supply of our city, which has during the past thirty years become more and more polluted, until now it carries the germs of disease and death into every household of our city. Is it right for us to allow this rank pestilence to go on unabated? Ought we not at once to examine the subject in a most careful, calm, and deliberate manner, and if we cannot discover a remedy ourselves, at least stir up the community to a sense of the danger until some one more sagacious than we shall find a means of safety?

This is only one of many subjects which, if we will but properly consider, can attract to our Society the benedictions of the whole community, and give to each member a sense of responsibility and of contributing to usefulness which his membership has never before given. Let our new-old Society arouse, then, to a sense of its duties and the golden opportunities which await upon it.

DRUG SPECIFICS AGAIN.

BY W. J. HAWKES, M. D., CHICAGO, ILL.

MUCH of the discussion between intelligent and conscientious men is caused by different apprehensions of the meanings of terms.

Dr. J. P. Dake, in an article in the December, 1880, number of the GAZETTE, wrote of "Drug Specifics." He did not then give his definition of the word "specifics." His readers were left to use their own definitions or take those of the best acknowledged authorities on such matters.

I consulted Webster and Dunglison, who say that a specific in medicine is "a substance to which is attributed the specific property of removing some special disease; . . . *Mercury* in Syphilis and *Sulphur* in the Itch having been regarded as the strongest examples."

Accepting this definition of specifics, I criticised his article,

pointing out what I regarded as its fallacies. I did so in a fair spirit. It was not a criticism of Dr. J. P. Dake. It was the principle I spoke for, and not the person I spoke against.

Persons, no matter how great, are but secondary in public matters to principles. Persons should never be publicly discussed in scientific papers. Persons are only in their own esteem greater than principles.

His paper in the December number certainly advocated and argued for specifics in diseases, without regard to individual peculiarities in the patients; for every example he cited had reference only to diseases from external cause.

It is not necessary to go over that ground again. I am willing to leave it to any candid reader of his article in the December number and mine in the February number, to decide whether or not I have stupidly misunderstood or knavishly misrepresented him, as is intimated in his later article.

A friendly criticism of Dr. Dake's second paper in the March number is, I think, in order, especially as he "solicits" and is "thankful for" such criticisms.

The article is unworthy of a man in his position, in that it is in general undignified, personal, and just a little snappish. It purports to be a reply to an article in which was not intentionally a single personality. It does not touch upon a single point made in that article, but instead is full of misrepresentations and pettishness. The writer was evidently hurt by a missile not at all aimed at him. I am sorry for it.

To particularize: The first clause of the reply reads: "It *has been* my habit as a medical writer to consider every statement I *am* about to make to the profession very carefully," etc.

In the next paragraph he says: "I explained the sense of the term *specific* employed by me," etc. I have read and reread his first article, and have had friends read it; but we cannot find such explanation. He gives a number of definitions, but claims neither as his own, nor makes a selection. He is in error when he says I accuse him of "studying little." For proof I refer to what I did write.

It would be impossible to crowd more inexcusable misrepresentations into the same space than he has written in the last paragraph but two on page 75.

He says: "It may seem somewhat strange to the associates of the doctor in the 'International Association' that he makes such a desperate fight against one of the leading planks in their platform, the single remedy."

"Careful consideration" would have shown him that I was not a member of the International Association, and could not, therefore, have had "associates in" it. I did not even know that such

a society was formed until after I had left Milwaukee. It is easy to conceive how this misstatement might have been the result of merely a mistake on Dr. Dake's part; but how he could conscientiously charge by implication, which he does in the same sentence, that my argument against his "specific" nonsense is an argument against the "single remedy," as meant in the platform of the International Association, I cannot understand. Whether it is a blunder or whether it is worse, either horn of the dilemma must be an uncomfortable perch.

Farther on he says: "Those acquainted with the critic and the criticised must enjoy the closing paragraph of the criticism, in which the writer, after ranking himself by implication among the best posted in the materia medica," etc.

Here he made the mistake of thinking I was criticising him instead of his article.

I thought nothing personal. I scarcely know him. What I do know of him, both personally and by report, is only that which is good. I, as a homœopathic physician, having the honor and good of the school at heart, criticised arguments which to me seemed sophistical and subversive of the highest interests of homœopathy. I had no interest in Dr. Dake, nor did I aim at him as a person, but as a writer and teacher in a homœopathic journal.

He says I rank myself among those best posted in the materia medica. This statement is absolutely without foundation. I have never anywhere laid claim to having found one new symptom, nor to being "well posted," etc.

He has quoted but a portion of the sentence written by me, on which he bases this charge. The sentence is as follows: "It is a significant fact that those in our profession who have been in the past, and are in the present, best posted in the materia medica, *those who have given us the greatest number and most reliable symptoms*," etc. The words in italics he left out. I referred to Hahnemann, Lippe, Guernsey, the lamented Hering, Dunham, and other writers on materia medica. He has measured my egotism by a "handy" measure, — righteous judgment.

He says farther on, "I would mildly suggest to Dr. Hawkes, that when he undertakes to write reviews, he should be *sure* that he has some additional or better light on the matters under consideration than the author reviewed enjoyed." In the first paragraph of the same article he "*solicits* a rigid and impartial scrutiny, . . . from those who *think* they have a better light," etc. Nay, he is even "thankful for it." I think I have a better light on the question of "specifics." He notices "several grave blunders in ætiology, pathology, and therapeutics," but which he does not

point out. It is a pity he did not do so. There are many besides myself who hold those erroneous views. "One soul saved," etc.

One fundamental error the doctor holds, if we may judge by implication, and that is, that *disease* is ever doctored. Scientific physicians never treat diseases, — they treat patients. There are no "specifics" for diseases. Each patient has his own "specific" in the remedy indicated by the symptoms that make him a patient.

"HOMOION IN THE STOCKS" AGAIN.

LETTER FROM DR. DAKE TO DR. DE GERSDORFF.

NASHVILLE, TENN., March 9, 1881.

PROF. E. B. DE GERSDORFF, M. D.

Dear Doctor: In the March number of the GAZETTE, recently received, I observe a reference by you to an article of Dr. T. P. Wilson, in which you say, "However, as Dr. Wilson has not considered it necessary to criticise any of my own opinions, expressed in my address on Progressive Homœopathy, I must leave it to Dr. Dake to answer for himself."

The suggestion of an answer to Dr. Wilson, coming from you, induces me to explain why I have not considered an answer necessary.

I saw the labored effort of Dr. Wilson in the *Advance* to which you refer, and read it carefully. Finding that it possessed no force whatever against a single point in my delineation of the field of therapeutics occupied by the law *Similia*, and believing that no amount of explanation from me could render more comprehensible what I had said, two years before, in the *Hahnemannian Monthly*, I felt that I had no time to spend in repetitions or unnecessary words of defence.

The motive of Dr. Wilson, in thus attacking what I had put before the profession so long before, seemed to me not unlike that which had prompted him to devote the pages of his journal, month after month, to a species of guerrilla warfare upon me.

Conscious of having simply discharged my duty in exposing his attempted tricks upon the American Institute, in the Berridge affair, I have regarded his efforts at criticism and cunning against me as unworthy of special notice.

It did not seem necessary for me to tell the profession that he was simply aiming to "pay me off" in a war of words without any particular longing for medical truth. I was willing to leave the fragments of my article quoted by him, and his comments

thereupon, to the discernment and good judgment of those who should read them, not at all anxious as to the conclusions.

Thanking you for your hearty indorsement of my views regarding the sphere of the homœopathic principle, and especially for your very able and instructive address upon "Progressive Homœopathy," recently published in the GAZETTE, I am

Very truly yours,

J. P. DAKE.

REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

We cannot too highly commend the enterprise and industry of Dr. Burgher, the general secretary of the Institute, for bringing out the volume of Transactions for 1880 with such unexampled promptness. *Four months* after the meeting, neatly bound copies were in the hands of members. The binding which he has given us is a very great improvement on anything previously issued. To be sure, the homely old paper boards were considered temporary, and members were expected after a while to pull their copies apart and have the contents bound up by sections; but has anybody ever done this? Probably not more than one or two. The Constitution and Catalogue of Members now assumes its proper place at the end of the volume, instead of somewhere in the middle. An index has also been added. Why in the world such an indispensable thing was never before thought of is a mystery. The most interesting part of this volume is the report of the Bureau of Materia Medica on *Drug Attenuation*, its objects, modes, means, and limits in homœopathic pharmacy and posology, embracing well-written articles by Drs. Dake, Breyfogle, Sherman, C. Wesselhoeft, Cowperthwait, J. Edwards Smith, and Lawton. These, together with similar articles from the Transactions of 1879, have been reprinted in a small volume by themselves, and form quite a complete treatise on the subject. The report of the Bureau of Sanitary Science on Quarantine, a very able one, has also been reprinted by itself. Other interesting articles on Scarlatina, Gastritis, Stomatitis, Hernia, etc., appear.

The volume for 1879, which was somewhat delayed, appeared about the same time, for consistency's sake, in the old style of cheap binding and awkward arrangement. It had finally been put into the energetic hands of Dr. J. C. Guernsey, and contains some very valuable papers.

Of the two volumes for 1876, the World's Homœopathic Convention at Philadelphia, what shall we say? Almost five years after the convention, in February, 1881, the very year of the succeeding World's Convention at London, when everybody had given them up in utter despair, when forlorn resignation had wellnigh taken the place of indignation at their non-appearance, *one* of them, Vol. II, on the *History of Homœopathy*, came to hand, and the other we hope will follow before long. When this much would have been accomplished if Dr. J. C. Guernsey had not at length been induced to devote himself to it almost night and day, is hard to tell. An immense amount of work was required, and he has done it so satisfactorily that the profession owes him a large debt of gratitude. In Vol. II., in spite of the imperfections which necessarily must attend a work of such magnitude, we have a glorious record of the History of Homœopathy in all parts of the world, from its first announcement by Hahnemann to 1876. It forms a portly volume of 1128 pages, neatly bound in cloth, and is valuable enough to deserve a place in every physician's library. Germany, Austria, Great Britain, France, Russia, Spain and its colonies, Belgium, Mexico, Australia, Cape of Good Hope, Sweden and Norway, Cuba, Jamaica, Montevideo, New Brunswick, and Brazil are all represented by accounts more or less full of the introduction and spread of homœopathy in their limits; while besides the general narrative of the progress of the healing art in the United States, accounts of its introduction into and progress in thirty of the States of our Union are contributed. Such information as this, including reports of hospitals, dispensaries, colleges, societies, pharmacies, journals, and full lists of homœopathic publications of all kinds, in all languages, has never been gathered together before, and must be of great value to each member of our school. We wish that a table of contents had been prefixed to facilitate reference. Any member of the Institute who has not yet received a copy will please communicate with Dr. Guernsey at 1923 Chestnut Street, Philadelphia. The World's Convention at London, this summer, will extend this history to date. We hope they will be more expeditious in publishing than we have been.

Sexual Neuroses. By J. T. Kent, A. M., M. D. St. Louis: H. L. Verdier. pp. 144. $1 50.

This little book discusses, in an interesting manner, the delicate subjects of masturbation, nymphomania, satyriasis, sexual neurasthenia, spermatorrhœa, impotence, etc., which are illustrated by clinical cases from the author's practice. In 1879, when this book was written, Dr. Kent was an Eclectic, and the treatment

here given of course savors of that school. This, however, will be changed if another edition is published, as the Doctor is now a professor in the new Homœopathic Medical College of Missouri, having lately become a convert to homœopathy. Besides medication, a great deal of good advice is given as to the management of such cases by electricity and hygienic means, which are always, especially in such diseases, exceedingly important elements in the question of a cure.

CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS. By G L Brigham, M. D. New York: A. L. Chatterton Publishing Co. 1881. pp. 127.

This little book offers a carefully prepared list of therapeutic indications for the most important remedies likely to be of use in the treatment of different forms of catarrh, under many of which are introduced clinical illustrative cases. A five-page repertory is appended. Anything that promises help in these troublesome diseases is welcome.

ECCE MEDICUS; OR, HAHNEMANN AS A MAN AND AS A PHYSICIAN. THE MEDICINAL TREATMENT OF DISEASES OF THE VEINS. By J. C. Burnett, M. D. London: The Hom. Pub. Co. 1881.

Last July it was decided by the authorities of the London School of Homœopathy, to substitute for the usual Introductory Lecture each year, a special lecture explanatory of the history of Hahnemann's discovery of homœopathy, and illustrating its principles and the life and work of its founder. Dr. Burnett was chosen the first one to deliver this lecture, and this tastily gotten up book is the result. Nowhere have we seen a more delightful, appreciative, and intensely interesting account of the great physician's life and labors. It would be hard to find a greater contrast than exists between Burnett's and Palmer's biographies. We have here discussed, in the easily flowing and graceful language which characterizes the author, Hahnemann as a boy, a student, a doctor, in the slough of despond; the dawn of homœopathy looming through the ages; homœopathy as a scientific induction; Hahnemann the homœopath; and militant homœopathy. We advise all to read the little book.

In the little book devoted to diseases of the veins, Dr. Burnett argues that "atonic dilated veins may, in many instances, be made to shrink to their original size by the proper use of medicines administered internally and aided by certain auxiliaries," and that thus much needless surgery may be avoided. He narrates some almost desperate cases, especially of hemorrhoids, cured in this

way, which are especially calculated to aid our faith in the efficacy of medicine. In Part II., indications for different remedies are given.

WALSH'S RETROSPECT, the only quarterly compendium of exclusively American medicine and surgery, is edited and published by Ralph Walsh, M. D., Washington, D. C., for $2.50 a year. The number for January contains a great many very valuable articles.

HUMBOLDT LIBRARY. New York: J. Fitzgerald & Co., 143 Fourth Avenue.

The last numbers are also reprints of standard and valuable works, viz.: Progress: Its Law and Cause, by Herbert Spencer. Lessons in Electricity, by John Tyndall. Familiar Essays on Scientific Subjects, by Richard A. Proctor. The Romance of Astronomy, by R. Kalley Miller. Huxley's Physical Basis of Life.

AIDS TO DIAGNOSIS. Part I.: Semeiology, by J. Milner Fothergill. Part II.: Physical, by J. C. Thoroughgood, M. D. New York: G. P. Putnam's Sons. 1881.

These are two little companion books, by authors of wide reputation, and give in abstract the more important rational and physical signs which go to make up the elements of a good diagnosis. While, of course, such skeletons should never be used to the exclusion of works like DaCosta's, yet they may answer a good purpose in quickly reminding one of what he has elsewhere learned.

BOSTON'S WATER SUPPLY.

AN INTERESTING DISCUSSION BY THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

AT the regular March meeting of the society, the question of the "Water Supply of Boston," with special reference to the recent impurities in the Cochituate water, was discussed. A comprehensive introductory paper on the "Sources of Supply" was presented by Dr. J. Wilkinson Clapp, in which he gave the following statistics: Boston's supply of water is derived from Cochituate Lake, Sudbury River, and Mystic Lake. Cochituate Lake has a superficial area of 801 acres when at its highest elevation, is $3\frac{1}{2}$ miles in length, 1,800 feet wide at its broadest point, has a total capacity of 2,011,165,000 wine gallons, and derives its

supply from a water-shed covering an area of 11,400 acres. Its waters are conducted to the city by means of a conduit over 14 miles in length, with a fall of $3\frac{74}{100}$ feet; egg-shaped, with the larger end down; greatest width 5 feet, and its height 6 feet 4 inches. This conduit terminates at the Brookline receiving reservoir, from which the water flows through three iron mains, 30, 36, and 40 inches in diameter, to the distributing pipes of the city.

The Sudbury River, from which what is termed the "Additional Supply of Water" is derived, is now the principal source. At a point in Framingham where the available water-shed equals $74\frac{2}{8}$ square miles, the city diverts the waters for the "Additional Supply." Three storage basins or reservoirs, of a capacity of 2,000,000,000 gallons, have been constructed, which are considered sufficient to provide the city in the driest season with a permanent supply of 20,000,000 gallons daily The waters of Sudbury River are conducted to Chestnut Hill Reservoir by a brick conduit, $8\frac{1}{2}$ feet in diameter, and over 16 miles long. It is capable of delivering to the city 70,000,000 gallons each 24 hours. A system of iron pipes is connected with this conduit, which will admit of the water being carried around Chestnut Hill Reservoir, and connecting directly with the city mains, making it independent of this basin in case of necessity. Mystic Lake has been one of the sources of supply for Boston only since the annexation of Charlestown.

Water is supplied to the inhabitants of Boston through 488 miles of distributing pipe. The total cost of water works to May 1, 1880, was nearly $18,000,000. The average daily amount of water used in 1880 was nearly 36,000,000 gallons. The waters of Lake Cochituate are now shut off, and we are using only Sudbury River water.

C. R. Fletcher, S. B., lecturer on Chemistry in Boston University School of Medicine, reported by special request on the chemical impurities of Cochituate water. He said that since water enters so largely into the composition of nearly all our foods, and when we consider that about 70 per cent of the substance of our muscles and 80 per cent of the brain substance consists of water, the importance of a pure, uncontaminated supply is obvious. His investigations of Cochituate water have yielded negative results. While there are chemical ingredients now present in harmless quantities, if they are increased much above their present proportions poisonous results will follow.

Prof. H. P. Bellows reported that in his microscopical analyses he had found Cochituate water teeming with life, while Sudbury River water, though containing plenty of animal organisms, is much freer than the former. The presence of these animalculæ

is not necessarily injurious to health; the sensational articles of newspaper reporters on the subject are without foundation and only mislead the public. A minute description of the different orders of animal life discoverable in the water by the aid of the microscope was given, with crayon illustrations of each.

Dr. F. B. Percy presented an exhaustive paper on the sources of pollution of Boston's water supply.

Dr. F. D. Stackpole reported that from about seventy blanks sent out to physicians, requesting reports of cases of sickness arising, in their opinion, from use of Cochituate water, twenty-three answers had been received. Sixteen of these think the impurities in the water injurious to health, and base their opinion on cases of disease they have been called upon to treat, which they can attribute to no other cause. These diseases have been gastric disturbances, irritation of the alimentary canal, throat troubles, skin diseases, typhoid symptoms, etc. One physician is of the opinion that the recent cases of sickness were *not* dependent on the impurities in the water, for if so the effects would be more general; another says that to his mind there is no proof, first, that anything in Cochituate has caused disease; secondly, that the presence of organic matter of a low order, whether living or dead, is necessarily injurious in drinking water; still another says he has not sufficient reason to suspect this water as the main source of zymotic or germ diseases, especially diphtheria, of which he has had cases in infants who never had a drop of Cochituate water.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY C. L. NICHOLS, M. D., RECORDING SECRETARY.

THE quarterly meeting was held at the Bay State House on Feb. 9; Dr. Brick, of Worcester, in the chair. After a few appropriate remarks from the president on assuming the chair, the records of the last meeting were read and approved. Dr. Goodwin reported the progress made by the Committee on the Society Library. A paper was then read by Dr. C. L. Nichols, upon Rötheln, in which the differential diagnosis of this disease from the other exanthems, the arguments in favor of its separate identity, and the treatment of the present epidemic were discussed at some length.

Dr. Bennett considered it very difficult to draw the line between measles and scarlet fever. Dr. Carmichael had seen many cases of rötheln during this epidemic, but all were very mild, and readily yielded in a day or two after the use of *Bell.* [3]. Dr. Mellus thought that the distinguishing feature of this epidemic

was its resemblance to scarlet fever on the first day and to measles subsequently. He said that desquamation of small flakes had occurred in the majority of his cases, and the sequelæ had been very persistent and frequently serious for a time. In one case the temperature rose to 105°, and typhoid symptoms continued for two or three days. He had rarely seen desquamation in true measles, and considers that it exists in proportion to the amount of fever present. Dr. Whittier said that desquamation depended upon the amount of fever and the condition of the skin, and that true desquamation, in his opinion, only takes place in scarlet fever.

An animated discussion arose here as to the relative value of diagnosis and the study of the individual symptoms of the case in hand; the conclusion being that though the latter was strictly homœopathic and necessary, it was essential, for the sake of prophylaxis and prognosis, to establish the diagnosis as soon as possible. As to the possibility of a second attack of these exanthemata, Dr. Whittier believes it doubtful, while Drs. Brick and Bennett mentioned several cases where the repetition seemed beyond question.

In the afternoon session, Dr. Williams reported an interesting case of typhoid fever, in which the temperature fell, after the crisis, to the unusually low point of $93\frac{7}{8}°$. Dr. Travers reported a case of abscess of the thigh following a mild attack of diphtheria. Dr. Hardy, of Grafton, read several interesting cases from his practice. Dr. Rogers, of Westborough, reported: 1. A case of parenchymatous nephritis, brought on by exposure to cold and cured by *Apis* [2x], in which the characteristics were albuminuria, œdema of face and hands, and morning diarrhœa, thin and yellow, as soon as rising. 2. A case of dysentery, rapidly cured by *Gels.* [1x], followed by *Merc. cor.* [30]. 3. A case of prolapsus uteri of eighteen years' standing, characterized by great sensitiveness to cold air, in a woman of dark-yellowish complexion, very nervous and inclined to be despondent and retiring. She complained of an empty feeling in stomach, and leucorrhœal discharge of greenish-yellow thick mucus. She had worn a pessary for sixteen years, but *Sepia* [30] cured the case in four months. 4. A case of menorrhagia of seven years' standing, characterized by great nervousness and prostration, irregularity of menstruation, aggravation of flow when lying down at night, and great desire for sugar. This case was finally cured by *Ars.* [3x] 5. A case of headache, in which the head seemed swollen, cured by *Nux v.* [3x] 6. A case of headache with dull pain, especially in the occiput, aggravated by mental work, cured by *Nux v.* [3x]

Dr. Carmichael advised against the use of stem pessaries in anteflexion, considering a certain amount to be normal, but

Dr. Whittier's experience showed good results from stem pessaries when properly applied.

Dr. Whittier then reported: 1. A case of hysteria following instrumental delivery, which simulated puerperal metritis. 2. A case of chlorine poisoning in a man confined six hours a day for two days and three hours on the third day, in a bleaching vat. The first day he complained of weakness of the limbs, and had a short, hacking, choking, but not spasmodic cough with soreness and pain in the lungs. A week later he had very troublesome nausea, lasting three weeks, and a very persistent form of vertigo, aggravated by stooping, looking up, or ascending steps, but bad in any position. He has fallen flat while walking, and feared losing his balance when raising the feet high. These attacks could be brought on at any time by throwing the head back. His pulse was 50, remaining so for several weeks, and is at the present time but 64. After the discussion of these cases the meeting was adjourned.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

DR. EDWARD HAMILTON, of London, has resigned the presidency of the Convention to assemble in London on July 11, 1881, and Dr. RICHARD HUGHES has been appointed in his place. The many American physicians who met Dr. HUGHES at the Philadelphia Convention in 1876 will be glad to see him occupy this position; and those who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability, will recognize the fitness of making him president. The Convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit England. The committee of arrangements appointed by the American Institute — Drs. Talbot, of Boston, Helmuth, of New York, and Bushrod James, of Philadelphia — have just issued a circular giving in detail information about ten lines of ocean steamers, agents, times of sailing, prices, etc. We have not space to reprint it, but any physician desiring to go to the Convention will find it for his interest to send for it.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

MEMBERS are requested to send papers at once to the following chairmen of committees, to report at the annual meeting, April 13, 1881: —

Clinical Medicine. — R. E. Jameson, M. D., Jamaica Plain.
Obstetrics. — Walter Wesselhoeft, M. D., Cambridge.
Diseases of Children. — Chas. Sturtevant, M. D., Hyde Park.
Climatology. — W. B. Chamberlain, M. D., Worcester.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

OFFICERS elected at the annual meeting held at Albany, Feb. 9 and 10, 1881: *President*, Selden H. Talcott, M. D., Middletown. *Vice-Presidents*, J. J. Mitchell, M. D., Newburg; A. J. Frantz, M. D., Geneva; G. W. Peer, M. D., Rochester, *Recording Secretary*, A. P. Hollett, M. D., Havana. *Corresponding Secretary*, C. C. Jones, M. D., Albany. *Treasurer*, E. S. Coburn, M. D., Troy. *Censors*, Northern

District, Drs. A. W. Holden, G. W. Little, and L. A. Clark; Southern District, Drs. W. M. L. Fiske, J. H. Demarest, and C. M. Lawrence; Middle District, Drs. W. E. Swift, M. O. Terry, and Geo. B. Palmer; Western District, Drs. W. B. Kenyott, O. H. Hurd, and B. F. Williamson. Semi-annual meeting at Watkins Glen, Sept. 6 and 7, 1881. Annual meeting in Albany, second Tuesday in February, 1882.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The twenty-first Commencement was held at Chickering Hall, March 3, — a brilliant audience filling the floor and gallery. After an address by the Dean, Prof. DOWLING, the *ad eundem* degree was conferred on Prof. G. F. ROBERTS, M. D., of Iowa University. The following is the list of the fifty-three regular graduates: Angell, A., Bradsworth, J. H., Brantigam, C. N., Brooks, H., Bull, L. A., Butler, M. B., Chapman, A. E., Clark, S. W., Jr., Coffin, H. W., Curtis, H. N., Day, J. D., M. D., Dobbins, W. A., Ecki, S. P., Eife, A. F., Elebash, C. S., Faulkner, W. H., Foster, H. L., Gee, O. A., Groves, C. A., Hamilton, E. W., Hanor, A. C., Harris, N. A., Helffrich, C. E., M. D., Herbert, R. W., Hoard, V. A., Hodge, J. W., Horton, E. T., Hough, W. D., Houghton, B. L., Keator, B. S., Kelly, W. B., Latimer, W. C., Licorish, R. F., Lowry, E. N., Macy, C. S., Mayer, C. A., Mesick, J. C., Miles, S. E., Millspaugh, C. F., Norton, A. B., Packer, H. E., Pratt, E. J., Ring, C. F., Sanborn, F. C., Schuyler, R. W., Shrewsbury, W. J., Simpson, A. P., Sinsabaugh, J. A., Sisson, F. M., Smith, N., Jr., St. John, T., Williams, T. C., Wolcott, E. H. CHESTER A. MAYER, of Buffalo, and S. W. CLARK, of Philadelphia, received respectively the first and second faculty prizes, and A. I. WARNER, of Watkins, N. Y., the junior prize.

OUR MISCELLANY.

COLORED CONFECTIONERY. — The yellow is mostly made by the use of salts of lead. Seven grains of lead chromate to a pound of candy have been found. The red, usually made of cochineal, is said to be harmless.

SOAP-SUDS IN BURNS. — Dr. Likernik recommends soap-suds made of any soap on hand, to spread over burned surfaces. Their action in relieving pain and reducing inflammation is due to the presence of the alkali, and they possess evident advantages over powdering with bicarbonate of soda.

COFFEE. — Dr. Mosby says that the great use of coffee in France is supposed to have abated the prevalence of gravel. In the French colonies, where coffee is more used than in the English, as also in Turkey, where it is the principal beverage, not only gout, but the gravel is scarcely known. — *Mass. Eclectic Med. Journal.*

THE ANTI-VIVISECTION BILL. — Mr. Bergh's bill to prohibit experiments on animals, introduced into the New York Legislature during the present session, and in both branches referred to the Committee on Public Health, was reported adversely by the Assembly committee, and the report agreed to by the Assembly. This decides the matter for the present.

WHOOPING-COUGH. — Dr. Wilde says he "can cure any case of whooping-cough within eight days, by the following treatment: The patient is not to leave the room, and at every access of coughing is to hold before his mouth a piece of cloth, folded several times, and wet with a teaspoonful of the following mixture: ether, ninety parts; chloroform, thirty parts; turpentine, ten parts."

ONIONS IN PHTHISIS. — Dr. W. H. Pearse, physician to the Plymouth (England) Public Dispensary, recommends in strong terms the free use of onions for consumptive patients, and says: "It is a continually recurring experience with me to hear young persons express a desire for onions, which are often preferred raw, with a little salt, and I have rarely heard that the onions disagree. I conceive that it is of the greatest importance to follow Nature's lead in the matter of the appetite. I conceive, further, that a marked passion for a special food, such as that of the phthisical for onions, puts us on a right track for further knowledge."

HOSPITAL SATURDAY AND SUNDAY in New York yielded, clear of all expenses, $41,000.

A CATHOLIC (?) VIEW OF HOMŒOPATHY. — A parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction, and Christian burial will be refused to any parishioner who allows himself or whose kindred allow him to be treated by any but duly qualified medical practitioners. All who are treated homœopathically will be deprived of the rites of the Roman Catholic Church, and treated as Moors or Jews. — *London Lancet.*

A LEADING PHYSICIAN of New England says, with reference to *Phillips's Palatable Cod Liver Oil*, that having prescribed almost every oil that has been introduced and brought before the notice of physicians, he has found none to compare with the above oil. It agrees with the stomach. Patients do not turn against it as with other oils, and it appears to give better satisfaction generally.—*Boston Journal of Chemistry, February*, 1881.

A COMPLICATED CASE. — A London chemist was suspected of selling drugs for the purpose of procuring abortion, and a policeman undertook to procure evidence against him. For this purpose, he called in citizen's dress upon the chemist, and represented that a friend of his was in difficulty, and wanted something to assist her. The druggist wanted to see the woman, and accordingly a female attaché of the force accompanied the policeman, and the desired material was procured. The grand jury found a true bill against the chemist, and also a bill against the police for conspiracy! The result is not yet determined. — *Bost. Med. and Surg. Journal.*

MIND AND BODY. — The passions of the mind are powerful either for good or ill. Bad news weakens the action of the heart and lungs, destroys the appetite, affects digestion, and partially suspends all the functions of the system. An emotion of shame flushes the face, fear blanches it, joy illumines it, and an instant's thrill electrifies a million nerves. Powerful emotion has killed at a stroke. Chilo, Diagoras, and Sophocles were said to have died of joy at the Grecian games. The news of a defeat killed Phillip V. Largrave, a young Parisian, died on learning that the musical prize for which he had competed had been awarded to another. Public speakers have died in the midst of an impassioned burst of eloquence, or when the deep emotion producing it had suddenly subsided.

PERSONAL AND NEWS ITEMS.

DR. W. H. CAINE has been elected County Physician at Stillwater, Minn.

DIED, at Barre, Vt., of pneumonia, CHARLES H. CHAMBERLAIN, M. D., aged 45 years.

DIED, suddenly, March 16, Dr. H. L. H. HOFFENDAHL, of Boston, 51 years of age.

L. E. OBER, M. D., is very low with cancer of the stomach, at his home in La Crosse, Wis.

THE Texas Legislature has decided to add a medical department to its State University. Dr. C. E. FISHER urges that homœopathy also be taught there.

THE American Pedological Society will meet in New York City, June 13, the day before the meeting of the Institute. T. C. DUNCAN, president; E. CRANCH, secretary.

THE homœopathic Surgeon-General of New York, WM. H. WATSON, M. D., has been appointed Regent of the University of the State of New York, in place of Chancellor BENEDICT, deceased.

REMOVALS. — F. F. MARSH, M. D., from Claremont, N. H., to Wareham, Mass. — HORACE PACKARD, M. D., from 87 Appleton to 680 Tremont Street., Boston. — Dr. COWL to 36 West Twenty-first Street, New York. — Dr. E. A. DAKIN to Brockton, Mass. — Dr. C. L. KINGSBURY, from Spencer, Mass., to Dudley Street, near Hampden Street, Boston Highlands. — Dr. T. DWIGHT STOW, from Syracuse, N. Y., to Fall River, Mass. — After May 1, Prof. S. LILIENTHAL, M. D., from 230 West Twenty-Third Street to 228 West Thirty-fourth Street, New York. — Dr. C. F. BARKER, from Chicago to Holliston, Mass.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 5. MAY, 1881. VOL. XVI.

EDITORIAL.

OUGHT THE POT TO CALL THE KETTLE BLACK?

THERE lies before us a copy of the Philadelphia "Record" for March 25, containing a full report of the confessions in jail of the notorious Dr. Buchanan, the bogus-diploma trader. The story of his conviction, and subsequent escape from bail by means of the shrewd dodge of feigning suicide by jumping (by proxy) from a ferry-boat, as well as that of his recapture and sentence to prison, which had already been widely heralded by means of the press, are here supplemented by a version of the ins and outs of the affair from his own standpoint which is both very interesting and amusing. He appears to have had a most thorough acquaintance with the whole of the nefarious business, which indeed seems to have become a distinct branch of industry, and which, with a remarkably complete organization, had grown to alarming proportions throughout the world. In fact, of its immensity "the half was never told." He speaks in more or less detail of twenty-five concerns in this country and in Europe by which degrees have been sold, and estimates that fully twenty thousand bogus diplomas are current in America and forty thousand more in Europe, the price varying generally from $10 to $200. He also furnishes a long list of names of buyers and sellers, who will give him no thanks for the trouble.

Of the details of the American part of the business we do not here purpose to speak. That has been sufficiently ventilated all over the world. Our English brethren particularly have been

rather careful to seize every possible opportunity to ridicule American *bogus* diplomas, and have also often cast a slur even on those which are legitimate. We understand that *no* American graduate is qualified to register and practise in Great Britain by virtue simply of his diploma. To show that even in England crooked practices are not unheard of, we reproduce a portion of Buchanan's confession relating to foreign diplomas:—

"I have been offered the degrees from all the institutions in Great Britain, but I never accepted one. I would not pay the expressage on them. Van der Vyver has written to me that if any one wanted the title of Count or Countess, or Duke, or anything else, he could supply it; that furthermore he could, for a consideration, create a man a bishop. I inserted a notice in our announcements that any of our graduates could be supplied with foreign degrees.

"Only two made application, and they were Ginner, of Bradford, Pa., and Henion, of Rochester, N. Y. I stated the price to be $500. Both wanted degrees from London University. Ginner dropped the subject. J. B. Henion held to it and sent a friend to see me about it. I advised him to have nothing to do with it, — it was too much cash; and I heard no more about it. German degrees were cheap. Rosell, Davis, Clarke, all now dead, bought them in this way.

"It may have been possible that Henry C. Stickney sold some foreign degrees in this country. His opportunities were good — going back and forth frequently — and his associations were of that class. He knew the great diploma brokers, Sturnam, Sayre, and Van der Vyver, thoroughly.

"The way to do it is this: Enclose a book or pamphlet that you have written, with a draft (usually $500), and it comes back all right. It seems to me I wrote an essay in 1873 for a clergyman in New York State. He sent it and got a degree, and as a consideration I got him to write Latin diplomas. It is done every day. I am rusty on theology, but my essay passed.

"Before the passage of the Medical Degree Act in 1857, Great Britain carried off the palm for selling diplomas; since that time very little has been done. The Medical Act of 1857 did this: it registered with one sweep all who had diplomas from a chartered college prior to that date; and this was done without examination, — it mattered not where these diplomas came from. All applicants after 1857 have had to pass an examination. The Board of Examiners now never look at the diploma.

"In Scotland there are four universities: Edinburgh, Aberdeen, St. Andrew's, and Glasgow. All teach theology, arts, law, medicine, and their collateral branches. Edinburgh in 1845 publicly

advertised that it would sell one thousand diplomas at $50 each. In 1847–8–9 I could have bought them, while attending Glasgow. They were around thick. I cannot specify a case, although Sturnam said I could have all I wanted if the price would be paid.

"Besides those four bodies there are the Royal Colleges of Surgeons at Edinburgh and Glasgow. These bodies confer M. D. as well as their title F. R. C. S. Ed., etc.. These societies to the uninitiated seem great, but they are simply club-houses. The Medical Act has injured them very much. These are all incorporated bodies. The Andersonian University has no corporate power.

"The Dublin University is really the only school in Ireland that deserves the name of being such, and prior to 1857 it was like the others.

"England has a large number of medical schools, besides the two great universities, Cambridge and Oxford. There are also Royal Societies, but the same spirit haunts them all, — they will sell degrees.

"Sturnam, Sayre, and Van der Vyver have offered to sell me their degrees, but no sensible, practical American will pay their prices. The London University is the great medical-degree depot. Admission to the various Royal Societies is easy. They will not refuse a £5. Their certificate or diploma is about 6 x 12 inches.

"The German universities are more celebrated than the English. Every school in Germany did it freely and openly for about fifteen years. I was acquainted with a number of colored men in this city who had bought them. I might enumerate Rosell, Davis, Clarke, all dead, and I know of men all over the country. I have often thought that there are at least 5,000 out, — probably double that number. It seemed to be done direct, enclosing the cash and getting the return. The diplomas are quite small. I have heard little of this traffic during the last twelve years. I have often been informed that all the degrees of European schools have been manufactured here. As far back as 1862 I saw in the possession of Fenton, a Canadian, a roll of European diplomas. Chicago has been mentioned as the depot. Stickney went there after them, I know, but he said they were so frightened he could do nothing with them. In the possession of Mumey I counted eleven German and Royal Society of London diplomas."

It is generally considered tolerably safe to place some credence even in the statements of those whose veracity in public estimation falls far below the standard established by George Washing-

ton, *provided* that no sufficient motive for falsifying is apparent. The only motives for the confession which we can see, in view of the fact that his sentence has been pronounced and his punishment is certain anyway, are the praiseworthy desire to relieve a guilty conscience, the morbid hankering after additional notoriety, or the revengeful impulse to implicate as many others as possible. We are inclined to accept partially the first supposition. At any rate, as he is said to furnish so much documentary proof of his statements, we are forced to admit that there must be some foundation for them.

If, however, we prefer to remain skeptical as to the truth of Buchanan's statements, a partial confirmation of them is to be found in a recent editorial (March, 1881) in the London "Lancet," which is perhaps a better authority. The "Lancet" says:

"The press of this country has been for some years loud and unanimous in its denunciations of some obscure colleges in the United States, — where colleges rise up as mushrooms, or as Jonah's gourd, but, alas! do not disappear so quickly, — which have carried on a thriving trade in degrees in all Faculties, selling them to persons who had a few pounds to give in exchange for titles which they were not likely to acquire in the ordinary way. Our own notice of this subject was slightly less loud, because of our knowledge that some of our own medical corporations *do virtually sell their highest qualifications.* It is now some years since one of them made, it is said, £10,000 *in one year by the virtual sale of its lowest qualification.* But the question put to us to-day by a correspondent has reference to the sale of another and much more serious qualification: that of the fellowship of the Royal College of Surgeons of Edinburgh. In answer to his question, we have simply to say that *the Edinburgh College does virtually sell its fellowship.* That is to say, if any person already possessed of a license in surgery, from any licensing body in the United Kingdom, applies to the Edinburgh College for a fellowship, and can accompany his petition with testimonials showing that he has not broken any of the lesser commandments, the constitution and custom of the college are such that he will receive its fellowship on the payment of a certain sum. There is no doubt or mystery about this. It was frankly admitted by Dr. Andrew Wood, before the select committee of the House of Commons; but it is a very discreditable state of the law, and should bring the Scottish corporations into the very front of the army of medical reformers, instead of being, as alleged, in the ranks of the principal opponents. In the med-

ical world, a fellowship of a college of surgeons implies merit. It implies in the English college an extended education, and the passing of a very severe examination. It implies, probably, a pecuniary outlay of nearly £400, over and above the cost of an ordinary medical education. The possession of a fellowship is a condition of obtaining office in metropolitan hospitals, if not in provincial ones. Can there be anything out of the region of sacred things more serious than to preserve the point of such a distinction? *But here is a Royal College of great respectability and renown, actually selling it!* So that two men may be competing for an appointment of great responsibility, for fitness for which a fellowship of a college of surgeons is thought the best security; and yet in the one case the fellowship is a real thing, in the other, it is entirely unreal. In the one case it has been worked for and won, and *in the other it has been bought!* Can there be a greater unfairness than for a Royal College to send a man into a community, to work among other men, with such a piece of tinsel to his name? *We regret to say that the fellowship of the Royal College of Physicians of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, are to be had on the same easy and pecunious terms, without examination and* in absentia, *as in the case of the Edinburgh College of Surgeons!*

"The working of this monstrous system has just received a startling illustration in the report of the Subcommittee on Medical Education, appointed by the Committee of Council of the British Medical Association. 'We may mention the case of a student who presented himself at the Royal College of Surgeons, London, and was rejected. He immediately started for Edinburgh, where he was again rejected; upon this he went to Glasgow, and passed. He registered as a qualified practitioner, forwarded certain sums of money to Edinburgh, and as a qualified practitioner was made a Fellow, without further tests, by the very college which had not long before rejected him as unfit, by examination for the license!' Nothing can exceed the significance of this simple narrative, and it is to be hoped that the Edinburgh College itself — the college of many illustrious men — will take advantage of impending legislation to relieve itself from a position so discreditable and anomalous." *

NIE-MEY-ER and NE-HE-MI-AH were probably not blood relations; but if the former was a direct lineal descendant of the latter, the name must have been curtailed in travelling from father to son through the 2,300 years which separated them. And yet we not infrequently hear medical students and even physicians (who ought to know better) pronouncing one name just like the other. When discussing the great iconoclast's notions about cheesy pneumonia, please do not talk as if you were quoting the Bible as authority.

* The italics in the above are ours.

AN INTERESTING EXPERIENCE.

BY GEO. B. PECK, M. D., PROVIDENCE, R. I.

(*Read before the Rhode Island Homœopathic Society.*)

ABOUT six o'clock Saturday morning, Dec. 18, 1880, I was called from my bed to attend the accouchement of Mrs. C——, a healthy woman twenty-five and a half years of age, five feet six inches in height, and weighing generally one hundred and thirty pounds. She had two children, aged two and four years respectively. Her first labor was tedious, a dry birth; the second was of ordinary character. On reaching the house, I was informed the waters broke away at 1.30 A. M., and that the pains had been regular and vigorous ever since. Examination revealed a closed os, but one readily dilatable to the extent of at least one and a half inches; also a vertex with its occiput toward the left acetabulum. Believing "meddlesome midwifery is bad," I sat down to watch events; the more readily because I was nearly worn out, and had been looking for a pretext upon which to take a rest. Meanwhile my patient promenaded the rooms.

During the forenoon the pains continued to be of a satisfactory character, and of such intensity that had the membranes remained intact, dilatation would have been accomplished. As it was, however, soon after noon I became satisfied that if assistance should not be rendered, the woman's strength would be exhausted before that desirable stage could be attained. Accordingly, I emptied a portion of *Caulophyllin*[1x], about the size of a chestnut, in two thirds of a glass of water, and ordered two teaspoonfuls every fifteen minutes. My object was to relax the circular uterine fibres and contract the longitudinal, a property ascribed to this drug. The only apparent result was an increase in the intensity of the pains; dilatation was not accelerated proportionately to the medication employed. This was the first time disappointment has attended its use; perhaps I expected too much. *Pulsatilla* now suggested itself to improve the rhythm of the pains. Thirty drops of the second decimal were prepared as above, and administered similarly, until I became satisfied it was as influential as pure cold water, and no more so, when it was discontinued.

It was now late in the afternoon; my patient was becoming weary, and something more effective must be done. But what? *Belladonna*[30] would have been given, but I was without it; *Bell.*[2x] I had no confidence in; *Cimicifuga*[2x] offered no advantage superior to *Caulophyllin;* hot water was thought of, and also its inconveniences; the ether can received but a solitary glance; the

ointment box, generally filled with equal parts of cosmoline and belladonna ointment, was empty. I decided to give my favorite one more trial, and accordingly administered a dose of *Caulophyllin*[1x] as large as a marrowfat pea. This time my confidence was not misplaced: the pains were invigorated, their intervals diminished, and dilatation proceeded with comparative rapidity. In less than an hour the os was dilated sufficiently to permit the use of my Elliot forceps, but not so much so as to allow the head to pass. Its edge was thicker and more rigid than was pleasant to contemplate, but the danger of a lacerated cervix could not be allowed to weigh for an instant against that of exhaustion, so the blades were promptly applied. Firm but gentle traction, synchronous with three or four pains, extricated the head.

Just as the cranium passed the obstructions at the inferior strait, and before it emerged from the vulva, I unlocked and withdrew my forceps, in accordance with a suggestion once met, that thereby the chances of lacerating the perineum are diminished. If the blades have been accurately applied, and traction scrupulously conformed to the pelvic curve, the advantage of this step would be problematical; but how many effect this, especially of our less experienced accoucheurs? Besides, it affords a very pretty test of dexterity in manipulation, as I discovered to my chagrin the first time I attempted the feat.

Next, the delivery of the thorax demanded attention. The right shoulder was reached with considerable difficulty, owing to the rigidity of the parts. Its humerus was twisted posteriorly so far as to suggest the possibility of the forearms being folded upon the back, and to render the use of the axilla wellnigh impossible. At length, however, it was brought into service, proving exceedingly useful; but for nearly an hour after parturition the arm hung helpless by the side. The pelvis required no special care, so my left hand was free to follow up as usual the contracting uterus. This stage terminated about 8.45 P. M., although some fifteen additional minutes were required firmly to establish the infant's respiration. The boy weighed nine pounds fourteen ounces. After a delay of twenty minutes, that the mother might enjoy a good rest, I started after the placenta, and a long trip it proved, too. A brief preliminary examination revealed the absence of every trace of the secundines from the vagina. While the size of the uterus prevented serious expectation of discovering the afterbirth, I was just the least bit surprised at not finding any portion of the membranes. Fifteen minutes later I made a second examination, reaching farther and farther into the uterine cavity, when my finger encountered something that prompted the thought, That cannot be the back of another child, nor yet a limb. There is not room enough for a

twin. Curiosity now prompted thorough investigation. Firm tissue extended on every side, but in the centre was a narrow orifice through which passed the cord. Ah, ha! hour-glass contraction! was the half-gratified reflection; for I am fond of curiosities, and such a complication is not met every day. I now withdrew my hand, and after deliberate consideration decided upon my mode of procedure. (It should here be remarked that my prescriptions are very frequently influenced by moral as distinguished from physical considerations, and the present case was no exception.)

Finding my syringe in perfect readiness, and the second kettle of hot water full, I remarked, "I guess I shall have to take that afterbirth." My patient said she wished I would, and both husband and sister re-echoed the sentiment. Passing my index and middle fingers up the cord and through the ring, which barely admitted them, I reached the fundus, which was maintained firmly in a depressed position by my left hand. An attempt to insinuate my fingers between the uterine walls and the membranes was unsuccessful, also an attempt to sever them. Hence I was obliged to enucleate the slightly adherent placenta mediately; that is, by tucking under a fold of the membranes. When this process had been completed on every side, and I was satisfied perfect detachment had been effected, I seized one edge of the placenta between the sides of my two fingers, and drew it down through the ring, until I could take a firmer grasp by aid of the thumb, when it was cautiously extracted from its prison. But now hot blood could be felt bathing my hand; so I promptly completed the removal, never removing my left hand from the abdomen, except to renew my compressive grasps, and exclaimed, "Hand me my syringe and hot water, quick!" A half-teaspoonful of ergot in a little water was administered, and I had hardly uttered the words, "Hurry up!" when a tin wash-basin of hot water and my syringe were placed on the edge of the bed. This water was at once thrown into the uterus, nearly checking the hemorrhage; a second basin completed the good work, the latter half running perfectly clear. It was now 10.15 P. M. Moderate stimulation was resorted to, and later a cup of tea was administered at the patient's request. Although her condition was quite as favorable as could be expected, so prostrated was her appearance that I scarcely ventured to leave the bedside for two and a half hours, nor did I leave the house until daylight.

When waiting for my hot water (I shall never again be obliged to do that, even for three minutes), I glanced down to observe the extent of the hemorrhage, and found a stream of blood two thirds the size of my little finger pouring from the vulva, in a manner precisely similar to water from a rent hose. The final

recovery was prompt and complete. The perineum is intact, and I can discover no injury to the cervix.

It may be said this hour-glass contraction was due to an excessive use of *Caulophyllin*. I do not believe it, nor will I relinquish so faithful a servant as I have found this drug to be, until I receive stronger proof of its treachery.

Again it may be said that the hemorrhage was due to the removal of the placenta. Granted; but the question was whether the method pursued, with all its attendant risks, would not upon the whole be better for that particular person than a more dilatory policy. I have not at any time regretted my decision, though I do not say that under other social conditions I should treat the same complication identically.

I gave twenty-four hours to the case, and my only recompense is the privilege of reading this paper. I would not have missed the experience, however, for many times its cost.

NOTE. — Unquestionably this case was of the common or pseudo variety; that is, merely the premature closing of the inner cervix. The flattened character of the arch, as determined from below, the knife-like rigidity of the constricting portion, and the absence of the exterior abdominal sulcus are confirmatory indications. I fail, however, to see wherein the genuine variety is more difficult or dangerous than its better known congener.

SOME OBSERVATIONS ON VACCINATION.

BY F. G. OEHME, M. D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

SOME years ago I revaccinated a family, consisting of the parents, six children, and two servants. I used the liquid vaccine, from glass tubes, and prepared the lymph *for all at the same time* on a piece of flat glass, and vaccinated all in each others' presence. Upon some it had no effect; on others it produced, in due time, perfectly normal vaccine pustules: but on one of the servant-girls, although she was and had been for years apparently healthy, it caused a blood-blister of over three inches in length. The arm was considerably swollen and somewhat discolored. She had a general sick feeling for several days. If she had been vaccinated alone, it would have been laid to a bad quality of vaccine.

From three quill slips of animal vaccine, which arrived in one lot from Dr. Griffiths, in Brooklyn, N. Y., I vaccinated a one-year-old infant and a servant-girl of about fourteen years; also revaccinated two young ladies of about twenty and twenty-two years, sisters of the infant. I did the work carefully with each, but especially with the infant, for which I used one entire slip. For

one young lady I used part of the second slip, for the other part of the third slip, and for the servant the balance of Nos. 2 and 3. I was obliged to do thus, because word had been sent to vaccinate but two persons, the change being made after my arrival. One week later I visited the family. On the infant it had not taken at all. On the servant-girl it had produced an uncommonly large vesicle, or rather blister. The limb was much swollen the following days, the parts around the vaccine pustules became exceedingly indurated, and the skin, for several inches in every direction, highly inflamed and irritated; also, here and there on the affected part small pustules had appeared. Feeling of general sickness. On one of the young ladies it had produced an imperfect, on the other a perfect pustule. I had brought a fresh supply of quill slips of animal virus, from the same source, and revaccinated the babe from one of them, *after* which I also vaccinated it from the perfect pustule of one of the sisters, about an inch from the first place. One week later the animal virus had produced a kind of a small blood-blister, with no irritation around it, but the lymph from the sister a perfect pustule.

In this case, again, the servant-girl might have complained of having been vaccinated with impure lymph, and if I had used one quill for herself alone, there would have been a possibility that this one might have been charged with bad lymph.

These few facts prove, (1) that bad results from vaccination are *not necessarily* the consequence of impure lymph; (2) that humanized vaccine is more virulent than animal, and consequently that an ineffectual vaccination with *animal* vaccine does not prove an immunity from humanized vaccine, probably also not from small-pox. This point is of particular importance in *re*vaccination.

These few facts are a small addition to statistics, and may be a comfort to physicians who have been blamed innocently for having caused injury by vaccination.

OUR LONDON LETTER.

FROM GILES F. GOLDSBROUGH, M. B., C. M.

THE climate of this country is noted for its variability. Few persons can form a true idea of how variable it is unless they spend a winter here like the one which is just now closing. On Christmas eve the sun shone brightly, the sky was without a cloud, the wind in the southwest, and the temperature as warm as we often experience during the first two weeks of June. The

only visible signs of the time of year were the bareness of the trees and the usual gay Christmas-like appearance of the shops. Three days later the scene was changed ; the wind had shifted to the northeast, blowing strong and cold, the atmosphere was dark and foggy, with rain falling at intervals, — a typical London winter day. The mild weather soon returned, however, and lasted until the second week in January, when real winter set in — winter which we read about, but fortunately seldom experience. There was a fall of snow of several inches, followed by severe frost. A slight thaw occurred at the end of a week, but only to usher in the memorable storm of the 18th of January. So severe was that storm, such was the combination of gale, snow, and frost, that it has scarcely a parallel in the recollection of the oldest inhabitant, and will never be forgotten by the youngest. An account of "Arctic London" at that period has no doubt reached you long before this. The real winter lasted three weeks, and then suddenly disappeared. Since that time, on a small scale, we have had alternations of similar phenomena. Of necessity, the main interest which the state of the climate affords to the medical man, beyond his own personal convenience, is its influence upon the public health. A comparison upon our "visiting lists," in December and January, exhibits almost the extremes of summer and winter. The death-rate of the twenty largest towns, during the Christmas week, did not exceed 18.6 per 1,000, while that following the onset of the cold weather rose to 31 per 1,000. As is reasonable, the class of diseases which contributed most to this increase was that of the respiratory organs. Again, taking one season with another, our climate shows remarkable variability. As you are aware, the winter of 1879–80 was long and severe, accompanied, in London, with an unusual amount of fog. Our "visiting lists" were continuously heavy, and the death-rate was for several successive weeks some hundreds above the average.

The "British Homœopathic Medical Directory" was published early in January. It contains the names of nearly three hundred practitioners, — a slight decrease on last year ; and as last year there was a slight increase on that of its predecessor, so the "Directory" of this year shows a decrease on that of two years ago. Fortunately death has removed but three of our small band ; and those, though honored in private life, were little known by the public work they put on record. A survey of the numbers of professed homœopathists given in the directories of the past few years naturally gives rise to many suggestions. It would not unfairly be asked, Is homœopathy on the increase in the British Islands? If so, how appears it that there is not an increase in the number of its practitioners? And if not, are its adherents sufficiently alive to every method for its promulgation ?

Have they laid hold of every weapon wherewith to conduct its defence and to lead the attack against the enemy? The truth in medicine, as in all else, must have sway, and eventually take the place of error; accordingly, the first question can be answered in the affirmative, although it must be confessed that the increase is exceedingly slow, and there is abundant room for pressing home the latter queries. There are a few practitioners who object to have their names enrolled in a directory styled "Homœopathic," although faithful exponents of the system. They are said to be exceedingly desirous of spreading the practice of the law of similars, and some give this as a reason for dropping the name. Be this as it may, it is well known that Hahnemann and the majority of his followers have always found that an unbroken line and unfolded banner tell best in fight. Why should such tactics be altered now, after so many years of successful warfare? The gradual infiltration of old-school treatment by the homœopathic has been going on during the past year. Notably among the "discoveries" which have come to the front are the employment of *Drosera* in whooping-cough and of *Silicea* for the relief of pain in cancer. What explanation can be given of these successful pieces of practice? In allopathy, echo answers, What? For ourselves, we cannot but hail such as new links in the chain of recognition of our law, and in consequence as a spread of homœopathy. There is one powerful adjunct to the spread of all truth involving action on the part of man, which is applicable to every practitioner of homœopathy in the world, likewise in which there can be no excuse for idleness or indifference. This is, in practice, to abide strictly by the truth. Dr. Hayward, in his presidential address before the Liverpool Homœopathic Medico-Chirurgical Society, last year, discoursed elaborately on this subject. Although he did not give as a title to his address, "Keep your Armor bright," but rather "Fashions in Therapeutics," yet that the former was its main injunction is plain, and its moral may be gathered from the passage which follows. Speaking of the "fashion" of selecting the medicine from "clinical" or "cured" symptoms, and characterizing this as the most glaring and pernicious of departures from the teaching of Hahnemann, Dr. Hayward says that it is a keen-edged axe striking at the very "root of homœopathy, and if much used will very surely accomplish its destruction"; a destruction, let it be noted, which would come from internal defection and not external opposition. The address, well worth persual, will be found entire in the January number of the "British Journal of Homœopathy."

The channel for the regular teaching of our system is about to undergo some important alterations. In fact, by this time next year the London School of Homœopathy will probably be entirely

reorganized and placed on a secure and permanent foundation. It was originally established on its present basis for five years, but the experiment of "systematic lectures" has not been successful, having failed to attract students. The principal suggestion for its reorganization which has been made public is to discontinue the present lectures, salaries, etc., to fund the surplus moneys, and add them to the sum already invested; of the income produced to endow a clinical lectureship at the homœopathic hospital and a Hahnemann lectureship; the surplus to be allowed to accumulate for future endowments. This is an eminently practical suggestion, but one important calculation has been left out. At present we have an average of only forty-five patients in our hospital; and can it be expected that with this number, sufficient material is afforded to a clinical lecturer who wishes to make his work as exhaustive and comprehensive as possible? Unquestionably, our leaders *must* look to the foundation of the school, which must be of rock, not of sand.

A correspondent in the "Homœopathic World" insists on the "*necessity of organization* by both doctors and laymen," in order to increase the number of homœopathic practitioners. This organization, instead of being in the direction of internal reform and hospital enlargement, is to be devoted to the preparation of a petition to her Majesty, signed by laymen throughout the country, praying for the recognition of our educational rights. The signatures are to be collected by the physicians themselves from their patients: a novel idea, to be sure, and perhaps a good one, but until we make our hospital as large as the required standard (130 beds), can we expect to be recognized? We look for suggestions from our colleagues in America, where the air is freer from conservatism and the truth in medicine spreads unimpeded.

FEIGNED EPILEPSY.

CASE OF JAMES CLEGG, THE "DUMMY CHUCKER."

In a paper read before the Association of Medical Superintendents of American Institutions for the Insane, at Philadelphia, 1880, Dr. Carlos F. MacDonald, superintendent of the Binghamton Asylum for the Insane, gives a most interesting as well as an amusing account of a very remarkable case of epileptic malingering. Dr. MacDonald premises with a brief historical sketch of feigned illness, the first case mentioned being that of Jacob's favorite wife Rachel, who pretended sickness for the purpose of concealing the stolen idols of Laban. As regards frequency,

epilepsy probably occupies the first rank, the reason for this being that the "fit" by its mode of onset offers great advantages. Fortunatus Fidelius states that feigned epilepsy was of frequent occurrence in the sixteenth century. Writers upon this disease, according to Dr MacDonald, devote but little space to the subject of simulation, while some of them do not mention it; among the latter stands Echeveria, who wrote a classical treatise on epilepsy. Distinguished American authors refer only cursorily to feigned epilepsy. The same is true of various writers on medical jurisprudence. Dr. Ray, in his work on Medical Jurisprudence of Insanity, discusses Epilepsy and its Legal Consequences in a space of thirteen pages, but makes no mention of the simulation of this disorder During the thirty-six years of the publication of the "American Journal of Insanity," not a single case of feigned epilepsy has been reported, nor, so far as Dr. MacDonald is aware, has any writer reported a case occurring in this country.

From these facts Dr. MacDonald concludes that simulated epilepsy must be comparatively rare in America, as it can hardly be supposed it would escape the attention of *all* the writers mentioned. A writer in the "British Journal of Mental Science" for October, 1865, says, "A 'fitty pauper' is well known in certain parishes. Feigned epilepsy is a profession, a source of revenue, an appeal to sympathy." Other foreign authors, Frousseau, Balfour Browne, Esquirol, Marshall, etc., mention, or suppose, cases. But Dr. MacDonald says that literature reports no case in which the motive for feigning epilepsy was similar to that by which Clegg was actuated. He first saw Clegg in March, 1876. The man is about thirty-three years of age, English, unmarried, by occupation a thief. Is small in stature, slender; has small, dark, closely set eyes; straight brown hair, which grows low upon the forehead. His features are somewhat disfigured by scars and the absence of a tooth; countenance not altogether disagreeable, but when *unmasked*, indicates considerable cunning and shrewdness; his voice is pleasant, and he frequently smiles when in *natural* conversation. Reads and writes fairly well.

Clegg's first crime, committed at the age of nine years, was the robbery of his father's cash-box. He continued to pilfer until sixteen years old, when his father died. The boy then ran away from home to an obscure portion of the city, where he "kept house with a girl." He paid expenses by picking pockets. His mother found him, caused his arrest, and forced him to return to his home, where he promised to behave. "But," says he, "a square life I could not lead, so I determined to lead a crooked one." He again fled from home, and rejoined his female companion, and resumed pocket-picking. After a time he got into a den of thieves, of whom one McCarty was what is known among

criminals as a "dummy chucker," that is, a person who feigns fits in public places, while his companions pick pockets among the crowd which gathers about him. McCarty took a fancy to Clegg, and from books and by example taught him the art of dummy chucking. The youth proved an apt scholar.

They took excursions together to various places, McCarty chucking dummies while Clegg picked pockets among the gaping crowd. McCarty's subsequent arrest and imprisonment afforded Clegg an opportunity to assume the rôle of dummy chucker, which he did successfully. He says that in London he has frequently been placed in a cab and driven to the office of a physician or to a hospital, where he has kindly been "brought to" without having once been detected, or, so far as he knew, even suspected of being an impostor. Finally, however, on one occasion, having chucked a dummy whereby his confederate was enabled to steal a valuable watch, he was arrested as an accomplice. A criminal lawyer whom he engaged to defend him advised him to "chuck a dummy in the court." Clegg accordingly, as he says, "chucked a beautiful dummy," whereupon a medical officer was summoned, and, after a careful examination, pronounced him "a bad case of epilepsy," and he was accordingly "honorably discharged." Clegg says there was a jollification over him when he returned to the "paddingken," and after that he was regarded as the "head dummy chucker." Having thus distinguished himself in the estimation of his associates, he was sought after by the most skilful pickpockets; with these he operated, attending services at fashionable churches, chucking dummies in the aisles when the congregation was passing out, while his fellows picked pockets. He would also attend funerals of persons of note, and, apparently overcome at sight of the corpse, would fall down in a "fit." He says: "Many a time have I chucked a dummy while looking at the corpse, and caused an excitement while the other boys plundered the poor flats." Becoming known to the authorities in London, Clegg, in 1865, departed for Scotland, in company with his friend McCarty. By this time he had acquired such proficiency in his "art" that his old master delegated that branch of the "business" exclusively to him. Reaching Glasgow, they attempted to execute a robbery, which is best described in Clegg's own language: "We learned that a certain shipbuilder in Greenock paid his men every Saturday, and that the money to pay them with was brought from a bank in Greenock every Saturday morning. So we engaged another fellow to go with us and help get it. We were to meet the messenger coming from the bank with the money, and I was to chuck a dummy right before him on the sidewalk while the other fellows would bustle [jostle] him, and McCarty would snatch

the bag and get away to Glasgow, where we would all meet. Well, you see, we had everything down as fine as could be, and felt sure we would succeed. So away we went down on the first train on Saturday morning, and hung around the place till we saw our marker with the bag. I went before him and chucked a beautiful dummy while he was walking down one of the principal streets; McCarty snatched the bag, but did not get far away with it. He was collared about two blocks from where I lay in the dummy. Of course I had to come to and hurry away out of sight, when I heard the people talking about what had happened; so I escaped again, and poor McCarty got six years at Perth." After this exploit, Clegg again returned to his native town. Here he was arrested, convicted, and sentenced to prison for a term of twelve months at New Bailey. While undergoing this, his first imprisonment, Clegg, in an altercation with a turnkey, stabbed him three times with a knife. The turnkey's wounds not proving immediately fatal, Clegg was indicted for attempt at murder. While awaiting trial he had several "fits," which induced his counsel to defend him on the ground of "temporary insanity due to epilepsy." Medical evidence was adduced at the trial to show that he was an epileptic, and consequently not wholly responsible for his acts at the time of the stabbing. The defence was so far successful as to secure for him a mitigated sentence to seven years of penal servitude. He was now transferred to Milbank Prison, in accordance with the custom, to undergo nine months of solitary confinement prior to being put to labor upon the public works. Clegg says that every convict at Milbank is subjected, when received, to a rigid medical examination to determine if he is fit for "able-bodied service." "When the doctor examined me," said he, "he pronounced me an epileptic, by the expression of my eyes, and I was put away among the other fit cases, who were treated better than the well convicts." Tiring of life at Milbank, Clegg "recovered" sufficiently to obtain a transfer to Chatham, an "able-bodied station," where he remained about eighteen months; but not liking the work there, the "fits" reappeared with marked severity.

It appears that the medical officer at Chatham Prison was suspicious of him, and subjected him to several severe tests before making a transfer. Clegg says: "I had to undergo a good deal before I got sent away from Chatham, such as having a lance shoved under my finger-nails and stuff [probably irritants] put into my eyes whenever I used to chuck a dummy. But I never flinched, and at last the doctor sent me away to Woking as a bad epileptic case." Clegg remained at Woking about two years, spending most of the time in the hospital as "the worst epileptic case there, according to the doctor's statement." Being confined

so much with epileptics, while in prison, Clegg improved his opportunities for clinical observation, and familiarized himself with the various symptoms and conditions which they exhibit in the intervals of the paroxysms, as well as with the medical treatment they received, a knowledge which he afterwards frequently turned to advantage in carrying out his deceptions. From Woking he was transferred to Dartmoor, a "convalescent station," which he describes as being "a very cold and dirty prison," and adds: "But that did not make much difference to me, for I was always in the hospital. I never let up chucking my dummies, because they were the means of saving me from a great deal of trouble and hard work." At the end of six months at Dartmoor, Clegg, with several other invalid convicts, was confined to Parkhurst Prison, Isle of Wight, because, he said, the doctor was afraid he would hurt himself in a fit. "When we got to Southampton," said Clegg, "I chucked a beautiful dummy to get the keeper to undo the chain we was fastened together with, but he would not do that, and the people that gathered around was for throwing him into the water, for they all pitied me, seeing me in convulsions. However, he managed to get us over to the prison, where I was put into the hospital." The doctor at Parkhurst was a very "severe" man. "He had been in the army, and was up to all the tricks." When making his rounds in the hospital one morning, Clegg, who had been waiting for an opportunity to "establish his case," chucked a dummy "right before him," remaining in convulsions about an hour. The doctor pronounced him "a severe case of epilepsy," and ordered him a pint of porter, daily, "to keep up his strength."

After spending three or four months in the hospital at Parkhurst, Clegg again "improved" sufficiently to be sent out at "light work" — picking oakum — but still occasionally having a "fit." At Parkhurst were quite a number of epileptics, several of whom were simulators. Conviction of one of the latter created suspicion concerning the others, including Clegg, who, learning that he was suspected, resolved upon a desperate method of convincing the officials that *his* was a genuine case. One Sunday morning, when going from his cell, which was located in the third tier, to the chapel, he chucked a dummy on the corridor, rolled off, and fell to the floor below, a distance of nearly thirty feet. In this adventure he sustained greater injury than he anticipated, although not expecting to escape *all* damage. By the fall he knocked out a front tooth, disfigured his nose, and lacerated his face and head. Unconsciousness this time was real, and lasted for twelve hours. That "fit" removed all doubt as to the genuineness of his case, and secured for him the confidence and sympathy of the officials. He was retained in the hospital about

four months, was allowed extra diet, such as eggs and porter, and was "treated first rate." The doctor also caused padded cells to be provided for all the epileptics in the prison.

After his discharge from this prison Clegg returned to his native city, immediately robbed his aunt, fled to London, thence to Glasgow, where he robbed a house of four hundred pounds, and then sailed for America. Landing in New York he recommenced dummy chucking, which, he says, was something new to the "crooked people" of that city. He joined a gang of pickpockets, and operated in New York, Philadelphia, and Boston. Large retail houses offered a rich field, lady customers being especially victims during their consternation at sight of a well-dressed young man writhing on the floor. The ferry-boats, when crowded, offered excellent opportunities. On one of these occasions a kind-hearted physician came to his assistance, and *meanwhile was relieved of his watch.* Unaware of this, the doctor, on landing, called a cab and took the scamp to his own office, where, after considerable effort, he succeeded in "restoring" the patient, about the same time discovering the loss of his watch. Clegg expressed great sorrow, and denounced the outrage, but the doctor consoled himself by the reflection that the loss of the watch was of little consequence compared with the life he had been instrumental in saving. Clegg admits that for once his conscience smote him, and avers that he really tried to get the watch for the purpose of restoring it to its owner, but it was "sold" before he got back to the city again. On another occasion he feigned a fit on a Fulton ferry-boat, and was taken in an ambulance to Bellevue Hospital. After pretending to sleep for an hour or two at the hospital he "recovered"; but the authorities were suspicious, and detained him, as the nurse informed him, for the purpose of having him examined by one of the physicians of the Hospital for Epileptics. In due time the physician from the epileptic hospital arrived, and Clegg, who was on the alert, hearing the nurse say, "There comes the doctor," feigned a fit, and was in "convulsions" when the latter reached his bedside. The doctor, after watching him a few moments, depressing his eyelids, trying his pulse, and observing the numerous cicatrices on his face and forehead, expressed the opinion that it was a case of epilepsy, and Clegg was discharged.

Subsequently he was sent to Blackwell's Island Prison for stabbing a man. Here the chief of staff of Charity Hospital pronounced him an epileptic. His next commitment placed Clegg in Sing Sing Prison. Here his "dummy chucking" became the means of his transfer to the Asylum for Insane Criminals at Auburn. At this place Dr. MacDonald, on assuming charge, found Clegg in a strong room and in restraint. He was said to

be "subject to terrible fits." Dr. MacDonald ordered his release from restraint, requesting notification should a fit occur. Shortly after he was called. He found Clegg on the floor, his face distorted and livid; saliva, frothy and bloody, oozing from the mouth; body apparently violently convulsed. Two patients were holding his limbs. He seemed to be having a series of rapidly recurring convulsions, each one commencing with marked muscular rigidity, the head being drawn to one side, the body twisted upon itself; thoracic muscles rigid, respiratory movement almost completely arrested. This tetanoid condition was quickly followed by one closely resembling clonic convulsions: there were alternate contractions and relaxations of different portions of the body, during which his head was frequently brought into such violent contact with the floor as to abrade the scalp; his tongue was wounded; respiration jerking and noisy, and at each *expiration* bloody saliva was forcibly ejected from his mouth. Pulse somewhat accelerated; eyes turned upward as far as possible; pupils moderately dilated. (It should be stated that the room was partially darkened by a window screen, kept locked. This would account for the dilatation of the pupils.) "His hands were tightly clenched, but I observed that *the thumbs were not closed within the hands*,* also that *the finger-nails were not livid*, and *when I forced his hands open he immediately closed them again*.† *There were also no visible indications of relaxed sphincters.* The 'clonic convulsions' were followed by a condition of muscular quiet, immobility, and stupor, lasting for a few moments, during which he would occasionally open his eyes and gaze around in a confused and stupid manner,‡ when suddenly another 'spasm' would supervene. The series of seizures lasted about an hour, followed by a pretended sleep, after which Clegg appeared to be mentally confused for a day or two, and complained of headache and physical weakness."

On this occasion Dr. MacDonald intimated, in Clegg's hearing, that he was an impostor, although he confesses he was not positive at the time, but deemed it safe to assume from his history

---

* They [epileptics] clasp the thumb upon the palm, and hold it down with giant-like force." (Radcliffe, Epilepsy and other Convulsive Affections.)

† Dictionnaire des Sciences Médicales, Vol. XII., p. 542 (Marc.). "Ordinarily the fists [*poignets*] are spasmodically closed in epilepsy, and are opened with much difficulty; but when once opened they remain so to the end of the fit, or they are only reclosed when there follows an exacerbation of the spasm. The fists of a feigning epileptic are not only opened with less effort, but the impostor thinks he is acting well his part in immediately reclosing them."

‡ "If an impostor is narrowly watched, he will be found to open his eyes occasionally, for the purpose of observing what effect his acting produces upon the bystanders. This led to the detection of a man who twice simulated a paroxysm so successfully as thereby to evade punishment, and very nearly succeeded a third time." (Marshall, On the Enlisting of Soldiers.)

that the rogue was shamming. Attendants were instructed to impress upon his mind that the doctors regarded him as a fraud. The next time Dr. MacDonald met Clegg he accused him of feigning. The man stoutly denied it, calling attention to the scars on his head and face, asking if the doctor thought he would purposely hurt himself like that, and adding that he had been subject to fits since he was three years old. The doctor's suspicions were again awakened by the next fit, which began *soon after he entered the ward.* He again said the fellow was shamming, and that, while his acting resembled epilepsy, it lacked certain characteristic features, the absence of which stamped it as counterfeit. Clegg subsequently told the doctor that this announcement staggered him. "For," said he, "I have studied the subject in books, have seen a great many epileptics in fits, and have practised it for fifteen years, until I thought I knew every symptom of it." After he had recovered from this "attack" the doctor watched him on occasions when Clegg was unaware of his presence, and was struck with the cheerful and vivacious aspect of the man's countenance, as compared with his facial expression during the ward visits. Clegg could easily assume the peculiar, indescribable look habitual to epileptics. This, together with the cicatrices on the head and face, might easily deceive even a skilled observer.

By this time Dr. MacDonald felt justified in insisting upon a confession from Clegg, who still denied feigning, but with less emphasis, until, the doctor forcing him still more, he laughingly admitted that the fits were simulated, but mildly urged that he was a victim of *real* epilepsy. This Dr MacDonald refused to admit, and threatened him with unsparing punishment in the event of another "fit." After brief reflection Clegg said, "Well, I guess it's no use, but you are the first doctor that ever tumbled to me." His countenance then underwent a decided transformation, the epileptic look vanishing at once. He was transferred to Auburn Prison, as *not insane,* and was released in December, 1876. He next went to Boston, where he resumed the practice of dummy chucking in connection with a gang of pickpockets, and afterwards followed the Marquis of Lorne to Canada, chucking dummies in the crowds that gathered. Returning to New York, he was sent to Sing Sing for burglary, and there played epilepsy, which again sent him to the Auburn Asylum as an "epileptic imbecile." Meeting Dr. MacDonald in the ward, he threw off his epileptic mask, laughing heartily. On this occasion, at the request of the doctor, he feigned a fit, first borrowing a pocket-knife, with which he calmly cut the side of his tongue; then, uttering the "epileptic cry," fell violently upon the floor in a "convulsion." He afterwards repeated the fit in the presence of two other physicians.

Dr. MacDonald says authorities are divided as to whether it be easy or difficult to feign epilepsy. Gavin, Van Swieten, and De Haen report cases in which impostors suffered the most flagrant liberties, and allowed pins and needles to be thrust into their bodies, without betraying consciousness.

Clegg made a practice, while in prison, of complaining of vertigo, tinnitus aurium, etc., between the paroxysms. When asked what remedy he had taken he always replied, "Bromide," knowing that was "the medicine the doctors give for epilepsy." Realizing that if he fell in such a manner as to avoid injury, suspicion would be aroused, he never selected a "soft place" on which to fall. Reynolds* remarks that "choice of locality [for falling] does not prove that epilepsy is feigned; the absence of choice, on the other hand, is presumptive evidence that it is genuine, and this in proportion to the danger or the privacy of the locality in which the fall occurs" †

"Cicatrices on the skin of the face," says Gavin, "made with the design of presenting incontestable proofs of anterior falls, never exist without tending to deceive the medical man." Clegg sets a high value upon the scars upon his head and face, acquired through falls. He says they have often served as aids in diagnosis to examiners who have pronounced him "an epileptic."‡

"In conclusion," says Dr. MacDonald, "these are the grounds upon which the opinion that Clegg was not an epileptic was based: First, he was a convict, sentenced to hard labor, — this furnished a strong motive for feigning, and suggested suspicion; second, the occurrence of a paroxysm during my visit to the ward; third, the readiness with which he spoke of his complaint, and called attention to the cicatrices on his face and head; fourth, the marked change in his facial expression when he supposed he was unobserved; fifth, during the spasms the thumbs were not closed within the palms, the nails were not livid, muscular rigidity could readily be overcome, and the hands, after being forced open, immediately closed; sixth, the sphincters were not relaxed; and seventh, there were no ecchymoses, extravasations, or minute petechial spots observable upon forehead, throat, or chest. The presence or absence of pallor was not determined by observation in Clegg's case, nor was any value attached to the condition of the pupils."

As regards the question of pallor, Dr. MacDonald "agrees with those who maintain that it is not a constant symptom attending

* Epilepsy, its Symptoms and Treatment, page 285.

† Portal, Sur la Nature et le Traitement de l'Épilepsie, page 127.

‡ Fallot relates a case where "the limbs were covered with the marks of contusions of different dates, as evidenced by the differences of coloration," and where, "the night after admission, the impostor wounded his forehead and nose."

the onset of epileptic seizures. Reynolds speaks confidently of its absence in some instances. In a total of forty-five observations recorded by him, 'pallor was observed in but little more than one fourth of the cases.' Owing to its exceedingly evanescent character, its presence can be determined only in cases observed from the very commencement of the attack. My experience leads me to conclude that, as a rule, in general practice, persons suffering from epileptic attacks do not come under medical observation until the 'pallid stage' has passed. Of course it cannot be feigned; and while its recognition might warrant the dismissal of suspicion of shamming in a doubtful or suspected case, its absence in a given case would by no means justify a verdict of feigning.

"Respecting the condition of the pupils during an epileptic attack, authorities are also divided; some claiming that the iris expands, a few that it contracts, while others declare that it oscillates. *The important point relating to the condition of the pupils in epilepsy, as regards its diagnostic value, is that during a paroxysm they are insusceptible to the influence of light.* This fact would be of great service as a means of diagnosis of feigned epilepsy, but for the difficulty of determining its presence or otherwise in a person violently convulsed."

Dr. Landon Carter Gray, in a communication to the "American Journal of the Medical Sciences" says: "If there be any one phenomenon which is constantly or generally present in true functional epilepsy, and not in that which is due to organic disease, it has seemed to me that such a phenomenon would do considerable service to the clinician. Such a symptom, if my observations be trustworthy, is a dilated and mobile pupil. *By this I mean a pupil which changes from contraction in a bright light to dilation in a shaded light much more quickly than the normal pupil, sometimes instantaneously, undergoing the changes from dilatation to contraction with the same facility, and which is, moreover, moderately dilated even in a bright light.* The mobility and dilatation were usually in proportion to the inveteracy and violence of the disease, although not always so. The cases of *petit mal* have exhibited this phenomenon in a marked degree." — *Boston Medical and Surgical Journal.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SECRETARY.

NOTWITHSTANDING the severe storm, a largely attended meeting was held Thursday evening, March 31, at the usual place.

The first part of the scientific session was devoted to exercises in commemoration of the late Dr. Hoffendahl. Dr. Talbot gave a biographical sketch of his life as follows: —

HERRMANN LOUIS HENRY HOFFENDAHL died in Boston, March 16, 1881, a few days before he was fifty-one years old. He was born in Waldeck, Mecklenburg-Strelitz, Germany, April 10, 1830. His father was a physician, and came to this country with his family in 1837. In the fall of 1840 he settled in Boston, which was thereafter the place of residence of both father and son during their lifetime. Graduating with high honors from Harvard College in 1849, he entered the Harvard Medical School, from which he graduated in 1852, having received associate instruction in the Boylston Medical School, then under the charge of Drs. Winslow Lewis, Gay, Clark, and others.

As a scholar he occupied a high position among his associates. Quick to acquire, he took in at a glance what others gained only by assiduous labor. As a writer he was clear, concise, exact, and forcible, and many of his articles, particularly in the NEW ENGLAND MEDICAL GAZETTE and "North American Journal of Homœopathy," were very valuable. His facility in translation was remarkable, and his power in condensing a diffuse article, and giving in the translation the exact ideas of the author, was very striking. He was retiring in his disposition to an unusual degree. Though warm-hearted, generous, and friendly, yet he shrank from contact with strangers, and made few acquaintances even among his professional brethren. Although ready to do professional work when called upon, and occasionally present at medical meetings, he seldom engaged in public discussion. On one or two occasions, however, by request, he reported cases of an important character in an admirable manner. His practice, though of late years perhaps limited by the state of his health, was among the most refined, intelligent, and wealthy citizens, who were very warmly attached to him.

For many years also he had been called upon almost daily and nightly to visit the theatres of Boston, and many of the actors and public singers who have appeared in Boston in the last ten years have received aid from his professional skill. For several years he suffered from laryngeal trouble, and at one time this disease was considered quite incurable by many of his professional friends. From it, however, he completely recovered, and though not strong, considered himself entirely well. On the day of his death, he had visited his patients as usual, had enjoyed a delightful drive in the suburbs, and seemed in unusually good spirits and health at his evening dinner. Soon afterwards, while sitting quietly, he was seized with violent hemorrhage, which almost immediately terminated his life. An autopsy revealed

spontaneous rupture in the lungs of one of the branches of the pulmonary artery. Thus in the prime of life has been suddenly taken one of our associates, and an original member of this society. Although he might be called extremely liberal in his medical views, yet in the main his prescriptions were made in accordance with the homœopathic principle, in which he was a firm believer. He was one of the victims selected by the Massachusetts Medical Society in 1871, in their attempt to crush out homœopathy by dishonoring and branding as guilty of professional crime members who believed in homœopathy.

Strictly honorable in every way, and unwilling to deny his belief, whatever might be the result, he felt keenly the injustice and turpitude of the act which expelled him from the society as a criminal. But with the cessation of his labors, let us trust that all sorrows and acts of injustice have ceased, and let us place the tribute of friendly regard upon his memory.

The remainder of the evening was devoted to the discussion of medical subjects, including a report by Dr. J. S. Shaw of an unusual case of confinement, in which the pulse and temperature were very high for a week afterwards, without, however, any unpleasant subjective or objective symptoms; the patient being discharged in good condition on the fourteenth day; and an interesting paper on Acrania and Cerebral Hernia, by Dr. Laura M. Porter, illustrated by a case from practice and specimens from the college museum. This paper called out an animated discussion on prenatal influence, participated in by Drs. Farnsworth, Hastings, Boothby, Talbot, Kennedy, and others.

Dr. H. C. Clapp reported a rare case of dropsy of the amnion, with a very large amount of fluid and with an acephalous fœtus.

The May meeting will be held on Thursday, the 12th. New England physicians are cordially invited.

A CORRECTION.

To the Editor of the New England Medical Gazette:

Dear Sir: — Will you do me the favor through your columns to correct a "Slight Gynæcological Mistake," by your contributor, J. Hedenberg, M. D., of Medford, and published in the February number of your journal?

After quoting largely from a letter printed in the "Louisville Medical News," and copied into the "Boston Medical and Surgical Journal," containing at the best ridiculous nonsense about surgical treatment of the uterine cervix (for your readers well know that it is accepted as a surgical principle to enlarge the

uterine canal if too small, and if the parts are lacerated and everted to restore them to their normal condition), he goes on to quote "a bit of experience in the lacerated cervix business which has recently come under my observation."

I take pleasure in accepting the inference which he very plainly makes, that the specialist referred to was myself, and think it very easy to show, by a brief extract from my notes, taken at the time, that the "mistake" was his, not mine: —

"*Feb.* 23, 1879. — Mrs. H——, Arlington, aged twenty-three, menstruated at fourteen, regular until marriage at twenty-one. In school until eighteen. Generally well, except constipated habit and headache.

"After a severe labor was delivered instrumentally, Sept. 3, 1878, of a living child which she continues to nurse. Menses not seen until a slight show last week. A marked leucorrhœa since delivery, with bearing-down sensations and inability to exercise without suffering Last night received a fall and feels pain in left groin, has backache, etc. Perineum ruptured to sphincter ani, cervix lacerated and everted, uterus much enlarged and retroverted. Restored the uterus, applied a pessary, and ordered hot-water vaginal douche, etc.

"*March* 29. — Since visit has been sick in bed for a week, with an attack of bronchitis. Has some pain locally when up; menses not seen; condition improved.

"*April* 14. Is better; advised continuation of treatment.

"*June* 18. Called to report improvement; I advised attention to general health and care as to exercise, etc."

This is the completion of the record, and these are the only times which I saw the patient.

Now as to the mistake and its correction. "Ten months subsequent to delivery she consulted," etc. Read instead five months, and the date as seen would be nearly correct. "Just sixteen months after her first delivery she was again delivered of her second child." Granting this to be correct (if she went her full period), she very probably conceived about the time of her visit to me in April. This is very probable, for the restored uterus had undergone involution and she was improved. In June a careful examination very likely would have given evidence that she was pregnant, but such examination was not deemed necessary. I may have advised a repair of cervix, but it is not mentioned in my notes, and it is very certain that I made no "appointment to etherize, operate," etc. I do not now recall even a discussion of the subject. However, I have no doubt her condition is still one that continues to give suffering. As to the assertion that "because of the laceration pregnancy was impossible," etc., this is too preposterous to believe or deny.

It may seem a small thing to notice this contribution at all. My first impression was to give it the silence which it merited; but the moral to be drawn therefrom was too significant to allow the opportunity to pass: not to draw too hastily conclusions from at least a hearsay basis, and not to rush into print until you are master of facts.

HENRY O. MARCY, M. D.

118 BOYLSTON STREET, BOSTON, March 22, 1881.

REVIEWS AND NOTICES OF BOOKS.

HERNIA, STRANGULATED AND REDUCIBLE. By Joseph H. Warren, M. D. Boston: Charles N. Thomas. pp. 280. $3.00. 1881.

Those of us who have lived in Boston for some time well know the remarkable success which the late Dr. Heaton attained for many years in the radical cure of hernia. Cases which were pronounced incurable by the most celebrated surgeons were cured by him time and time again. In fact he met with almost (not quite) invariable success, and his fame spread all over the country, and indeed to foreign lands. In 1877 he allowed his assistant, the late Dr. Davenport, to publish a book under their joint names, explaining his processes. We do not think he did quite right in withholding from the profession for so many years this valuable information, but he certainly had some excuse in the manner in which a committee of the American Medical Association sought to wrest his secret from him at a time while he was still experimenting, and had not yet brought his operation to that degree of perfection which he thought it ought to reach before being published to the world. He also had reason to complain of the coldness with which he was received when, on first settling in Boston, he had proposed to demonstrate his views at the Massachusetts General Hospital, the surgeons of which thought that any method of radically curing rupture was chimerical. Afterwards, when by numerous successes he had made a position for himself, these same men would gladly enough have sat at his feet. Another reason which held him back was his conscious lack of ability to write. Finally, in 1877, he furnished the ideas and Dr. Davenport clothed them in becoming words, the result being a work on Rupture, with its cure by subcutaneous injections of white-oak bark, published by H. O. Houghton & Co., Boston; a book which was eagerly received by the profession, not slow to take advan-

tage of the methods described. Not every one, however, who reads a description of an operation can immediately perform it satisfactorily; and consequently it has without doubt never since been so successful as in the hands of Dr. Heaton himself, who acquired in almost forty years of practice a great amount of skill and experience.

In the work before us, Dr. Warren claims to be the only one now living who received personal instruction from Dr. Heaton in the details of the operation. At his death Dr. Warren received from his widow his original case of instruments, which he has deposited in a museum in London. He has visited London and Paris for the purpose of spreading the fame of the operation, has made many contributions to medical journals with the same object, has invented several new instruments for facilitating it, and has compounded a fluid for injection which he considers superior to Dr. Heaton's *Quercus alba*. His book is much more elaborate and pretentious than Dr. Heaton's small monograph, introducing, besides this special operation, a great deal of information on hernias in general, gathered from the very voluminous literature of the subject. Making due allowance for his toadyism to celebrated men across the water, and for an almost unlimited amount of bombast and self-conceit, which is at times very amusing, he has produced a very interesting as well as valuable book, which we hope will have a large sale, and spread the knowledge of this beautiful operation.

EXAMINATION AND DIAGNOSIS By Richard Hagen, M. D. Translated from the German by G. E. Gramm, M. D. New York: Boericke & Tafel. pp. 223. 1881.

If this clinical guide for students is used properly, and is not made to supplement larger works to too great an extent, it can do very good service. Being so much condensed, it ought to serve principally as a memorizer. The translator has done his work, as a rule, very nicely. We wish that he had in some places altered the text or added notes of his own to make the work conform better to American ideas. For instance, Cammann's stethoscopes are many years ahead of the antiquated contrivances here mentioned. *Immediate* percussion (apparently recommended) is obsolete, now merely a curiosity. The best plessimeter is not mentioned here. The temperature is all given in Centigrade, which of course, theoretically, is the only respectable and scientific scale, but practically our thermometers in daily use are all Fahrenheit. We doubt if one in a hundred would recognize under the name *Lyssa* the disease Hydrophobia; it ought not to be perpetuated. We think that too much space proportionally (thirty-two pages) has been de-

voted to the examination of the urine, other things of at least equal importance being much more condensed. Still, in spite of its few faults, it is a book to be commended.

DRUGS THAT ENSLAVE. By H. H. Kane, M. D. Philadelphia: Presley Blakiston. pp. 224. 1881.

Dr. Kane has here presented us with much interesting information in regard to the opium, morphine, chloral, and hasheesh habits, the latter, however, occupying but little space, owing to its rarity in this country. Besides compiling from books and journals, Dr. Kane has recorded the experiences of many physicians, derived from private correspondence with them. He paints the dark side of the opium habit — which we all, unfortunately, know too much of already — pretty strongly, and gives lengthy indications for its treatment. We find here a more complete exposition of the chloral habit than can be obtained anywhere else, so far as we know. This seems to be not so injurious as we have sometimes been led to suppose, and can be broken with tolerable ease, the chief danger being not so much in the "habit" as from an occasional overdose.

PRACTICAL AND ANALYTICAL CHEMISTRY. By Frank Clowes, D. Sc. Philadelphia: Henry C. Lea's Son & Co. pp. 372. 1881.

This book, designed to teach qualitative inorganic analysis, seems to be a thoroughly practical guide for laboratory work, the processes of which are so simply described that the teacher's task must be reduced to a minimum. All of our medical students ought to be thoroughly drilled in general inorganic *laboratory* work before being allowed to take up medical chemistry; and yet in most of our schools this is neglected, a few theoretical lectures being made to suffice. No matter how good these may be, they cannot possibly take the place of practical work by the student. We have compared this book with Galloway's, which we used in the laboratory years ago, and find it much superior.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY, AND OF THE LONDON HOMŒOPATHIC HOSPITAL.

This society dates back to 1844, the same year in which the American Institute of Homœopathy was founded. Its transactions are published semi-annually. In the present number (February, 1881), we have interesting papers (each succeeded by a discussion) on Three Anomalous Cases of Acute Rheumatism, by John H. Clarke, M. D.; Pulmonary Hemorrhagic Infarction, by Dr. A. H. Buck; Two Anomalous Cases of Chronic Arsenical

Poisoning, by Dr. R. Hughes; on Rickets, by Dr. Roth; and Cases from Hospital Practice, by Dr. Tuckey.

A MANUAL OF DISEASES OF THE EYE AND EAR. By W. F. Mittendorf, M. D. New York: G. P. Putnam's Sons. pp. 445. 1881.

Typographically this is one of the handsomest medical books we have ever seen. It does not profess to discuss the profundities and technicalities interesting only to the specialist, but serves most excellently the purpose for which it was designed; namely, to furnish to the student and general practitioner, in simple and clearly defined language, the outlines, and enough of the details for practical, every-day use, of the most common and important eye and ear affections. The student who cannot afford to purchase the elaborate but expensive plates of Sichel, Liebreich, Wells, and Politzer will enjoy and appreciate the excellent colored lithographic reproductions from them, which are appended in the form of twenty-four life-like pictures of eye diseases, fourteen views through the ophthalmoscope, and eight representations of the membrana tympani in health and in different forms of disease.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, especially in Women. By S. Weir Mitchell, M. D. Philadelphia: Henry C. Lea's Son & Co. . pp. 233.

Dr. Mitchell has now become pretty thoroughly known all over the country by his remarkably successful system of treatment of broken-down, pale, thin, flabby, nervous women — in fact, of that horrible *bête noir,* neurasthenia — by rest, seclusion, massage, and electricity. He here gives us his latest views and experiences on the subject. Besides, we find interesting chapters on the mimicry of disease, some new researches into the relation of chorea to season, to climate, to locality, and to race, with charts, observations on disorders of sleep, respiration, circulation and digestion, in hysteria, hysterical aphonia, etc. Those who have read his "Fat and Blood," of which we cannot speak too highly, will want to read this book.

OTHER BOOKS RECEIVED. — Masse's Anatomical Plates, edited by Ranney. — Green's Pathology and Morbid Anatomy, Fifth Edition. — Peck's Recruit before Petersburg. — Gilchrist's Minor Surgery. — Vilas's Spectacles. — Dudgeon's Translation of Hahnemann's Materia Medica. — Rumbold's Catarrh. — Burnett's Prevention of Congenital Malformations. — Page's How we fed the Baby.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE thirty-fourth session of this great national medical organization will be held at Brighton Beach, near New York City, June 14 to 18 inclusive.

Of the attractions of this now popular seaside resort, it would be superfluous to speak. It is only necessary to say, that by the efforts of President Dowling and Treasurer Kellogg, arrangements have been made with James Breslin, Esq., proprietor of Hotel Brighton, to entertain the members of the Institute and their friends, who may attend the meeting, in princely style, and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure-seeker and sight-seer alone, the beauties of Brighton Beach will well repay the tourist a trip across the continent; not to mention the attractions of New York City, — its Central Park, Egyptian Obelisk, Hell-Gate Channel, elevated railroads, Brooklyn Bridge, etc. From present indications the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully prepared papers and reports from the various bureaus and committees; while the new feature of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported *verbatim* by expert short-hand writers, and will appear in full in the Transactions as an appendix to the papers of each bureau, thus adding largely to the practical value of the work.

Since the last meeting of the Institute (June, 1880), the Committee of Publication has printed (including two volumes of 1876) over *three thousand five hundred* octavo pages, or four volumes averaging about *eight hundred and seventy-five pages each;* the matter methodically arranged, neatly printed, carefully indexed, and *three* volumes substantially bound in cloth and delivered to members *not in arrears* to the treasurer, without individual expense.

The Institute has a record of which not only its members, but the profession as a whole, may well be proud. Its membership is composed of many of the most influential and progressive physicians of our school; while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to any one conversant with the history of homœopathy in this country, that the concentration of medical thought and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise an influence that it would be impossible to exert without associated action.

In conclusion, we most earnestly appeal to every eligible homœopathic physician in the United States to join in earnest practical work in the interests of medical science by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings; and should either circumstances or choice prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the Transactions, which will yield you *twofold* the value of your investment.

J. C. BURGHER, *General Secretary.*

PITTSBURG, PA., April 20, 1881.

OUR MISCELLANY.

HONOR CONFERRED ON PROFESSOR LISTER. — The Royal Medal of the Royal Society has been presented to Professor Lister, for his antiseptic improvements in surgery.

HAPPY BROOKLYN. — Mr. George Seney, of Brooklyn, has given $200,000 and land worth $70,000 for the purpose of building and maintaining a new hospital in that city.

FEMININE BEARDS. — Ladies with beards will be glad to hear of a remedy. Mr. Lawson Tait reports a case where the beard fell off after the application of a galvanic pessary. — *Canada Medical and Surgical Journal.*

INSANITY AND RELIGION. — Dr. R. M. Bucke, in his report to the Trustees of the Insane Asylum, at London, Ont., says that "of one hundred and sixty-three patients admitted during the last year, there was but one 'infidel.'"

MEDICAL COLLEGE IN JAPAN. — Dr. Palm, an Englishman, has established a hospital in Nügata, Japan, where he treats 5,000 cases annually. In connection with the hospital he has a medical college, and has English medical journals translated for the use of the students.

VESICO-VAGINAL FISTULA. — According to Dr. Emmet, the reason for the operation for vesico-vaginal fistula so often failing is because operators twist or clamp their stitches too tight; consequently they cut out before there has been time for union. — *Virginia Medical Monthly.*

TREATMENT OF CARBUNCLE. — Schueller, in carbuncle, makes a crucial incision, scrapes away the diseased connective tissue from beneath the flaps with a sharp spoon, then uses disinfection and applies antiseptic dressing and drainage, with usually a curative result in a few days.

INSANITY. — According to Dr. Maclaren, of Edinburgh, Scotland, the types of insanity have changed with modern times. For instance, acute delirious mania is now comparatively rare; but mental enfeeblement attended with paralysis is becoming more and more common, and is the result of the overwork and worry in the present general struggle for existence.

THE INTERNATIONAL MEDICAL CONGRESS (old school) in London, August next, will be presided over by Sir James Paget. The Queen and the Prince of Wales will be its patrons. Four general addresses will be made by as many men of distinguished international reputation, representing France, Germany, England, and America. Prof. Huxley will deliver the English address.

FACT. — Old gentleman (military man, guest of the squire's, conversing with smart looking rustic): Wounded in the Crimea, were you? Badly? Rustic: The bullet hit me in the chist, here, sir, an' came out at me back! Old gentleman: The deuce! Come, come, Pat, that won't do! Why, it would have gone right through your heart, man! Rustic: Och, faith, an' me heart was in me *mouth* at the time, sir! — *Boston Medical and Surgical Journal.*

INCREASE OF CANCER. — The statistics of cancer are somewhat startling. In Philadelphia, during the last sixty years, there has been an increase of four hundred per cent, and in London, Eng., during twenty years, an increase of seventy per cent. It is a fact that notwithstanding the pathology of this terrible disease has been carefully studied, we as yet know but little of its cause, and are equally in the dark as regards treatment. — *Homœopathic Times.*

STERILITY. — Charrier, of Paris, says: "Sterility is often due to an acid condition of the uterine and vaginal mucus, which may be proved directly by the use of litmus-paper. This condition is an absolute preventive of conception, because the spermatozoa die immediately. Accordingly, if a woman's mucous secretions give an acid reaction she continues sterile." The success so often known to follow the use of alkaline spring-water for sterility is mentioned as confirmatory of Charrier's opinion. — *Bull. Gén. de Thérap.*

INCEPTION AND DURATION OF MENSTRUATION. — Dr. Bensenger found, from a series of 5,611 women examined in Moscow and the surrounding provinces, that the first menstruation, on the average, began at the age of fourteen years, eight months, and fifteen days. Among the upper classes it generally appeared earlier than among the lower classes; this probably resulting from the more favorable hygienic condition of the former, and partly from their superior intellectual activity. The average number of years during which menstruation persisted was thirty-two. — *Medical Press and Circular.*

METRIC EPIDEMIC. — "It is estimated that the metric system caused over a hundred deaths (from mistakes) during the year 1880. It is time for the profession to put its foot down on this monstrous humbug. There are large numbers of physicians who will not take a journal or buy a medical book in which the metric system is used." — *Exchange. Ignorance of the metric system* caused the referred-to deaths, and the physicians to whom the above article refers prove their own narrowness, and might perhaps widen their mental and moral natures by a more thorough knowledge of this new system of measurement. — *K. P. W.*

AN ELECTRIC APPARATUS TO ILLUMINATE THE NATURAL CAVITIES OF THE HUMAN BODY. — A meeting of distinguished medical men was recently held by the Imperial Society of Medicine, of Vienna. The leading medical men of the army and navy were present, also those in private practice. The occasion was an illustrated or explanatory lecture by Dr. José Lister, upon different instruments. The fundamental difference between this instrument and similar ones is that the one exhibited is introduced *into the cavity* to be examined; and by means of different lenses, a full view of the interior is obtained. The instrument affords light *without heat*, and does not raise the temperature of the organ. — *Gazetta Medica de Mexico.*

PHOSPHORUS AND MALFORMATIONS. — A recent British medical journal contains a lengthy account, from a correspondent, of the results of phosphorus as a preventive of congenital malformations, in which many cases are cited. A young married lady in each of three successive confinements gave birth to a child more or less malformed; having hare-lip and cleft palate, club-feet, or spinal curvature. When her fourth pregnancy was made known to her physician, he gave her a preparation of phosphorus, and in due time a healthy, well-formed child was born. The remedy was then discontinued, but as lactation failed to appear, the drug was resumed; milk was then secreted in abundance and of good quality. On the occurrence of a fifth pregnancy the phosphorus was commenced again, and with favorable result.

CREMATION. — A cremation society has been organized in New York, and Rev. J. D. Bengliss elected its first president. Among its rules are: That one half the dues received from active members and all the dues from associated members are to be devoted to an "incineration fund," the purpose of which is to provide facilities for carrying into operation the cremation of deceased members of the society; this is not to include the cost of conveyance of the body to the crematory, but only "the cremation of the body and the return of the ashes" to friends or relatives. All active members who may have paid $10 to the treasury of the society, and who may be in good standing at the time of death, will be entitled to this privilege. The annual dues of active members are to be $3.00, with an initiation fee of the same amount. — *Boston Medical and Surgical Journal.*

REWARD TO A SURGEON. — A few weeks since was recorded the death of Wilbur F. Sanford, M. D., of Greenpoint, from diphtheria caused by trying to clear out a tracheotomy tube with his mouth. An instance of a similar kind, but with a very different ending, occurred in England. A lieutenant of the Tenth Regiment being in danger of death from diphtheria, Mr. Henry Grier, the army surgeon, performed tracheotomy, and then applied his mouth to the tube to restore respiration. The patient died, but the surgeon sustained no ill consequences. For this act the Albert medal was conferred upon Mr. Grier. The cross of the Legion of Honor is given for such deeds in France, and gold medals are struck for them in England. In the Land of the Free and the Home of the Brave, the doctor, if he live, is lucky if he gets his bill settled without a discount; if he die, he gets a decent interment, a notice in a medical journal, and a set of resolutions from his medical society. — *Medical Record.*

SINGULAR CASE OF PROTRACTED GESTATION. — The subject of this sketch is a resident of Warren, R. I., aged thirty-five years, and the mother of four children. Nothing unusual occurred in either of her former pregnancies, nor in this, except the lengthened period of gestation. The termination of the last menstruation previous to the birth of the child was July 28, 1876. The husband left home Aug. 1, four days after, and did not return until Nov. 28, nearly four months. Symptoms of pregnancy in the mean time supervening, and quickening occurring at the usual time, she expected to be confined by the 1st of the following May; but there were no signs of labor until June 20, when she was successfully delivered of a healthy male child, bearing as strong a resemblance to his father as you often see. The child weighed twelve and three quarters pounds, and had the appearance of one three months old. In case conception took place July 31, the time of the *last* sexual intercourse prior to the husband's departure, the labor terminated on the *three hundred and twenty-fourth day* of gestation. If there are other well-authenticated cases where the term of healthful gestation has exceeded the *nine calendar months* and *fifty days*, as this one did, there are none certainly with a more reliable and trustworthy record. The data are correct, and the woman's veracity and virtue are not to be called in question. — *I. M. Merchant, M. D., in Boston Medical and Surgical Journal.*

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 6. JUNE, 1881. VOL. XVI.

EDITORIAL.

CUTTING ONE'S OWN THROAT.

Two years ago the American Medical Association discussed the following amendment to its code of ethics, proposed by Dr. N. S. Davis, of Chicago: —

"And hence it is considered derogatory to the interests of the public and honor of the profession for any physician or teacher to aid in any way the medical teaching or graduation of persons, knowing them to be supporters and intending practitioners of some irregular and exclusive system of medicine" (*e. g.*, homœopathy).

In the GAZETTE of July, 1879, we rather freely commented on this proposed amendment, and hence will now only refer to the sequel. So much opposition arose from the more decent members, that it was finally decided not to take any hasty action, but to lay it on the table for a year. Here this black beast has slumbered for twice that length of time, during which the shining lights of the profession have had ample time for calm reflection. The matter again came up at the recent meeting of the Association in Richmond, and after discussion the following substitute for the amendment, which must represent the fully matured and well-mellowed conclusions of that very learned and dignified body, was passed by a two-thirds vote: —

"It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons

who, they have good reason to believe, intend to support and practise any exclusive and irregular system of medicine."

In principle this is essentially the same thing, although not so sweeping in extent. The compromise was, of course, designed to allow the natural violation of the original amendment in New York, Philadelphia, Cincinnati, and in fact in almost every public clinic in the land. Even the most intolerant could not be so blinded by the goggles of bigotry and prejudice as to fail to see (after it had been hammered into them) that such a measure, if rigidly enforced, would shut up almost every allopathic medical school and hospital in the country. Of course, it never would have been enforced, if passed as originally written, and never will be now. It is purely inoperative. The Association has no means, legal, moral, or social, by which to enforce it. All it could do would be to expel the offender. As now worded, it is evidently intended to apply to the professors in the allopathic departments of the Universities of Michigan and Iowa, who examine homœopathic candidates for graduation in anatomy, physiology, obstetrics, and every other branch common to the two schools, the two or three homœopathic professors giving them an examination in materia medica, therapeutics, etc. It will be curious to watch these professors, and see how many of them will wince under the party whip. We believe that not one of them will resign or take the slightest notice of the action of their great national association. If any one of them is fool enough to do so, there will be an immediate rush of an army of candidates for his vacant position. Our school is firmly established in the University of Michigan, as was evidenced a few years ago after the desperate attempts of the allopaths to oust us; and the University of Iowa is flourishing, having just graduated a class of sixteen out of sixty-six students. These, established by law, will remain, and the allopathic physicians of Michigan and Iowa, if we may judge by those of Massachusetts, have not sufficient depth of principle, moral courage, self-abnegation, and love of the right, to allow their great medical departments to be broken up at the nod of any association, because they are defiled with the vile imposture, the wicked deception, the gigantic fraud, the ridiculous foolishness of homœopathy, to which their official relations make them accessory.

It is difficult to see how the allopaths could have better sprung a trap on themselves than by this action. They have already become a laughing-stock for their idiocy, and are jeered at all over the world. Even many of their own men are vexed at the result of the vote, and deeply feel their humiliation. One of the best of their journals, the "Medical Record," of May 14, says:—

"Unless we are willing to admit that the teaching of truth is harmful, that education is dangerous, that true science can be misconstrued, and that the right will not always prove itself such, we are forced to acknowledge that the Association has taken a step backward in its present course. It is, in truth, a lamentable confession of the lack of faith in the perpetuity of rational medicine. It is so clearly out of the province of the Association to dictate to what purposes medical education may be used, that the action is absurd on its face. On the contrary, it is in perfect accord with the interest of the public and with the honor of the profession to use every means to properly educate any one who may wish to become a physician. After such an education the physician can use his knowledge as he may see fit. Deny him this right, and we not only hinder advancement, but descend to bigotry. Such a course is contrary to the spirit of our institutions.

"If we desire to crush out of existence all irregular forms of practice, the safer way is to educate the prospective practitioners of the same up to the point of disbelieving in false science. If we are not able to do this, let us seek for more light rather than shut up what we have. As it is, the Association by its course has not only done a stupid thing in voting as it has done, but has still further stultified itself by making a law which is virtually inoperative; for there is really no power to enforce it, either by legal, moral, or social measures."

A CURIOUS BLUNDER.

THE "Virginia Medical Monthly" issued a daily edition during the meeting of the (allopathic) American Medical Association held in Richmond early in May, in order to give fresh reports of the transactions of the national society. The journal showed very commendable enterprise, and it may seem unkind to criti-

cise where so much extra labor was demanded and well performed; but thanks to the general good scholarship of the "Monthly," it can very well stand a little criticism. May 6, page 6, it reports Dr. Battey, of Georgia, of "spaying" fame, as follows, *punctuatim et literatim*: —

"4th. Always believe a young unmarried woman with abdominal tumor of high social position and unimpeachable virtue, if she has been watched over by a platonic and abstemious young cousin of the male persuasion, while the mother went out to be pregnant."

We know that naturalists, on being presented with a part of an animal, can often reconstruct the whole animal from that part; and therefore it may not be an unfair inference that if an abdominal tumor occupies a high social position, the whole of the proprietor of that tumor may likewise enjoy an exalted sphere. This we can understand, but will some one inform us why "the mother went out to be pregnant"? The arrangement of words and construction of sentences may appear to some a small matter, but too great carelessness about such things, especially in print, is not to be tolerated.

LORD BEACONSFIELD'S PHYSICIANS.

We must admit that all three of the prominent physicians who were more particularly concerned in the sickness of the late earl have made themselves very ridiculous, each in his own way, and have done not a little to disgrace what ought to be the noble profession of medicine.

Everybody knows that Beaconsfield had for some time employed as his regular attendant Dr. Kidd, of London, who has a large and aristocratic patronage, and who for many years has been known to the world as a homœopathist. We are not aware that he has ever applied for membership in the International Hahnemannian Association, and he is certainly not a homœopathist in the sense that Drs. Skinner and Berridge, of England, or Drs. Swan and Lippe, of this country, are. These gentlemen would not hesitate to denounce him at once as a *mongrel*. It is very easy to know just where he stands, for two years ago he published a book, "The Laws of Therapeutics," which had a large sale, and which

has been reprinted in this country. In this he acknowledged two laws, that of similars and that of contraries, some medicines obeying one, some the other. He says: —

"'Twenty-seven years ago I saw that the essential truth of Hahnemann's law was totally independent of his speculations about 'dynamization.' Adopting with great delight the law of *similia similibus curantur* as the chief though not the only foundation for therapeutics, I learnt for myself that Hahnemann 'sober,' teaching the use of the pure undiluted tinctures, was a far better guide to heal the sick than Hahnemann 'drunk' with mysticism, calling for the exclusive use of infinitesimal doses The latter I gradually cast aside *in toto* as untrustworthy and unjust to the sick, whose diseases too often remained stationary under treatment by globules, but were most effectually and quickly cured by tangible doses of the same medicines, which failed to cure when given in infinitesimal doses."

For four years he had always been able to afford relief in similar attacks. Now, however, his illustrious patient growing worse in spite of the most assiduous attention for ten days and nights, the Queen was anxious that he should call Sir Wm. Jenner in consultation. Dr. Kidd accordingly wrote to him to that effect, but was snubbed by receiving the following answer: —

"Holding, as you and I do, different views as to practical treatment, I do not think Lord Beaconsfield's interest could in any way be served by our meeting in consultation; on the contrary, it could not be without risk to him."

Meanwhile, Beaconsfield himself asked to have Dr. Quain called in consultation, and Lord Barrington was commissioned as a kind of diplomatist to placate the high and mighty medicine man, who, like Sir Wm. Jenner, was known to be a most ferocious opponent of that humbug homœopathy, and a great stickler for the dignity of the profession. Dr. Quain was naturally much flattered by the request to visit the great statesman, especially when told that the Queen desired it; but hung his head, and stammered out that he should have to decline because he could not swallow the homœopathic part of it. He was then assured that Dr. Kidd, although a homœopathist, was not then treating his patient homœopathically at all. This fact he evidently thought might allow him to whip the devil around the stump. Begging for a little time to think it over, he called on several illustrious medical friends (among them Sir George Burrows, an ex-president of the College of Physicians), to get advice. They agreed that if Dr. Kidd would assure him in writing that he was treating the lord "scientifically," he might with propriety go. In answer to this request Dr. Kidd wrote: —

Dear Sir, — I have to thank you for your communication. In reply I beg to say that I am not treating Lord Beaconsfield homœopathically. I beg further to assure you that every direction and prescription of yours will be faithfully carried out by me. Believe me, yours very truly,

J. KIDD.

Even after receiving this dirt-eating reply, in which Dr. Kidd offered to step down from his place as physician and become a nurse, Dr. Quain did not go at once. He did not want to seem like Barkis, too "willin'," but first took the advice of Sir Risdon Bennett, the president of the College of Physicians, a man of universally recognized authority in such matters. Propped up by his sanction, having no mind of his own, — he had "placed himself entirely in the hands of his friends," — he saw Lord Beaconsfield in consultation with Dr. Kidd, with whom he continued to consult until the ex-premier's death, sanctioning all that had been done in the way of treatment from the beginning. Soon after seeing the lord for the first time, being smitten in conscience apparently, he took the advice also of Sir Thomas Watson and Sir James Paget, who approved his course.

Armed with the support of all these great men, he determined to bluff it out, and pocket the extra ducats and distinction o attending the earl. Of course the air was thick with the howls of his angry and envious medical brethren, and he was called to account at the next meeting of the College of Physicians. Endeavoring to please everybody all around and to preserve his reputation for being "true blue," he made his apologies to this noble body, and entered into every detail to explain his conduct and extenuate his sin. He claimed that no one hated that monstrous fraud homœopathy worse than he did, and that on those grounds alone it was impossible for a practitioner of scientific medicine to meet a person, professing these imaginary notions; but that he had been ordered by the Queen, whom it would have been most ungracious to disobey. He had found out that in *this* case, at any rate, Dr. Kidd was not a homœopath; he had looked in the "Medical Directory," and had found that Dr. Kidd was recorded there as a "qualified practitioner"; he had taken the advice of several illustrious friends; he knew that Lord Beaconsfield was so sick that it was impossible for him to give any continuous account of his present or past symptoms, and that there

was no other person who could do this but Dr. Kidd, whose assistance was therefore desirable ; that the patient was so much attached to Dr. Kidd that his dismissal would necessarily be followed by disastrous consequences, etc., etc. Next the medical journals took up the case, and all strongly denounced the general practice of consulting with homœopaths, and most of them, especially the "Lancet," made no exception of this case. A few, however, considered this an exceptional case with peculiar circumstances, and justified Dr. Quain. The daily papers also became considerably interested, and discussed the matter in a pretty lively fashion. The London "Times" especially, day after day, contained letters from one side or the other (from our Drs. Dudgeon, Pope, Dyce Brown, Wyld, etc.), advocating different views. All these, as well as extracts from many more papers, we have found very interesting reading. Judging from our Boston daily newspapers, details of the whole affair must have been telegraphed and mailed all over the world.

It is with great reluctance, that owing to our space this month being already occupied, we must now leave the subject, but hope to resume it in our next issue with comments.

ST. LOUIS AHEAD.

DRS. J. MARTINE KERSHAW and S. B. PARSONS, homœopathists, have lately been appointed regular lecturers in the St. Louis City Hospital. These appointments are made by the Board of Health, and the lectures are to be delivered in the amphitheatre of the hospital to all students who may desire to attend, — allopathic, homœopathic, and eclectic. Similar appointments are made of physicians of the other schools, and to each certain days and hours are assigned. This is as it should be. It is not generous, it is simply just, since homœopathic money pays a large proportion of the hospital's running expenses. St. Louis contains only about one half as many homœopathic physicians as Boston ; and yet homœopathic medical students have no more rights and privileges, no more opportunities for study, in Boston's fine City Hospital, one third of the expenses of which are paid by homœopathic tax-payers, than newsboys and bootblacks. These

privileges are now monopolized by the Harvard Medical School. The Massachusetts General Hospital, being a private corporation, has a right to discriminate, if it pleases, but not so a free public hospital carried on at the public expense. We are now far behind many other large cities in the world in this respect, but relying on the justice of our cause, we intend soon to demand and obtain our rights.

A HOMŒOPATHIC INSANE ASYLUM.

At the annual meeting of the Massachusetts Homœopathic Medical Society in April, a committee of seven was appointed "to devise such means and adopt such measures as they may deem expedient to secure the benefit of homœopathic treatment in the State insane asylums to those inmates who desire it, or for whom it may be desired by their friends." This committee has already had two meetings, at which the subject has been discussed to some extent. Its members, appreciating the great importance and magnitude of the commission intrusted to them, are naturally desirous of performing their duty as faithfully as possible. To this end they ask for assistance from the homœopathic physicians of Massachusetts, and have recently issued circulars inviting their hearty co-operation. From them they especially wish to ascertain to what extent homœopathic treatment is really desired by the insane in our State. Each physician, therefore, is earnestly requested to write at once regarding any cases which have come to his knowledge within the past two years, where patients preferring our method of treatment have been sent to an insane asylum under present management, or who would have gone to one under homœopathic treatment, had such existed. Facts in relation to the present insane hospitals, and suggestions for their improvement, are also desired. A pretty general impression already exists as to the superiority of our method of treatment in insanity. Now, however, we want specifications and statistics. These are respectfully solicited from any source, without regard to State limits. We urge that the circulars may be largely answered as an effective means towards the final result, which can hardly fail to be, sooner or later, satisfactory.

A CASE OF PRIMARY CANCER OF THE STOMACH.

BY CHARLES A. BARNARD, M. D., CENTREDALE, R. I.

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

On Sept. 1, 1880, chancing to be in the vicinity, I was called in to see Almon S——, aged seventy-six years. He was lying upon the bed, partially dressed, and complaining of a slight gastric disturbance, — nothing that would lead one to make a physical examination. The patient had been an unusually rugged man and a hard worker. I prescribed the indicated remedies, and told the family I thought the old gentleman was pretty nearly worn out. On the 17th I. was called to see him again. On entering the room I noticed the swollen condition of his feet. Examination revealed œdema extending to the knees. At first I mistrusted heart failure, but discovered none. Next, suspecting the liver to be at fault, I examined the abdomen, and found it greatly distended by gas and fluid. With difficulty I determined that the liver was enlarged. He now continued to fail rapidly. On the 25th I found him vomiting an exceedingly offensive, sanious fluid. I then expressed the opinion that cancer was the cause of his troubles The vomiting, which was very feeble in character, continued until death. On the 29th Dr. J. C. Budlong and myself held an autopsy. So distended was the abdomen, that as soon as the knife entered its cavity, fluid gushed up to the height of an inch and a half. On account of the remote and recent adhesion, it was with difficulty that the abdominal walls could be laid aside. When this was accomplished, however, we saw what the first glance sufficiently demonstrated to be a mass of tissue that had been destroyed by cancer. Of the stomach there was not left a sound portion as large as the palm of an adult hand. The liver was enlarged. Its right lobe was full of nodules. The left lobe was partially destroyed, and the remainder adhered to the stomach at about the centre of the lesser curvature. At this point perforation had taken place, which accounted for the vomiting of the sanious fluid. The omentum was a solid piece of cancer, and nearly an inch thick. The intestines were glued into an inseparable mass. The duodenum was contracted so that I could scarcely insert my little finger. The rectum would admit the passage of the index finger, and its walls were full of secondary deposit. There were old pleuritic adhesions. The lungs and heart were normal. It is very remarkable that so much organic destruction could take place with so little symptomatic manifestation. He had always been a hard-working man. He chopped wood the entire winter

preceding his death, and had done light chores all summer. The slight trouble with his stomach, of which I have spoken, was the only complaint he ever made. It is noteworthy that the temperature was below normal, from 97° to 97½°.

AN ENCOURAGING CASE OF HYDROCEPHALUS.

BY A. H. ALLEN, M. D., NEW LONDON, CONN.

I WAS called on the morning of July 13, 1877, to see a six-months-old baby who was said to be dying. Lying on a pillow in its grandmother's arms I found a little, emaciated, large-headed, wrinkled subject, suffering from congestion of the lungs with severe dyspnœa, uttering with every respiration and cough a feeble cry as though in great distress, but not having strength enough to move even a hand. Here was, I think, the sickest patient I ever saw, and I agreed with the father when he said, "Doctor, I do not expect you will do more than make her easy. She cannot live, we all know. Our physician was here at ten o'clock last night, and told us all we could do was to make her as comfortable as possible."

Upon examination I determined to put the child upon *Aconite*^{3x} and *Bryonia*^{3x}, a half-teaspoonful every quarter-hour alternately, until relieved. I then left the house. About an hour afterwards I met the clergyman, who told me that the little patient had had a sweet nap and was seemingly much refreshed. On my return after another hour I found that it had had two naps, and the dyspnœa and cough were decidedly relieved. The remedies were now ordered every hour. Constant improvement continued from that time, and in seven days the lung difficulty was over.

Now comes the commencement of my treating the hydrocephalus. The parents, who had always hitherto been strong allopaths, were so much encouraged by the recovery of their child from the congestion of the lungs that they had confidence to place the case permanently in my hands, although I could not promise them much. None of the sutures were closed, in some places being three sixteenths of an inch apart, and the posterior (like the anterior) fontanelle was still open. Some fluctuation was apparent The eyes converged downward, the cornea being nearly out of sight, at times entirely so. The head was so large and heavy that it was utterly impossible for the child to hold it up. The weight of the child when born was two and one half pounds. At six months old its weight was five and one quarter pounds. When one year old it weighed just six pounds The head measured at six months twenty-two and one half inches in

circumference. The chest was very much deformed, the left side being prominent, and the right sunken or depressed. The frog-belly was fearfully developed. After a careful study of the indications, I determined to prescribe *Calc. carb.*[3x], three powders a day of one grain each. The case was slow but steady in its progress toward improvement. As the weeks and months rolled on, the appetite began to improve, sleep became more natural, the skin took on a more healthy appearance, the circulation became better, the eyes began to straighten and are now normal, the muscular development improved, the sutures closed, the posterior fontanelle became united, the anterior is still open but closing gradually, the chest and abdomen now have their normal form, and in fact the trunk is as perfect as one could desire. The legs are still small, but the child walks quite well with the assistance of a chair for support. Having been told that its intellect would be impaired should it live, the parents became very much disheartened. As soon as improvement began, however, its intellect developed, with a very retentive memory, and its power of proper application of words is wonderful for one of its age.

In May, 1877, before the child came under my care, the family physician called in consultation Prof. Ellis, of the Harvard Medical School, Boston. Dr. Ellis, after examination, said that the child would probably live about twelve days. I merely mention this fact to show that there could have been no mistake in the diagnosis. The child was also seen, after I took charge of the case, by Dr. H. C. Clapp, of Boston, who expressed grave doubts as to its recovery.

The treatment, as already stated, was principally *Calc. carb.*[3x], on which I relied. Occasionally *Helleborus* and *Apis mel.* were given for limited periods only.

To me the case has been a very interesting one, and I have watched its progress, from month to month, with a great deal of satisfaction. It is pleasant to compare the condition of the little one three and a half years ago with its present condition. I am surprised and pleased at the efficacy of our system of medication. I presume other physicians have occasionally had, and cured, equally sick patients, but I am unable to find in the books many such cases terminating favorably.

The constant use of *Calcarea carbonica* for nearly two and a half years, in my opinion, had a good deal to do with saving the patient. After it got a little strength, it was bathed every morning in salt water taken from the river. It had the breast, and oatmeal and milk for a diet for nearly two years, the oatmeal being cooked thoroughly, made quite thin, and fed with a spoon. Dentition progressed perfectly, and without any un-

pleasant effects. The little one to-day is apparently in perfect health. She is the happiest child I know, and so very intelligent that it is interesting to talk and play with her.

THOUGHTLESSNESS IN OBSTETRICY.

BY GEORGE B. PECK, M. D., PROVIDENCE, R. I.

[*A case read before the Rhode Island Homœopathic Society.*]

It has frequently been said (and written, too) that when the forceps have been applied, traction should be made in the direction toward which the handles point. While that may be a safe general rule, like all things in medicine its application depends upon circumstances. The following incident illustrates the importance of at least a moment's reflection before the execution of the simplest operation: On the evening of Dec. 8, 1880, I was called to the bedside of Mrs. R——, a plump, blooming primipara, twenty-three years old, and of the Hibernian persuasion. I was informed that her elder and only sister died some two years before in childbed (if I remember correctly, undelivered), although four allopathic physicians were present, two of whom stand in the foremost rank. This statement was encouraging, certainly; the knowledge of the fact inspired my patient — perhaps! I observed her pains were satisfactory as regards quality, quantity, and rhythm. Examination indicated no cause for anxiety, although I should have been better pleased had the pelvic canal been more scantily cushioned. I assured the woman that everything was just right, that there was not the least bit of danger, and that she would be a happy mother before morning. It is needless to say, however, that I felt very little of the confidence I assumed; yet it was vitally essential that the patient's courage should be maintained. After a time it became unpleasantly evident that although the amniotic sack was performing its function splendidly, the fœtus remained *in statu quo.* I was satisfied the head had caught upon the pubes, and as those could not be conveniently removed, it must be dislodged. Changes of posture, including the knee-elbow position, were tried in vain; so too external manipulation. Meanwhile, Mrs. R—— was prodigal with promises to die at short notice, for she was keenly sensible that the child had not materially changed its position from the inception of labor. However, I kept her measurably peaceable until the descending sack had fully reached the perineum, when I ruptured the membranes, faintly hoping the rush of waters and sudden contraction of the

uterus might mend matters; but the situation remained unchanged. The forceps were now my only hope. There was a momentary respite in the pains, which were improved as promptly as possible by their application. Now, although this instrument has been employed in a trifle over one seventh of my cases, I do not *like* to use it: the necessity of the mother is my guiding indication, *never* my own convenience. On the other hand, as I had applied the forceps once if not twice within a little more than six months, above the superior strait, without difficulty or trouble, I resorted to them without hesitation. Having locked the blades, and satisfied myself by the firm grasp of the head that they were accurately applied, I glanced at the slightly protruding handles and found them pointing directly forward. At the proper moment, I made suitable traction, but to my surprise there was no indication of advance. A second glance revealed the difficulty: a plane passed between the handles, and tangent to either back, would have been perpendicular: it should have been oblique. It flashed upon me in an instant, and with the soliloquy, "I guess I had better cant these a little," gently but firmly twisted them to my right, over an angle of thirty-five or forty degrees. The next pain was duly improved, and I was gratified to find the child fairly starting on its journey by way of the left superior oblique diameter. But my tribulations were not yet accomplished. Fully fifteen minutes were occupied in heavy tractions, synchronous with frequent energetic pains requiring a maximum exhibition of my strength. As soon as the head was extricated, the vulva closed around the neck with the tenacity and rigidity of rawhide. It was impossible to insinuate even the little finger to ascertain the presence of an encircling cord. The youngster commenced munching as though he would like to chew air or saccharinated water, or something else; but soon he had bravely outgrown all such weaknesses, resolutely closed his lips, and assumed a duskiness of countenance satisfactory perhaps to the admirers of brunettes, but not to me at that instant. What should be done? Relief from below was impossible; ergot threatened many dangers; medication seemed too tardy: naught remained but the application of *vis a tergo*. The pains continued frequent and strong; they were re-enforced by my hands at the fundus uteri, and erelong the shoulders emerged, followed in good time by the remainder of the body. But the boy was sleepy,—he would not exert himself in any manner; so twenty minutes were devoted to very vigorous treatment ere it was at all safe to ligate the cord. Nearly ten minutes had elapsed before the first gasp. The bystanders more than once suggested I had best leave him alone. He did not enjoy much rest the first hour of his life, and he could not give

a vigorous cry until next day. But "a miss is as good as a mile." The afterbirth caused no trouble, and the mother made a prompt recovery. Fortunately, the cord had not encircled any part of the body, else I had surely lost him.

UNITY AND DUALITY IN VENEREAL DISEASE.

BY H. C. JESSEN, M. D., CHICAGO.

In regard to the so-called soft and hard chancre, or as we now prefer to denominate them, the chancroid and the syphilitic chancre or initial lesion of syphilis, although by the majority of syphilodologists it is accepted that they are entirely different, and that the one never gives rise to the other, the opposite opinion is nevertheless held by a number of physicians. These two doctrines have been denominated *duality* and *unity*.

According to the doctrine of unity, chancroid — even when it is a mere local expression and cured in a week, without leaving any kind of constitutional symptoms or any sequelæ — is due exactly to the same kind of poison that causes the hard chancre, followed by affections of the skin, mucous membranes, nervous system, bones, etc., — in short, constitutional syphilis, with all its miseries. The supporters of this theory claim that although the poison of these different affections is unique, it is the difference in constitutions which causes the different effects. When Ricord was the great exponent of this theory (before he accepted that of duality), he expressed himself in this way: "The seed-corn of syphilis [*le grain syphilitique*] is but one, but the bottom is different"; and further, "The syphilitic poison, or in other words the chancre (the soft and the hard), is always one and the same kind; but in some individuals it causes syphilis, in others not."

Opposed hereto are the supporters of duality. According to this theory, chancroid and the syphilitic chancre are two decidedly different affections, of which one never gives origin to the other. They are therefore due to different poisons. Chancroid is only a local affection, while the syphilitic chancre is, so to speak, from its very beginning a constitutional disease. They have different times of incubation, development, prognosis, treatment, etc. In fact, they have very few points of similarity, except the mode by which they are usually acquired.

As I have stated in a previous article, Barserau in 1852 first advocated the theory of duality. He was later supported by Le Clerc; and when Ricord in 1858 adopted it, and with all his authority as the greatest syphilodologist at that time defended it, this doctrine spread so rapidly and was adopted so generally by

the profession as to be almost without parallel in the history of medicine.

It is a lamentable fact that almost every new discovery or invention has the fate to be injured more by its so-called adherents than by its adversaries. It has been so with Hahnemann's great discovery of the Law of Therapeutics, and the further scientific development of it, to which more harm has been done by those who call themselves Hahnemann's best friends than by his worst foes. Barserau's doctrine had a similar fate. His adherents developed his theory of two kinds of poisons so elaborately and systematically (on paper) as to seem to us now very amusing reading. Many of their conclusions were not the result of clinical observations, but were only fictions from the study-room, and therefore easily overthrown; and when this happened with some single conclusion advanced by the radical adherents of the doctrine of duality, in the front rank of which the so-called Lyon School was found,* the adherents of the doctrine of unity cried victory, as if duality was now proved to be incorrect: just as those who call themselves "Regulars" so often have done in regard to homœopathy, or Catholics in regard to Protestantism, and the like.

It is not my intention to enter into the special history of the development of Barserau's doctrine, and I shall therefore only say that at the present time there is very little discussion of this point, and that the doctrine of duality is accepted as a fact by the majority of syphilodologists. We admit that there are still questions which have not been solved according to either of the two doctrines. We admit further that new discoveries may be made, and that there may be even more than two kinds of poisons (in regard to this we call attention to the fact that Carmichael in Dublin accepted as many as four kinds), but we claim that chancroid is not syphilis; that they are due to different poisons, and consequently are different affections: and we claim further, that according to this doctrine the usual symptoms in these affections can be easily and satisfactorily explained, as governed by pathological laws; while, seen in the light of the doctrine of unity, almost every case of chancroid and syphilis from the very beginning may seem to represent only phenomena of irregularity.

To illustrate the facility on the one side and the difficulty on the other in explaining common symptoms, I shall quote a case, intentionally selecting a common one; a case so frequently occurring that every physician has had its counterpart.

On the 18th of December I was consulted for gonorrhœa, due to a suspicious connection four days before. On examination,

* De la Pluralité des Maladies Vénériennes, par M. J. Rollet. Paris, 1860, etc.

besides the gonorrhœa, I found a little ulcer beneath the foreskin, presenting the appearance of a common chancroid. The patient said that these were his first affections of the kind, and I had good reason to believe that he was telling the truth. He was put under treatment: the gonorrhœa was rapidly cured, and the ulcer looked very promising, being almost healed at the beginning of January. But then all at once it seemed to become indolent, and about the middle of the month the edges became indurated. A fortnight afterwards, however, the ulcer healed up, but there was still left a little sclerosis on the spot, and a little hard bubo. He thought himself cured, and ceased his visits; but about the middle of April he came again, and complained of sore throat and spots on his body, — in short, of symptoms that every physician now could see offered the most unmistakable proof of constitutional syphilis.

The chief points in this case to which I desire to call attention are: 1st. There was but a single exposure to infection.* 2d. From this, three or at least two different diseases were acquired. 3d. These diseases followed in a regular order.

Passing over the relation of gonorrhœa to syphilis, as a question settled long ago, and also the possibility of acquiring two or three affections from a single exposure to infection, we have here the fact that an ulcer, unquestionably due to impure connection, presents itself at first as a local affection, but after proper time develops into constitutional syphilis. What kind of an explanation are the two doctrines under consideration able to furnish in such a case, of very common occurrence?

The answer, as given by the doctrine of unity, is in substance *that it is the difference in constitution which allows the chancre sometimes to be cured as a simple ulcer, and sometimes to develop into syphilis.* "The seed-corn of syphilis is but one, but the bottom is different."

What first strikes the mind in this explanation is, that we cannot find in nature a single analogy that the ground is able to change one kind of seed-corn into another. The ground may have great influence upon the quantity and quality of the crop, but this will ever belong to the same species as the seed-corn. Even so the constitution of a patient may have great influence upon the number and severity of the symptoms of a certain disease, but it cannot alter this into some other disease. Scarlatina is scarlatina both in its most mild and most malignant appearance, and it cannot become, by any peculiarity of constitution, small-pox.

*I can of course not prove the correctness of this assertion, but my personal acquaintance with the patient and other evidences leave me no doubt about it. There are, however, facts enough proving that after one sexual connection all three kinds of venereal diseases may follow.

But we do not need to be satisfied with mere theories. We have facts, fully established facts, which to the most skeptical mind ought to prove that the poison which produces chancroid is not that which produces syphilis. As space does not permit us to quote in full the experiments which have been made in this direction, we shall give only a few of them in substance.

Dr Danielson, in Bergen, made 12,704 inoculations on 22 persons with pus from soft chancres, and produced in this way 3,277 soft chancre pustules; but in not a single case did there follow constitutional syphilis. He made further on a single man 278 inoculations with similar pus, and with similar results; but when he after proper time inoculated this very individual with matter from a syphilitic chancre, constitutional syphilis, with its usual manifestations, followed.

Similar results were obtained by Prof. Haosing, in Copenhagen, Reinecker, in Würzburg, and Bärensprung, in Berlin.

Dr. Lindmann, in Paris, made experiments to ascertain whether or not chancroid poison was a modified syphilis poison, and whether or not it was possible by inoculation with this to obtain immunity from syphilis, as it is by vaccination with cow-pox virus to obtain immunity from small-pox. He made 2,700 inoculations with pus from the soft chancre upon himself, and there followed no constitutional affections; but as soon as he had inoculated himself with matter taken from the tonsils of a person having syphilis, he got this disease

Experiments performed by Prof. Hebra were followed by similar results.

How simple is the explanation of such cases according to the doctrine of duality! This teaches us that there are two kinds of venereal poisons (three, if you include gonorrhœa), which are different in their effects, but which may be acquired by one single exposure to infection; so that a woman having gonorrhœa, chancroid, and syphilis may transmit all these three affections to her partner by one single sexual connection. But as each of them has its special time of incubation, they must appear in their proper order; namely, first the gonorrhœa, then the chancroid, and later (as a rule after three or four weeks) the initial lesion of syphilis. As the spot where the chancroid forms, for obvious reasons, may be also the spot where the syphilitic poison has found entrance, there is no difficulty in understanding that the edges of the first may become indurated when the time of incubation of syphilis has passed. The chancroid may even be perfectly cured before there is any sign of syphilis; for it is a fact beyond all doubt, that the poison of syphilis has a long period of incubation. This has been proved by very numerous experiments by artificial inoculation.

[*To be continued.*]

AN UNFORTUNATE FALL.

ARRANGED FROM PHONOGRAPHIC NOTES OF A CONVERSATION WITH CHARLES L. GREEN, M. D.

[*Read before the Rhode Island Homœopathic Society by the Secretary.*]

ONE evening, about eight o'clock, a gentleman called at my office with a request from Dr. I. W. Sawin to join him at the earliest possible moment and bring my uterine dilators. He was then some miles from the city, but the messenger proffered transportation. Upon my arrival I found a woman anæmic, faint, nauseated, extremely pale, covered with cold perspiration, and possessed of feeble pulse. Dr. Sawin stated that she had fully completed her term of pregnancy; that ten days before, as she was about to sit down, her little son pulled the chair from behind her with the laudable purpose of substituting a more comfortable one, but unfortunately she went to the floor; that she had flowed with more or less intensity since that time; that he was first summoned that morning; that examination revealed an os dilated to the size of a quarter-dollar, and an inferior abdomen extremely tender and sensitive from side to side, and continuously painful withal; that he remained there a considerable time, during which the rather indifferent pains caused no dilatation of the cervix, while the flowing continued quite a little; that in the afternoon he found the sanguineous discharge had rather increased, but the os had not expanded at all; that in the evening he found the situation materially unchanged save a slight exacerbation of the discharge, and accordingly sent for the dilators; that after the husband left he injected hot water, and immediately made an examination, which showed no increase of dilation; the hemorrhage had increased; a considerable number of clots were removed, and a dose of ergot administered. Turning to the patient I speedily found, though the vagina was full of clots, that the os was nearly three inches in diameter, and the cervix very tender and sensitive: the woman could not bear the slightest touch there without screaming. The head was presenting in the left occipito-anterior position. I thought the woman should be delivered at once to stop the hemorrhage, and expressed a preference for version as being more rapid than the forceps. Ether was administered, when I inserted my left hand (with difficulty, because the waters had been spilled some time previously), and turned, assisting materially through the abdominal walls with my right. The uterus contracted promptly, expelling the after-birth into the vagina, whence it was immediately removed. The child manifested no sign of life. A good quan-

tity of hot water was now used, because she could not afford to lose more blood, — not because we did not believe the hemorrhage ended.

As the woman came out from the influence of the anæsthetic, she said she was dying, but objected strenuously to the use of hot water. Meanwhile there had been considerable hemorrhage, for which I administered two doses of Squibb's ergot hypodermically, and now injected whiskey. Attempting to introduce the nozzle of the syringe within the cervix, preparatory to a further use of hot water, my fingers encountered an obstacle, round and elastic, which compelled them to follow up one side of the uterus, and at the same time prevented my reaching its top. I reported to Dr. Sawin the presence of a polypus or a hæmatocele pressing heavily from the outside, and requested him to make an examination. He complied, and pronounced the obstacle to be the fleshy growth of a polypus. I then made a further examination, and while doing so with my fingers in the cervix, my thumb found an opening. This indicated hæmatocele or bicorned uterus. I passed my fingers within the opening and found it to be a hæmatocele, and that the hemorrhage proceeded thence. We retired for discussion, but returning, found the woman in a dying condition. No other treatment was therefore resorted to save the hypodermic administration of whiskey, lowering the head of the bed, and other simple palliatives.

The autopsy was attended by Drs. Budlong, Barnard, Sawin, and myself. An incision was made from the crest of one ilium to the symphysis pubis and thence to the other crest; by this means a full view of the pelvis was secured on folding back the flap. The uterus appeared as would be expected immediately after parturition, save that it was quite pale. Bringing it forward, at the junction of the vagina and uterus was a rupture, a round, ragged hole as large as a half-dollar. Extending from this upward was a large hæmatocele. The seat of the rupture was as thin as a sheet of writing-paper, and exceedingly friable. There was some indication of an old ovaritis. Quite a little amount of blood remained in the abdominal cavity.

Dr. Sawin did not discover the rent because of the extreme sensitiveness of the cervix. When I made the examination the vagina was full of clots; besides, I do not think the rent was so large at first, but was increased by the delivery.

NOTE. — Dr. Sawin remarked after the reading, that there was no evidence that the woman had been affected by the hemorrhage until nearly night; that she seemed on the contrary to be in good condition; that then exhaustion supervened somewhat suddenly, and it is a question whether it was not shock; that the rupture took place from dilatation, but when, he did not know.

FOREIGN DEGREES.

BY SAMUEL O. L. POTTER, M. D., MILWAUKEE, WIS.

I CRAVE space in your journal to make a few comments on the extracts from the confession of "Dean" Buchanan, which you published in your May issue. The palpable falsehoods therein, if uncorrected, might do much injury, especially in pandering to the views of that large class of people who accept everything they read which harmonizes with their prejudices.

That Buchanan was offered the degrees from "all the institutions in Great Britain" might be believed, as he does not qualify the word "institutions." That he was offered the degrees of the medical institutions of that country is a palpable falsehood.

The only titles of nobility that can be bought in Europe are those of his Holiness the Pope, and the Sultan of Turkey, both religious sovereigns. A regular agency for the sale of orders and titles emanating from these two potentates is well known to exist in London.

The degrees which Buchanan refers to as being issued without examination in divinity by English universities are the higher degrees, and are always considered "honorary," but can only be obtained by persons already graduated *in course* from these same universities.

Buchanan is entirely at sea when he speaks of the English medical system, and shows his own falsity by the egregious errors he makes. He says, "All applicants after 1857 have had to pass an examination. The Board of Examiners now never look at a diploma." This will be laughable in the extreme to Englishmen, or to those who know the English system of medical education. There has, in fact, been no one board of examiners in England, though the profession there have been fighting for such a one for years. All English diplomas and licenses *are registered without examination*, by the General Medical Council, and the whole system is based on the recognition of diplomas or licenses; the parchment known as an L. S. A. (Licentiate of the Society of Apothecaries) entitling a man to be registered as a medical practitioner, alongside of an F. R. C. S. (Fellow of a Royal College of Surgeons), or an M. D. of London, Oxford, or Cambridge.

The Edinburgh diplomas, which Buchanan says were "around thick," were honorary diplomas, and could be and still can be bought by any one already a licentiate in medicine and surgery of a recognized college in the kingdom.

As to the lie that the "London University is the great medical-degree depot," any one who knows anything of educational institutions in England would merely treat such an assertion with

contempt. Americans, however, may not know that the London University is the stiffest in its examinations of all the British universities, and that a diploma therefrom in medicine is esteemed the highest evidence of qualification by the English profession.

In a part of the same confession which you did not publish, Buchanan speaks of the Royal Colleges of Surgeons giving the M. D. degree. This assertion is enough to stamp him as utterly ignorant of English institutions, and utterly unreliable. The M. D. can only be given in Great Britain by a university, the colleges giving the Licentiate's, Member's, or Fellow's qualifications, — L. R. C. S., M. R. C. S., or F. R. C. S.

The English institutions are sufficiently insular and ancient and narrow-minded; but that they are guilty of the charges made against them by Buchanan, no man who knows their methods would for a moment believe.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SECRETARY.

THE April meeting was held at the usual place, and was attended by about forty members. Six new members were elected, and three new names proposed. Under the head of new business, Dr. Talbot called attention to an article recently published in the NEW ENGLAND MEDICAL GAZETTE, relating to the proving of drugs, and moved that a department be organized in the society for that purpose, with Dr. J. Heber Smith as chairman, and that a report be rendered to the society once a year.

Dr. Talbot also reported the action of the City Council in relation to the land recently granted the Homœopathic Hospital.

The secretary referred to a vote passed at a previous meeting, directing him to publish the Constitution and By-Laws of the society with the code of medical ethics, fee table, etc., and reported the work completed, and presented each member present with a copy.

The subject for discussion, "The Perineum in Labor," was opened by Dr. Hastings, who gave a comprehensive address on the anatomy of the part, illustrated by charts.

Dr. W. Wesselhoeft made remarks on the "Management of the Perineum in Labor," and said that though he used the greatest care, and had resorted to almost every means known to the profession to prevent it, he had had a very large number of cases of lacerated perineum in his primiparæ, averaging one to every three. He is not in favor of support of the perineum

as ordinarily practised. In cases where the perineum obstinately resists all attempts to dilate, he has derived the best results from etherizing the patient deeply, applying the short forceps and attempting to roll the head out between the pains, holding back during pains.

Dr. Farnsworth condemned the practice of hurrying labor, as oftener the perineum is ruptured in that way than in any other. He reported a curious case, and exhibited the specimens, in which the cord and membranes came away separately from the placenta.

Dr. Spalding reported a case in which there was laceration not only of the perineum, but also of the posterior wall of the vagina.

Remarks were made by several members, the summary of which is that plenty of lubricating material, lard or olive oil, warm compresses, and retardation of labor when the head comes to press upon the perineum, are the chief means of preventing the catastrophe.

Dr. Talbot gave his method of performing perineorrhaphy, which consists in leaving attached at its posterior border the flap of mucous membrane which has been dissected up, and after bringing the freshened surfaces of the wound together in the usual way, and securing them, fastening the edge of the mucous flaps to the integument with *serrefines*. He has operated twice in this manner with the most flattering results. The advantages claimed are that it leaves a vaginal canal perfectly continuous, without fissure or cicatrix, and that it prevents all gravitation of fluids into the wound, thus avoiding irritation during the healing process from that source.

The May meeting was held on the 12th. The last meeting previous to the summer vacation will be held Thursday evening, June 9, at which the subject "Indigestion," begun last month, will be continued.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

REPORTED BY GEORGE B. PECK, M. D., SECRETARY.

A QUARTERLY meeting of this society was held with Dr. Charles L. Green, 77 Mathewson Street, on Friday, April 15, at 5.30 P. M. The president, Dr. J. C. Budlong, occupied the chair. The resignation of Dr. Charles G. McKnight from membership was accepted, and he was granted permission to withdraw.

Dr. H. L. Whitmarsh, of East Providence, exhibited a fine specimen of cerebral sarcoma, and gave a detailed account of its history and topographical peculiarities.

The secretary reported two cases of dystocia. Dr. Charles L. Barnard, of Centredale, recounted a singular instance of cancer of the stomach, also a sudden death in labor. The essay of the evening was read by Dr. Barnard; it was entitled "A Consideration of Tuberculosis, as confined to the Organs contained within the Abdomen."

The committee to which was referred the address of Dr. Sawin on "The Creation of Public Sentiment in Favor of Necropsies," reported the following: —

"Your committee desires to report, concerning the address of the retiring president on the desirability of obtaining *post mortem* examinations in all fatal cases, that the suggestions offered are of great importance to the advance of scientific diagnosis; and they would respectfully suggest that the physicians exert all their influence, both as individuals and as a society, to the furtherance of this object, and that the subject be brought before the American Institute at its next meeting."

Report accepted.

At this point the twenty-four physicians present were notified they were wanted in an adjoining room. There they found a long table groaning beneath a weight of delicacies that would surfeit ordinary epicures. The fragrant coffee and choice cigars also lent their influence, while little groups discussed the knotty problems of daily practice, or listened to the rehearsal of some strange experience. Time thus spent is not wasted.

An hour passed ere the president again called to order. The secretary read an account of an accouchement complicated with hæmatocele under rather peculiar circumstances. The paper was prepared from phonographic notes of a conversation with Dr. C. L. Green.

It was voted that the executive committee appoint the delegates to the Institute, it being understood that they would give preference to those who are not members of that body.

All the papers elicited more or less discussion; the essay particularly called out Drs. Sawin, Budlong, Barnard, Wilcox, and Hall.

Adjourned at 10 P. M.

THE MIRACLE CURES AT LOURDES AND KNOCK. — No less a person than the eminent Episcopalian divine, Dr. Stephen Tyng, Jr., of New York City, has announced from his pulpit that he has visited both named places, has examined into the occurrences, and believes in their supernatural character. The two localities have won a wide reputation, and their cases have enlisted the profoundest confidence from faithful Catholics and others. The matter is worthy attention, in its psychological aspect, and would repay any careful investigation made of it. The influence of the mind upon the body has been vividly illustrated in some of these "miraculous cures."

Reviews and Notices of Books.

Photographic Illustrations of Cutaneous Syphilis. By George Henry Fox, A. M., M. D. New York: E. B. Treat, 757 Broadway. Parts 7, 8, 9.

These parts contain colored plates and descriptive text of the following syphilodermata: Tuberculosum, tub. ulcerativum, tub. squamosum, tub. crustaceum, tub. serpiginosum, gummatosum, pustulo-crustaceum, and scrofuloderma-ulcerativum. The artistic work is better, and the accuracy of the representations greater, if possible, than in the preceding numbers. Fortunately in private practice these forms of the disease are rare, but there is all the more need on that account of trustworthy plates for comparison.

A Treatise on Albuminuria. By N. H. Dickinson, M. D. Second edition. New York: Wm. Wood & Co. Boston: Frank Rivers, 35 Bromfield Street. 1881.

This is the first volume of "Wood's Library of Standard Medical Authors" for 1881. The general appearance of this library for this year is very much improved. The paper is better than before, and the binding, in brown cloth with rich-looking dies, is exceedingly tasty. Dr. Dickinson probably stands as high as any authority on renal diseases, and his opinions should have due weight. He seems to discuss the subject with great thoroughness. The illustrations are a valuable addition to the book, and consist of eleven full-page plates, some of them colored lithographs, and thirty-one wood-cuts. The two following books also belong to this library. Besides those noticed in this number of our journal, we are promised "Wilson on Continued Fevers," "Longstreet on Rheumatism and Gout," "Johnson's Medical Formulary," "Mackenzie on the Œsophagus, Nose, and Neck," "Lyman on Anæsthetics," "Witthaus' Medical Chemistry," "Charcot's Diseases of Old Age," "Noyes on the Eye," and "Weir's Reproductive and Urinary Organs." We commend the series as a marvel of cheapness.

Materia Medica and Therapeutics of the Skin. By H. G. Piffard, A. M., M. D. New York: Wm. Wood & Co. Boston: Frank Rivers. 1881.

A few years ago Dr. Piffard would hardly have been in good odor with the straitlaced members of his school, and even

now some may lament his degeneracy, evidenced by being willing publicly to quote as authority for drug effects Hahnemann and some of his followers. The "Pharmacopœia Homœopathica Polyglotta" is classified as one of his sources of information, with the United States, British, German, and French Pharmacopœias, for all of which abbreviations are given. In Part I., on Materia Medica, which is the portion most interesting to our school, Dr. Piffard has gathered from every accessible source and classified separately, giving his authority for each symptom, the pathogenetic effects of a very large number of drugs given internally (marked **A**), and applied to the surface (marked **B**). These are mostly derived from old-school sources, the author not yet having arrived at a point where he ventures to quote more than a very few homœopathists. He adds: "While it is true that in very many cases these effects of drugs on the skin are unusual, and are commonly explained as due to some idiosyncrasy on the part of the patient, it is none the less important that they should be recognized at the time of their occurrence and assigned to their true cause." Under the headings **C** and **D**, respectively, he classifies the cutaneous affections which clinically have been cured or relieved by the drug under consideration, when given internally or topically applied. Under mercury he quotes his article, contributed three years ago to a medical journal, advocating the trituration of this and some other drugs with sugar of milk, after Hahnemann; but omits to state, as he did in the article referred to, that the triturations — the microscopical examination of which, together with clinical tests, forced him to these conclusions — were obtained from a homœopathic pharmacy. That he does not confine himself entirely to very large doses may be inferred from the fact that he has derived his best results in the treatment of syphilis with the chloride of gold, when he has given it in doses of one sixty-fifth of a grain, continued for one or two weeks and then suspended for a while. Taken as a whole, homœopathists may find here and there in this book a great deal to interest. Piffard, Ringer, Phillips & Co., like straws, show which way the wind blows.

DISEASES OF THE JOINTS. By Richard Barwell, F. R. C. S. New York: Wm. Wood & Co. Boston: Frank Rivers. 1881.

A very scholarly and systematic treatise by the senior surgeon to and lecturer on surgery at the Charing Cross Hospital. Probably most of us would be perfectly willing to leave the treatment of these disagreeable diseases to the specialist; but the general practitioner surely will derive no injury from an attempt to post up on some of the principles underlying this branch of surgery.

Dr. Barwell, contrary to most other authorities, claims that tubercle is never found in bone, but in osseous granulations, — a rather nice distinction. Contrary to Holmes and other authorities, also, he claims, as a result of examining statistics from six London hospitals, that excision of the hip for disease in that joint is not more dangerous than amputation. Ninety-one good illustrations add considerably to the value of the book.

CLACHER'S PAMPHLET AND MAGAZINE BOX. New York: S. L. Clacher, 107 East 28th Street.

This is a very convenient box for filing away journals or other pamphlets in such a way as to be easily accessible. Six regular sizes are made, and others can be made to order. The box can be placed on a book-shelf, and its contents consulted without removal, there being an index on the inside of the back, which opens with a spring. The publisher will place any desired label on the back, if a sufficient number is ordered. We can heartily recommend it. That it is not very expensive can be seen by sending for a circular.

ANATOMICAL PLATES. By Prof. J. N. Masse, of Paris. Edited by Prof. A. L. Ranney, A. M., M. D. New York: G. P. Putnam's Sons. Boston: Otis Clapp & Son. 1881. $3.00.

The editor more particularly designed this atlas to accompany Darling and Ranney's "Essentials of Anatomy," about which latter book there has lately been such a curious lawsuit, — Putnam's Sons, the publishers, coming out victorious; Darling, like an unnatural father, on account of a private quarrel, trying to disparage his own offspring. The atlas is equally good, however, to accompany any descriptive work. It comprises 439 beautifully executed designs on steel, together with numerous diagrams. The explanatory letter-press, in good type, referring to the figures by numbers, is always conveniently arranged on the opposite page. Considering the kind of work, the price is marvellously cheap compared with other anatomical atlases, and, unlike them, it is of such a size that it can readily be carried into the lecture or dissecting room, where it must be of great help to the student.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D. Philadelphia: H. C. Lea's Son & Co. Boston: A. Williams & Co. pp. 347. 1881.

This, the fourth American from the fifth English edition, is not much larger than the preceding, only six illustrations and fifteen pages having been added; but it has been thoroughly revised

and brought up to date, not a few changes being necessary to bridge over the last three years, on account of the daily shifting views on pathology. We do not wonder that this book has been so widely adopted as a text-book in our colleges, as its informa- is so compact and clearly expressed. The one hundred and thirty-eight illustrations are a great help. We cannot commend it too highly.

SPECTACLES AND HOW TO CHOOSE THEM. By C. H. Vilas, A. M., M. D. Chicago: Duncan Bros. pp. 166. 1881.

We are sure that this will be found a very interesting and instructive book, not only for the general practitioner, for whom it is especially designed, but also for laymen, technicalities and obscure terms being avoided. Its aim is to prevent the too common haphazard and often injurious custom of choosing one's own spectacles, or trusting to unprincipled or ignorant venders. Dr. Vilas writes clearly and forcibly, and conveys in a pleasant manner much practical information. The dollar for it will be well spent. Perhaps we may be allowed to whisper *sub rosa* that we are surprised to find a *Chicago* man writing as follows: "The higher and better educated classes of society show a much larger percentage of myopia than is found among people in the lower walks of life. In the Eastern and Middle States it is much more common than in the Western" (p. 115). If any Boston man had written this, it would at once have been ridiculed as the characteristic egotism of the Hub of the Universe.

HOW TO SEE WITH THE MICROSCOPE. By J. Edwards Smith, M. D. Chicago: Duncan Brothers. Octavo, pp. 404. 1880.

This excellent contribution to the literature of microscopy has been at hand for some time, and we regret the delay in noticing the same. The title, of which the above superscription is only a part, tells us what is contained in the work, namely, "Useful hints connected with the selection and use of the instrument; also some discussion of the claims and capacity of the modern high-angled objectives, as compared with those of medium aperture; with instructions as to the selection and use of American object-glasses of wide aperture." After this information it might seem superfluous to add any further details, especially as the author furnishes not only all he promises, but does so in a very intelligible manner. The first chapter (pp. 17 to 84) treats of the various "stands," to the number of which the author, together with Mr. J. W. Sidle, has added another, which in simplicity and completeness rivals all the others, if we use it according to the methods and directions laid down for us by the author.

The latter is well known as an expert microscopist, whose ability to handle the instrument, and to make it accomplish the most, — that is, to subject it to the most difficult tests known, — must be seen to be appreciated. To show 120,000 lines to the inch, as ruled on Prof. Rogers's and Nobert's test-plates, or as displayed on the shells of amphipleura pellucida, etc., is no child's-play.

The author tells the reader how such minuteness can be revealed to the eye by the microscope; but let no one imagine that by merely reading the book, one becomes an expert. It is as impossible to attain such proficiency by reading Dr. Smith's or any other author's work upon the microscope, as it would be to become a proficient violinist by reading an instruction book on music: it not only requires as much reading, *but as much practice.*

Every text-book on microscopy contains good information; but we would point out to the reader the necessity of "keeping in lively remembrance," to use the author's phrase, *the importance of applying the author's method to his instructions*, especially to use American high-angled objectives as he directs, and not according to directions contained in other text-books relative to other glasses.

We must commend the author's zeal in upholding American workmanship, and drawing attention to the same, which we trust he has done in an impartial manner and without decrying famous work done elsewhere.

Though much attention is paid in the book before us to the use of high-angled objectives, let not the reader think that the entire book is devoted to this subject; for the whole actually aims at the most practical and perfect use of medium and lower powers, *the most advantageous use of which is obtained only by eye training with the higher and highest powers.* The racy and interesting sketch of actual experience which the author furnishes in Chapter VII., p. 239, etc., will amply reward a purchaser of the book. If we have fallen into a strain of praise of the book, we have not overlooked certain faults, which, however, are of secondary nature, such as typographical and other inaccuracies, which we will not name, as we have the assurance of the author that in a future edition they will be avoided. C. W.

How we fed the Baby. By C. E. Page, M. D. New York: Fowler & Wells. Boston: Lee & Shepard. pp. 140. 1881.

Dr. Page here advances a new theory, which he expects will create a revolution in infant feeding. It is that *from birth* no child should be fed more than *two*, or at most *three* times in twenty four hours; that thus there will be no hiccough, vomiting, constipation, diarrhœa, but ease and comfort day and night; that the great

trouble with babies generally is that they are over-fed. His assertions are proved (he thinks) by the fact that on the old plan he lost three out of five of his own children, while on his new plan his last baby has been healthy and happy. His other arguments are drawn from analogy merely. We hardly think this individual experience will convince the world. Now and then a tough Irish baby will survive the most horrible feeding and unhygienic surroundings, and appear to be healthy, but most people would shrink from formulating an *igitur* therefrom.

Our Miscellany.

ZULU ENEMAS. — The Zulus are said to administer enemas through a cow-horn inserted in the anus while the patient is standing on his head.

SUBSTITUTE FOR TOBACCO. — The "pineapple," a fungus growing upon pine-trees, is said, by Dr. Milliard, to be an infallible substitute for the "noxious weed."

FOUND, AT LAST. — The secret of homœopathy is out at last: Polonius said, "To thine own self be true, and then it follows, as the night the day, thou canst not be false to *Hahnemann!*" — *Funny Folks.*

EARLY MENSTRUATION. — Dr. Cortejarena, in "Le Reveil Medical," cites a case of menstruation at the age of seven months. The child menstruated regularly, and when twenty-eight months old was so developed as to resemble a little woman.

HALL'S JOURNAL OF HEALTH says a man can catch the diphtheria by holding his head over a drain for fifteen minutes. Happily, however, most cities are furnished with conveniences for obtaining the disease which render such laborious practice unnecessary.

DR. HAYWARD, of Liverpool, lately sent to the London "Lancet" for insertion an advertisement of Dudgeon's new translation of Hahnemann's "Materia Medica," and it was refused. The editor did not like to defile his pages with the unclean thing.

SLEEPLESSNESS. — This simple remedy has been given us through different sources, and is worthy a trial: Wet the end of a towel and apply it to the back of the neck, pressing it upward toward the base of the brain, folding the dry portion of the towel over it so as to prevent too rapid exhalation. The effect is prompt, and equal to that of any narcotic. Warm or cold water may be used, as preferred.

AN ENORMOUS INDUSTRY. — During the year 1880, Reed & Carnrick, of New York, manufacturers of maltine, made an average weekly shipment of forty barrels of maltine to Europe. This represents 1,600 gallons or 12,800 bottles, or an annual consumption of 673,600 bottles. The demand for maltine in the United States increased one hundred per cent during the year. Over 62,000 bushels of grain were consumed in the manufacture of the preparation. An article which meets with such an enormous consumption must possess more than ordinary merit. Such, in fact, has been the verdict pronounced by many prominent members of the profession.

MEDICAL PRACTITIONERS IN FRANCE. — The proportion of medical practitioners to the population has been declining in France as well as in England and Wales, of late years. In France, in 1846, there were fifty-one medical practitioners to each 100,000 of the population. In 1866, this proportion had declined to forty-eight, and in 1876 to forty. This decline is chiefly among the "officers de santé." The cause of this decline in France is ascribed to the law which prevents the doctor from dispensing his own medicines. The professions of medicine and pharmacy are kept entirely distinct, to the great inconvenience, often, of medical men and the public. — *Med. Record.*

CHIROMANCY. — An elaborate treatise on the subject of chiromancy has been written by A. M. Besbarrolles, of Paris. The author is indorsed by Alexander Dumas, who says: "Chiromancy will one day be the grammar of human organization."

POPULATION OF THE WORLD. — Dr. Behm and Prof. Wagner, German geographers of standing, who have devoted much attention to the statistics of population, have just issued a new edition of their calculations. They arrive, after great labor, at results which we quote, because they modify materially the estimate popularly current: Europe, 315,929,000; Asia, 838,704,000; Africa, 205,679,000; America, 95,395,500; Australia and Polynesia, 4,031,000; polar regions, 82,000; the world, 1,455,923,500.

FEMALE SUICIDES. — The infrequency of female suicides in Europe and America, as compared with Asia, is a telling commentary on the hardship of woman's lot in the East. In India, the number of women who kill themselves is more than double that of men, and the percentage is still greater in Japan, where a married woman is condemned to hopeless drudgery, and where the husband's power of divorcing her, from caprice, and separating her permanently from her children, robs her of the last tie on earth.

UNANIMITY OF OPINION ON DIPHTHERIA. — At a recent meeting of seventy-one physicians, seventeen believed that diphtheria and membranous croup are the same disease, fifty believed them to be distinct, four believed that the diseases are so related as to preclude categorical replies. Forty-nine physicians stated diphtheria to be contagious, ten believed it to be not contagious, twelve considered it contagious under some circumstances. On sewer-gas or surface filth as creative or a special cause of diphtheria, the difference of opinion seemed evenly balanced.

A REMARKABLE ESCAPE. — Dr. S. Kartulis, of the Greek Hospital, Alexandria, relates the case of an English boy, who on June 1, 1879, was playing with other children on the roof of a house in that city, and in trying to cross from the front to the back of the building on a beam, slipped and fell on a granite pavement, a depth of seventy-one feet three inches (by careful measurement). Both legs were fractured. The fractures were set, and a slight wound in the leg was treated antiseptically. For two or three days the child was feverish, and occasionally delirious; but he ultimately recovered, and on the 15th of the following November, he was racing with six other boys, and came in third.

STATE HONORS TO HOMŒOPATHISTS. — The "Times" (London) contains a statement to the effect that Dr. Love, of Paris, president of one of the French homœopathic societies, has received the decoration of the Legion of Honor.

This is most assuredly a mark of distinction, and one which is, according to the "Times," "a triumph for homœopathy which has created no little irritation" among our medical opponents. Dr. Love is of English extraction, and has for many years had a large practice in Paris.

A similar honor has been conferred on another French colleague, M. le Dr. Partenay, as we learn from the "Bibliothèque Homœopathique."

TUBERCULOSIS AND EXPERIMENTS ON MURDERERS. — There has been established by repeated experiments a large number of facts regarding the infectiousness of tuberculosis. It is known that the disease may be communicated from man to lower animals, and from one of the lower animals to another. The only point yet left undemonstrated is, whether the tuberculous virus from the lower animals can, under any ordinary conditions, infect man. We have, on the one hand, the fact that one fifth of all deaths are caused by pulmonary phthisis, with which disease tuberculosis has so close a connection, if not a nearly uniform identity. But beside this great mortality from consumption, there are thousands of deaths annually from tuberculosis of the intestines and meninges. On the other hand, there are three or four million head of cattle in the country. If tubercular disease is as frequent here as in Germany, which we have reason to believe is the case, there must be a vast deal of infected ones from which we are supplied with milk and meat. We know of only one certain way by which the question of its transmission can be settled; that is by making the experiments upon man himself, — upon criminals condemned to death. By carefully watching, and after death by necropsy, we may secure results of the highest importance to science and preventive medicine. — Editorial, *Jour. Compar. Med. and Surg.*, January, 1881.

A ROYAL PHYSICIAN. — Through a correspondent of the London "Telegraph" we learn that Charles Theodor von Wittelsbach, M. D., Duke of Bavaria, still counts himself of the medical profession. He has recently performed his second operation for cataract. He is a regular attendant at Prof. Arlt's lectures on diseases of the eye, and in no way has he relaxed in his studies since becoming a regularly licensed member of the Faculty, and he seems in a fair way to win high rank among the most eminent oculists of Southern Germany. He appears to have chosen his profession, not as a pastime, but for the purpose of alleviating human suffering, and has set a noble example to his fellow-princes, the majority of whom show a stronger predilection for the destruction rather than the saving of life.

PLANTS IN THE SICK-ROOM may materially affect the amount of carbonic acid and oxygen in the air, although absorption and exhalation are carried on very slowly. Soft-leaved plants, like the geranium, lantana, etc., give forth one and one half ounce (by weight) of watery vapor from each square foot of leaf-surface, during twelve diurnal clear hours. At this rate, the Washington elm at Cambridge, with its 200,000 square feet of leaf-surface, would give out seven and three fourths tons of water in twelve hours. An indoor plant will exhale more than half as much as one in the open air. As many of our rooms are warmed by dry air, a number of thrifty plants may prove beneficial by supplying needed moisture. Consumptives are especially benefited by the moisture produced by plants. In making a selection for this purpose, avoid those of strong perfume, but choose those of abundant foliage.

A NEW ALLOPATHIC DISCOVERY! — The "Monthly Magazine of Pharmacy, Chemistry, and Medicine" has an article entitled "A New Remedy," which remedy consists of a solution made by adding sufficient tincture of colocynth to water to render it bitter; it is used for violent griping caused by excessive peristaltic action of the stomach. Sixty years ago, Hahnemann published his experiments with colocynth in cases of violent colics, which were rapidly cured. A reference to "Materia Medica Pura," Vol. I. p. 512, might have saved the necessity of experiment.

ANOTHER. — Dr. Dabney ("New Orleans Medical and Surg. Journal") has just *discovered* that *apocynum cannabinum* will cause diminution of anasarca, albuminuria, and casts in Bright's disease, and the information is copied all over the country.

TRACHEOTOMY IN ONE MOVEMENT. — M. de Saint-Germain has performed two hundred and twenty-seven tracheotomies, without a single grave accident due to the operation. He is opposed to the successive incision of the different layers of tissue over the trachea by the slow method. This is his method: He places the child on a table, its shoulders resting on a hard cushion, the head held by an assistant. With his left hand he firmly grasps the larynx, seizing it as if to draw it away from the vertebral column. A straight bistoury with a narrow blade is then plunged into the cricothyroid membrane, the direction of the cut being guided by looking at the sternum. The depth of the incision is to be about fifteen millimetres. Next, with a sawing, not with a pressing motion, the cricoid cartilage is divided, and similarly two or three rings of cartilage; and at the same time, the isthmus of the thyroid gland and the skin are cut. In withdrawing the instrument, the incision is prolonged downward for several millimetres, thus making a little canal into the skin, to facilitate the flow of liquids. The edges are now separated by a suitable dilator, and the canula at once inserted. He has never seen serious hemorrhage occur in this operation. — *Gazette des Hospitaux.*

PERSONAL AND NEWS ITEMS.

DIED. — At Woodbury, N. J., April 25, Annie F., wife of Wallace McGeorge, M. D., thirty-five years.

DR. W. B. WHITING, of Biddeford, Me., has lately been chosen city physician, receiving all but one of the votes of the city government against eleven allopathic competitors.

THE NEW ENGLAND MEDICAL GAZETTE for January, 1877, is wanted by the publishers, who will reward any one who is kind enough to send a copy that he does not care for.

SURPRISED are we to see that two of our homœopathic journals print full-page advertisements of those quack nostrums, Holman's liver pads, uterine pads, spleen, kidney, bladder, pectoral, and *foot pads*. Pretty hard up they must be for advertisements.

UP-HILL WORK. — It has leaked out that a neighboring physician who had become discouraged about the slow dilatation of the os, and who had long been in vain trying to remedy the defect by manual interference, was found by a confrère, whom he had at last called in consultation, to have mistaken the *anus* of a child in a breech presentation for the maternal os uteri, and to have made vigorous efforts to dilate that!

DR. H. C. CIAPP will form another private class in practical *Auscultation and Percussion* early in June at his Heart and Lung Clinic at the College Dispensary. The class will be limited to six graduated physicians, and will probably continue through the summer, every Wednesday morning, at ten o'clock. For further particulars, write to 16 Concord Square, Boston.

"BELLY-SQUEEZING in Mexican Obstetrics, the Practice and Perils of," is the title of an original article in the "American Journal of Obstetrics" for April, a journal which makes considerable pretension to scientific and literary standing. If such an inelegant expression had been used in a homœopathic publication, great would be the outcry against such ignorance of scientific terms.

A GENEROUS GIFT. — One of the public bequests made by the late Stephen N. Stockwell, editor and one of the joint proprietors of the Boston "Journal," is as follows: To the Massachusetts Homœopathic Hospital, the sum of $5,000 for the purpose of establishing a perpetual free bed for the use of such sick and destitute printers of Boston as shall be designated by the Boston Franklin Typographical Society.

ACQUITTED. — Dr. Boardman, who was recently tried on a blackmailing charge of the bad woman named Travers, a case which we commented on in our April editorial, was lately acquitted on a second trial. The woman lied so outrageously as even to disgust her own lawyer, who retired in the midst of the trial, which was then discontinued by the judge.

SPEAKING ABOUT LYING, why is it that so many journals and newspapers deem it no more a sin to lie about the extent of their circulation than to steal an umbrella? About a year ago the Bureau of Statistics of the American Institute of Homœopathy published an elaborate report of all our hospitals, dispensaries, colleges, journals, etc. The figures furnished by some of the journals indicating their circulation were fearfully and wonderfully stretched, making those which gave perfectly honest returns, which could be sworn to by the printers before a justice of the peace, appear to disadvantage. We hope that in answering the recent circular sent out by the bureau, they will remember Ananias and Sapphira. The *average bona fide* circulation is wanted, not any special and exceptional advertising issue; what they actually do print, not what in their dreams they would like to print. Perhaps we cannot reasonably expect such a height of morality, and had better leave the column entirely blank.

REMOVALS. — J. P. SUTHERLAND, M. D., from Concord, Mass., to 171 Warren Avenue, Boston. — C. L. KINGSBURY, M. D., from Dudley Street, Roxbury, to Concord Square, Boston. — G. W. STEARNS, M. D., from Marblehead to Groton, Mass. — J. G. GILCHRIST, M. D., to 66 Howard Street, Detroit. — M. L. CUMMINGS, M. D., to 46 Hancock Street, Boston. — J. B. ROBINSON, M. D., to Chelsea, Mass. — W. K. KNOWLES, M. D., from Bangor, Me., to Warren Street, Roxbury, Mass. — M. D. SMITH, M. D., from Addison to West Cornwall, Vt. — J. MARSHALL THOMPSON, M. D., from Providence, R. I., to 36 First Place, Brooklyn, N. Y. — DR. ALFRED C. POPE, from Lee Road to 21 Henrietta Street, Cavendish Square, London, W., England. — DR. S. A. SYLVESTER, of Newton Centre, has also taken an office at 615 Tremont Street, Boston, still retaining his residence, however, at Newton Centre.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 7. JULY, 1881. VOL. XVI.

EDITORIAL.

BOSTON'S DONATION TO OUR HOSPITAL.

THE city of Boston has generously aided the Massachusetts Homœopathic Hospital by conveying to it, for a nominal consideration, a piece of land containing 16,000 square feet, adjoining that on which the Hospital now stands and which was purchased of the city six years ago. The petition for this land was sent in last December, but as it was near the close of the municipal year, the hearing on the petition was postponed to the present year. On Jan. 24, before a joint committee of the Board of Aldermen and Common Council, Col. Charles R. Codman, the president of the Hospital Corporation, presented the matter so forcibly that the committee reported unanimously in favor of the petition.

In the Board of Aldermen the order was passed after some discussion by a vote of six to five. In the Common Council the subject was postponed week after week, from the last of January until April 8, and it was generally understood that an allopathic physician, who was a member of the Council, was actively opposing it. At this meeting of the Common Council the question of giving the order a second reading brought the subject up for discussion. An attempt was made to throw ridicule on the whole affair by assuming that if this grant were made, any one might get up a hospital, homœopathic in size if not in name, and call upon the city for $25,000 worth of land. The subject was warmly discussed, and the order was passed to a second reading by a vote of twenty-nine to twenty-eight.

At the next meeting of the Common Council, held on April 14, the friends of the Hospital showed that if the number of feet of otherwise almost waste land now asked for as a gift were added to the number of feet of land on which the Hospital now stands, and which the Hospital bought of the city a few years ago, and the price then paid for that part be divided by this sum, the average price of the whole per foot would actually be more than that received by the city for land sold to other charitable institutions in the immediate vicinity, the city not generally charging full price to charitable institutions. They also showed that the corporation had erected valuable buildings, and had treated in them, in the last five years, four hundred and sixteen free patients, who desired homœopathic treatment, at a cost of about $25,000; that this work should have been done by the city, but as homœopathic treatment is not provided in the City Hospital, the patients were obliged to come to this Hospital for it. They showed, furthermore, that while the city supports its patients in the City Hospital, it also has to provide the land and erect its buildings at a great cost, all of which the Homœopathic Hospital does from its own funds; that the land in question was not salable for residences, and if used for manufacturing purposes it would injure the City Hospital in the adjoining lot, as well as the Homœopathic Hospital; that the land, if contributed, would enable the Homœopathic Hospital to accomplish still more charitable work, of which the city would reap a large share.

These facts and arguments proved conclusive; for though some half-dozen members made speeches in opposition to the grant, yet it was quite remarkable that, unlike the tone of the previous meetings, they all acknowledged the good reputation of the institution and the excellent manner in which it is conducted. The effect of this discussion was seen in the final vote by which this measure was carried, thirty-three to nine. The mayor promptly signed the ordinance, and the land has been conveyed by deed to the Hospital.

It now remains for the Hospital to use this land to the best possible advantage, and to show that it is worthy of this assistance. A surgical ward should be erected, so that this class of patients can be separated from medical cases. The Hospital, as it now stands, has cost nearly $100,000. Less than half this

sum would double its present capacity and enable it to do all its work in a much more satisfactory manner. Already a generous response has been made to the recent appeal to the community for aid, and by an earnest and vigorous effort on the part of the friends of the Hospital, in a short time its wants may be fully met.

BOSTON UNIVERSITY COMMENCEMENT.

UNTIL the present year the Commencement of the medical department of this University has occurred early in March, as is the rule with medical schools generally, and the other departments of the University have had theirs in June. Now, however, the change announced three years ago has gone into effect. The spring term, which was formerly optional, has now become compulsory, and the medical year has been lengthened to eight months, the time required in the college proper, Law School, Theological School, etc.; and all departments of the University now unite in one common Commencement, which is necessarily much more impressive. This young and vigorous University has already taken a high stand among the large educational institutions of the land, and of it we may well be proud. It is the only full university in the world in which the medical department is entirely controlled by homœopathists, — our two excellent State universities in the West having each established both an allopathic and a homœopathic medical school.

The time selected for the Commencement — June 1, at 2 P. M. — found Boston's large Music Hall crowded almost to suffocation. The front of the spacious platform was profusely ornamented with pot plants and trailing vines, and in the rear were conspicuously displayed two beautiful floral designs, bearing the inscriptions "B. U." and "'81." The graduates occupied the front seats on the floor; and on the platform were seated, beside the Faculties of the University, many distinguished gentlemen, including ex-Gov. Rice, Congressman Ranney, W. B. Rogers, John Cummings, J. Warren Merrill, ex-Gov. Claflin, Bishop Foster, Bronson Alcott, Jacob Sleeper, Dean Gray, Theodore D. Weld, Moses Merrill, C. O. Thompson, W. H. Ladd, and others.

The exercises, which were conducted by President Warren,

opened with an invocation by Rev. L. R. Thayer. Then followed music by the Germania band, after which the orations and dissertations were delivered as follows, interspersed with music: "Individualism," Frederick O. Holman, candidate for the degree of A. B.; "Hygiene in the Public Schools," Helen M. Bingham, L. A., candidate for the degree of M. D.; "Doubt," Solon I. Bailey, candidate for the degree of A. M.; "Chemistry in Agriculture," Joseph L. Hills, candidate for the degree of S. B.; "Work," Ellen M. Abbott, candidate for the degree of A. B.; "Sunday Laws," George L. Wentworth, candidate for the degree of LL. B.; "Personality through Self-Surrender," Wilbur P. Thirkield, A. B., candidate for the degree of S. T. B.; "The Physician in his Professional Relations," Charles H. Hadley, candidate for the degree of M. D.; "Social Drinking," Alice S. Blackwell, candidate for the degree of A. B.; "The God of the Mormons," William I. Haven, A. B., candidate for the degree of S. T. B.; "The Common Law in Common Life," Willis Boyd Allen, A. B., candidate for the degree of LL. B.

The efforts of all were highly creditable, and were rewarded by generous applause. Distinctness of utterance in speaking in this large hall, we are sorry to say, was not noticeable in every instance, but it was made evident that much care and attention had been spent in the preparation of each thesis. Every speaker was presented with a bouquet of flowers, and some were almost loaded down with floral gifts from their friends.

At the conclusion of the exercises, President Warren presented the diplomas to the graduating classes and conferred the degrees, the ladies and gentlemen composing the classes marching across the platform as their respective college or school was called. In this way the degree of A. B. was conferred on twenty-three graduates of the College of Liberal Arts; that of Ph. B. on one graduate of the same; the degree of Mus. B. on three graduates of the College of Music; that of S. B. on seven graduates of the College of Agriculture; that of S. T. B. on fourteen graduates of the School of Theology (five others receiving a certificate of graduation); that of LL. B. on thirty-two graduates of the School of Law; that of Ph. D. on four graduates of the School of all Sciences; and that of M. D. on the following graduates of the School of Medicine: —

Ballou, Lucinda Bullard	Concord.
Bingham, Helen Maria,	Monroe, Wis.
Bliss, George Danforth	Rehoboth.
Campbell, George Abbott	Manchester, N. H.
Currier, Edward Merrill	Chelsea.
Defriez, William Peabody	East Somerville.
Emerson, Nathaniel Waldo	Boston.
Eckert, Edward O'Neil	Boston.
Freeman, Frederick Augustus	Boston.
Graham, Mary Jane	North Leominster.
Hadley, Charles Harvey	Temple, N. H.
Hall, Edgar Ianson	Fitzwilliam, N. H.
Hunt, George	Rockland.
Martin, George Henry	Boston.
Morrison, William Somerville	St. John, N. B.
Oglert, Maria Thècle	Warsaw, Poland.
Philbrook, Edward Everett	Castine, Me.
Phillips, Emma Arabella	Nashville, Tenn.
Shea, William Joseph	Cambridge.
Short, Susan Downer	St. Joseph, Mo.
Southgate, Robert Wilson	Dedham.
Southwick, George Rinaldo	Franklin, N. Y.
Tripp, Frederick Daniel	Taunton.
Walker, Peleg Francis	Taunton.
Wildes, Adeline Wilkins	Boston.
Wright, Helen LaForest	New Bedford.

The degree of M. B. was also conferred on Clara P. Grove, of Peoria, Ill., and Frances M. W. Jackson, of Emporia, Kansas.

The audience was then dismissed with the benediction.

At 5 P. M., the Alumni Association of the School of Medicine had its annual dinner at the Revere House, and at the same time and place the Faculty gave a dinner to the graduating class. Hitherto these dinners have occurred separately. Everything seemed to go off very pleasantly; and the after-dinner speeches called out by the toast-master, Dr. John L. Coffin, of West Medford, Mass., added to the enjoyment of the occasion. In the evening the Trustees of the University gave a supper and reception to the graduating classes of the different departments, and their friends, at Wesleyan Hall, from eight to ten.

DOUBLE CONSCIOUSNESS. — The Marquise de Lanza, daughter of Dr. Hammond, of New York City, has completed a novel, which is in the hands of Putnam Sons, publishers. The plot turns upon the idea of double consciousness. The heroine while in her abnormal state promises her hand in marriage, which promise, on recovering her normal condition, she seems to have utterly forgotten. A preface to the book, on the subject of double consciousness, is to be written by Dr. Hammond.

NEURANALYSIS.

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

We now have the work * of which an abbreviated sketch in advance has rapidly made the rounds in homœopathic journals within the last six months, exciting our curiosity as to what might be the grounds upon which so much positive assertion was based. It was stated, in advance of the publication of the above-named pamphlet, that by means of neuranalysis the effects of potencies up to the two thousandth could be positively demonstrated, and the difference between pure alcohol and a medicinal potency easily perceived and distinguished by this new method, which also is said to disclose the fact that the action of potencies increases up to the fifteenth, when a diminution becomes perceptible, an increase being again noticeable at the thirtieth, and much higher potencies. We were only told that all this was accomplished by Hipp's chronoscope; the scale of potencies is not named.

Of course this satisfied a certain number of readers, while certain others preferred to await the advent of actual information, which has at length reached us under the title above stated, and which we gladly commend to readers of this journal, and all others interested in psycho-physiological research.

The chronoscope is an instrument well known to physicists in the measurement of extremely small fractions of time, such as occur in the flight of rifle bullets, etc. It is so constructed that upon a dial divided into one hundred parts, a hand suddenly detached or stopped by magnetic apparatus will indicate the thousandth part of a second; however, the five hundredth part answers the purpose. The hand is set in motion by pressing upon a key, like that used by telegraphers, and the instrument is used as follows: If one sees a signal, and desires to mark or note it by means of pressure with the finger, a certain amount of time elapses between the perception of the signal and the pressure exerted with the finger, which is the time required to transmit the nerve impression from the optic nerve to the brain, thence to the muscular nerves, the finger, and the key. That is the "nerve time," known to astronomers as "personal equation." In order to measure the same, the observer sits before the apparatus, notes the position of the hands on the dials, places his left hand upon the key, while with his right he starts the clock-work, at the same time looking with intense concentration

* Die Neuranalyse, insbesondere in ihrer Anwendung auf die homœopathischen Verdünnungen. Von Prof. Dr. Gustav Jaeger. Leipzig: Ernst Gunther, 1881. pp. 67.

at the hands now at rest; he then slowly raises the key. Thereby the current is closed, and in the same moment the hand begins to move. *The moment the observer sees the hand start, he rapidly lets go the key*, whereupon the hand on the dial stands still, the electric current having been interrupted. The mark upon which the hand stops is to be noted, and now the difference between the position of the hand before and after starting will indicate the time which elapsed in conducting an impression from the eye to the fingers, which time is measured by thousandth parts of a second. In this way Prof. Jaeger and three of his pupils in thousands of trials obtained first their normal personal equations, then a large number of observations after inhalation of alcohol, followed by another set of observations after inhalation of certain medicinal substances. These observations are called osmograms, and are illustrated by curves represented in a number of colored plates.

The result has already been stated above. It is to be noticed that the manner of obtaining these results (acts) depends entirely upon the training of the will to produce a rapid action of the hand, which the author claims to render entirely automatic by constant practice. Supposing this to be possible, the method would certainly deserve to be considered as exact; but while every result depends on the will, controlled by strong faith in the result, it can hardly be a purely physiological experiment, especially as the numerous conditions on which a positive result depends can hardly be carried out. Thus not only the food and time of digestion are to be precisely the same at each sitting, but also every possible odor — of clothing, utensils, persons — must be avoided and controlled. Thus persons with mixed clothing will never be able to produce so even a disposition as those wearing only pure woollen clothes, etc. As all these odors exert a seriously disturbing influence upon the result, we cannot believe that it can be avoided, considering that numerous substances in the highest possible state of attenuation constantly pervade the ever-changing atmosphere.

It is asserted in this treatise that not only medicines, but their most varied dilutions, can be with certainty detected by the chronoscope. The results as stated would seem to warrant such a conclusion; but we cannot unconditionally adopt these views without another set of experiments, such as testing a number of dilutions of various degrees, the nature and degree of which should be *unknown* to the observer, in order to see if he could distinguish mere alcohol from medicated alcohol, or the latter from high attenuations when *unknown* as easily as when known to him. We share these doubts with the reviewer of "Neuranalysis" in the April number of the "British Journal," as

well as with Dr. O. Buchmann in No. 15, Vol., CII., of the "Allgem. Homœop. Zeitung," who says, "We dare not attribute the value to these observations which they seem to claim, because the lesser figures of the potency-osmograms may be due to the intense concentration and expectation of the mind," etc.

On the other hand, we firmly believe that this method of using the chronoscope, modified and variously applied, must prove useful and indispensable in future investigations; it is only to be regretted that, aside from the expense, more time and patience are requisite than busy practitioners have at their disposal.

Still another point deserves notice; namely, that the author seems to have ignored the vast field of molecular science, which teaches that water is composed of ultimate molecules and their atoms, whose weight and dimensions are now as well known and even better than the stars and planetary bodies which abound in space. What is known to-day regarding the size, weight, etc., of molecules teaches us at the same time very approximately the limit to which substances may be attenuated, and that this limit does *not* reach far if at all beyond the eleventh centesimal. Now, either molecular science is all wrong, or neuranalysis has asserted too much. We do not believe that it will overthrow molecular science, but rather that the latter, when properly applied, will modify some of the extreme results of the former.

A CASE OF MENINGOCELE.

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

On Sept. 22, 1880, Mrs. D——, after a short and not severe labor, gave birth to an otherwise well-formed female child of medium size, but upon its head, a little below the occipital protuberance, was a tumor of about the size of a hen's egg. The covering of the tumor — the upper third being supplied by the hairy scalp, and the remaining two thirds by the integument of the neck — was of a purplish hue varying in shade on the different sides. It apparently gave the child no trouble save when pressed upon by the hand, or by the weight of the head. The base of the tumor, at the point of attachment, was about an inch and a half in thickness.

Upon being questioned as to what the "bunch" was, and whether it would "go away," I replied I could not positively say what would be the termination; but as it did not distress the child, which, by the way, at this time seemed to be growing stronger every day, I advised to wait awhile, and watch the result. Very soon, however, I discovered that the tumor was increasing in size, the external tissue becoming more and more tense and

somewhat translucent; in fact, it assumed an appearance such that the mother one day remarked that she feared to handle the little one lest the tumor should burst. It was evident that I had before me a case falling under the domain of surgery, and requiring surgical interference; and accordingly, in order to be assured of the correctness of my conclusion, I called in Dr. Boothby, who pronounced it a case of meningocele, and recommended that the contents of the tumor be partially evacuated at successive periods until the whole should be removed, in the mean time pressure being produced, in order to prevent the refilling of the sac. However, upon trial, it was found that pressure could not be borne by the child; and further that the sac, after having one half its contents removed, in less than twenty-four hours was as full as before. The child had now begun to show signs of anæmia, and other symptoms of failing strength. One symptom, quite constant and very persistent, had accompanied the child from its birth; I refer to the vomiting of milk immediately following nursing. I say persistent, for although various remedies were administered, all apparently were of little avail. It was now concluded that complete removal of the tumor was the only measure that offered any hope of permanent relief. Accordingly, on the 16th of December, the child being then a little less than three months of age, the operation was performed by Dr. Boothby, in the presence of Dr. Osgood and myself. The swelling was now of considerable size, being more than half as large as the child's head. The patient being etherized, the tumor was first evacuated of its entire contents by means of the pneumatic aspirator, said contents consisting of a clear, transparent, watery fluid. A dissection was then made, completely separating the integument from the sac, which proved to be the dura mater of the cord. Very slight hemorrhage attended the operation. From the first, pressure was produced in order to prevent air from entering the cavity of the cord. A ligature was now placed upon the pedicle close to the cranial attachment, which was just over or possibly a little above the axis. The greater portion of the sac was now removed, the wound thoroughly cleansed, and a flap formed of the upper portion of the external covering of the tumor was brought down over the point where the sac was excised — and consequently over the opening into the cord, which was found to be less than half an inch in diameter — and united to the fresh edges below by silver sutures. As the effects of the ether passed away, the child appeared as usual, and subsequently nursed well, but after a few hours became somewhat torpid, appearing completely indifferent to its surroundings, unable to take the breast, and after twenty-four hours lost even the power of deglutition. During this period of torpor, which

lasted a little more than two days, there was almost constant action (though very mild) of the flexores digitorum, slight twitching at times of the facial muscles, with marked pallor, more or less spasmodic action of the lower limbs, frequent moaning with occasional feeble cries. On Dec. 18, about fifty-four hours subsequent to the operation, the little one, without having had at any time any general convulsions, quietly breathed its last. A *postmortem* not being readily assented to by the parents, was not urged; which fact, however, I now exceedingly regret.

IMAGINARY FRACTURE OF THE FEMUR; A CASE IN PRACTICE.

BY PERRY MARSHALL, M. D., WEST ADDISON, VT.

MRS. B——, of Rutland, aged fifty-five years, had been almost invalid for twenty years, was very "nervous," and her constitution was much impaired by protracted suffering. Besides her real ills, she suffered much from imaginary troubles. Sometimes she would think she could not walk, or could not lie down; and would sit for hours in distress, till her husband's return from work, when he would dexterously divert her attention for a time, and her difficulties and pains would be easily overcome. One morning after her husband had gone to his work, while she was attending to her domestic affairs, she fell to the floor in attempting to cross the threshold into the pantry (I could conceive of no occasion to fall in that place), and lay all day, till late in the evening, bolstered up with pillows, etc., supposing that her thigh-bone was broken. She experienced great pain in about the middle of the femur, and would not endure the slightest motion of the limb except as I held the fractured ends of the bone firmly. In this way we carried her to her bed and placed the leg with the greatest difficulty. She would scream frightfully if I made any attempt to discover crepitus, save as I did it when her attention was diverted; I satisfied myself, however, that the thigh would not bend except at the joints, and tried, though ineffectually, to convince her that no fracture existed. She lay six weeks, with scarcely any motion of the limb, for the fracture to mend (she knew something about how long it takes broken bones to heal, for her husband had broken a leg twice). There was not the least swelling any of the time, was no soreness, no crepitus, no shortening, and no pain except on motion or when the limb was supposed to be not rightly placed. The limb was not supported or in any way treated as fractured. After six weeks she gradually recovered her ability to walk. The recovery was perfect.

This I regard as a case of imaginary fracture.

CARBOLIC ACID IN CONJUNCTIVITIS PURULENTA.

BY F. G. OEHME, M. D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

WHILE visiting a patient at some distance, the nurse of a newborn infant wished advice for its sore eyes. They had been inflamed for two days, and the child had not opened them during this time. Upon separating the lids, a large quantity of thick yellow pus gushed out, and there was so much swelling that the pupil of neither eye could be seen. The birth was premature about three weeks. As the child was too weak to nurse, the breast milk was fed with a spoon. There was also diarrhœa and beginning of jaundice. It was certainly a very unpromising case. I should have prescribed *Argent. nitr.* internally and externally, but had none with me, and to send would have caused a delay of too many hours. It occurred to me, as *Carbolic acid* checked formation of pus in wounds and sores, why would it not answer in this instance? Therefore I concluded to try it, although never having heard or read of its use in this class of diseases.

A one half per cent solution from crystals was prepared, with directions to wash the eyes every two hours carefully and thoroughly in the following manner; viz., to part the lids as much as possible, pour in a few drops of the warmed solution with a teaspoon, and allow the lids to close, repeating this at each washing until no more pus would flow out. There was considerably less pus the following day, and after a lapse of thirty-six hours the child opened its eyes. Recovery took place in a few days, as fast, if not faster than in similar severe cases generally.

A CASE OF DEATH DURING LABOR.

BY CHARLES A. BARNARD, M. D., CENTREDALE, R. I.

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

ON Thursday night, Oct. 14, I was called to attend Mrs. ——, in labor with her third child. She was a young, strong, fleshy woman; but despite these facts, I felt there was something peculiar about the case. I did not like the appearance of her countenance. The protuberance produced by the child was large and very high up; it seemed to come out square on top like a block. I learned that the liquor amnii had been dribbling away for the space of a week. On examination I found the vertex presenting in the L. O. A. position. The beating of the fœtal heart was plainly audible. The os was only dilated sufficiently to admit the end of the index finger.

During the night the pains were feeble and intermittent, and accomplished nothing. I left her in the morning to call again. Called twice that day (15th), and found her up doing her work and having no pains. About 11 P. M. the pains recurred, and as I was absent, Dr. Budlong attended her through that night with about the same result as on the previous one. At noon (16th) he left her to my care, sharing my anxiety about the case, and saying to me that he felt there was some peculiar condition present, but just what he could not determine. During the afternoon I made several careful examinations, but could elicit no information save that the head was larger than usual. During the evening the pains ceased, and the patient fell asleep, when I lay down to catch a nap. Between eleven and twelve the attendants awoke me, and I found her vomiting. Supposing this to be that which so often precedes delivery, I gave the opinion that soon all would be well. Upon examination, however, I found the child dead, and determined upon its immediate removal. Being near home, I sent for Dr. Budlong. Soon after the messenger departed, our patient was seized with alarming dyspnœa, and became cyanotic. She asked me to raise her up, when she laid her head upon my shoulder and expired.

When Dr. Budlong arrived, we attempted to deliver with the forceps. Despite our united efforts, they could not be made to retain their hold.

Dr. Budlong then used the crotchet, when there escaped a large amount of fluid. He then delivered, by turning, a large and well-developed male child, but enormously hydrocephalic.

We were both not a little surprised at this. We had both felt that there was something peculiar about the case, and consequently had been unusually watchful. There was surely a large head, but as the os was only partially dilated, we could not determine how large. The presenting part felt hard and smooth. There was no fluctuation, no overlapping of cranial bones, no large suture or fontanelle that we could detect.

As an unusual condition in hydrocephalic children, it should be mentioned that the body was large and very well developed. We estimated that the child must have weighed, before the escape of the fluid, fifteen pounds.

What was the cause of the mother's death?

NOTE. — Dr. Wilcox promptly replied, Thrombus of the pulmonary artery.

SAND BAG FOR THE SICK-ROOM. — A bag made of flannel and covered with cotton or linen, filled with sand which has first been thoroughly dried in an oven, will be found of much greater advantage in the sick-room than a bottle of water or a brick. The sand retains the heat for a long time, and may be used with less danger of hurting the invalid.

OUR LONDON LETTER.

FROM GILES F. GOLDSBROUGH, M. D., C. M.

A GREAT man has just passed from our midst, — a statesman who has had more influence in political circles from the commencement of his career than any of his contemporaries; a man of letters, with originality as an author which is quite unique; a favorite with the sovereign, and against whose private character not the meanest subject could say a word. The illness of such a man could not fail to command public attention and sympathy, and it was in virtue of the immense interest taken in the welfare of Lord Beaconsfield that the differences and jealousies of the medical men called upon to attend him came so prominently to the front, and brought up anew the question, Is it consistent with professional etiquette for an "allopath" to meet a "homœopath" in consultation? It might be thought that this question had been amicably settled years ago, but what took place lately makes it very evident that such is not the case.

It is well known that for some years the late Earl of Beaconsfield had a homœopathic practitioner for his ordinary medical attendant; in fact, Dr. Kidd was summoned to Berlin during the time of the congress to give aid to his illustrious patient. As a matter of course, Dr. Kidd was called in at the commencement of the late illness, and continued in sole charge for some time. But from a combination of circumstances, such as the nature of the ailment, the great age of the patient, and the inclement weather, the patient got worse instead of better; and as his condition became one of such anxiety, her Majesty the Queen expressed a desire that Sir W. Jenner should meet Dr. Kidd in consultation. Sir W. Jenner declined to obey the commands of royalty, and gave as a reason (these are his words) that he "did not think Lord Beaconsfield's interest could in any way be served by our meeting; on the contrary, it could not be without risk to him." The "Homœopathic Review" suggests that in this sentence the words "Sir W. Jenner's" should be substituted for the words "Lord Beaconsfield's." Dr. Quain was then communicated with, who also at first refused on the ground that Dr. Kidd was a homœopathic practitioner; but having obtained the advice of Sir George Burrows and Sir James Paget, and received an assurance *in writing* from Dr. Kidd that he was not treating Lord Beaconsfield homœopathically, he afterwards consented.

Dr. Kidd's written assurance is very significant as coming from a homœopath, and from a physician who enjoys so much of the public confidence; it is as follows: —

"DEAR SIR: In reply to your letter, I beg to say that I am not treating Lord Beaconsfield homœopathically. I beg further to assure you that every direction and prescription of yours will be faithfully carried out by me."

Subsequently Sir W. Jenner and Dr. Quain consulted together, Dr. Kidd being present; but it was expressly stated that had it not been the patient's condition might have been made worse by Dr. Kidd's absence, he would not have been admitted to the room. Your readers will scarcely wonder that such an exhibition of insult, jealousy, and feeble-mindedness should not end here. Indeed, it has initiated a controversy, dealing on the one hand with the conduct of the three physicians, and on the other with the truth or falsity of homœopathy and its professors, that has no parallel in the present generation. The medical journals are divided in their opinions of the affair. The majority, while in no way countenancing the consultation of homœopathists with orthodox practitioners, concur that Dr. Quain could have followed no other course. For example, the "Medical Press and Circular" thus speaks:—

"The circumstances, as we have said, had no precedent, and will give no reason for the same course being pursued in other cases; and we feel bound publicly to acquit Dr. Quain of any avoidable infraction of professional propriety, and to approve of the advice on which he acted."

With certain exceptions, therefore, it is an infraction of professional propriety for one duly qualified physician to consult with another duly qualified physician, because one of them holds different views on drug treatment from the general body of the profession. Who made the rule, and who is to decide on the exceptions?

The leading medical journal, however, disagrees with its contemporaries, and we find the editor of the "Lancet" expressing himself thus: "Dr. Quain has violated a fundamental principle of professional conduct in acting with Dr. Kidd, an eminent homœopath." But the editor does not go on to say where we may find these rules laid down, and why he records an open protest against the action of the college of physicians whose president (Sir James Paget) advised Dr. Quain to meet Dr. Kidd. The spark thus kindled was soon fanned into a flame. An anonymous correspondent in the "Times"—of necessity a medical man—attempted to give the reasons why it was not in accordance with professional etiquette for an orthodox practitioner to meet a homœopath in consultation. The argument was based on the assumption that homœopathy as Hahnemann originated it was absurd, and its present practice a system of fraud. It is needless to say that this correspondent displayed the grossest ignorance both as to the history and the nature of homœopathy.

One of his statements was that the originator of homœopathy, "one Hahnemann, had no pretensions to scientific knowledge, and was probably even too ignorant to perceive the full absurdity of his own teaching." In another letter we have: "No doubt he [Hahnemann] commenced his work as a scientific student, and did some good work, although not in the direction of medicine, before he deserted the search after truth to follow the mazes of speculation" The letters of this correspondent were most ably replied to by the leading men of our own school; and so far from homœopathy being a system of fraud and its practitioners dishonest men, it was plainly shown that its few representatives had done and were doing more work in the direction of scientific medicine than the combined efforts of the orthodox school.

Many of the ordinary journals, both metropolitan and provincial, gave their opinions on this subject in editorial articles. A few extracts may interest your readers. The London "Evening Standard" — a conservative organ — says: "If the etiquette of the profession — ascertained by what recognized tribunal? — is to be empowered to impose exclusive tests at will, we may soon expect that the consulting physician will furnish his would-be consultant with a paper of questions requiring satisfactory answers." In the Bath "Argus" we read: "The Kidd-Quain-Jenner episode is not calculated to raise the profession in our eyes If Lord Beaconsfield had died during the delay caused by the fighting, his death would plainly rest at the door of these small-minded, miserable men. They have excited universal disgust, and they have brought their profession into general contempt." The Liverpool "Mercury" gives the following in a long article: "We refer to the wretched squabble raised over what science appears to have pretty clearly recognized as the sick-bed of a dying man, by that section of the medical profession which delights in calling itself 'orthodox.' It must be admitted that the word has been well chosen, for it expresses with regard to the cure of bodies precisely the same amount of bigotry and intolerance as it used unhappily to imply in the cure of souls. There was something more than arrogance, there was insolence, in the indecent readiness with which the 'orthodox' medical journals assumed that homœopathy and quackery were synonymous terms. Even worse was it to find men of the eminence of Sir W. Jenner and Dr. Quain putting their fellow-practitioner through a kind of catechism as to his medical beliefs, and applying their own narrow creed as a test of his fitness — not, be it observed, to minister to his patient, but — to be associated with them in consultation." The homœopathic body has undoubtedly been benefited by this free advertisement of their position and

views. The attitude of the main body of the profession towards us is shown to be one of vulgar "trades-unionism," and as you see by these comments in the press, is condemned by all right-thinking people. We rejoice that we have the public thus on our side, and consider that we have lately advanced several steps towards the complete recognition of our indubitable claims for equality with the whole of the profession. But there are benefits of another kind which have issued from this controversy. One can easily learn that no good is obtained from pandering to the whims of the old school, or by surrendering one iota of conviction. Dr. Kidd has come off worst in the struggle: he has renounced his adherence to homœopathy and all institutions in connection therewith, and yet the arms of orthodoxy are not open to receive him because he is still a "reputed homœopath." What a warning to those who are weak in the faith of that "one Hahnemann"! At a banquet held the other day to do honor to Dr. Bayes, on his leaving London, there were many speeches of an interesting character. They seemed to come from men who felt that they were girded and ready for fight, and that the preliminary skirmishes had told well in their favor. The British Homœopathic Society has seen fit to meet in strong force to confer and decide who are and who are not homœopathic practitioners. In short, from encouragement without and strengthening within, we are better able than formerly to do battle with both disease and error which we meet in our path.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

To the Editor of the New England Medical Gazette:

Sir, — When the International Convention now about to be held was first planned, it was a serious question how to provide for the expense of publishing its transactions. I wrote upon the subject to the lamented president of the first convention, Dr. Carroll Dunham, and the following is a portion of his reply: —

"As to the question you put concerning the means of meeting the cost of publishing the transactions of 1881, I reply without hesitation, that it would be eminently proper to ask a subscription that would be sure to fully cover the cost of the volume, from every individual who desires a copy.

"As you justly remark, it was quite different with us. There could have been no expectation of more than a handful of delegates from abroad. The expense must of necessity be borne by ourselves, and we could easily do it by reason of our numbers. To make it sure, we resolved the Institute into the Convention,

for the purpose, not only of using its machinery, but of having also at command its yearly income; since the Convention transactions would take the place of the Institute volume. You have, I believe, nothing which in these respects corresponds to the Institute. Moreover, I hope, as you do, that from America and the Continent of Europe, there may come as many delegates as England herself can furnish, and the meeting may be a 'World's Convention,' not simply by virtue of papers and reports, but through the coming together of representative men. Do not determine *too soon* the *amount* to be asked for the volume, lest you get it below cost. The expenses of the meeting and incidentals will be all that Britain could reasonably be asked to furnish, and these may amount to a considerable sum."

In accordance with these views, it was determined as part of our scheme of working, "That the expenses of printing the transactions be defrayed by a subscription from all who desire to possess a copy of the volume." A subscription list will be opened at the meeting for those who are able to attend; but for the many who must perforce be absent, but who would like to support us and give themselves the advantage of possessing our transactions, I ask of your courtesy, the admission of this letter. I shall be glad to receive the names and addresses of subscribers as soon as possible, that the total number on whom we can count may be known. The exact cost of the volume cannot be reckoned till then; but it is not likely to exceed ten shillings of our money, and it will probably contain between six hundred and seven hundred pages of matter.

I am, yours very faithfully,

RICHARD HUGHES,

President-elect.

36 SILLWOOD ROAD, BRIGHTON, ENGLAND, May 12, 1881.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE thirty-fourth annual meeting of the American Institute has been held, and is now placed in the list of many similar occasions in the past, which have added to the knowledge of its members and increased their interest in the great cause, as well as cemented their kindly feelings towards one another. The weather was moderately good, although a little cool for the enjoyment of Brighton Beach on Coney Island, New York. In point of numbers, over two hundred physicians being present at the opening session, and three hundred on the second and third days, the meeting is considered the largest ever held, except that in

1876, and as successful as any, both from a professional and a social standpoint.

The meeting was called to order by the president, Dr. Dowling, of New York, on Tuesday morning, June 14. After a prayer by the Rev. Dr. Morse, of Brooklyn, and the adoption of the order of business prepared by the executive committee, the members listened to an interesting address by the president. After some preliminary remarks, and a statement of the progress of homœopathy in the last half-century, he discussed the question "Who is a regular physician?" the action of the American Medical Association on the subject, and the futile attempts of the conservative few who wished to define strictly this question. The subject of a more careful and uniform system of examinations for medical degrees was then entered into, and the suggestion made that the Institute take action upon this important matter. After further topics of interest, the address was closed with a glowing tribute to Dr. Constantine Hering. Then followed reports of the Committee on Publication, of the treasurer, and of the necrologist, in which latter was a special memorial of the long life and valuable services, to this Institute in particular, of Dr. Hering. The Bureau of Organization, Registration, and Statistics, through its chairman, Dr. Talbot, made several important suggestions, among which may be mentioned the plan of life memberships, the change of constitution by which four vice-presidents shall be chosen, and the recommendation that the secretary prepare and publish a sketch of the work of the next annual session by Jan. 1 at the latest. Under the head of statistics it was noticed that only 842 out of the 6,000 homœopathic physicians in this country are members of the Institute,—a very great disproportion; and secretaries of local societies were urged to greater activity in the responsible posts they were chosen to fill. Then followed reports, through their respective chairmen, of the bureaus of Psychological Medicine, General Sanitary Science, Climatology and Hygiene, Materia Medica, Pharmacy, and Provings, and Clinical Medicine.

The subjects of the papers presented in each bureau were read before the Institute, and each referred to its proper sectional meeting. It may be well to state here the plan of work of the present meeting. Each morning from 10 until 1.30 a general meeting was held in the parlors, during which all general reports were presented, all business transacted, and the usual elections took place, while before or after this time the different bureaus held separate meetings in order to allow to each subject sufficient time to satisfy those particularly interested in that branch. Unfortunately the bureaus were so arranged (and it would probably have been so with any other classification) that those having a kindred

interest often came at the same time, and hence caused great inconvenience or personal loss to many present. This defect was recognized, and we were glad that it was decided to present hereafter to the general meetings abstracts of all papers, which are to be then and there discussed in their proper order, doing away entirely with sectional meetings.

The Bureau of General Sanitary Science, Climatology and Hygiene met at 3 P. M., and presented many valuable papers. It is with great pleasure that we note the increasing interest in these important subjects manifested by our school, especially as the whisper of exclusiveness and ignorance must thus become daily more and more faint as homœopathic physicians begin to stand out so prominently on all these great topics of the day.

Dr. Verdi described the construction of a model dwelling, noticing errors of ventilation, plumbing, and drainage.

Dr. Wilson drew attention to the habits formed by mankind, good and bad, stating that, first, those which are strictly personal are generally conducive to the individual welfare, while, second, those which are essentially social are generally injurious, if not destructive, to those who follow them. He maintained, moreover, that man was rapidly adjusting himself to his environment, and would finally master the situation; and that the milder forms now prevailing of the fearful scourges of former times (*e. g.*, small-pox and syphilis) were due to this fact rather than to the means employed to render them weaker.

In Dr. Jones's paper on the district and soil condition was an interesting suggestion that to a certain extent the flora of a district not only expressed its soil character, but also was a hygienic expression, and — partially at least — antidoted otherwise noxious influences.

Among other papers of interest, Dr. Wright, in speaking of disease tendency of different occupations, mentioned the bronchial catarrh induced in "shouters" working in grain elevators, and in moulders resulting from the black lead used in the casting frames; and refuted the common saying that brain workers and professional men were short-lived, showing that the speculator with irregular brain-work accompanied by the strain of worry, was the true sufferer.

Dr. Ockford reviewed the uses of fluids in the human economy, their sources, and their abuse; and the paper of Dr. Morse on clothing showed the importance of this factor in the problem of health.

Dr. Taylor presented the report of a novel experiment upon himself, — a proving of animal food. The results were decrease of weight, increase in pulse and respiration, and decided increase in quantity and specific gravity of urine. From

this experiment he advises the use of a meat diet in — first, bilious diarrhœa, painless, coming on early in the morning, followed by constipation; second, attacks of acute laryngitis; third, somnolency after meals, with wakefulness in latter part of night, dull headache, irritability; and fourth, an unhealthy skin, shown by pimples and boils.

Dr. James defined the position of hygiene, and enlarged upon its strong claims upon man in his personal relation to his neighbors and to his posterity. In his report upon recent progress in sanitary affairs, he presented the following rules of drainage as having been sanctioned by the best authorities: —

First. — The sewers should be ventilated by grated manholes opening into the street.

Second. — Every house drain connecting with the sewer should be trapped outside the house, and the trap ventilated.

Third. — The soil pipe connecting with the drain should be ventilated by extending the pipe above the house and several feet above any windows, and attaching to its top a proper ventilator cap.

Fourth. — Every waste pipe connecting with the soil pipe should be trapped as near as possible to its basin, and the trap should be correctly ventilated, either into a separate ventilating pipe, or into ventilated soil pipes when there are no other basins connecting with it above.

He spoke of the Waring sewer system introduced into Memphis, the principal feature of which is the separate removal of sewage and storm water, and the small size of sewage pipes, preventing accumulation and generation of sewer gas.

In the investigations of the National Board of Health on adulterations of food considerable progress has been made, and in the investigation of the filtering capacity of different soils the following important conclusion has been drawn, that sand is no barrier between wells and cesspools, even at a great distance, nor will a house built on sand, even high above the ground-water level, be surely free from chance of infection in very wet seasons, as, at those times, the moisture will tend to leach towards the cellar walls, and the germs by evaporation pass into the circulation of the house.

After an interesting discussion on these papers the bureau was closed, and Dr. T. P. Wilson, of Ann Arbor, was appointed chairman for the ensuing year.

The Bureau of Materia Medica, Pharmacy, and Provings held a sectional meeting at the same hour on Tuesday afternoon.

Dr. H. C. Allen reported a proving of *Viburnum opulus* upon twelve subjects, verifying the clinical indications of spasmodic and membranous dysmenorrhœa, spasmodic dysuria in hysterical

subjects, sudden colic pains in the womb and lower abdomen just preceding flow, and other symptoms, mainly neuralgic.

Dr. Cowperthwaite, in his outline of the drugs considered, reporting upon *Caladium seg.*, mentioned the different action of large and small doses, and his experience was confirmed by Dr. T. F. Allen, who obtained the best results from the higher dilutions rather than from tincture.

The paper of Dr. Owens, on "The Mode of Action of Drugs," maintained that all morbid processes arise from disturbed function, and may lead to organic change; that drugs produce uniform results upon all persons who vary only in degree of susceptibility, and hence only those effects of drugs should be accepted as positive guides which always appear in all provings. He claimed that the organic (vegetative or sympathetic) nervous system is the source of all functional power, which primarily originates from protoplasm, in which alone irritability resides, and that drugs must act upon protoplasm.

In the discussion which followed, the question of materialism and a spiritual essence was warmly entered into. After the other papers had been read the bureau was closed, and Dr. E. A. Farrington elected chairman for next year. In the evening the bureaus of Clinical Medicine and of Psychological Medicine held sectional meetings. Dr. Foote's paper on "Mania a potu" considered that the effect of all stimuli was to retard metamorphosis, and showed that our remedies had a more rapid and permanent influence upon the diseases induced by these stimulants than bromides, etc.

The general session of Wednesday received reports from the bureaus of Ophthalmology, Otology, and Laryngology, of Obstetrics, of Gynæcology, and of Pædology. The reports of delegates from the various societies, hospitals, clubs, etc., were accepted, and the meeting was adjourned at noon. The afternoon was spent in a most enjoyable excursion, tendered by Dr. Dowling, up the East River to Ward's Island and return. The delightful sail, the interesting inspection of the flourishing hospital, and the elegant banquet served on the boat, together with the music both vocal and instrumental, to which the members were treated, make an event long to be remembered with pleasure and gratitude.

Thursday morning found the bureaus of Gynæcology and Pædology open at an early hour to make up for the pleasant interruption of the previous evening. In the former, the use of ergotine hypodermically for cure of uterine tumors was discussed, Prof. Owens advising its use only once in four weeks, as otherwise great irritation was often produced. Dr. H. Minton was appointed chairman. In the Bureau of Pædology, Dr.

Strong's paper on "Hereditary Syphilis" was very interesting. He stated that for the majority of cases, *Merc. cor.* alone, or in alternation with iodide of potash if the osseous system is implicated, would suffice to check the progress of the disease. Dr. A. H. Hills was appointed chaiman.

The Bureau of Obstetrics held a very interesting meeting, and the discussions which followed the papers were of especial value. The chairman appointed was Dr. C. G. Higbee.

Very interesting were other reports of other committees of the bureaus of Surgery, of Microscopy and Histology, and of Anatomy and Physiology.

The election of officers for the ensuing year resulted as follows: —

President, Wm. L. Breyfogle, of Louisville, Ky.; *Vice-President*, B. W. James, of Philadelphia; *General Secretary*, J. C. Burgher, of Pittsburg; *Corresponding Secretary*, J. C. Guernsey, of Philadelphia; *Treasurer*, E. M. Kellogg, of New York; *Censors*, F. R. McManus, of Baltimore, M. J. Chapman, of Pittsburg, L. S. Ordway, of Hot Springs, Ark., E. Reading, of Hatboro', Pa.

Richmond, Va., was decided upon as the place for the next meeting, and the first Tuesday in June appointed for the opening day. About one hundred new members were elected at this meetng.

In the afternoon sectional meetings, the papers of Dr. Helmuth on "Epicystotomy," and of Dr. J. E. Smith on "Cancer," were of particular value. In the former, Dr. Helmuth urged the value, where operation is necessary (and that is less frequent since the introduction of litholapaxy by Dr. Bigelow), of the hypogastric operation, and described its stages and the dangers to be avoided. Dr. Smith's paper on "Cancer" was a partial confirmation of the views of Dr. Francis Donaldson, and showed that it might be possible to detect by the microscope malignant growth in excretions before its presence was otherwise known.

On Thursday evening the members of the Institute were entertained by the proprietor of the Hotel Brighton, at an elegant banquet; and as Dr. S. H. Talcott was toast-master for the evening (for he is second to none in that capacity), the success of this social event was assured. Among the many bright and witty responses on this happy occasion, the muse of Dr. Helmuth was called forth, and as usual was equal to the occasion.

Friday was devoted to miscellaneous business and obituaries.

The pleasure of this gathering, the profit of the various meetings, and the friendships re-formed amidst these happy scenes, made it a difficult task to come back to the realities of our closing work, and the leave-taking of the following day. Besides the regular meetings of the Institute, other societies held their annual meetings at this time. The International Hahnemannian

Association, the American Pædological Society, and the older American Homœopathic Ophthalmological and Otological Society held their annual meetings during the week, and each presented matters worthy of consideration on their respective subjects. Altogether, the week was filled with profit and enjoyment, and can be placed among the red-letter days at least by

YOUR OBSERVER.

NOTE. — The N. Y. MEDICAL TIMES (until recently the HOMŒOPATHIC TIMES) exhibited very praiseworthy enterprise, and placed the members of the Institute and others under great obligations by publishing for four days in succession a daily edition, giving full reports of meetings and distributing copies gratuitously. The editors, Drs. Guernsey and Hills, deserve and will receive heartfelt thanks.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HERBERT A. CHASE, M. D., RECORDING SECRETARY.

THE forty-first annual meeting of the society was held in the Meionaon, Tremont Temple, Boston, on Wednesday, April 13, 1881.

The meeting was called to order at 10.30 A. M. by the president, W. H. Lougee, M. D., of Lawrence.

The reading of the records of the last meeting was dispensed with. The records of meetings of the executive committee were read by the secretary and approved.

The following applicants were elected to membership: H. C. Bartlett, M. D., Lyndon, Vt.; C. H. Leland, M. D., Lowell; Stella Manning, M. D., East Somerville; W. C. Stratton, M. D., Milton; O. J. Travers, M. D., North Brookfield.

The committee appointed to take into consideration the matter of reducing the annual dues, reported as follows: —

Your committee, having carefully considered the subject, recommend that for the present there be no change in the annual assessment.

Respectfully submitted,

H. C. CLAPP,
H. L. CHASE,
H. K. BENNETT,
Committee.

Report accepted.

The treasurer, H. C. Clapp, M. D., of Boston, reported as follows: —

Cash in treasury, April 14, 1880	$159 15
Cash collected during the year	960 00
	$1,119 15
Expenses during year	751 92
Balance on hand	$367 23

The auditor, J. T. Harris, M. D., Boston, reported the treasurer's books correct. Both reports accepted.

The Committee on Clinical Medicine then reported. A paper was read by D. B. Whittier, M. D., of Fitchburg, on "Tubercular Meningitis." The paper was very interesting and called forth considerable discussion, participated in by Drs. Clapp, Jones, Scott, Morse, Ross, Farnsworth, Chamberlain, Talbot, Cushing, Walker, Sturtevant, and Woodvine.

W. H. Lougee, M. D., president, delivered the annual address on the subject of "Functional Diseases."

At 1 P. M., the society adjourned for lunch.

AFTERNOON SESSION

Called to order at 2.15 P. M. The election of officers for the next year resulted as follows: —

President. — J. T. Harris, M. D., Boston.

Vice-Presidents. — A. J. French, M. D., Lawrence; H. E. Spalding, M. D., Hingham.

Corresponding Secretary. — R. E. Jameson, M. D., Jamaica Plain.

Recording Secretary. — Herbert A. Chase, M. D., Cambridgeport.

Treasurer. — Herbert C. Clapp, M. D., Boston.

Librarian. — M. P. Wheeler, M. D., Dorchester.

Censors. — E. P. Colby, M. D., Wakefield; Walter Wesselhoeft, M. D., Cambridge; H. L. Chase, M. D., Cambridgeport; Lewis Whiting, M. D., Danvers; E. P. Scales, M. D., Newton.

E. H. Linnell, M. D., of Norwich, Conn., was introduced as a delegate from the Connecticut State Society. He made a few remarks.

Under the head of Committee on Climatology, a paper on "Health Resorts for Invalids," by W. B. Chamberlain, M. D., of Worcester, was read; and also one on "Disinfection," by E. U. Jones, M. D., of Taunton.

Discussion was participated in by Drs. Lougee, Jameson, and T. S. Scales.

The following resolution was offered by Dr. Talbot: —

Whereas, In the opinion of the Massachusetts Homœopathic Medical Society, the time has fully arrived when the benefit of homœopathic treatment should be extended to those inmates of the State insane asylums who desire it, or for whom it may be desired by their friends, therefore

Resolved, That a committee of seven be appointed by this society, with full powers to devise such means and adopt such measures as they may deem expedient to secure this result.

Resolution was adopted, and the following committee appointed: —

I. T. Talbot, M. D., Boston; Samuel Worcester, M. D., Salem; J. Heber Smith, M. D., Melrose; H. C. Clapp, M. D., Boston; W. B. Chamberlain, M. D., Worcester; A. J. French, M. D., Lawrence; D. B. Whittier, M. D., Fitchburg.

N. R. Morse, M. D., of Salem, and T. S. Scales, M. D., of Woburn, were appointed a Committee on Necrology.

When the Committee on Diseases of Children was called, clinical cases were presented by Drs. Farnsworth, Sturtevant, Tompkins, and Jameson. Dr. Clapp proposed an amendment to the by-laws regarding the dues of newly elected members.

The society adjourned at 4.30 P. M.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY HORACE PACKARD, M. D., SECRETARY.

A REGULAR meeting of the society was held Thursday evening, May 12, at the usual place. That the increasing value of the meetings is appreciated, was attested by the large number (about forty) of physicians in attendance.

Three new members were elected, swelling the membership of the society to ninety-three.

The following delegates were chosen to the American Institute of Homœopathy: —

To represent this society, C. H. Farnsworth, M. D.

To represent the College, I. T. Talbot, M. D., and W. Wesselhoeft, M. D.

To represent the Massachusetts Homœopathic Hospital, H. C. Clapp, M. D.

To represent the three branches of the Boston Homœopathic Medical Dispensary, G. A. T. Lincoln, M. D., A. E. Fisher, M. D., and Horace Packard, M. D.

To represent the Consumptives' Home, J. E. Kinney, M. D.

To represent the Home for Moral Reform, L. M. Porter, M. D.

To represent the NEW ENGLAND MEDICAL GAZETTE, J. W. Clapp, M. D.

To represent the Dispensary of the Women's Industrial Union, H. A. Loring, M. D.

To represent the Cabot Street Dispensary, S. Ida Dudley, M. D.

The term of office of president and vice-president having expired, the society elected H. E. Spalding for president, and Annie E. Fisher for vice-president.

The Scientific Session was devoted to the discussion of DYSPEPSIA, which was opened by an introductory paper by S. Ida Dudley, M. D., on the Ætiology of the disease, and followed by a paper treating of the Pathology of Dyspepsia, by G. A. T. Lincoln, M. D. In the absence of J. E. Kinney, M. D., who was to present a paper on the Influence of Diet on Dyspepsia, Dr. De Gersdorff made remarks on the subject. He is not in favor of the American habit of eating hearty breakfasts. We gain strength from the night of sleep, and awaken refreshed and invigorated ; hence a large amount of hearty food seems unnecessary at this time. Later in the day, after the body has become weary from labor, highly nutritious food in considerable quantities is demanded. He compared the American habit in this respect with the German, and gave it as his opinion that the difference may be attributed to some climatic influence.

J. H Sherman, M. D., presented an exhaustive paper on the Management of Dyspepsia. He was followed by Dr. Conrad Wesselhoeft, who said that while he condemned the practice of habitually using spices and condiments in excess, he is convinced that the habit of eating bland and what we consider harmless foods often produces a form of dyspepsia. Hence, in such cases, stimulants in small quantities, or stimulating foods, as those containing spices, are beneficial, and will many times awaken the digestive system from the torpor into which it has fallen.

Remarks on the injurious effects of stimulants were made by Dr. Woodvine. Dr. Cushing, of Brookline, presented a paper on Certain Toxic Principles in Alcoholic Stimulants, which should be removed. He claims that the poisonous principles of alcoholic liquors — viz., the aldehydes, ethers, empyreumatic oils, and the non-oxidized heavier alcohols — can be removed much more quickly and thoroughly by artificial means than by the slow process of nature, which has been the only method known in the past. He closed by proposing that a committee be appointed to investigate the matter and report at some future meeting.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY CHARLES L. NICHOLS, M. D., SECRETARY.

THE quarterly meeting was called to order at the usual hour by Dr. H. K. Bennett, vice-president. After the records of the last meeting had been read and approved, Dr. Goodwin reported favorably upon Natural History Hall as a place of meeting, since arrangements could be made also for the preservation of our library in this place.

By motion of the society, the secretary was instructed to make the necessary arrangements. Dr. L. B. Nichols reported the progress of the Library Committee and read a list of the books already donated, asking for further instructions and additional power; and the society voted that the committee be empowered to obtain suitable bookcases, to purchase any desirable books, to have unbound valuable pamphlets suitably bound, and to draw up proper regulations for the use and care of these books. Drs. E. H. Ellis, of Marlboro', and C. H. Lamphear, of Southbridge, were elected members of the society; and the request of Drs. David Hunt, of Boston, and E. O. Knight, of Leominster, to withdraw from the society on account of removal, was granted. Dr. E. L. Mellus was appointed censor, in place of E. O. Knight, resigned. A paper upon Mastitis was then read by Dr. E. A. Colby, in which the anatomy of the part, the course of the disease, and the treatment were carefully considered. Besides the usual internal remedies, the external application of ice was advised, or painting the breast with a mixture (while hot) of *Cosmoline, Chloral hydrate*, and *Camphor*. Dr. Chamberlain described the method advised by the late Dr. Gregg, of gradual intermitting pressure on the hard spot with the thumbs, and said that it had always prevented trouble in his cases.

Clinical cases were reported by several members, among which were several carefully recorded cases by Dr. S. H. Colburn, in which the cures were effected by the single remedy carefully selected according to the symptomatology of the case. Dr. Barton reported cases of sexual excitement and emissions cured by *Cnicus*. Interesting cases were also presented by Drs. Forbes, Porter, and Rand. After discussion of unfinished business the meeting was adjourned.

Reviews and Notices of Books.

The Diseases of Children. By Wm. H. Day, M. D. Second edition. Philadelphia: Presley Blakiston. 1881. pp. 752.

This handsome volume, by the author of "Headaches," which we noticed some time ago, we have found in the main very valuable and interesting reading. Dr. Day is an easy and graceful writer, and his remarkably clear and intelligible style is no small recommendation. He covers pretty thoroughly the whole field, besides giving his own experience, quoting frequently from all the standard authorities and from the latest periodical literature,

showing extensive reading. In this way the work becomes almost encyclopædic. This fulness of detail, however, is not allowed to interfere with the easy investigation of any subject; for by a happy device, at the beginning of each chapter is an abstract of the main points to be considered, in perhaps ten or a dozen lines. Although the rest of the book is so good, it strikes us that the treatment is a little behind the vanguard even of the author's school. Antiphlogistic and eliminative measures, venesection, calomel, antimony, etc., in full doses, come in pretty often. Tartar emetic, we allow, is very good in pneumonia; but in much smaller doses than Dr. Day gives. The tincture of aconite also does good service in various acute febrile diseases, but we should hesitate long before giving it to babies in drop doses every hour or half-hour, even if prepared according to the British Pharmacopœia; and if American readers should adopt such doses without remembering that the United States tincture is two or three times as strong as the British, deplorable results might follow. Taken as a whole, the book is a very desirable addition to the literature of children's diseases.

THE HYGIENE AND TREATMENT OF CATARRH. By Thos. F. Rumbold, M. D. St. Louis: Geo. O. Rumbold & Co. 1881. pp. 473.

Dr. Rumbold has here presented us with a treatise on catarrh which contains more than the usual amount of originality. While of course he has copied many important points from others, he has evidently in a long practice as a specialist kept his eyes and ears open, and has learned many things out of the beaten track. Whether these will stand the test of time can only be proved by actual trial. Certain of his measures seem plausible enough, and deserve attention.

The first part of the book is occupied by a discussion of *Hygienic and Sanative Measures*, in which he gives sensible advice as to clothing, temperature, ventilation, diet, exercise, the teeth, bathing, etc. His ideas of tobacco can be gathered from the following quotation: "As tobacco depresses the system while it is producing its pleasurable sensation, and as it prepares the mucous membrane (by causing a more permanent relaxation and congestion than any known agent) to take on catarrhal inflammation from even slight exposure to colds, it should require no further evidence to show that its use ought to be discontinued by every catarrhal patient. The only question remaining to be answered is, Shall its use be discontinued at once, or shall the victim 'taper off' in his endeavor to become master of himself?" Part II. consists of *Therapeutic Measures*, which consist mostly of a great and ingenious variety of means of applying spray and the douche,

the author evidently considering that to a great extent catarrh is a local affection. We are not prepared to appreciate quite so much local medication. Taken as a whole, the book is well worth reading and studying.

MEDICAL ELECTRICITY. By Roberts Bartholow, M. D. Philadelphia: Henry C. Lea's Son & Co. 1881. pp. 262. Boston: Hall & Whiting.

It is pretty safe to assume that the great mass of practitioners of all schools know little or nothing of electricity as a therapeutic agent. They are constantly assured of its value by specialists, and indeed frequently become witnesses to its beneficial effects in their hands; but they have never learned the elements of the subject, and are appalled by the voluminous treatises bristling with technicalities which they generally find in the stores. To such we can heartily recommend this latest production of this popular author, because he here assumes an entire unacquaintance even with the elements of the subject, and brings out in the simplest and clearest manner the most important practical points, and indeed everything that is really essential. It is divided into six parts: Electro-Physics, Electro-Physiology, Electro-Diagnosis, Electro-Therapeutics, Electricity in Surgery, and Thermo-Electricity.

THE PREVENTION OF CONGENITAL MALFORMATIONS, DEFECTS, AND DISEASES. By J. C. Burnett, M. D., of London. Reprinted by Duncan Bros., of Chicago. 1881. pp. 26.

A very well-written and interesting essay, read before the British Homœopathic Congress, in which the writer takes the ground that harelip, cleft palate, and other congenital defects, as well as hereditary disease and constitutional taints, may be *prevented* by the medicinal and nutritional treatment of the mother during pregnancy.

DISEASES PECULIAR TO INFANTS AND CHILDREN. By W. A Edmonds, M. D. New York: Boericke & Tafel. 1881. pp 300

A much less pretentious book, in which are given merely the outlines of the subject. It is especially designed for students. The affections which require surgical treatment are omitted, which may be well enough in such a book, but we can see no good reason for omitting the pathology and pathological anatomy of each disease, and devoting all the space to symptomatology and treatment. Although in the main it is interesting reading, yet we frequently notice more or less looseness of expression which mars

the style; as for instance in the introduction: "We shall not hope to be more fortunate than the learned and industrious predecessors who have gone before"; and on p. 101, "Tracheotomy as a forlorn resource is to be looked to as a *dernier ressort* in bad and unpromising cases." Altogether we think that the book is too much condensed, and hope that in the next edition it will be doubled in size, so as to allow of the admission of many topics which have been excluded.

WALSH'S RETROSPECT. Ralph Walsh, M. D., Washington, D. C.

The April number is full of interesting material, culled entirely from American periodical literature. Any one of our readers will be paid for subscribing for it at $2.50 a year.

THE HEART AND HOW TO TAKE CARE OF IT. By Edwin M. Hale, M. D., of Chicago. New York: A. L. Chatterton Publishing Co. 1881. pp. 94.

A popular treatise which gives the people much good advice in the way of hygiene, etc., without pretending to make every one his own heart doctor.

MALPRACTICE, MEDICAL EVIDENCE, AND INSANITY. By John J. Elwell, M. D. Fourth edition. New York: Baker, Voorhis & Co. 1881. pp. 600. Sent postpaid on receipt of price ($6.00), by the author, Cleveland, Ohio.

We know of no medico-legal treatise which is so *practical* and so exactly suited to the wants and demands of the physician, who is constantly liable to be called into court either as an expert, or as a defendant in some malpractice case, as that now under consideration. The first edition was published twenty years ago, and at once became popular. That and the later editions have received the highest praise from the most eminent judges and lawyers, as well as from such physicians as Valentine Mott, Robley Dunglison, F. H. Hamilton, Geo. B. Wood, Wm. B. Carpenter, etc. The works of Beck and others are so full of anatomical, physiological, chemical, and other details, all of which can be found in common medical libraries, and of numberless legal cases, that however good they may be for reference, they are, both to the doctor and the lawyer, very confusing for study. This book, however, states in the clearest and most concise manner all that is most important to know of the rights and obligations of the physician (a knowledge of which might save much litigation and mortification), and compactness and condensation are its chief merits. A doctor has no time to go over the whole subject of law any more than the lawyer has to go over

that of medicine. Here each seems to get enough. The author first practised medicine for a number of years, but has now for a long time been a prominent member of the Cleveland bar, and seems peculiarly fitted by nature and education for just such a work, fully comprehending the difficulties to be encountered by members of both professions. Besides malpractice, the book discusses medical evidence, abortion, insanity, poisons, infanticide, and coroners' inquests. It is well printed, and bound in handsome legal calf. We can heartily commend it.

THE LADY'S MANUAL. By Dr. E. H. Ruddock, of London. Eighth edition, thoroughly revised by Dr. R. Ludlam. Chicago: Halsey Bros. 1881. pp. 333.

Those who have seen that remarkable book, "The Stepping-Stone to Homœopathy and Health," by Dr. Ruddock, will not wonder that the book before us has had an enormous sale. Even if one knew not Dr. Ruddock, the fact that such a man as Prof. Ludlam has seen fit to indorse it, and to revise and add to it, puts it in a position to need no commendation from us. It is, as its name signifies, a popular treatise, and will do much good if recommended by physicians to their lady patients.

A RECRUIT BEFORE PETERSBURG. By George B. Peck, Jr., M. D. Providence: N. Banks Williams & Co. pp. 74.

This forms No. 8, Second Series, of "Personal Narratives of Events in the War of the Rebellion," all of which papers have been read before the Rhode Island Soldiers' and Sailors' Historical Society. Dr. Peck was a lieutenant in the Second Regiment R. I. V., and here narrates some of his adventures in so thrilling a manner that we were unable to leave the book until it was finished. His account of the engagement in which he was first wounded is very amusing. He certainly took it in a very philosophical manner. He thus describes the sensation: "Do you want to know how it feels to be shot? Ask your brother to step into the yard some bright February day, when the water is running freely in the streets, scoop a double handful of snow from the top of the nearest bank, spat it once only, with hands at right angles, and hurl it with ordinary force from a distance of twelve feet. The dull spreading sensation will be sufficiently accurate."

HOLMES'S SYSTEM OF SURGERY, AMERICANIZED. Philadelphia: Henry C. Lea's Son & Co. 1881.

This standard work on surgery, in treatises by various authors, originally published in London in five volumes, a work which is favorably known all over the world, has now fallen a little behind the times and needs revision. Our readers will be pleased to

learn that Lea's enterprising house will soon issue a new edition, thoroughly revised and rewritten by a large corps of American surgeons, to appear in three large volumes of 1000 pages each, with over 1000 illustrations; to be sold only by subscription at $6.00 per volume, cloth. This work will be a fine companion to Lea's edition of "Reynold's System of Medicine," which has lately been so popular everywhere.

Personal and News Items.

Died. — Thomas S. Scales, M. D., Woburn, Mass., June 15.

A Homœopathic Hospital will soon be built at Berlin or some other city in Prussia, 50,000 thalers having been bequeathed by Herr von Wiesecke, a member of the aristocracy.

Dr. Sich, a distinguished homœopathic physician, has been nominated by the Würtemberg government professor at the Royal Faculty of Medicine.

To Dr. Bayes of London, who is about leaving on account of ill health, and who founded and has done so much for the London School of Homœopathy, a fine banquet was lately given by about eighty of his professional friends.

Dr. C. W. Brautigan, interne at Ward's Island Homœopathic Hospital, New York, lately fell a victim to typhus fever, which he contracted while in the performance of his duty at the hospital. He was highly respected, and a young man of great promise.

The Queen of Würtemberg has just given one thousand marks to the homœopathic association called *Hahnemannia*, as a scholarship fund for poor students.

At Leipzig, in 1880, the number of new patients treated at the homœopathic dispensary was 3,947. The previous year it had been 3,400.

At Munich our able colleague, Dr. Koch, has been appointed by the academic senate to lecture to the medical students on homœopathy. He will rely for clinical material for the present on the college polyclinic. There is a prospect, however, that before long a homœopathic hospital will be opened here.

Removals. — S. G. Bailey, M. D., from Bradford, Mass, to 6 John Street, Lowell, Mass. John A. Rockwell, M. D., from Stamford, Conn., to 27 W. 31st Street, New York.

A Homœopathic Hospital at Washington, D. C., is soon to be started. Send subscriptions to Hon. M. Blair or C. B. Gilbert, M. D.

Locations of '81. — Geo. A. Campbell, M. D., at Allston, Mass.; F. A. Freeman, M. D., 1093 Washington Street, Boston; L. B. Ballou, M. D., at Concord, Mass; Wm. P. Defriez, M. D., at Woburn. Mass.; E. O. Eckert, M. D., at Norwood, Mass.; E. A. Phillips, M. D., at Taunton, Mass.; W. J. Shea, M. D., at Gloucester, Mass.; S. D. Short, M. D., at Somerville, Mass.; A. W. Wildes, M. D., at Dorchester, Mass.

Edward M. Currier, M. D., B. U. S. M. 1881, will pass the next three years in study in Germany and Paris.

C. H. Hadley, M. D., of the same class, will practise during the summer at Martha's Vineyard; M. J. Graham, M. D., and George R. Southwick, M. D., of same class, soon sail for Europe for additional study.

G. W. Spears, M. D. (1876), has become associated in practice with David Thayer, M. D., at 200 Columbus Avenue, Boston.

Dr. W. H. Winslow, of Pittsburg, Pa., has nearly ready for the press a complete illustrated treatise on "Diseases of the Ear." It will contain about 400 pages. From his ability displayed in editing the "Hahnemannian," in 1879, we expect a very good thing.

Dr. Quain is to receive from the Queen the title of baronet, as an offset to the abuse heaped on him by his professional brethren for consulting with Dr. Kidd. Now, who would n't consult?

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 8. AUGUST, 1881. VOL. XVI.

EDITORIAL.

THE LISTER ANTISEPTIC DRESSING.

ALTHOUGH the antiseptic precautions in surgery which were originated by Lister, and which have given him an enviable fame throughout the whole world, have now been before the profession for several years, and although many surgeons are wonderfully enthusiastic in their praise, and claim successes far beyond what they were before capable of attaining, yet we must allow that there exists to-day great diversity of opinion on the subject. Eminent surgeons assert that the carbolic spray and dressings are negative, that all the benefits attained are due simply to the unusual cleanliness observed, and that they, by particular attention to cleanliness alone without the spray, obtain as good results as others with it. Still, the weight of evidence seems to be in favor of Lister's method, and would be more so were it not for the fact that every now and then there is brought to notice an occasional case — exceptional, it may be, but still common enough to compel attention — of actual poisoning, sometimes even unto death, from the carbolic acid used. The very interesting cases, with comments thereon by Prof. Billroth, which will be found in another column, are by no means the only cases of such poisoning which have occurred. Passing over others, we will mention one which was reported at the meeting of the Clinical Society of London, May 13, where rapid death followed an osteotomy of the tibia in a rickety boy of eight years. He passed through the operation well enough, slept through the

night, and ate a light breakfast. At 11 A. M., however, vomiting and diarrhœa came on and continued till evening, when collapse set in, followed by death thirty-six hours after the operation. Five hours before death the patient was conscious, his pupils small, pulse rapid and hardly perceptible, respiration 44, urine suppressed. These and other considerations made it evident that the carbolic acid was the cause of death. Even Prof. Lister himself, who presided at the meeting, agreed with this decision, and reported a case where a lady was seized with vomiting, which did not cease until the carbolic acid was removed and a boracic dressing used in its place. Another attempt to substitute the carbolic acid was followed by the same results. He believes that in certain delicate subjects, and in those whose constitutions are susceptible, carbolic acid is too powerful an agent. To meet this difficulty he has lately experimented with several substances, and now announces that he has found a perfect non-poisonous substitute in the oil of eucalyptus. He recommends the following formula for the gauze: Oil of eucalyptus, 1 part; paraffin, 3 parts; dammar gum, 3 parts.

Schultz demonstrated in 1879 that the oil of eucalyptus in a solution of one part to six hundred and sixty-six prevents the development of bacteria, while carbolic acid will not do this, if carried beyond one part to two hundred. The eucalyptus has a pleasant smell, is readily dissolved in alcohol, other oils and paraffine, and is comparatively harmless, more than a dram of it having been swallowed, without any unpleasant effect.

If the chief apostle himself finds it necessary to advise a substitute for carbolic acid on account of the possible injury from it in a few cases, ought not we all to be a little timid in its use?

Dr. Beach, in the "Boston Medical and Surgical Journal" of July 14, proposes a new preparation named "phenyle" as a substitute for carbolic acid. This he has used with satisfaction a number of times during the past year in the Massachusetts General Hospital. It contains between eighty and ninety per cent of a high-boiling tar oil (whose most prominent component is naphthaline), and less than one per cent of carbolic acid, — certainly not enough to account for its antiseptic properties, which he says are equal to those of carbolic acid, more powerful than boracic acid, and are protective for a longer time than

thymol. It is said to be not poisonous, and is cheaper than carbolic acid. The symptoms in one case of carbolic-acid poisoning disappeared soon after substituting phenyle. One part to two hundred and fifty of water answers for spray, and one to from fifty to one hundred for instruments, dressings, hands, and irrigation. It does not irritate the skin. Dr. Beach suggests for those who do not care to use the gauze the following dressing: Over the protective, close to the end of the drainage tube, apply a handful of ordinary cotton waste, cut into bits about an inch long and previously soaked in the one-to-fifty solution and squeezed dry. Afterwards place four layers of cotton batting, which have been well soaked in the same solution and squeezed dry, over the wound, just as the gauze is usually applied, and over all a layer of dry cotton wadding. The latter should overlap the bunch of cotton waste at least five or six inches in every direction, for thorough protection. The staining of the bandages from the discharge will indicate the time for changing the dressing. This method is certainly worthy of trial.

BILLROTH ON CARBOLIC ACID IN SURGERY.

TRANSLATED BY JAMES B. BELL, M. D., BOSTON.

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

[DURING all of my hospital inspections of the summer before last, and visits to surgeons and their wards and clinics, no man struck me with a more profound respect, or charmed me more by his warm and genial nature, than the successor of Schule at Vienna.

He makes the impression at once of being a man of genius and insight, who will prove all things and hold fast to that which is good, with all the force and fearlessness of a strong nature.

The character and strength of the man give great value to all his observations; and I propose therefore to offer this translation of his article on "Carbolic Acid Poisoning," from the last volume of his "Chirurgische Klinik."

A casual reader of the allopathic journals and text-books would readily infer that the so-called antiseptic method of Lister was the accepted and final thing in surgery, and was not to be departed from without incurring grave responsibility. A closer study of the subject, however, will reveal many dissenters. Bryant of London, for instance, author of the surgery which bears his name, and a strong man, gives it no acceptance. Dr. J. H. Bill, of the United States army, has made careful experiments disproving the antiseptic powers of carbolic acid, except in very strong solutions. Dr. L. A. Stimson, surgeon to Bellevue Hospital, publishes an article in the January (1880) number of the "American Journal of the Medical Sciences," recounting a careful series of experiments with the spray of carbolic acid in test tubes containing putrescible substances, which article concludes as follows: "I have sought to show only that the spray does not prevent putrefaction, and that consequently the theory upon which its use has been hitherto advocated is not founded upon fact."

In the following translation from Billroth, only the clinical histories are somewhat

abridged. The rest of the text is given, as nearly as possible, in his own terse and suggestive language, and all the more as I propose to submit a copy to him for his approval. — J. B. B.]

It is a peculiarity of many people to deny the existence of unpleasant occurrences which have not yet happened to themselves. There are to-day many surgeons who deny that there is such a thing as death from chloroform. May kindly fortune long preserve to them this happy belief! There are also many surgeons who do not believe that there is such a thing as death from carbolic acid, and yet the "carbolic-acid death" is much more frequent than the "chloroform death."

Experimental. — Although in accordance with our former claims of surgical results, I had tolerable reason to be satisfied with the antiseptic effects of chloride of lime water, and solution of acetate of alumina, yet cases occurred where these remedies proved unsatisfactory, especially because when used in a somewhat concentrated form they created firm scabs, and hindered the discharge of the secretions. I therefore turned my attention some time ago to solutions of chloride of zinc and carbolic acid, and caused my assistants, Drs. Gersuny and Steiner, to experiment with them. The results of these studies were briefly as follows: The antiseptic effects of both preparations are only tolerably assured when they are used strongly concentrated; but in that case they exert such cauterizing effects upon the connective tissue and walls of blood-vessels as to prove very dangerous, especially in deep wounds, as in the axillary space. Weaker solutions exert no effect in preventing the decomposition of the secretions in deep wounds, either when the wound is recent, or suppuration has already begun.

These experiments, instituted in 1871 and 1872, have since been fully confirmed by clinical experience. That the absorption of carbolic acid in wounds could proceed to the extent of causing death, was not then known to be possible. Although I caused my students later to make many experiments in this direction, the results were not clear and satisfactory, either in ascertaining the symptomatology or the post-mortem conditions of this poisoning. Koster has recently published his experiments and observations on the same subject, from which I see that he got no further than we. Injections of concentrated solutions under the skin produce so rapid and extended gangrene that the animals die, generally from this cause, sometimes with increased, sometimes with diminished, temperature. Weaker solutions give no definite results. As concerns the post-mortem appearances of animals killed by carbolic acid, they furnish nothing characteristic, from which it can be judged whether a human being died of absorption of carbolic acid by the skin or cellular tissue, or not.

Lighter degrees of carbolic-acid poisoning. — It would have

been difficult for us to have discovered the poisonous properties of carbolic acid, had it not been for the peculiar power it possesses of turning the urine olive green, which is a striking phenomenon. If all sustances which are excreted by the urine gave it some peculiar color, if, for instance, all iodized urine and iodized saliva were black, we should always feel uneasy about poisoning somebody. I must dwell a little upon this phenomenon. According to my experience, there is no doubt that the greenness of the urine furnishes no safe scale of measurement of the amount of carbolic acid absorbed, but that it is dependent upon individual peculiarities. While it is true that the olive-green urine is proof that the carbolic acid has been absorbed, still, if the drug is applied to two individuals in the same quantity and manner, the one may show the green urine, and the other not; but that is no proof that in the latter case there was no absorption, but rather that either it has not been excreted at all, or has passed off by the bowels, the skin, the lungs, etc. We are apt to take too simple a view of these processes. Likewise, one must not ascribe too much importance to the amount of the absorbed poison. I do not indeed deny that this varies with individual circumstances, but still more variation occurs in the power of excretion.

I have observed one case, in which, fourteen days after the omitting of the carbolic acid (a one per cent solution of which had been allowed to run through the left pleural cavity for twenty-four hours, on account of an ichorous abscess there), the urine still remained green. If, therefore, carbolic acid can remain so long in the system, it is reasonable to conclude, in spite of the opposite assurances of most excellent toxicologists, that its action may be cumulative. It has doubtless occurred to other surgeons, as well as to me, that the green urine (as well as other symptoms of poisoning) has appeared sometimes sooner and sometimes later, after operations under the carbolic-acid spray and the dressing with Lister's gauze. Sometimes forty-eight hours elapse, and sometimes only a few pass by, before these indications appear. If the greenness of the urine depends, as the chemists assure us, upon the amount of sulphuric acid in the system in these cases, then the quality of the food taken by different nationalities may modify the results. In this connection the following observation of my assistant, Dr Wölfler, while on his travels in England, appears very remarkable: "It is very singular that Lister, although he covers wounds with gauze wet with a two and one half per cent solution of carbolic acid, has observed no evil effects from this drug. When after the opening of a cold abscess the urine became dark brown like beer, he was so astonished that he immediately replaced the acid with creosote."

As I have already remarked, it sometimes occurs to us to treat a patient with carbolic acid, and no green urine follows; yet this is remarkably seldom. Almost any patient so treated has green urine, and at first we paid little attention to it, when it was not too excessive and intense, until we unfortunately had several severe cases of poisoning and some deaths, when we began to see the danger from the carbolic-acid absorption. The danger does not lie in the spray alone, nor in the washing out of wounds; but even the laying on of dry Lister's gauze is sufficient, with many persons, to produce an intense olive-green color of the urine. Yes, even the repeated dipping of a sound finger in the carbolic solution, perhaps in combination with a long stay in the spray atmosphere, has caused the green urine in some of my assistants. When Dr. Wölfler returned from England, he thought perhaps the difference was due to some impurity in our acid. We accordingly caused some to be prepared of chemical purity, but the results were the same. Then I sent to England for a supply from the same manufacturer from whom Lister gets his; and the only difference observed was that the absorption was more rapid in some cases, and the results more intense. How can this be explained?

The only possible explanation seems to be that the absorbing and excreting conditions of our different nationalities are very different from those of the English nation. I am generally very skeptical toward such hypotheses, but I see no other way out of this.*

Dangerous cases of carbolic-acid poisoning, where the patients were fortunately saved. — Of these I select the following more striking cases: — †

A three-year-old boy had a cold abscess of the thigh opened, with the spray and Lister's bandage. Five hours afterwards he was taken with persistent vomiting, resulting in two hours in collapse. Gave wine and acetic ether. The vomiting continued through the night, and in the morning the child was wholly unconscious. By the use of excitants and artificial feeding, the child rallied a little, but fell into a collapse again, and passed dark urine, and a black thin stool, unconsciously. He, however, gradually rallied, the vomiting stopped, and he slowly recovered in about two days.

A girl of six and a half years. Resection of the hip joint; a long and severe operation under a two per cent spray, and followed by the Lister dressing. The next day, urine olive green, nausea, and towards evening vomiting of olive-green fluid. On

* When we consider that Lister's reputation rests chiefly on the success of his method, that may possibly account for some want of observation of evil results on his part. — J. B. B.

† These I abbreviate. — J. B. B.

the third day almost soporous condition, continued vomiting of black fluid, black urine. The symptoms continued so severe that I gave the child up, but on the fifth day the vomiting stopped, and she slowly rallied and recovered.

A girl of six years. Hip disease with abscesses. Fistulæ dilated, and washed out four successive days with five per cent solution. Caused green urine. Later resection as above; but on account of the green urine from the former use of the acid, I used thymol in the spray and washings, but dressed the wound according to Lister. Next day vomiting; dark green urine. Second day renewed the dressing; dark stool, involuntary urine, beginning loss of consciousness. *Natr. sul.* one and one half grains every two hours. Third day the little urine caught is dark olive green. Moderate somnolence. (The bandage was changed each day, but without the spray, as I had attributed the danger heretofore to the spray and the washings, and thought it impossible that any important absorption could take place from the dry gauze.) The child remained about the same until the eighth day; vomiting, diarrhœa, both black, and urine the same, but some nourishment taken. The gauze was now abandoned, and the child slowly rallied, but afterwards died of erysipelas and other complications, none of which could be directly ascribed to the carbolic acid. In all these cases the carbolic acid was stopped as soon as the symptoms appeared, except the last, when the gauze was continued.

A woman of fifty had a large carcinoma of the breast, with infiltrated glands of the axilla, removed. The operation lasted about two hours. A two per cent solution was used as a spray during the whole operation, and the wound was dressed with Lister's gauze.

In the afternoon she became restless, face and extremities very cold, pulse scarcely perceptible. Constant urging to stool and urination. Gave sulphuric acid. Toward evening vomited several times. Unconscious. On the following morning she rallied, but the urine was black and remained so several days, although all carbolic acid was stopped at once.

Fatal poisonings. — Antonie Sena, eighteen years. Necrosis of the upper end of tibia. Swelling of the knee. Operation for necrosis, Dec. 21. Although the after-treatment was conducted according to Lister's method, rapid exudation into the knee-joint took place, accompanied by intermittent fever. I expected to overcome this exudation immediately, by washing out the knee-joint with a five per cent solution of carbolic acid, as has been done so successfully by Volkman and Schuz.

By the puncture, which was made Jan. 11, at half past ten, under anæsthesia, a tolerable amount of curdy pus was brought

away, and the following injection was at once made: five parts of English carbolic acid, a hundred parts of distilled water, and two parts of glycerine. The knee-joint was filled, moved about, and emptied about ten or twelve times, or until the fluid ran away clear. On removing the canula the Lister bandage was applied.

The patient became conscious, but was noticeably cool and had artificial warmth at once applied. Soon again he became totally unconscious. Pulse very small, and by twelve o'clock he lay in a deep stupor. Pulse almost imperceptible; temperature, 36.3. It was not possible to make him swallow. During the next two hours the stupor remained the same. Pulse had vanished, but action of heart still distinctly regular. Respiration frequent, superficial, accompanied by loud sighing and moaning. Pupils equal, medium size, eyelids open, but moving up and down all the time. Jactations in the muscles of extremities, especially forearms, latter increasing until at two o'clock both arms were fixed in a half-flexed position. At two o'clock, temperature thirty-five. Extremities cool and dry, but on face and chest a cold sweat.

The strongest reagents produced no effect, except for a short time, during which he swallowed a little strong coffee and wine. He soon after vomited, then became more unconscious, and gradually sank, dying at half past four P. M., six hours after the operation.

With the same exactness with which Dr. Wölfler observed and noted this case, Dr. Chiar made the autopsy, and Prof. Ludwig made a chemical examination of the body.* We are under much obligation to these gentlemen for their pains, as this fearful case will continue to be an important example of acute carbolic-acid poisoning, from absorption through the cellular tissue.

We would gladly be rid of "luck" as one of the results of operations, and replace it with knowledge and certainty. That is certainly a very praiseworthy goal, toward which I have always striven with all my might. But "ill luck," however, we cannot get rid of; or may I not be permitted to regard it as an accident, that I lost a patient in this horrible manner? After years of hesitation I have ventured to follow minutely the advice of other colleagues, in order to overcome a disease by the help of a method which seemed to have been sufficiently tried, and of which only brilliant reports had been given. Can it be that other colleagues have experienced something similar, and have not made it known? I hope that my patient, by his death, may at least preserve others from the same misfortune.

---

* I omit the long report of these gentlemen as the result is summed up in the last few lines by Prof. B. — J. B. B.

[Four other fatal cases are given in detail but may be condensed as follows.—J. B. B.]

A woman of forty-one; fistula of abdomen after ovariotomy; washing out of abdominal cavity with five per cent solution of carbolic acid; somnolence; vomiting; dark olive-green urine; unconsciousness; death.

A woman of forty-three; ovariotomy under the spray and Lister bandage; washing out afterward with a two per cent solution; dark olive-green urine; vomiting; somnolence; unconsciousness; death fifteen days after the operation.

A man, twenty-one years old. Amputation of right thigh for sarcoma of tibia. Secondary operation six months later, under the Lister method. Dressed the next day under spray. Vomiting. Dark green urine. Somnolence. Death on third day.

A healthy man of seventy-four. Burn of upper lip, arm, and side of thorax. Five per cent carbolic-acid lotions. Rapid collapse, comatose condition, death on fourth day.

The post-mortem results in carbolic-acid poisoning are so unimportant, and if the circumstances under which death ensued are unknown, they offer indeed such indeterminate data, that there cannot be said to exist any purely pathological picture of carbolic-acid poisoning, just as there exists no such picture of chloroform poisoning. We are therefore compelled to study the preceding action of the acid, and to combine it with the symptoms under which death ensued, and so to construct a clinical picture. This also requires perfecting by further observations, as the symptoms vary somewhat, both in their order and intensity in different cases. I shall make no more contributions to the subject.

It may be readily understood, in view of the above circumstances, why I should not be very enthusiastic for the antiseptic method, from which thus far the carbolic acid is inseparable.

It is an old proverb, that "gentlemen are wiser when they leave the council chamber," and perhaps some may shrug their shoulders that such things could happen to me.

It must, however, be remembered that my experiences extend over several years, and that the danger of carbolic-acid poisoning did not begin to be properly understood till within the last year, while till that time we allowed ourselves to be deceived in the enthusiasm over the brilliant results of the Lister method.

I myself would not readily confess in several of the above cases, that they could be carbolic-acid poisonings; because, with my theoretic distrust of the antiseptic method, I thought my judgment might be prejudiced.

I also do not doubt that anæmia, tender and advanced age, and weakly constitution are contributing causes; but after looking over so many cases, and with a lessened prejudice against

the method on account of many good results, I still believe that carbolic acid was the immediate cause of death in these cases, even if it were but the last impulse in that direction.

Marion Sims, when last he visited Vienna and on the occasion of a banquet, spoke most flatteringly of the clinics and hospitals here. He found the mortality at the obstetric clinic so small that he said, "It is no more mortality, it is accident." A beautiful, well-meant, comforting word. A winged word for the fanatical "antiseptickers." Unfortunately, however, "accident" is so often fatal that it is dangerously like "mortality."

CERTAIN TOXIC PRINCIPLES IN ALCOHOLIC STIMULANTS.

BY IRA B. CUSHING, M. D., BROOKLINE, MASS.

IT is not my purpose in this paper to discuss the sphere of usefulness of alcoholic stimulants, but to call attention to some of the varieties of alcohol, and the poisonous impurities found in all alcoholic stimulants.

The number of alcohols is endless, and modern chemistry is continually adding to them. They are divided into two great classes, monatomic and polyatomic. The polyatomic comprise the diatomic, called glycols, and triatomic, of which glycerine is a type. The monatomic series of alcohols from fermentation are those which concern us the most, and are found to be four in number. Ethylic (C^2H^6O), propylic (C^3H^8O), butylic ($C^4H^{10}O$), and amylic (C^5H^1 O). The ethylic alcohol is the simplest (except the methylic, CH^4O, wood spirits), and of all it is the purest, best flavored, least poisonous, and constitutes the greatest bulk of alcohol in all fermented liquids. It has a density of 0.7938, boils at the temperature of 173° Fahrenheit, and is the first to come over when fermented liquids are distilled. It is a colorless, limpid liquid, of pungent and agreeable taste and odor, is not easily oxidized by common atmospheric air, but by the action of ozone it is readily converted into *acetic acid.*

Propylic alcohol comes next in the series, and is not as well known as the others. It was discovered in 1852 by Chancel. This is heavier, more pungent in odor, and more oily in taste than the ethylic, has a density of 0.8120, boils at 208° Fahrenheit, is readily oxidized by common atmospheric air, and forms propionic acid.

Butylic or quartylic alcohol was first extracted from the oil of potatoes by Wurtz, in 1852. It has a strong odor, and an intense burning taste, and has the property of producing local anæsthe-

sia. It has a density of 0.8032, boils at about 230° Fahrenheit, is easily oxidized by common air, producing a fragrant acid called butylic acid, said to resemble the aroma of quince.

Amylic or quintylic alcohol was made known by Scheele in 1775, is found in great quantities in brandies made from potatoes, beets, cider, and from corn spirit. This presents a density of 0.8184, boils at about 267° Fahrenheit; when pure is insoluble in water, dissolves only in alcohol and ether, has a nauseous, burning taste, a very pungent odor, oxidizes readily in common atmospheric air, producing an aromatic compound known as acetate of amyl, said to resemble the odor of the Jargonele pear. It will be noticed that the three last-named alcohols have a much higher boiling-point than the ethylic; yet practically we find them passing over with the ethylic, and if the temperature is carried too high, they pass over in great quantities.

The butylic and amylic alcohols, combined with water, constitute what is known as fusel oil. Within the past two years, experiments have been made upon animals by Dujardin Beaumetz and other celebrated foreign chemists, to determine the toxic powers of the different alcohols and their derivatives. The experiments were made by hypodermic injection, and by the use of the œsophageal catheter. I will not enter into the details of the exact results of the various doses, but will simply give the conclusions arrived at. Dujardin Beaumetz considers that eight grammes (about one fourth ounce) of absolute ethylic alcohol per kilogramme (two and two tenths pounds) of the weight of a man's body is a poisonous dose. Lussana and Albertoni determined that six grammes per kilogramme of the weight of the body would produce death. With the propylic alcohol death took place from three and eighty hundredths grammes per kilogramme. The butylic is a much more virulent poison. While to cause death in from two to three hours with ethylic alcohol they had to give about fifteen grammes per kilogramme, they attained the same results from three grammes of the butylic. The mean toxic dose of butylic alcohol was found to be from one and eight tenths to two grammes per kilogramme. The amylic alcohol was still more powerful than the butylic, its toxic dose being from one and five tenths to one and seven tenths grammes per kilogramme. The toxic power of ethylic alcohol was augmented by the presence of glycerine as also by that of the other alcohols. The action of propylic was at least double that of ethylic; and that action was quadrupled and even quintupled, by the addition of butylic and amylic alcohol. The derivatives of the monatomic alcohols consist of aldehydes and ethers. Acetic aldehyde (C^2H^4O, alcohol dehydrogenated)

is one of the most violent poisons. More powerful than the alcohols, the toxic dose is but one gramme per kilogramme of the weight of the body. Acetic ether has an action similar to aldehyde, but less poisonous; its toxic dose limit being four grammes per kilogramme. The post-mortem appearances showed that the alcohols rich in carbon were very rapid and destructive in their action. The conclusions arrived at by the experimenters were that *all the alcohols are poisonous;* and that, as the ethylic alcohol is the least so, the sale of all the others should be suppressed. In consideration of these facts, it seems to me that as physicians, being called upon almost daily to advise in regard to alcoholic stimulants, we should be familiar with the character and quality of the liquors upon the market, and be careful to recommend only those that have been freed from aldehydes, ethers, and empyreumatic oils, and those in which the heavier alcohols have been oxidized (by age or otherwise), and thus changed from virulent poisons into harmless, fragrant acids. It is generally understood that there are a great many manufactured and drugged liquors upon the market, and that, if such liquors can be avoided, we are quite safe. Not so. Our greatest danger is in newly fermented, so-called strait goods. Green liquors are being put upon the market for the consumer, at an alarming rate. The blending of new goods with wine and glycerine (and thereby making them all the more poisonous) has become the practice of many a dealer of the present day, and consequently the consumer is receiving a palatable liquor, but loaded with these natural toxic principles.

The chemists who experimented with the alcohols say that it is more than probable that we owe delirium-tremens in man mainly to these heavier alcohols, as they induce analogous symptoms in the lower animals. Dr. C. A. Cameron, superintendent medical officer of health for Dublin, says that the maddening effect of liquors is in his opinion owing to the use of new goods, impregnated with alcohols rich in carbon, together with aldehydes and ethers; and he advises the government to prevent the removal of liquors from bonded warehouses, until the aldehydes and ethers have evaporated, and the heavier alcohols changed into their corresponding acids.

The common way of improving liquors is by aging them by storage. I can see, however, a great difficulty here as to having a uniformly pure article for consumption, because no distiller can or does have uniform results with his fermented liquors, and it will be a difficult matter to fix a time for storage. Poor grain, where decay has begun to show itself, will undergo putrefactive changes in the vat, that will produce these poisons in great abundance, and will require a great many years to change them, if it be possible at all; whereas the distiller who is careful never

to use rotten grain or fruit, and who watches the fermentation carefully, and does not allow putrefaction to take place, will have a liquid much freer from these natural poisons; and it will mature in a shorter space of time than in the previous case.

As teachers and advisers of sanitary subjects, it is our duty to look into the matter, and obviate, if possible, this apparent evil. For the year just past, I have been watching with a good deal of interest an *apparatus* for purifying spirituous liquors, by removing completely the aldehydes and ethers, and converting, by the oxidizing action of pure air, the heavier alcohols into their corresponding acids. I am thoroughly convinced that there is accomplished by this process, in a few days, that which for nature to accomplish requires a great many years; and besides, it is done in a more thorough and perfect manner. As a physician, I feel that this product is the safest, purest, and only good alcoholic stimulant upon the market, that I can recommend.

The apparatus referred to is the property of the *Purifying and Maturing Process Company*, of Boston, and is the result of many years of careful scientific experiment and study. The idea of it was conceived from close observation of the changes which take place in liquors by standing in wooden casks a long time. In processing with this apparatus, common atmospheric air is first purified by deodorizing it and destroying all sporules and fermented germs, animal and vegetable, and is then forced into the large tanks containing the liquor to be treated. Here it undergoes a prolonged agitation not unlike churning, the ethers are separated by evaporating and condensing through a series of cones, according to their densities, and the objectionable poisonous ethers and empyreumatic oils are removed; at the same time the heavier alcohols are converted into flavoring acids. As the air enters the spirit, it is broken up into infinitesimally small molecules, thereby bringing the greatest amount of surface of air in contact with the greatest amount of surface of liquor in the shortest space of time.

It was previously shown in this paper that common atmospheric air does not affect ethylic alcohol, but most rapidly oxidizes the heavier alcohols and changes them into flavoring harmless acids, so that we have in distilled liquors, after being treated by this process, that which is most desired. The ethylic alcohol is unchanged, the propylic, butylic, and amylic alcohols are changed into agreeable acids, and the aldehydes and objectionable ethers removed, leaving a less irritable and a chemically purer liquor than nature is in the habit of giving us. Hence we can now have for our patients, without incurring a great deal of expense to them, an alcoholic stimulus freed from all poisonous ethers and alcohols, and retaining the ethylic alcohol, the safest and best, as recommended by the experimental chemists.

THE OCCASIONAL NECESSITY FOR APPRECIABLE DOSES.

BY DR. P. JOUSSET, PARIS, FRANCE.

[*Translated from "L'Art Medical," by E. B. Squire, M. D., Boston.*]

If there is one fact to-day incontestable, it is the necessity for administering, in given cases, certain drugs in appreciable doses. Our clinics have abundantly demonstrated that infinitesimal doses of *Sulphate of Quinine*, of *Mercury*, of *Potass. iod.*, of *Iron*, and of *Digitalis* were entirely insufficient to subdue intermittent fever, syphilis, chlorosis, and the cardiac cachexia. This strange problem, which certain homœopaths evade wrongly, is one of prime importance, not only from a practical standpoint, in determining the doses requisite in each particular case, but also from a didactic point of view, in throwing light on the question of doses.

If the five drugs which I have enumerated acted only in appreciable doses, or if the diseases I have named were only cured by massive doses, the problem would be a very simple one: but these same drugs, so powerful in strong doses in the maladies alluded to, have an action energetic and incontestable in infinitesimal doses in a host of diseases; and intermittent fever, cardiac disease, chlorosis, and syphilis are very satisfactorily modified by infinitesimal doses of certain medicines. It is in an infinitesimal dose that *Mercury* acts in dysentery, coryza, angina, and many other diseases; the *Iodide of Potassium* in infinitesimal doses is most appropriate in the treatment of certain affections of the heart, in exophthalmic goitre, and in croup. *Sulphate of Quinine* in a like dose is a precious drug in deafness, eczema, and in acute articular rheumatism. *Iron* does wonders in small doses in the treatment of hemorrhages, of certain dyspepsias accompanied by vomiting, of convulsive cough, and of a number of symptomatic anæmias. *Digitalis*, finally, has in infinitesimal doses an incontestable effect in heart affections before the cachexia, in certain ophthalmias, some gastro-intestinal, uterine, and vesical diseases.

We are not ignorant of the anathemas which we have already drawn upon ourselves, and which the formal declaration of the necessity of employing ponderable doses of certain drugs in given cases still causes; but we have not been in the habit of stopping for so slight a matter. We seek after therapeutic truth, and when we have found it we announce it boldly, without regard to the dissatisfaction of those who imagine that therapy is the completed and perfect outcome of the brain of Hahnemann.

What purpose do these delusions serve? To deceive unhappy doctors, and to narrow unwisely the field of action of those who, on the strength of an insufficiently authorized statement, administer infinitesimal doses of *Sulphate of Quinine* in intermittent fever, or of *Iodide of Potassium* in syphilis, or of *Digitalis* in heart disease. This deplorable practice is hurtful both to patients and to homœopathy.

In countries where intermittent fever exists, the obstinacy of some homœopaths in only prescribing dilutions of *Sulphate of Quinine* has considerably interfered with the growth of homœopathy; and I have often seen patients afflicted with advanced disease of the heart give up treatment with infinitesimal doses which did not modify their condition, and then be brought back to life again, as it were, at least for a time, by strong doses of *Digitalis*. There is thus a check to science, to patronage, and also, unfortunately, to the poor patient; such is the triple result of the persistence in the spirit of a system, and in an illusion, which has only too long continued.

As to the diseases which, we have seen, require strong doses of *Sulphate of Quinine*, *Mercury*, *Potass. iod.*, *Iron*, and *Digitalis* to cure, they are wonderfully affected by other drugs in minute doses; *Nux vomica* and *Arsenic* in the twelfth, and even in the thirtieth dilution have cured a number of cases of fever and ague and intermittent neuralgia.

Cardiac cachexias are very satisfactorily modified by *Carbo veg.*[30]; chlorosis by *Pulsatilla* and *Sulphur* in infinitesimal doses; syphilis alone requires almost always strong doses; and now in certain diseases of the throat and eyes we have obtained unmistakable benefit from *Nitric acid*, *Lachesis*, and *Apis*, in infinitesimal doses.

The chances of the clinic having this year brought together in our wards six cases of cardiac disease more or less advanced, you are able to judge how much this condition has been happily relieved by Digitalis leaves in appreciable doses. You can also judge of the good effects of a new preparation of Digitalis which I have caused to be made by Messrs. Catellan; it is the trituration of the leaves of Digitalis on the decimal scale. This preparation, in a dose of from fifty centigrammes to a gramme in two hundred grammes of water, administered in twenty-four hours, produces the same effect as the cold infusion of the leaves of Digitalis, and is much more easily administered; it may be preserved indefinitely, requires no previous preparation, and may be given precisely as other triturations. I give you now the detailed notes concerning our patients.

CASE XXVI. — Chronic endocarditis. Mitral insufficiency following acute articular rheumatism. Good effects from the infusion of Digitalis.

M. X——, thirty-four years, gardener; admitted Dec. 8. Enjoyed good health up to the last year. At that time he had an attack of acute articular rheumatism which lasted six weeks; he resumed work at the end of this time, but noticed that he was quickly fatigued; he experienced frequently palpitation and dyspnœa. For more than a month he has done no work.

Dec. 8. On his entrance to the hospital, there appears quite a marked congestion of the face; the lips are livid; respiration is difficult, especially at night; he complains of a pain in the epigastric region. The pulse is feeble, irregular; more, it is not in harmony with the beating of the heart, for while it beats 60 to 66 per minute, the heart on auscultation gives 100 to 108 pulsations in a like time. The heart is hypertrophied. On auscultation a systolic murmur can be heard at the apex. The legs are not œdematous.

Dec. 9, *Spigelia*[6].

Dec. 10, *Spigelia*, ten drops.

Dec. 12, he is no better. Dyspnœa is very marked. At five or six o'clock in the evening, the patient chokes, and is compelled to pass the greater part of the night erect or seated in an arm-chair. *Cactus*[6].

Dec. 13, *Digitalis*, ten drops are administered. This remedy was continued until the 19th, when the dose was increased to fifteen drops. The patient has felt during the first two days an improvement quite noticeable during the day, but his nights are always bad. He was given every evening a hypodermic injection of *Morphia*[1], one centigramme. The *Morphia* moderates the dyspnœa greatly, and secures him quiet nights.

From the 19th to the 24th he took *Ars.*[3] and *Ars.*[6] without experiencing much relief. Beginning with Dec. 24 he was ordered each day fifteen centigrammes of the powdered leaves of Digitalis in two hundred grammes of water.

Dec. 20, a great improvement is apparent. For several days the injections of *Morphia* have been discontinued. The dyspnœa is less severe, the face less congested; infusion of Digitalis.

Jan. 2, the patient desires to leave. He considers himself cured. We perceive that the number of radial pulsations, which at the first of the disease were much fewer than the cardiac pulsations, now correspond to them. Several months after his discharge the improvement continued.

This is a typical case: mitral insufficiency after acute articular rheumatism; rapid improvement from the infusion of Digitalis leaves. Notice that *Spigelia*, *Cactus*, and even *Digitalis* in tincture produced only very slight amelioration, and

that it was necessary to resort to *an infusion of the leaves of Digitalis.*

It required seven days to obtain a decisive and lasting effect. I wish also to draw your attention to the very satisfactory action of hypodermic injections of *Morphia* in cardiac dyspnœa. This anti-dyspnœic action of *Morphia* and *Opium* has been brought to light in the pathogenesis of Hahnemann, but physicians of the allopathic school have been the first to make use of hypodermic injections of *Morphia* in the treatment of dyspnœa.

Case XXVII. — Chronic endocarditis without previous rheumatism. Mitral insufficiency. Cardiac cachexia. Considerable relief from *Digitalis leaves* [1x].

Ab. C——, sixty-four years old, entered Jan. 9, 1880.

This patient has never had rheumatism. For some years he has had frequent attacks of bronchitis, which have each time lasted a good while. Six months ago he noticed palpitation for the first time, and for some time he has had œdema of the lower extremities. For the last three weeks he has been confined to his bed. At the time of entering the hospital, this patient complained principally of intense dyspnœa and of palpitations. There appeared considerable œdema of the lower extremities, of the scrotum, and of the abdominal walls. It is less marked in the upper extremities. This œdema is accompanied with ulceration of the lower extremities. The face is flushed, respiration is short and painful. On auscultation of the chest, we discover the numerous diffused bubbling and sibilant râles of bronchitis. Expectoration is abundant, composed of a yellowish sputum and of other whitish lumps. The heart was not noticeably hypertrophied. At the base, the sounds were dull and the impulse feeble, but there was no murmur. At the apex may be heard, with the first sound, quite a soft soufflé, which has its maximum, not at the apex, but nearly at the pit of the epigastrium. Pulse small and slightly irregular, urine high-colored and very abundant.

Jan. 10. Dyspnœa being great and expectoration difficult, he was given at first *Arsenite of Antimony*[2], for two days; one litre of milk a day.

Jan. 12. Scarcely any improvement. *Ipecac.*[1x], ten centigrammes, and *Bryonia*[1x], twenty centigrammes.

Jan. 13. Respiration a little less difficult. *Tart. em.*[1x], ten centigrammes.

Jan. 14. The same.

Jan. 15. Considerable improvement. Expectoration abundant. The œdema of the lower extremities and scrotum increased. Began the use of *Digitalis*, first trituration of the

leaves, twenty-five centigrammes. This prescription was continued until Jan. 17.

Jan. 18. Urine clearer and more abundant. *Digitalis*^{1x}, sixty centigrammes.

Jan. 20. The patient urinated one and one half to two litres a day. The œdema decreases and respiration is easier. *Digitalis*^{1x}, seventy-five centigrammes.

Jan. 21. Pulmonary symptoms being more marked, in addition to the *Digitalis*, *Phosph.*^{6} Urine always abundant; œdema much diminished, especially in the upper extremities and scrotum. Same treatment until Jan. 26.

Jan. 26. Urine sufficient in quantity, but the dyspnœa increases. Urine in a bad condition. We return to *Tartarus*^{1x}, fifteen centigrammes.

The patient took this medicine till Feb. 3, and obtained from it considerable relief. During the whole time that he took *Tartarus*, the urine maintained a sufficient quantity, but on the 3d and 4th began again to diminish, ten days after the cessation of the *Digitalis*.

Feb. 4. *Digitalis*^{1x}, fifty centigrammes; continued this till the 10th. At that time he desired to leave the hospital. He is on the whole much better. Respiration is much easier; expectoration easy; the œdema of the arms and abdomen has disappeared, but still persists in the legs. A gentle soufflé can always be heard, having its maximum in the epigastric region. In the case of this patient the cardiac soufflé was not perceived the first day, on account of the bronchial râles. For this reason we commenced treatment with the *Arsenite of Antimony;* in the presence of a general condition indicating a disease of the heart without soufflé, we had thought of a chronic aortitis.

On the fourth day *Digitalis*, in a dose of twenty-five centigrammes of the first trituration of the leaves, began to modify the urine. On the third day it became more clear, then more abundant. The dose of *Digitalis* was carried to fifty and then to sixty centigrammes. After ten days of this treatment the œdema had much diminished, and the action of the *Digitalis* upon the urine continued after its suspension, and notwithstanding the intervention of the *Tartarus*, until Feb. 6; that is to say, during eleven days. At that date we returned to the *Digitalis*, and the dose was increased to seventy-five centigrammes. The amelioration was considerable. The patient left the hospital much improved. We have learned that some weeks later he succumbed to his cardiac affection.

We remark that in this case endocarditis had succeeded, or rather existed as a complication of, a chronic catarrh. The patient had never had acute articular rheumatism, and several

patients whose history I am about to give you are in the same condition. The fact of the coincidence of articular rheumatism and of endocarditis has a considerable clinical importance, but it has caused a certain confusion among pathologists who have not always sufficiently taken account of non-rheumatic endocarditis.

[Then follow reports of several similar cases.]

INGROWING TOE-NAIL.

BY J. D. NEET, M. D.

In "Medical Record," No. 351, reference is made to a method of treating ingrowing toe-nails, recommended by Dr. Clarke, in the "Medical and Surgical Reporter," which consists simply in scraping with the point of the knife a longitudinal line along the middle of the whole nail to transparent thinness, supplemented, at your instance, by a piece of cotton under the nail.

We shall not find, perhaps, in all minor surgery a more seemingly insignificant affection than an ingrowing toe-nail; yet I am confident few are more deserving of careful consideration, as the conscientious testimony of scores who have experienced its extreme painfulness can truly verify. Medical men, moreover, seem to regard its tender management as something unbecoming their professional dignity, and in the vast majority of instances send their patients away with the very valuable advice, "Scrape a longitudinal line in the centre of the nail to a transparent thinness and insert a piece of cotton under the nail"; or, what would accomplish the same in the way of a cure when the case is well advanced, paint the soles of the feet with tincture of iodine and point them to the north pole. (?) The method so favorably spoken of by Dr. Clarke, is one of the least palliative of all palliative measures; for, regarding the nail as an appendage of the skin, and essentially an epithelial structure, the degree of irritation brought about by the process of scraping would eventuate in proliferation of the epithelial elements, greatly thickening and causing a condition of the nail resembling a cicatrix through its substance. Following this, firm and very pronounced adhesion of the nail to the subjacent matrix will be observed, with almost complete immobility of the nail, thus effectually destroying the prime factor of the palliation. It is important to recognize the comparative mobility of a healthy nail upon its matrix, and watch with care and caution to steer clear of any process that would cause this fixation to be more firm, if any good is expected from palliation. To study the morbid anatomy of this affection, let us take, for instance, a perfectly healthy nail,

free from contortion or other anomaly, and apply the cause universally producing ingrowing toe-nail, and note the progress of the changes thus instituted.

From the combined lateral and downward pressure the nail is made to sink deeply into the flesh, causing irritation, determination of blood to the part, and active congestion. The same exemplification of the law is found here as in other parts of the organism; viz., that repeated or prolonged congestion leads to hypertrophy (enlargement) of the cellular elements, with marked increase of the soft tissues. This condition being attained, we find the nail embedded in a great mass of flesh. The pressure from without remaining the same, irritation will increase with the growth of tissue, until finally the nail is made to cut through the hardened groove, and is now found in active contact with parts rich in blood-vessels and nerves. Continuing the irritation and casual factor, the redundancy of soft tissue increases, granulations spring up around the edges of the embedded nail, accompanied with great heat, redness, pain, swelling, and a discharge of irritating ichorous and sanious pus. This brings us to the last and worst stage of ingrowing toe-nail, with its accompanying intense pain and unrest. Can any good now result from scraping a longitudinal line in the centre of the nail, or by inserting cotton under its angle? Is it not apparent that such treatment would be worse than useless? Is there, then, any radical cure for this nail, aside from evulsion or any cutting operation? I will answer that there is a method of treating this nail that is quite as satisfactory as evulsion, far less painful, and above all, is an eminently conservative process. In the first place, drop a few drops of liquid potassa upon this ulcerated surface with its imbedded nail, four or five times a day, and you will soon notice a diminution of the discharge, a cutting down of the granulations, and the edge of the nail beginning to pulpefy. Here I am met with the objection that this will give rise to intolerable suffering. The pain, acute at first, will soon pass away, and leave the patient much more comfortable than before. Practising this for a short time, a partly flexible condition will be observed in the inverted nail, which renders it, with proper care and caution, easily elevated without causing the patient a great deal of pain. When this is done, take a thin piece of selected cork, which, being smooth, flexible, and capable of accommodating itself to this bed of granulations, is gently inserted under the nail, to be followed by almost instantaneous relief. Compressed sponge, lint, and cotton wool are all open to a common objection; viz., their properties of absorbing the discharge from the granulations and retaining it in contact with the sore, which is highly detrimental to its favorable course and cure. They are, moreover, too heat-

ing, and not sufficiently firm and elastic to exercise the necessary degree and kind of pressure. These latter indications are fulfilled most admirably and perfectly by the cork, causing, by constant pressure, atrophy and wasting of the granulations and the great mass of redundant tissue. Aside from these properties of the cork, by constantly elevating the nail, it separates to an appreciable extent the nail from the matrix, thus causing, in the course of a few months, a marked narrowing of the nail.

Having suffered for a number of years with this annoying and painful affection, and believing that a radical cure has been effected by the above treatment, I respectfully suggest it to those of your readers who are suffering from the same, as a substitute for evulsion and much superior to any method of palliation. — *Medical Record.*

SOME PRACTICAL HINTS TO RECENT GRADUATES.

BY BOARDMAN REED, M. D., ATLANTIC CITY, N. J.

THESE hints are offered to young practitioners by one who can still remember when he was young himself. The very wise will not find them edifying, and will therefore please skip them.

Of course, when you go forth surcharged with all that is newest and best in the science of medicine, you go full of enthusiasm, confidence, and hope. When you locate and hang up your brand-new diploma, you will feel a proper superiority over the old-fogy practitioners of your neighborhood. As for the old women, who will occasionally have the effrontery to suggest to you a different line of treatment for some critical case, you will wither them with a scornful look as you inform them that having graduated at a first-class medical college, you are supposed to understand your business. It is necessary that you should maintain your dignity, but meanwhile make a mental note of all the suggestions you receive from these humble sources and ponder over them. They are sometimes valuable. When an officious nurse removes your regulation flaxseed-meal poultice from a threatening case of pneumonia, and substitutes an onion poultice, snub her effectually for daring to change your treatment without consulting you; but if you find the patient's strength rallying and the disease yielding in consequence, as you sometimes may, tell her she need not take the trouble to change back again, now that the onions are on.

You will probably be surprised to learn how many good things some of the old women know, which your instructors somehow forgot to tell you about. There is so much to teach nowadays,

that after a short two or three years' course there will always be a good deal left over to be learned from the nurses and old women.

The old-fashioned doctors you may find awfully rusty in anatomy, disgustingly ignorant about grammes, cubic centimetres, and such things, and hopelessly bewildered when you use the new chemical nomenclature in speaking to them of their old pharmaceutical friends. They may even betray a shocking ignorance of the microscopic appearance of the cells in the mammary tumors which they have been carving out for the last twenty-five years past. Yet if they offer to give you a pet prescription for colic or lumbago, which they say they have found can be depended on, just jot it down in your note-book, even if you feel called upon to protest that you are already brimful of knowledge concerning the most modern treatment of that very disease. Sometimes you find that prescription a perfect godsend.

In short, don't be above learning from anybody. Keep up your dignity, but keep your eyes and ears open.

Remember that while the older physicians around you have the advantage of you in experience, you will have a corresponding advantage over them in the greater amount of time and thought you can devote to each case. The experienced practitioner may be the possessor of a gigantic intellect, and may have accumulated a vast fund of very valuable medical knowledge; but if he sees sixty patients a day, each patient must be content with visits of a very few minutes' duration, and with only a sixtieth part of the time and study which he devotes to the consideration of his cases after returning home. On the other hand, if you are so unfortunate as to be obliged to concentrate all your energies upon a single case for the first few weeks of your practice, the patient will be fortunate in the possibility of receiving an abundance of attention, and of being cured in the most rapid and brilliant manner. If you make the most of your opportunities, you may in this way score numerous points (especially among the poor), making cures of bad cases which your older rivals could not afford to devote sufficient attention to, and therefore had failed to relieve. Thus you may lay the foundations of a reputation, and reputation is money.

Yet do not be deceived by any of these brilliant achievements of yours into undervaluing experience. It is simply invaluable, and in order to acquire it as fast as possible you will do well to accept all the practice you can honorably obtain, whether it brings you any money at first or not. When I began practising, I esteemed so highly the privilege of treating a difficult case that I often felt like tendering payment instead of demanding it from the patient.

Don't tell your patients what medicine you are giving them. This is a rule to which there ought to be but few exceptions. Doctors and druggists are the most difficult of all patients to treat, simply because they know what they are taking. When you are called upon to prescribe for a chronic invalid or hypochondriac who has taken everything, knows at least by name all the drugs in the Pharmacopœia, and insists upon being told what each prescription contains, your task becomes most arduous. You cannot hope as a rule to do him (or more often it is *her*) any good unless you can prevent such a curiosity from being gratified. It is in just such cases that a knowledge of the new remedies may stand you in good stead.

But while yourself observing reticence, be careful to learn from your patients as much as possible. Encourage them to state fully all about their idiosyncrasies in regard to medicine. Most of them will be imaginary, but some of them may be real. You need not necessarily discard a valuable remedy because it has once disagreed. Often reducing the dose is all that is necessary to secure excellent results.

When you have diagnosticated hysterics, it will usually be safer not to announce this fact to the patient or her friends in so many words, unless she happens to be the servant-girl. In that case you may venture to name the disease boldly and prescribe the most efficient treatment, which is an effusion of cold water, repeated occasionally until a cure is effected. When the patient is a lady, call her malady a nervous shock, a sympathetic disturbance, or an eccentric manifestation of neurasthenia, or anything else you like, but don't call it hysterics. The word is apt to be considered objectionable.

Join one or more good medical societies and become an active working member. It will pay you well in the end. Respect the etiquette and ethics of the profession. This may seem to necessitate the loss of a good paying family now and then, but will be the most profitable course in the long run. Even the ignorant masses, with all their weakness for running after quacks and quack medicines, have a greater respect for the physician who is a high-toned gentleman.

Stick close to your business and study hard. Study your books and the journals and your cases, making full notes of the latter for future reference, whether you intend to write them up for publication or not. It will render you more careful and exact.

Above all, don't meddle with politics or with neighboring quarrels. Don't gossip or hang around drinking-places. Attend church regularly on Sunday, but religiously abstain from taking sides in church dissensions. You will never get to heaven nor into practice by making yourself an active partisan in any such troubles. — *Med. Bulletin.*

AHL'S ADAPTABLE POROUS SPLINTS.

As many of our homœopathic physicians have not yet used these splints, we desire to call their attention to them as being really very valuable, and not open to the objections which can be urged against splints of wood, tin, gutta-percha, leather, binders' board, etc., on the score of being unyielding, incapable of accurate adjustment, heating, liable to produce abrasions, to be softened by water dressings, etc., etc. They have been tested extensively in both civil and military practice for a number of years, and have been indorsed and recommended in the most unqualified manner by the most distinguished surgeons of America, among whom we may mention the late Prof. Valentine Mott, Prof. James R. Wood, Prof. Samuel D. Gross, Prof. Joseph Pancoast, Prof. D. H. Agnew, Prof. Louis H. Sayre, Prof. Frank H. Hamilton, the eminent author of the "Treatise on Fractures and Dislocations," Prof. J. Marion Sims, and among homœopathists by Profs. Starkey, James, Biggar, Beckwith, Macfarlan, etc.

Many thousand sets were bought and issued by the medical department of the United States Army, during the late war, and were found to answer the purpose admirably, although at that time the processes of manufacture were much less perfect than they have since become. They are still the adopted splint of the United States Army.

They are made of felt saturated with gums insoluble in water, which constitute a tough, flexible material, about as thick as heavy binder's board. They are originally moulded to the form of perfect limbs over models, but can be *adapted* at will to limbs of various shapes and sizes, by immersing the splint in *boiling* water, and then fitting it to the part, which is protected by muslin cloths saturated with cold water. They are, however, not in the least injured, nor is their consistency altered by the continued application of water as hot or as cold as the skin can bear. Their *flexibility* enables them to accommodate themselves to the increase or reduction of the swelling, and by exerting a gentle and equable pressure to hasten its disappearance.

When once fitted to the limb they are not easily displaced or loosened. The patient can move about and change his position without pain or injury, while the muscular structure in the fractured limbs is maintained in perfect quiet. Hence they are invaluable when persons with serious fractures have to be transported long distances, and also when the general health will suffer from confinement to bed. It is one of the most satisfying proofs (both to physician and patient) of the perfection of these splints to witness how promptly the pain disappears when the fractured limb is

snugly encased in them. There is no necessity to wait for hours or days till the inflammation is passed, as is sometimes recommended. Nor is the physician exposed to the impertinent interference of officious outsiders in loosing bandages and disarranging the fracture on the plea of relieving pain.

Their *porosity* is a peculiar and a valuable property. While the material is firm and insoluble, it permits readily the passage of air and fluids; so that, on the one hand, the heat from the inflamed surface, the perspiration, and the morbid exhalations are not confined, to the detriment of the patient, as is the case with every other kind of splint, but pass off freely; and on the other hand, lotions of cold or warm water, medicated or not with alcohol, carbolic acid, arnica tincture, etc., can be constantly applied without disturbing the dressings. This, it will readily be seen, is a *most invaluable* property when the parts are bruised, lacerated, filled with extravasated blood, or erysipelatous, and give these splints a conspicuous advantage over all others.

Nothing is more injurious in treating fractures than the necessity of removing the splints in order to dress or examine the limb. With these splints this is *never necessary*. Lotions and water dressings can be applied *through* them; their flexibility does not allow congestion, œdema, or gangrene from stoppage of the arterial circulation; the bones *must be* in place, for the limb is steadily kept at normal size and length, and for the same reasons ulcerations from pressure are unknown; and if the fracture is complicated, the material can be readily cut or pared with a knife, so as to leave a fenestra or opening through which the external wound can be dressed.

A complete set consists of fifty pieces, — twenty-five for adults and twenty-five for children. Among these are inferior maxillary, clavicle, shoulder caps, humeral, femoral, club-foot, straight pieces for fingers, toes, etc., and rights and lefts for elbow, radial, ulnar, femoral, anterior and posterior knee-joint, and anterior and posterior tibial and fibular. Manufactured at Newville, Cumberland County, Pa., they can be obtained in this neighborhood of Mr. J. H. Smith, 319 Tremont Street, Boston.

In what we have said above, we have had reference to the "original" Ahl's Adaptable Porous Splint, which has deservedly gained a wide reputation. There is in the market another splint, lighter colored, called "Johnstone's Improved Ahl's Adaptable Porous Splint," which is manufactured at Philadelphia, and is taking advantage of the reputation gained by the original Ahl splint to seek for public favor, but which, so far as we have had opportunities for judging, seems to be a very inferior article.

Reviews and Notices of Books.

Anatomical Studies upon Brains of Criminals. By Moriz Benedikt. Translated by E. P. Fowler, M. D. New York: Wm. Wood & Co. Boston: Frank Rivers. 1881. pp. 185.

This is one of the very last books we should think of recommending to the busy practitioner, and even believe that a physician with unbounded leisure, having, perchance, bought it through curiosity, on account of its really attractive title, who could have the hardihood to read it through, must be a *rara avis* indeed. Almost the entire book is occupied with dry, detailed explanations of the author's efforts at mapping out each individual gyrus, lobulus, fissura, sulcus, etc., on the surfaces of a score or more brains of criminals and comparing them with the external appearances of brains of those who were supposed to be morally superior. Wood-cuts from actual photographs are introduced in illustration.

This forms about as interesting reading as an inventory of the property of a junk dealer. Not that we would measure value solely by interest; but in spite of Benedikt's enthusiastic estimate of the importance of his own researches, and of his (unfounded) assertion that he has proved that "the brains of criminals exhibit a deviation from the normal type, and criminals are to be regarded as an anthropological variety of their species" (translated by Dr. Fowler *specie*), "at least among the cultured races," and his natural inference therefrom, that to a great extent they are not responsible for their criminal actions, we are forced to conclude of the practical results of his investigations, that "all is vanity and vexation of spirit." There is certainly no more plausibility in them than there is the revelations of phrenology; and such work must necessarily be futile when we consider that in his efforts to fathom the illimitable mysteries of the human mind in its relations to matter, he has merely studied the *surface* marks of the brain, — a study exceedingly superficial in all senses. Even if we admitted that surface marks were sufficient, his researches are of very little value, on account of the unsettled position and mixture of the races from which his criminals were derived; since varieties in the shapes of the convolutions were on this account to be expected. Considerable work has been expended, but in our opinion the play is hardly worth the candle. Benedikt's results, set forth in a magazine article of three or four pages, might have been very readable; but extended to the size of an octavo book, they are quite the reverse.

A PHYSIOLOGICAL MATERIA MEDICA. By W. H. Burt, M. D. Chicago: Gross & Delbridge. 1881.

Externally we find a large octavo volume of about 1000 pages, printed on handsome calendered paper and bound in brown cloth, with very curious devices stamped on the cover. The plant in full bloom, one who was not too rusty in botany might recognize as the wolf's-bane; while hovering over it, probably afraid of impending death, and therefore with feverish anxiety to help themselves to a dose of the aconite, are three natural specimens of the apis mellifica. In one corner, weaving his web, is a full-sized tarantula, and in another the Spanish fly; while below, just ready to strike his victim, is the shudder-producing crotalus horridus. Coming to the subject-matter, after some introductory remarks on pharmacology, we find each drug taken up and treated at considerable length. We learn what it is, where it is obtained, how prepared for medicinal use, how it acts upon the human organism, what tissues it especially acts upon, how it affects them, how much of the drug it takes to produce certain results, and what are its characteristic therapeutics.

The principal point of difference between this and most of our other homœopathic works on materia medica is that in this, Dr. Burt pays special attention to bringing out at great length the physiological and pathological action of drugs, and in order to do this, utilizes the great mass of material recently accumulated by the experiments on animals and on man of those of our allopathic *confrères* who are progressive; and indeed, much of the book is made up of judicious extracts in quotation-marks from Drs. R. Bartholow, H. C. Wood, Sidney Ringer, C. D. F. Phillips, A. Stillé, etc. They, of course, much as they dislike to own it, were really incited to the study of the effects of drugs on the healthy system, in order to ascertain their disease-curing properties, by the example of "one" Samuel Hahnemann (as a member of their school recently called him); and if they have thus obtained any positive results, there is no reason why we should not gladly avail ourselves of their labors. Indeed, on the other hand, we should be criminal not to do so. Many of us already have the works on materia medica of the authors just referred to. To such, Burt's work will not be so much of a help, but even for these, the bringing together under one heading of the scattered material will facilitate the study of any given drug; and to those who have not these works the volume under consideration will prove very valuable. We are delighted to see in the rising generation of homœopathists a growing desire to found our materia medica *on a physiological and pathological basis*, instead of their being content with remaining merely mechanical, automatic *symptom coverers*.

The scientific physician must be able to understand both disease pathology and drug pathology, and to put the two together skilfully in treating his patients. As one means to this end, we cordially recommend Dr. Burt's book.

THE THERAPEUTICS OF DIARRHŒA, ETC. By Jas. B. Bell, M. D. Second Edition, by Drs. Bell and Laird. New York: Boericke & Tafel. 1881. pp. 275.

As the first edition of this little book had a large sale and became very popular in our school as a monograph, it is only necessary for us here to call attention to the fact that a second is out. Much of the work of revision has been done by Dr. W. T. Laird, Dr. Bell's successor in Augusta, Me., who has entirely remodelled the repertory. Thirty-two new remedies have been added and many of the old ones rewritten. The changes add more than 100 pages to the size of the book.

IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A. M., M. D. Philadelphia: Henry C. Lea's Sons & Co. Boston: Hall & Whiting. 1881. pp. 174.

Especially since the great development of gynæcology in recent years, woman alone has almost invariably been considered at fault in unfruitful marriages, and time after time has she been subjected to the inconvenience of a surgical operation or of a long course of treatment for sterility, when the fault lay wholly with the man. The importance of first examining the husband may be inferred from Dr. Gross's statement that the husband is at fault in at least one instance in every *six*. The author thinks that confirmed masturbation is just as sure to lead to the formation of a stricture as is gleet. Of 139 masturbators (69 of whom suffered from atonic impotence and 70 from seminal incontinence), only 18 were free from stricture. The relation of this fact to treatment is obvious.

HABITUAL MOUTH BREATHING. By Clinton Wagner, M. D. New York: G. P. Putnam's Sons. 1881. pp. 52.

An interesting little essay, on a subject whose literature is scant, on the evils following breathing through the mouth, such as snoring, hawking, deafness, deformity of the teeth, disfigurement of the mouth and whole face, etc. Those whom the famous Catlin has interested in the subject will enjoy reading this paper and the discussion thereon by the medical society before which it was read.

A UNIQUE CATALOGUE.

Messrs. Wm. Wood & Co. presented to the delegates to the International Medical Congress, at London, a pocket copy of their catalogue of medical books, published for the purpose, containing also a daily programme of the proceedings and blank pages for memoranda. It is bound in blue satin.

SURGICAL PRINCIPLES AND MINOR SURGERY. By J. G. Gilchrist, M. D. Chicago: Duncan Bros. 1881. pp. 205.

This is the initial volume of a series of four or five on surgical topics by the same author, who designs them to regularly succeed each other in an ideal collegiate course. The second in the course, "Surgical Therapeutics," we noticed some months ago. The third, soon to be issued, is on "Surgical Emergencies," and the fourth will discuss "Surgical Operations." The present volume is a very elementary work, and leaves out many topics usually discussed in books on minor surgery, confining itself to bandaging, dressings, splints, catheterism, etc. Everything is concise and practical. Dr. Gilchrist is a very pleasant writer, and has the knack of putting things very neatly.

DISEASES OF THE NERVOUS SYSTEM. By Charles P. Hart, M. D. New York: Boericke & Tafel. 1881. pp. 409.

We joyfully congratulate Dr. Hart on the appearance of this able treatise on spasmodic, paralytic, neuralgic, and mental affections. It is a credit to our school and a scholarly production, giving evidence of careful, painstaking research into the extensive literature of the subject, as well as of considerable practical experience in the treatment of nervous diseases. The illustrative clinical cases interspersed are calculated to make a vivid impression on the reader. The paper, print, and binding are elegant.

THE DECLINE OF MANHOOD. By A. E. Small, M. D. Second Edition. Chicago: Duncan Bros. 1881. pp. 102.

A popular treatise, pure and helpful, on masturbation in both sexes, spermatorrhœa, the sexual relation in marriage, etc.

THE HUMBOLDT LIBRARY. New York: J. Fitzgerald & Co.

Vol. I., consisting of twenty-four numbers, is now complete, and can be obtained, bound in cloth, for $4.00. The last three numbers received are: Seeing and Thinking, by Prof. W. K. Clifford; Scientific Sophisms, by Samuel Wainwright, D. D.; and Popular Scientific Lectures, by Prof. H. Helmholtz.

Obituary.

Thomas S. Scales, M. D., was the oldest of six children of Rev. Jacob Scales, and was born March 28, 1822, in Colchester (West Parish), Conn., where his father was first settled in the ministry. Before he was five years old his father removed to Henniker, N. H. He was nearly fitted for college at Henniker Academy, which his father was foremost in founding and which was opened in the spring of 1837. He attended Kimball Union Academy, Plainfield, N. H., the spring and summer of 1839, and entered college at Middlebury, Vt., the fall of 1839, where he graduated with the highest honors in July, 1843. After graduating he went West as far as Illinois, trying various things in seeking his fortune, and returned to New England as a daguerreotypist. Afterwards he studied and practised dentistry for two or three years in Nashua, N. H. He studied medicine with Dr. Knight, at Franklin, N. H., and attended medical lectures in New York City during the winter of 1846 and 1847, and at Woodstock, Vt., during the winter of 1847–48, at which latter place he graduated as an allopathic physician in March, 1848. During the summer of that year he studied homœopathy with the late Dr. Samuel Gregg, of Boston. Sept. 21, 1848, he was married to Maria Grey, of Wilton, N. H., and went to Woburn, Mass., to practise medicine. His wife died in 1857, and he was married to Jennie Mathes, of Lowell, in 1859, who with a daughter and son survives him. He was one of the members of the first homœopathic society in Boston. He held various offices in the State Society, of which he was treasurer for sixteen years and president in 1879–80. As a practitioner he was more than usually skilful and successful; for his perceptive faculties were remarkably good, and he readily ascertained where and what was the difficulty to be treated, and very seldom made a mistake in diagnosis. During his later years his services in counsel were appreciated by the neighboring physicians.

For nine years he suffered from chronic gastritis, aggravated from time to time by being overworked in an extensive practice. Last September he took cold, had rheumatism, and through the winter and spring struggled to overcome a tendency to consumption inherited from his mother. June 6 he was attacked with paralysis of the brain; and though he had intervals of consciousness more or less protracted, he had a second attack of paralysis, July 12, and suffered much. Towards the end he became easier and recognized his attendant, but quietly breathed his last at twenty minutes past three, June 15, 1881, with a full hope in Christ, in whom he had trusted for more than forty years. Dr. Scales had a particularly genial nature, and will be missed by a large circle of friends, who were warmly attached to him. He took a great interest in medical societies, and at the meetings was almost uniformly present and took a very active part. His brother physicians will greatly feel his loss.

Our Miscellany.

Adulteration. — A bill to prevent the adulteration of sugar, syrup, molasses, etc., has passed the New York Senate.

Deaths from Ether. — Dr. J. B. Roberts, of the Philadelphia Medical Society, has collected twenty cases of death from ether reported since 1872. He thinks the pulse should be watched more closely than it usually is, and that the person who is intrusted with giving the ether should be the most skilful of all the assistants.

Adulteration of Food in France. — A large laboratory is to be built in Paris by official order of the prefect of police. Competent chemists are to be in constant attendance. Wine, milk, chocolate, coffee, meat, in fact eatables generally are to be carefully examined with a view to the detection of adulteration or falsification. The fee is to be paid by applicants, but it is to be maintained at a low figure.

A CLINICAL PROFESSOR of diseases of the nervous system is to be added to the Faculty of Medicine of Paris. Charcot is the man.

DEATH OF CHRIST. — The Rev. Prof. Haughton recently delivered a sermon on the death of Christ, physiologically considered.

IMPULSIVE MONOMANIA. — According to the "Journal of Nervous and Mental Diseases," Dr. E. C. Spitzka asserts that Dr. Samuel Johnson was an impulsive monomaniac.

THE MORTALITY FROM ANÆSTHETICS in Great Britain for the decade ending 1880 was as follows: Chloroform, 101; ether, 11; chloroform and ether, 7; methylene, 10. — *British Medical Journal.*

LEMON JUICE IN DIPHTHERIA. — I. R. Page, M. D., of Baltimore, Md., says that he has used fresh lemon juice for the removal of membrane from the throat with wonderful success. The application is made by means of a camel's-hair probang, and repeated every two or three hours.

CONSUMPTION CONTAGIOUS. — At a recent convention of the Connecticut State Medical Society, the prevalence of small-pox and the contagiousness of consumption were discussed. It was the general opinion that consumption was contagious by long contact; *e. g.*, sleeping with a consumptive. The influence of a wet location as a predisposing cause was noticed by some, and that resulting from occupation by others; *e. g.*, stone cutting, polishing, grinding, etc.

SENATOR CARPENTER'S COLON. — The following incident is well authenticated. The bright, mirth-loving spirit of the late Senator Carpenter never failed to see the ludicrous side of anything. The evening before he died he suffered excruciating pain, and asked his attending physician the cause of his agony. "The pain is caused, Mr. Senator," replied the physician, "by a stoppage of the colon." "Stoppage of the colon, eh!" his sense of humor overcoming pain for a moment; "well, then, of course *it is not a full stop.*"

MOUTH BREATHING. — George Catlin, a famous American traveller, was one of the first to draw definite attention to the serious results of breathing through the mouth. He considered it the most destructive of all habits, and applied to it the classical but significant name of "malo-inferno," and remarked, "If I were to endeavor to bequeath to posterity the most important motto which human language can convey, it should be in three words, *Shut your mouth.*" The importance of this injunction should be forcibly impressed upon the minds of all.

THE INTERNATIONAL MEDICAL CONGRESS (allopathic), to be held in London from Aug. 2 to Aug. 9, has a list of vice-presidents numbering almost forty, and the total number of officers amounts to nearly four hundred. The congress must be well attended or there will be no privates. Membership is open to all medical men who are legally qualified to practise in their respective countries, who have inscribed their names on the congress register, and taken out their tickets of admission. The tickets cost one guinea. No women physicians will be admitted.

EMOTIONAL ALBUMINURIA. — Dr. Filippowitch cites a case illustrative of functional albuminuria which depends on circulatory disturbances induced by the emotions. A young college student, in perfect health otherwise, noticed more than the normal amount of urine. The examination of it at first was negative, later on it contained albumen. A careful study was instituted, when it was found that his urine was never albuminous in the morning, but as a rule after college hours. The days of recitation were marked by an increased percentage of albumen. — *Vratch.*

NAPOLEON'S WILL POWER. — The following anecdote will show to what an extent Napoleon relied on his innate energy and vigor of mind: "Among the paradoxes which he liked to maintain on questions of medicine and physiology, he asserted that death is often only the effect of an absence of energetic will in the individual. One day at St. Cloud, he had had a dangerous fall (he had been thrown from his carriage upon a block of stone, narrowly escaping severe injury to his stomach); and the next day, when I inquired how he was, he gravely replied, 'I yesterday completed my experiences on the power of the will. When I was struck in the stomach I felt my life going; I had only just time to say to myself that I did not wish to die, and I live. Any one else in my place would have died.' If this is to be called superstition, it must, at any rate, be granted that it is very different from that which had been attributed to him."

GEORGE ELIOT says: "Ignorance is not so damnable as humbug, but when it prescribes pills it may happen to do more harm."

PROF. KUESTER, the distinguished director of the Augusta hospital in Berlin, has been delegated by the Empress of Germany to represent her at the International Medical Congress, in London.

A HAPPY FAMILY. — Two allopathic physicians, one homœopathist, and one eclectic are serving amicably together as a committee to draft a medical practice Act. They were appointed by the Connecticut Legislature.

THE WORTH OF A NOSE. — About a year ago a monkey escaped from a Bowery museum, and bit a piece off a little girl's nose. The morsel of the lost member was valued by the family at $50,000, but the courts decided it to be worth $3,500, a verdict for that amount having been awarded by the jury in the case.

CONSOLING. —. . . "Physicians mend or end us,
Secundum artem, — but although we sneer
In health, when sick we call them to attend us,
Without the least propensity to jeer."

BACTERIA. — Duke Charles, M. D., of Bavaria, the young ophthalmologist, recently discovered bacteria in the choroid coat of two eyeballs. There were no signs of decomposition in the eye, and every circumstance went to prove that they were due to ante-mortem organisms. In shape and appearance they resembled the bacteria seen in septic diseases.

TRICHINOSIS. — "Says Aaron to Moses,
'I have got trichinosis';
Says Moses to Aaron,
'T is because you pork fare on.'"
Punch.

SENSIBLE. — The Board of Health of Newton, Mass., has made the sensible regulation that before any work of plumbing or drainage is undertaken in any building, a complete plan of all the pipes, traps, cesspools, etc., shall be submitted to the city engineer for his approval or modification as the case may warrant, and that no work shall be carried out except it be in accordance with a plan so approved or modified.

NEW SURGICAL ANÆSTHETIC. — Chloroform has been accused of producing respiratory paralysis, and Dr. Wachsmuth claims that this can be avoided by causing the patient to inhale a mixture of chloroform and rectified essence of turpentine in the proportion of one to five. Frank, of Olmutz, has tried this mixture in ten cases and found that it worked well. Anæsthesia was rapidly produced, easily obtained, and was not followed by any disagreeable symptoms. — *Le Courrier Médical.*

ACCORDING to the "Sanitary Record," milk venders are in the habit of largely adding salicylic acid to milk to prevent its turning sour. This habit has recently been prohibited in France by the minister of health, and M. Girard gives the following test for revealing the presence of salicylic acid: In one hundred cc. of suspected milk, put one hundred cc. of warm water and five drops of acetic acid. Filter to separate the casein, shake the filtered fluid with fifty cc. of ether. Decant the ethereal layer and evaporate it on a watch-glass. To the residue of evaporation add one per cent solution of iron; the salicylic acid presents an intense violet color. — *Exchange.*

HYGIENIC AND THERAPEUTIC RELATIONS OF HOUSE PLANTS. — There seem to be good reasons for the belief that persons predisposed to phthisis are benefited by living in rooms where house plants are cultivated. In the "Philadelphia Medical Times," Dr. McClellan reports a case which corroborates the views advanced by Anders. The patient was a man about thirty years of age, whose life had been devoted exclusively to sedentary pursuits. His mother and five sisters had died of phthisis, but he, except a dyspeptic ailment, still seemed healthy. His escape from the disease which destroyed so many of his family is attributed by Dr. McClellan to the fact that he lives, and has lived for seven years, in apartments well stocked with thrifty plants. In some of the English hospitals the effect of plants in the sick-room has been tried with most favorable results.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 9. SEPTEMBER, 1881. VOL. XVI.

EDITORIAL.

UNSHOD HORSES.

WE are almost forced to agree with some one's opinion that if our ancestors for several generations had made it a universal practice to shoe their domestic cats and dogs, we should ourselves, from force of habit, not only fall into the custom without any questioning, but also think it perfectly proper. The proverbial old farmer, who continues to take his corn to mill in one saddle-bag balanced over his horse's back by a large stone in the other, because his father did so before him, and whose little weakness we are apt to smile at with such complacent condescension, might very easily turn the tables on us if he left his horse's feet in a state of nature. In view of the evidence recently accumulated in favor of unshod horses both in the country and in the city, we are perfectly amazed at what, in this light, seems to be the unreasoning prejudice in behalf of horseshoes, which extends and has extended for so many years over so much of the civilized globe. We have lately read a good deal of this evidence, and feel that it is so exceedingly interesting, as well as important, that we make no apologies for introducing into this number a very readable article (although of unusual length for the GAZETTE), feeling sure that most of our physicians, even if they are too timid to act on it, will yet gladly welcome any information which will cure or prevent the diseases of their horses' feet, and at the same time save them $25 a year on each horse in blacksmiths' bills. If any noble son of Hahnemann yearns after this

exemption from the numerous and too-common diseases in his horses' feet, and also the addition of these golden ducats to his annual store, and yet shrinks from the bold experiment, — considering, with Josh Billings, that the best place to have his boils is on somebody else's back, at least first, — we can assure him that for the past eight months, no less a man than a former editor of the GAZETTE has been driving a barefoot horse over all kinds of city pavements, rough and smooth, horse-car tracks, macadamized roads, etc., with the greatest ease and success, thereby also curing an obstinate case of thrush. We cordially invite contributions of similar experience. To those who are interested to pursue the subject further, we recommend the perusal of a book published in London by Longmans, Green, & Co., in 1880, and entitled "Horses and Roads; or, How to keep a Horse sound on his Legs," by "Free Lance." Those who live in or near Boston can find it at the Public Library.

HORSES AND THEIR FEET.

BY SIR GEORGE W. COX.

IF we say that of all brute animals none is more valuable to man than the horse, and that the neglect of any means which may promote and insure his welfare and efficiency is a blunder not easily distinguishable from crime, we may fairly be charged with uttering truisms. If we urge that this value is not recognized as it should be, and that this neglect is miserably common, we may still be accused of wasting breath on statements which no one would think of calling into question. Every one, we may be told, is well aware that the management of horses is very faulty, that their lives are shortened by the ignorance of those who have charge of them rather than by any wanton cruelty, and that they are rendered practically useless long before their existence is brought to an end. To the plea that the same, or much the same things may be said of men as of horses, we may answer that the blame must be apportioned to the degree of carelessness with which evils affecting either men or horses are allowed to go on unchecked, or are foolishly dealt with; nor can failures to improve the condition of mankind furnish a reason for refusing to do what may improve the condition of horses. Our duty ought to be discharged at all costs and under all circumstances; but a man must have risen far above the average of his fellows if he feels no

relief when his duty coincides with his interest. Something is gained by the mere pointing out of this agreement, wherever it exists; and we must remember that if a vast amount of human wretchedness is the direct result of wilful and wanton perversity, we can meet with no such resistance on the part of brute beasts. With regard to these we have only to see what the evils are; and the blame is ours, and ours alone, if we fail to apply the remedy, when the remedy if applied must be successful. In the case of the horse, unhappily, we do not realize the extent of the mischief, and seldom, perhaps never, fix our minds on its cause or causes. Yet the facts, even when reduced within limits which none will venture to dispute, are sufficiently startling.

The number of horses in the United Kingdom has been estimated at rather more than two millions and a quarter, and their average value can scarcely be set down at less than £30. Their collective value, therefore, falls little short of £68,000,000. That the nation incurs a loss if this sum is spent quicker than it needs to be is a self-evident proposition; that it is so spent is certain, if horses on an average become useless at a time when they ought still to be in full vigor. On this point few will be disposed to challenge the verdict of Mr. W. Douglas, late veterinary surgeon in the Tenth Hussars, who tells us that a horse should live from thirty-five to forty years, and live actively and usefully during three fourths of this period. "All authorities," he says, "now admit that animals should live five times as long as it takes them to reach maturity. A dog, which is at its full growth when between two and three years old, is very aged at twelve years. Horses do not, unless their growth is forced, reach their full prime until they are seven or eight years old, which by the same law leaves them to live some thirty years longer. When these facts are kept in mind, together with these other facts, — that three fourths of our horses die or are destroyed under twelve years old, that horses are termed aged at six [he should have said eight], old at ten, very old when double that number of years, and that few of them but are laid up from work a dozen times a year, — . . . the viciousness of a system which entails such misery and destruction of life cannot be too strongly commented upon." If we take the age of three years as that at which horses begin to work, and twelve as that at which they are worn out, it follows that the period of their efficiency is shorter by at least fourteen years than it should be. In other words, the nation has to buy three horses when it ought to buy only one, and thus upward of £200,000,000 are spent every twenty-one years in the purchase of horses when £68,000,000 ought to suffice. The loss, therefore, to the nation is at least £135,000,000 in twenty-one years.

If this were all, the question would surely be most serious;

but it is not all. Unless the facts thus far stated can be set aside, our horses work on the average seven or eight years; but how do they work? The collective experience of the country will answer that the work is done at the cost of frequent interruptions, and with an amount of discomfort and pain which often becomes agony. It is easy to say that much of the evil must be laid to the charge of grooms and stable-men; and perhaps the censures dealt out to these men are not undeserved. They are at least outspoken. In the last century Lord Pembroke spoke of grooms as being "generally the worst informed of all persons living." "No other servant," says Mr. Mayhew, "possesses such power, and no domestic more abuses his position. It is impossible to amend the regulation of any modern stable without removing some of this calling, or overthrowing some of the abuses with a perpetuation of which the stable servant is directly involved." In this state of things the most humane of masters becomes, he adds, an unconscious tyrant to the brute which serves him so well. It is a miserable fact that grooms on their own responsibility are in the habit of administering secretly to horses, medicines the cost of which they pay themselves. It may fairly be said that in every case the remedy is ill-judged, and creates worse mischief than that which it is designed to remove. Among these medicines, arsenic, antimony, and nitre seem to be the favorites; but the list of remedies is not ended with these The experience of ages, if it has failed to do more, has impressed on them the fact that the chief source of the sufferings of horses is to be found in the foot. The suspicion that the foot is not treated rightly by the traditionary method never enters their minds; and they deal with the limb, not from a knowledge of its anatomy, structure, and purpose, but in accordance with the popular notions, which are, in plain speech, outrageously absurd. In profound ignorance that the hoof is porous, they apply hoof ointments, which answer to cement plastered on a wall. If these were in constant use, Mr. Douglas asserts emphatically that not a morsel of sound horn would remain at the end of six months on the horses, and shoeing would become an impossibility. If the groom be told that he is thus preventing the internal moisture from reaching the outer surface and the air from circulating inward, his only answer is an incredulous laugh. His conviction is that the hoof should not come into contact with hard material, and that the horse can be best fitted for his work by having his feet smeared with tar, beeswax, or tallow, and by resting always on a heap of litter in the stable. It would be of little use to cite Lord Pembroke as declaring that "the constant use of litter makes the feet tender and causes swelled legs; moreover, it renders the animals delicate. Swelled legs may be frequently

reduced to their proper natural size by taking away the litter only, which, in some stables, where ignorant grooms and farriers govern, would be a great saving of bleeding and physic, besides straw. . . . I have seen," he adds, "by repeated experiments, legs swell and unswell by leaving litter or taking it away, like mercury in a weather-glass"; and his experience is confirmed by the general condition of troopers' horses, in contrast with those of their officers, which are bedded down all day.

But if there are evils for which grooms are in large measure directly responsible, and the abolition of which they would beyond doubt stoutly resist, there are others in which masters are not less blameworthy than their men, and from which the public generally as well as the animals are constant sufferers. The work of the horse is that of dragging and carrying; and the aim of the owner should be the accomplishment of this work with the utmost possible sureness and with the fewest accidents. Serious and fatal injuries may be the result of stumblings and slippings not less than of actual falls; and the premature wearing out of horses by excessive straining of their sinews and muscles is a direct pecuniary loss to the owners, although few of them seem to realize the true significance of the fact. These evils are to be seen everywhere, and they affect horses kept for the purpose of pleasure and ostentation almost as much as those which spend their days in a round of monotonous drudgery. A horse should not be obliged to work in going down a hill; but in fact they are subject to the severest strain just when they ought to have none, if they are harnessed to springless carts or wagons without brakes. Farm horses suffer with terrible severity from this cause; but the horses used in carrying trades and by railway companies undergo a more cruel ordeal. Improvements in the brake power of wagons used on roads, which might greatly lessen the mischief, are not made; and hence the horses are seldom free from diseases more or less serious, which may be traced directly to constant slipping and shaking over slippery pavements. Among ignorant owners, blind to their own interests, there is an impression that "the work which kills one horse will bring in money enough to buy another"; but experience has sufficiently shown the fallacy of this theory, whether the overtaxed slave be a horse or a human being. In towns and cities the roads are and must be paved, and the pavings at present are variously of stone, wood, or asphalt, where the road is not macadamized. These pavements have, it would seem, each its own peculiar dangers for the horses which use them; and each has thus become a fruitful source of controversy. If any one method be likely to supersede the rest, the victory will probably be for the asphalt; but horses are found to slip seriously upon it, and the falls so caused are, we are

told, of a graver kind than those on pavements of other sorts. All the proprietors of cabs, omnibuses, and railway vans have, it is said, protested in a body against its use; but scarcely, it would seem, to good purpose. Fresh contracts have been signed for pavements of asphalt, and others will probably follow. In the mean while horses have to pass, perhaps in a single morning, from macadamized roads to roads paved with asphalt, wood, or stone; in other words, over roads made of widely differing materials, which call in each case for a different action of the foot. On the other hand, the hoof is supposed to be protected by shoes, the varieties of which are legion; and thus the controversy has been brought to a singular issue. On one side it is urged that there should be a uniform system of paving enforced on all towns, so that horses should no longer pass from a less slippery road to one that is more slippery; on the other, the contention is that the true remedy lies not in uniformity of paving, but in the discovery of a shoe which shall effectually prevent the horse from slipping anywhere. The former alternative is visionary; the latter has been, and perhaps it may be said still is, the object aimed at by some who have a thorough acquaintance with the structure of the horse, and the most disinterested wish to promote his welfare. We may therefore safely pay no heed to the lamentations of those who believe that "the difficulty in riding or driving through the London streets arises from the variety of the pavements in use," and that "if we had a uniform kind of pavement, a shoe for universal use would be quickly invented." We may please ourselves with fancying that "the ingenuity of man would devise horseshoes to travel over glass, were glass the only pavement in use." The main question is, whether mankind after all has not been forestalled in this invention; and it is absolutely certain that those who have labored most conscientiously to improve the shoeing of horses have striven especially to secure for them the power of moving safely over materials of many kinds. These men have been convinced that the traditional methods overload the foot of the horse with iron, and that the modes of fastening on this iron interfere with, if not altogether obstruct, the processes of nature. The efforts of all have been directed toward diminishing the weight of iron, and this has led them to the conclusion that the less the natural foot is interfered with the better. M. la Fosse thus inferred that one half of the ordinary shoe was unnecessary, and that nothing more was needed than a tip on the front half of the foot. Unfortunately, he directed that the heel should be pared, thus making it weaker; and he fastened on his tip, which had about six inches of iron in its entire length, with eight nails. He was thus "inserting wedges, amounting in the aggregate to from an inch to an inch and a half in thickness, in six inches of

horn, thus squeezing it into the space of five or even four inches, and killing it from the clinches downward and outward." It is strange that veterinary surgeons who have clearly comprehended the mischief thus caused have failed to draw the logical inference from their premises. Mr. Douglas was aware that the crust of the horse's foot resembles in its natural state a number of small tubes, bound together by a hardened, glue-like substance, and he compares it to a mitrailleuse gun with its many barrels soldered together. By his way of nailing, M. la Fosse was reducing the size of each tube by one sixth, or rather was entirely closing those nearest the nails and compressing those that lie half-way between each pair of nails. He was in this respect aggravating the mischief of the ordinary shoe, which commonly has seven nails; and this insured dryness and brittleness of hoof. But the circulation of fluid through the pores of the hoof is not the only natural process which modern shoeing interferes with. In his work on the horse's foot, Mr. Miles illustrates the expansion and contraction which always takes place in its natural state when it is set down on and lifted from the ground. The subject was a horse nine years old, which had the shoe removed for the purpose of the experiment. "The unshod foot was lifted up, and its contour traced with the greatest precision on a piece of board covered with paper. A similar board was then laid on the ground; the same foot was then placed upon it, and the opposite foot held up while it was again traced. The result was that it had expanded one eighth part of an inch at the heel and quarters." Over two inches on each side of the centre of the toe no expansion had taken place, the tracings showing that the expansion was only lateral. It would follow that a shoe intended to give full play to this process must be confined to the part where no expansion takes place; but Mr. Miles adhered to the form of the ordinary shoe, although he reduced to three the number of nails by which it was fastened. The object of this process of expansion and contraction is to give the animal a firmer hold on the soil, and to enable him, where this is thick, slimy, or sticky, to withdraw the foot easily on contraction. This purpose is necessarily defeated when the whole foot is armed with iron.

No one has condemned the mischievous working of the existing system more strongly than Mr. Mayhew, who refuses to allow that the body of the horse was made stronger than his legs and feet, and holds that these, if left to themselves, must be adequate to the tasks imposed on them. In his belief, "It is among the foremost physiological truths that Nature is a strict economist," and that "man has for ages labored to disarrange parts thus admirably adjusted. . . . No injury, no wrong, no cruelty can be conceived which barbarity has not inflicted on the most gener-

ous of man's many willing slaves." But although he has thus seen "the folly of contending against those organizations which govern the universe," he still thought that the employment of some sort of shoe might not lie open to this charge. Shoes of some sort may give to the horse the freedom which is essential for the health of the foot, although he insists that all the shoes thus far used are lamentable failures. "There are," he says, "many more pieces of iron curved, hollowed, raised, and indented, than I have cared to enumerate. All, however, have failed to restore health to the hoof. Some, by enforcing a change of position, may for a time appear to mitigate the evil; but none can in the long run cure the disorder under which the hoof evidently suffers." Such language, it might be thought, could come only from one who had discarded the use of shoes altogether. All, however, that Mr. Mayhew has done is to point the way to the road which he was not prepared to take.

But the experience of Miles and Mayhew, La Fosse, Charlier, and Douglas seems to lead by necessary logical inference to one conclusion only: If the working of the traditionary system leaves the horse a wreck almost before he has reached his prime, if the lessening of the weight of iron and of the number of nails used in fixing the iron has been followed by direct and important benefits in every instance, if even those who hold that a horse must be shod have discovered that that which they look on as a protection to the fore-feet is merely harmful to the hind-feet, is it possible to stifle the suspicion that this insignificant remnant of a system so fruitful in mischief may have no magic power, and in short that the horse may do just as well without them?

This conclusion has been courageously avowed and most ably enforced by a writer calling himself "Free Lance," in his recently published work on "Horses and Roads"; and to say the least, it is time that the whole question should be fully and impartially considered. It affects the wealth of the nation, and on it depend both the usefulness and the comfort of a race of noble animals which are indispensable to our prosperity. The force of prejudice may be great, and a widespread traditional system may not be soon or easily overthrown; but it cannot for a moment be supposed that Englishmen generally will assume with reference to it an attitude of unreasoning and obstinate antagonism. Fear probably will be found to supply a restraining motive more powerful than open ill-will. Many who think that the new theory may look well enough on paper will doubt its value in practice, and will regard their own horses as exceptions to which it cannot apply. With a strange ignorance of fact, they will insist that unshod horses may move safely over smooth and soft ground, but must fail when it is rugged and hard and stony, or will be

oppressed by a vague dread that a horse which has gone well enough without shoes for six months may break down in the seventh. But even those who refuse to give up the practice of shoeing will yet acknowledge its faultiness, and wish that they could give it up without risk. To all such we need only say that if they have any regard for impartiality, they are bound to consider the arguments and the facts on which the conclusions of "Free Lance" rest; and most assuredly they will find in his pages nothing which they may charge with extravagance, rashness, and intolerance. They will not be told that unless they abandon the system of shoeing altogether they can effect no improvement in the present state of things, or even that they must hasten to change the old system for the new. On the contrary, they will find that they are again and again warned against imprudent haste, and are told that a vast amount of good may be achieved even if they never venture on leaving their horses' feet in a state of nature.

Of these arguments and facts, it might be difficult to determine which are the most important and significant. Certain it is that our horses generally are afflicted with a multitude of diseases which seize on their legs and feet, and that lameness is everywhere a cause of constant complaint and of loss of time and money. The author is not speaking from theory or from book, but takes his stand on an experience obtained during a sojourn of many years in foreign countries, especially in America, where in the construction of railways and other public works he had to employ hundreds of horses and mules on tasks which taxed their capabilities to the utmost. In Mexico, Peru, Brazil, and elsewhere, he found that unshod horses were daily worked over roads of all kinds, carrying heavy packs from the interior down to the coast, the journey thither and back being often extended to several hundreds of miles, and that they accomplish these journeys without ever wearing out their hoofs; and the roads in these countries, where they exist at all, are neither softer nor smoother than those of England or of Ireland. If horses fell lame, it was from causes incidental to the climate, and for these the system of shoeing would supply no remedy. From other diseases, which from strong and often incontestable reasons may be traced to the use of shoes, they were wholly free. The necessary conclusion was that the system of shoeing could answer no good purpose, while it might be productive of much harm; and in this conclusion he was confirmed by the admissions and protests of the most able and competent veterinary surgeons in this country. These have uniformly raised their voices against the heavy weighting of the horse's foot maintained by the traditional practice. It has been found here that the hoofs of some horses are so weak that they cannot be fully shod; and a writer in the "Field," styling him-

self "Impecuniosus," cited some ten years ago a remark by Mayhew that "some horses will go sound in tips that cannot endure any further protection," adding the significant comment that the moral of this is that "it is the shoe, not the road, that hurts the horse"; for if a weak and tender foot can go sound when all but unshod, "why should not the strong, sound one do the same?" The conclusion, as he insists, should rather be that a horse must have a strong, sound foot to stand, not our work, but our shoe. The same writer, speaking of the cruelties unwittingly perpetrated by grooms and blacksmiths on the horse's foot, says that "though lameness usually attends their efforts, they ascribe it to every cause but the right one, and indeed resign themselves complacently to the presence of many diseases confessedly caused by their treatment." "Free Lance" has seen, and others also have doubtless seen, light horses, of high breed and value, shod or burdened with a full set of shoes in which eight nails, nearly three sixteenths of an inch in thickness, were driven four in each quarter, and in a space of three inches for each four nails. He may well call attention to the immense amount of laceration and compression which the delicate hollow fibres of the crust must have suffered when thus wedged up within a fourth of their natural dimensions. Besides this, he adds, the hoof was, in one instance, carved out on the crust to receive three clips, one on the toe and one on each quarter. "A calk, three quarters of an inch high, was put on one heel of each hind shoe, and on the other heel a screw cog of equal height. On each front shoe a cog, also three quarters of an inch high, was put upon each heel. This wretched victim to fashion was then regarded with the utmost satisfaction by the farrier and his groom; and all this heathenism was perpetrated in the forge of a veterinary surgeon. But perhaps he was shoeing to order."

Among the reformers of these great abuses, M. Charlier occupies a prominent place. His shoe in its first shape was not successful. Starting rightly on the assumption that Nature intended the horse to walk barefoot, and that the bottom of his foot was in every way fitted to stand all wear and tear, he excepted from these self-sufficing parts the outer rim, — that is, the wall or crust. "He therefore," "Free Lance" tells us, "made a shoe of very narrow iron, less than the width of the wall, which he let in, or imbedded, to the crust, without touching the sole even on the edge; so that in fact, the horse stood no higher after he was shod than he stood when barefooted. He urged that such a narrow piece of iron would not interfere with the natural expansion and contraction of the foot; and in this he at once went wrong, for malleable iron has no spring in it. Then, in spite of his theory, as he expressed it, he carried his shoe right round the

foot into the bars, beyond where the crust ceases to be independent of them. He thus got a very narrow, weak shoe, about a foot in circumference (if circumference can be applied to that which is not a complete circle); and as he ought to have foreseen, the shoe then twisted or broke on violent exertion." Still, as freeing the horse from a large amount of the weight usually attached to his foot, the change was an important benefit; and the lesson thus taught was not thrown away. The shoe was reduced by a man at Melton from the full to the three-quarter size, and in this form it weighs five ounces. Seeley's patent horse-shoe, adopted by the North Metropolitan Tramways Company, weighs one pound and a quarter, this being a reduction of one half on the weight of the ordinary shoe; and we have to remember that each additional ounce on the horse's foot makes a most sensible difference in the amount of work performed by him during the day. Shoeing their horses on the principle of the modified Charlier shoe, Messrs. Smither & Son, of Upper East Smithfield, have found the result marvellously to their advantage, in the measure of comfort and safety with which their animals do their work, whether in the London streets, on pavement, or on country roads. So far as their experience has gone, there are no horses which it does not suit; and it is of special service for young horses running on the London stones, and for horses with tender feet or corns, and to prevent slipping. In other words, the absence of metal confers benefits which cannot be bestowed by its presence. Facts in America teach the same lesson. At a meeting of the Massachusetts Board of Agriculture in 1878, Mr. Bowditch, a practical farmer, declared that "nine hundred and ninety-nine thousandths of all the trouble in horses' feet came from shoeing," that he was in the habit of driving very hard down-hill, that he had galloped on ice on a horse whose feet had merely a small bit of iron four inches long curled round the toe, and that this piece of iron is all that is needed even in the case of an animal whose feet have been abused for a series of years. When nothing is left but this fragment of the traditional shoe, and when even this fragment has, as in Massachusetts and elsewhere, been retained for the fore-feet only, it is incredible that men should fail to ask what the use of this relic of the old system may be. Donkeys in Ireland are unshod, and they work on roads at least as rough, hard, slimy, and slippery as those of England. "Can one really believe," asks "Free Lance," "that the animal which is endowed with the greater speed and power should have worse feet than his inferior in both respects?" To such a question one answer only can be given; and the lesson may be learned by any one who will take the trouble to go to the wilds of Exmoor or Dartmoor. There, as in the Orkneys and on the Welsh hills and

in many parts of the Continent of Europe, horses run unshod over rocks, through ravines, and up or down precipitous ridges. "Yet all this," Mr. Douglas remarks, "is done without difficulty, and to the evident advantage of their hoofs; for these animals never suffer from contracted feet, or from corns, sand-cracks, etc., until they become civilized and have been shod." Mr. Douglas, it is true, holds that civilization involves the need of a shoe of some sort for horses as for men; Mr. Mayhew advocates the use of the tip: and as we have said, it is not in human nature to stop short at such a point as this. It is obvious that if the complete abandonment of iron is followed by increased efficiency and power of endurance on the part of the horse, as well as by deliverance from a number of painful and highly injurious diseases, the owner is directly and largely benefited in more ways than one. His horses live in greater comfort and for a longer time; his veterinary surgeon's bill and the outlay for medicine are greatly lessened; and the costs of farriery disappear altogether.

Farriers will of course complain that their occupation is gone, and that they are ruined men; but little heed was paid to like pleas when they were urged for the drivers and attendants of coaches and coach-horses when the first railways were constructed. Matters will adjust themselves in this case as they did in the other. But that the change cannot be effected in a day or a week, no one will venture to deny. The feet of horses are ordinarily treated, not wantonly but through ignorance, with a cruelty which is simply shocking. With vast numbers of animals which are not kept for purposes of drudgery, and in whose appearance their owners feel a pride, the hoof is a mere wreck, and the sight of the mangled and split hoof may well excite not merely pity but wonder that any can passively allow such evils to go on. A few, however, will always be found with resolution enough to shake off the fetters of traditionalism; and some of these have already expressed their opinion with sufficient emphasis. One of these, writing in November, 1878, says: "The argument against horseshoes seemed to me so strong, and the convenience of doing without them so great, that I resolved to try the experiment. Accordingly, when my pony's shoes were worn out, I had them removed, and gave him a month's rest at grass, with an occasional drive of a mile or two on the high-road while his hoofs were hardening. The result at first seemed doubtful. The hoof was a thin shell, and kept chipping away, until it had worn down below the holes of the nails by which the shoes had been fastened. After this the hoof grew thick and hard, *quite unlike what it had been before.* I now put the pony to full work, and he stands it well. He is more sure-footed, his tread is almost noiseless, and his hoofs know no danger from the rough hands of the farrier; and the

change altogether has been a clear gain, without anything to set off against it. The pony was between four and five years old, and had been regularly shod up to the present year. He now goes better without shoes than he ever did with them."

A well-known Cumberland farmer, writing about the same time, speaks of a farm horse in his possession, which, having been lamed by a nail driven into its foot, had been for many months in the hands of the farrier. Tired out with this annoyance, the owner had his shoes taken off and turned him out to pasture. While still rather lame, the horse was set to work on the land; and he is now, we are told, "doing all sorts of farm work, and dragging his load as well as any shod horse, even over hard pavement." If judgment based on knowledge is to carry weight, the question would soon be settled. We have already seen the opinions expressed by the most able writers on the horse, and especially on the structure and treatment of his feet, as well as by the best veterinary surgeons. The verdict of the "Lancet" is almost more emphatic. "As a matter of physiological fitness," it says, "nothing more indefensible than the use of shoes can be imagined. Not only is the mode of attaching them by nails injurious to the hoof; it is the probable if not evident cause of many affections of the foot and leg, which impair the usefulness and must affect the comfort of the animal." If we add that the hunter is benefited almost more than other horses by being allowed to use his feet as Nature made them, the admission is made in the interests of the horse, and not as an expression of opinion on the controversy respecting the right or the wrong of fox-hunting. It is enough to say that for horses which have to move rapidly, and to come down with a sudden shock on sticky and slippery ground, the natural course of the process of expansion and contraction is of the first importance. For those who may care nothing for the gratification of hunting men, it may be amusing or provoking to learn that in times of hard frost, hunters have been enabled to chase the prey by the aid of gutta-percha soles fastened to the feet; but all who are anxious only for the welfare of the horse will see in this fact strong evidence of the uselessness of the iron shoe. The plain truth is, that differences in the quality of soil, be it hard or soft, stony or sandy, smooth and slippery, are of comparatively little importance to the horse whose feet are as Nature made them. In the words of "Free Lance," "the unshod horse can successfully deal with all roads"; and assuredly no one will dream of asserting that shod horses can do this, for on the setting in of frost, for instance, they cannot be worked until certain ceremonies have been gone through at the blacksmith's forge. The unshod horse can tread firmly on the slime of wood pavement when shod horses are slipping and

struggling in agony around him; he can gallop on ice, and trot for miles together on the hardest and roughest flint roads, with far more ease and comfort than horses whose feet are shod with iron, or even with gutta-percha. "Free Lance" rightly remarks that "if they could not, there would be an end of the thing; for evidently the horse should be able to go anywhere and everywhere, and at a moment's notice." It seems hard to produce the conviction that the natural sole of the horse's foot is almost impenetrable, that it is so hard and strong as to protect the sensible sole from all harm, and that all feet exposed to hard objects are made harder by the contact, provided only that the sole is never pared. This adequacy of the horse's foot to all demands that may be made upon it is forcibly illustrated by Mr. Bracy Clark, who, like Mr. Douglas and Mr. Mayhew, contented himself with striving to produce a perfect shoe; although he acknowledged that if we wish to appreciate the full beauty of its structure, "we must dismiss from our views the miserable, coerced, shod foot entirely, and consider the animal in a pure state of nature, using his foot without any defence." Probably Mr. Clark thought that though we may consider it in its natural state, few can ever so behold it, as all horses in civilized countries are in greater or less degree brought under artificial conditions. The plea is fallacious. The horse is clearly intended by nature to serve as a domesticated animal; and so long as we do not interfere with the proper functions of any part of its body (and the abomination of bearing reins and other such practices interfere with them grievously and even fatally), we bring it under no conditions which it was not designedly calculated to encounter. Private owners and companies whose horses must be numbered by troops are naturally irritated by the accidents constantly occurring on smooth and slimy pavements or on rough and hard stone or flint roads; and in their disgust they now offer rewards for the invention of a shoe which shall render the horse indifferent to the materials over which he has to pass, and clamor for a uniform system of pavements in all towns. It seems strange indeed that no misgiving seems to cross their minds that they are taking thought of the wrong surface, and that they are scared by false terrors when they dread the contact of the unshod hoof with sand, granite, flint, wood, or asphalt.

It cannot, indeed, be too often repeated or too strongly insisted on, that the foot of the horse in no way needs to rest on soft and yielding surfaces. The very opposite of this is the truth, and this truth was perceived as clearly by Xenophon as by the ablest physiologists of our own day. Speaking, as he says, not from theory, but from wide and varied experience, Xenophon insists that in order to insure the healthiness of horses, stable floors

must not be smooth or damp; that they should be lined with stones of irregular shapes, of much the same size as the animal's hoof; and that the ground outside the stable, on which it is groomed, should be covered in parts with loose stones laid down in large quantities, but surrounded by an iron rim to prevent their being scattered. Standing on these, the horse, Xenophon adds, will be in much the same condition as if he were travelling on a stony road; and as he must move his hoof when he is being rubbed down as much as when he is walking, the stones thus spread about will strengthen the frogs of his feet. It is not easy to repress a certain feeling of shame at the disingenuousness of modern writers, who have tried to shirk the difficulty by saying that Xenophon had no knowledge of our hard roads. It is enough to reply that he speaks distinctly of roads covered with stones, and of the benefit which the horse derives from traversing them. There is not a word to justify a suspicion that he would have shrunk from the hardest roadway of modern times. Xenophon is thus in complete agreement with Lord Pembroke's remark, that the constant use of litter in a stable makes the feet tender and causes swelled legs. In his judgment the bare stone pavement will cool, harden, and improve a horse's feet merely by his standing on it. Acting on the same principle, Vegetius, as "Free Lance" remarks, holds that the floor of the stable should be made, not of soft wood, but of solid hard oak, which will make the foot of the horse as hard as a rock. It should surely be unnecessary to say that these writers make not the remotest reference or allusion to the shoeing of horses. It was impossible that they could notice a practice which was unknown to the ancient world, and which is in truth simply a modern, as it is also a most uncalled-for barbarism. No iron helped to produce the heavy sound of solid horn which Virgil ascribes to the fiery steed of Pollux.

Of late years we have heard much of the unjustifiable waste of time spent on classical literature which has no practical bearing on the interests of modern life. It is unfortunate that Xenophon's treatise on the management of horses has not formed one of the subjects for the upper forms of our public schools; and it would be well if they were made to read with care a book written by one who wrote unfettered by the restraints of any traditional system, and who successfully brought the cavalry, as well as the infantry, of the Cyreian army of Greeks from the plains of Babylon to the shores of the Euxine. There they would see how thoroughly the rules laid down by the leader of the Ten Thousand for the selection and management of horses are in accordance with the highest scientific knowledge of the present day, and how happy an ignorance he displays of the long and dismal catalogue of diseases

and miseries which a wrong-headed and ridiculous system has called into existence. No horses could be subjected to a more severe strain in every limb of their body than were those which Xenophon led from Cunaxa over the Armenian highlands to the walls of Trebizond; yet we hear nothing of any special difficulties arising from diseases of the foot or leg. It may probably be said with truth that the strain endured by those horses could be borne only by unshod animals. Paul Louis Courier, the French translator of Xenophon's treatise, was so struck by the apparent soundness of his method that he put it to the test by riding unshod horses in the Calabrian campaign of 1807; and he did so with complete success. But that which with him was a voluntary experiment has been for others an involuntary necessity. This was the case with many of our cavalry horses during the Indian Mutiny, and their riders have declared that they were never better mounted in their lives. In the retreat of the French from Moscow, the horses, "Free Lance" remarks, lost all their shoes before they reached the Vistula; yet they found their way to France over hard, rough, and frozen ground. In his invasion of America, Cortez could not carry about with him the anvils, forges, and iron needed for shoeing even the small number of horses which he had with him. But these horses did their work and survived it; and from them comes the fierce mustang of Mexico, which still goes unshod. There is great force in the remark of "Free Lance," that horses are not indigenous to America, this being their first introduction; and that the climate and locality, therefore, have not that influence over the hoof which they are commonly supposed to have. The small horses of the irregular cavalry at the Cape, which took part in the battle of Ulundi, had no shoes on their hind-feet, and few were shod even in front; but they held out longer and went miles farther than the shod animals, and no complaints were made of any of them falling lame, although, as "Free Lance" adds, "sheets of wet, slippery rock, and rolling stones in river beds, would be calculated to try the hoofs to the utmost."

But it is scarcely necessary to cite more instances of the vast benefits which those who have had the courage to leave the feet of their horses as Nature made them have received under the most varied conditions of work, of soil, and of climate. Humanity and self-interest here point in the same direction, and only folly of the most perverse kind will have the hardihood to fight for the maintenance of the existing system. The cruelties practised (whether unwittingly or wantonly) on the horse's foot have been extended over a series of generations; but the only penalty which remains to be paid for the ill-doing of years is the surrender of a few days or a few weeks of the labor of the animal which has been thus misused. On the other side, there is a certainty that

we shall be entering on a course which will triple the length of time over which the efficiency of the horse will be extended, and which therefore will, within twenty years, have saved the nation a hundred and thirty-five million sterling. It will further insure the immediate saving of all the money now spent on farriery, and this saving, which must be at the least forty shillings a year on every horse, will amount to two millions and a quarter; and there will be the further saving in straw as well as on medicines, nostrums, and remedies no longer needed for animals rescued from a system which was a fruitful source of discomfort, disease, and death. The angry controversies which the subject is now constantly calling forth and exasperating will at the same time disappear. There will no longer be an outcry for uniformity in the system of paving towns, for horses will go as well on one kind of pavement as on another. There will no longer be querulous demands on inventors for the devising of a perfect shoe, because it will be clearly seen that this perfect shoe has been furnished already by Nature, and that it is only human ignorance and conceit which have marred the work of God. We may now look back with some feeling of envious regret on the wiser because more natural methods of the ancient world; and future generations will look back with feelings of simple wonderment at the infatuation which could submit without a struggle to a system which doomed the horse to unnecessary disease and agony and to a premature death, while it deprived his owner of wealth often sorely needed for his own welfare and that of all depending on him. Of the ultimate issue there can be no doubt; but it is still the duty of "Free Lance," as of all whose eyes are opened to the mischiefs of the existing system, to fight the battle to the end. — *Fraser's Magazine.*

PLACENTA PRÆVIA: FIFTEEN CASES.

COLLATED BY GEORGE B. PECK, M. D., PROVIDENCE, R. I.

In June, 1880, it was my privilege to read before the American Institute of Homœopathy, at Milwaukee, a paper based solely upon the experience of more than a hundred members of that body with this trying emergency. For the lessons taught thereby, the reader is referred to the Transactions of that session. The following cases have been carefully selected as average specimens of the data furnished by my correspondents. Should any one wish to investigate the matter further, sixty-three additional instances may be found in the January and April

numbers of the current volume of the "Hahnemannian Monthly."

Dr. Isaac W. Sawin, of Providence, R. I., first encountered this difficulty many years ago. The variety chanced to be partial. So vigorous were the pains, so favorable the presentation, and so well conditioned the parts, that labor speedily attained a happy termination without interference of any kind. No notes were taken.

His second case was met Dec. 9, 1874. He had not seen the patient when summoned to attend her in labor with her third child. The messenger informed him that she was flowing. The doctor found her sitting in a chair, whence blood was falling to the floor in a perfect stream. She was at once placed in bed and examined. The os was found soft, dilatable, and already dilated to the size of a silver dollar, that space being occupied by the placenta. The hand in conical shape was pushed at once through the ostium vaginæ and against the presenting placenta, directly and firmly, until the hand, wrist, and a part of the forearm were within the uterus. His hand was now lying between the uterine wall and the still unruptured membranes; his forearm was so closely encircled by the mouth of the womb that it was certain there could be no hemorrhage nor escape of the liquor amnii, until there had been afforded ample time and space for turning with ease and with perfect safety to the mother and child. After a moment's pause the membranes were ruptured, the feet brought down, and the child delivered, the placenta following immediately. From his entrance into the room to the completion of labor less than a half-hour elapsed. He did not learn that there had been antecedent hemorrhage. Both did well.

On June 26, 1877, Dr. Sawin performed the same feat for the writer in an equally successful manner. The case has been already reported. On July 16, 1878, he delivered Mrs. C—— of a non-viable child some time before the close of the seventh month. Frequent hemorrhages had occurred after the fourth month. From their character and the condition of the cervix a proper diagnosis was attained. When labor set in and the os was dilated to the size of a quarter-dollar, one half was occupied by the placenta. As the pains were brisk, he ruptured the membranes. Labor terminated speedily, entailing but little loss of blood, and the mother did well. The accidental hemorrhages were controlled by *Secale cornutum*[1x]. The lady has two children living; this is believed to have been her third pregnancy.

Mrs. W——, of Cincinnati, O., aged twenty-nine years, when advanced in her third pregnancy seven and a half months, was attacked with a slight hemorrhage which she ascribed to overwork.

Five days later it recurred quite severely, when she sent for Wm. Owens, M. D., of that city. Examination revealed a slightly dilated os, and a neck apparently of normal length. She complained of sharp, knife-cutting pains at the os, that extended upward, pain and lameness in the back, and difficult micturition. Straining always brought a little blood. The diagnosis was evident. She was put to bed and given *Secale cornutum*^{3x}, thirty drops in half a glass of water, two teaspoonfuls every half-hour until the flow ceased, which was immediately subsequent to the third dose. On the eighteenth day thereafter a slight hemorrhage occurred, with sharp, cutting pains high up in the pelvis. This came on while at stool; she had three watery, gushing discharges. *Secale* was given as before; after the third dose the pain, hemorrhage, and diarrhœa ceased. She felt very weak; the os was more dilated and soft. Recumbency was enjoined, and *Aconitum napellus*^{3x} prescribed. The patient was nervous and chilly all night. The physician left a request to be called at the earliest moment hemorrhage should recur. This did not happen until the sixteenth day, when it was very profuse. Mrs. W—— was naturally much alarmed. *Aconite* and *Secale* were administered as before, and she was carefully watched that night. Everything remained quiet for ten days, when there was another recurrence, less severe and without pain. The blood was bright red: *Ipecacuanha*^{8x} and *Aconite*^{3x} were given. Eight days later he found the woman in labor. The hemorrhage was great and the pain severe. The os was completely filled by the placenta; the patient was exhausted. No water having been discharged, so far as known, a female catheter was plunged through the placenta. By this means the liquor amnii was *gradually* drawn off, the pains increasing and the flow of bloood diminishing meanwhile. Brandy was now freely administered. After an interval of twenty minutes the accoucheur introduced the forefinger of the right hand around the border of the placenta, and hooked into it. In a few moments a strong pain expelled the placenta and hand; a second brought the child. The mother made a good but tedious recovery, the milk appearing on the sixth day. The infant is now a young woman.

Mrs. U——, pregnant for fourth time, was a tall, slender, red-haired woman, possessed of the hemorrhagic diathesis. In her thirteenth week she was threatened with miscarriage: there was a great flow of bright-red blood on the first day, followed by the discharge of bloody, dirty-looking water for five days. At seven months there was a slight flow of bright-red blood, attended with sharp, cutting pains, referred to the inferior abdomen. Supposing her to be threatened with premature delivery, she was put to bed and quiet enjoined. *Ipecac.*^{3} was given, followed next day by *Arnica*

montana[3], and finally *Secale*[3]. In ten days she was round the house as usual. On the sixteenth day she had a most violent hemorrhage, causing great exhaustion. Now Dr. Owens insisted upon and secured an examination. He found the uterus high up in the pelvis, and the os dilated so that the finger could be introduced to the first joint, when it pressed against a firm, spongy mass. Placenta prævia was promptly diagnosed. Subsequently hemorrhages recurred every ten days, until confinement. The patient was kept quiet (in bed most of the time), and nourished with light and liquid foods. *Podophyllin*[6] was given every night. The bowels moved spontaneously every second or third day, without pain or straining. On Nov. 10, at 3 A. M., the doctor was called to attend the labor. He found a continuous but small flow of bright-red blood, almost constant pains, and the placental mass completely closing the os. While examining for its margin a pain came with great force, expelling the placenta and bringing the head of the child to the external parts. This was immediately succeeded by another, which placed the child beyond danger. Both did well. Just before starting for the house, Dr. Owens despatched a messenger for counsel in accordance with previous agreement; but the baby arrived first.

Dr. Owens has also encountered a number of partial implantations, one of which he will ever remember. It was a miscarriage at the sixth month of the third pregnancy; a shoulder presented. The mother recovered after a severe and prolonged confinement, following a most exhausting hemorrhage.

Dr. Z—— was summoned to see in consultation a case of recurrent metrorrhagia, which he decided was due to placenta prævia. The discharge was slight at times, again quite profuse. It was now the seventh month of pregnancy; trouble had existed from the fifth. The patient had become exsanguinated, though *Trillium*[2x] had seemed to exert a controlling influence over the amount lost. Further delay was not to be thought of; so Dr. Z—— dilated the cervix with a set of Molesworth's dilators, and piercing the placenta with a silver catheter, drew off the water. He then enlarged the opening in the placenta, which was nearly central in its attachment, and delivered by pedal extraction. Then he forcibly removed the afterbirth. Until the fœtus was engaged in the os, the hemorrhage was frightful: the patient barely escaped with her life. *Secale cornutum* 3ss. every half-hour was used to mechanically stimulate the muscular contraction of the uterus.

Dr. D. S. Kimball, of Sackett's Harbor, N. Y., states that many years ago, while practising allopathically, he encountered a case of lateral complete placenta prævia, the margin only covering the os. This he detached and crowded to one side, delivering the woman in safety. The child is still living at an adult age.

J. F. Whittle, M. D., of Nashua, N. H., has met quite a number of partial cases, but none complete. In two instances labor occurred at six months; elsewise he has suffered no loss from this complication. The most complete case occurred some five years since. The mother had her first severe hemorrhage at six months, which was checked by *Sabina*^{2x} and a week's rest in bed. Six weeks later there was a recurrence, but the discharge was not so profuse as at first; it was checked by the same means. At eight and a half months labor came on suddenly and terminated quickly. The placenta was expelled first, the child immediately following. It is now living in Concord, N. H. The mother was debilitated from the severe hemorrhage, but recovered in a reasonable time. Dr. Whittle has tried other remedies in his various cases, but perceived no good result until after the administration of *Sabina.*

During an experience of thirty years, Dr. Y—— has encountered but two cases of the incomplete variety, which caused him little trouble; and one central complete, which was attended with profuse and dangerous hemorrhage. This was restrained, however, by tampons until the os was sufficiently dilated to admit the hand, when it was plunged through the centre of the placenta. Grasping the feet, he turned and delivered, but was unable to extricate the head in time to save the child. The mother was preserved by the doctor's returning his hand to the uterine cavity and maintaining it there until it had closed tightly around, finally removing it with the secundines upon the occurrence of a strong pain. Though much exhausted, the mother made a good and quick recovery.

M. M. Walker, M. D, of Germantown, Pa., reports under date of Sept. 14, 1879, three partial cases, in all of which hemorrhage marked the inception of labor. The details of the first and second had escaped him, but the third occurred only a twelvemonth before writing. He was promptly summoned, and upon arrival detected the cotyledons of the placenta on the right side. Placing his other hand on the abdomen he compressed the womb, forcing down the head of the child. When the os was sufficiently dilated, the membranes were ruptured; and when the head fully engaged, the hemorrhage almost ceased. Labor lasted three hours. When the child was born, he manipulated the abdomen according to Playfair's method, holding the womb firmly in the hand; in ten minutes the placenta was expelled. This woman keeps a small grocery and is a hard worker; has had four antecedent confinements, also two accidental abortions this year, in March and June respectively; is now pregnant for the eighth time, and third time this year. She is anxious to have a child. Her second weighed one and a half pounds, was born at less than

eight months, and lived thirteen months, when it died of hydrocephalus, without teeth and weighing sixteen pounds. All this woman's children died in infancy except the first, which is a daughter of a former husband, a brother of the present one. Dr. Walker lost neither mother nor child in either case.

J. P. Dake, M. D., of Nashville, Tenn., has met but one case of placenta prævia, and that was partial. The first hemorrhage occurred one month before labor, and recurred slightly a few days later. The treatment was perfect rest in bed and *Arnica*. The edge of the placenta overlapping the os became detached at the first hemorrhage; it then contracted, and healed to such an extent as to prevent all flooding until labor. This was so rapid that the doctor found child and placenta delivered upon arrival, and both mother and child living and strong. There were but two or three pains.

Regarding the last case I had intended to present, it must be confessed that the letter reporting it has been lost from my desk since commencing this article, and two hours of diligent search have failed to reveal it. This is a matter of regret, for it taught an important lesson. Guided simply by memory and impression, I should sum up the testimony as follows: A gentleman of considerable and honorable experience with this complication was called to a lady who evidently had fallen a victim thereto. He left suitable directions about summoning him at the earliest indication of labor, and then secured competent counsel. When called, he despatched the messenger for the promised aid and hastened to the house, where he commenced a very proper course of treatment. The messenger returned without the expected companion, whereupon he was sent in search of another. Meanwhile the case was progressing as favorably as could be expected, but the varying conditions seem not to have been met with sufficient promptitude. At length the doctor was obliged to deliver just before the arrival of assistance. The child was dead, and the mother breathed but a few times. Why he delayed an instant for counsel I can scarcely imagine; no other explanation could I discover for his conduct. Lest some one should read the cases in the "Hahnemannian," as well as these, I forbear additional remarks. No clew to the case must be afforded. The moral is obvious: Do all you can for your patient, even though you expect the best of counsel to arrive the next instant.

One bit of gossip that circulated in professional circles some time since may well be recounted in this connection: the lesson is good if the story be apocryphal. A "regular" practitioner of scarcely two years' standing was called to visit a certain lying-in chamber. He found a condition of affairs that puzzled him, but with commendable prudence sent for a physician ten years

his senior, and one whom he had been taught to esteem most highly. Unfortunately it proved to be a case of the blind attempting to lead the blind, and after bothering around a couple of days, more or less, to no purpose, the latter sent for the leading allopathic obstetrician of the city. Upon entering the room and observing his patient for the first time, the venerable accoucheur exclaimed, "Good heavens! are you going to let that woman bleed to death?" and without wasting time or ceremony, stepped at once to the bedside and punctured, turned, and delivered. The child was dead, of course, but I believe the mother was saved. It is well to suspect placenta prævia in parturient hemorrhages unless its absence can be proved.

A LIBELLED GIANT.

"MUNCHAUSEN'S fellow-countryman unlocks
His new Pandora's globule-holding box;
And as King George inquired with puzzled grin,
'How — how the devil got the apple in?'
So we ask how, with wonder-opening eyes,
Such pygmy pills can hold such giant lies!"

DR. OLIVER WENDELL HOLMES, June, 1881.

Two schools there be where healing much is sought;
Two ways for curing by these schools are taught.
Allopathy — elder of these sisters twain —
By purging, bleeding, blistering, physics pain.
Homœopathy holds small globules in her box,
More fine and true than gold; more safe than stocks.
The poet-sage has rued their giant force,
And couched his words of gall in lines of verse.
Aspersion foul seems meant for me and you,
Who know these pills to be so stanch and true.
Pills, globules, pellets, — by what name you will, —
The good they do outmeasures far the ill.
Great good they do, — 't is battling with disease;
Mischief they work, — 't is with Old Physic's fees;
Such works and deeds but serve to fan the fire
That burns in hearts which write the truth a liar.
Is 't ignorance or bigotry or worse,
Which makes yon honored singer seem perverse?
Of large or small, poor suffering man takes pills,
Hoping by art to cure dame Nature's ills;
And will not be affrighted by the rule
Of ancient usage from the modern school.
Wise men take globules, and thus learn the facts on
The law of Martin Luther's fellow Saxon,
Which less than a hundred years ago was hurled
In new-found force against a doubting world.
Now it is strong. Its well-grown power is great;
'T is felt by friends; 't is owned by foemen's hate, —
Hate of a way which heals the sick, and foils
The old proprietors of drugs and spoils.
Bolus and plasters, nauseous draughts and mass,
Lie now neglected or turned out to grass.
Stupid King George's dumpling had its load
Of apple fine, not crumpling, — and he owed

The proof of this to his own palate's test;
So good it was, and eaten all with zest.
That sure old proof of puddings well applies,
To show if pills hold truth or giant lies.
Small pills! how got the giant in, they ask us "how?"
('T is Giant *Truth* which helps the health to grow;)
Straight answer we, *Similia* is the name,
Which marshals tiny pills to deeds of fame.
Behold how great a fire from this small spark!
A word, — Truth, God! The way is never dark
Where shines the sun. But weak eyes blink the light
Whose beams shall guide to living works of might.

ARTHUR DE VOE, M. D.

INDIANA, PA., July, 1881.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION AT LONDON.

BY GILES F. GOLDSBROUGH, M. D., LONDON.

THE long-looked-for 11th of July arrived in due time, and with it the opening of the International Homœopathic Convention of 1881. If the success of its inauguration forebodes the success of the entire series of events, then we may say at the outset that after the president's reception, a highly successful week was before us. At eight o'clock on the evening of the above date, Dr. Hughes, the esteemed president-elect, was waiting to receive the members of the convention with the ladies of their families. About one hundred and fifty responded to his invitation, and to all he gave the right hand of welcome in such terms that every one at once seemed to feel perfectly at home.

A most enjoyable evening was spent in conversation, mutual greeting, and congratulation, interspersed with music provided at the hands of Dr. Hughes and his daughters, assisted by some professional aid. There were on view several objects of interest exhibited under the microscope, and Dr. Dudgeon was there with his pocket sphygmograph, testing the arterial qualities of his fair friends.

This meeting, which lasted only two short hours, was a most fitting prelude to the more serious part of the Convention. Tuesday, the 12th, at 2.30 P. M., saw real business commence. The president was again the central figure, and his address formed the principal subject of interest on that day. It would be presumptuous to dwell on the merits of Dr. Hughes as a president; suffice it to say that the attention which was paid to the eloquence which flowed from his lips made it abundantly evident that the address was worthy of the speaker, his audience, and the memorable occasion of its delivery.

He commenced by deploring the losses sustained by homœ-

opathy since 1876, especially mentioning that of Dunham, as president of the convention in that year, Quin, and Hering; and in a few words of greeting to members from all countries, reminded us that we had met together to communicate thought and experience, and to cement friendly union.

The grand object of the convention, and on which all our thoughts, experience, and union were based, was the "propagation and development of the method of Hahnemann"; and this Dr. Hughes made the special subject of his address. First of all, we were told, homœopathy was a method; not a doctrine or system, but a rule for the practical application of the healing art. We must bear in mind that we are quite as dependent as any on physiology and pathology, the method of Hahnemann giving us nothing distinctive either in the one or in the other. This method, moreover, was *par excellence* that of Hahnemann, and Dr. Hughes expressed his belief that eventually it would be universally acknowledged so. As custodians of that method, it was important to understand the best means both for its propagation and development. The oft-repeated statement that a continuous individual application of the law of similars on the part of its practitioners is the best aid to its propagation still holds the uppermost place in the mind of our president; and he urged that in the treatment of disease, the rule be strictly and rigidly applied before any adjuncts are resorted to. He suggested, however, that to make our practice more in accordance with recent scientific research, and until more evidence was forthcoming in favor of high dilutions than that which was about to be presented to the convention, as an expedient, we should endeavor to limit our attenuations to physical tests of drug presence. For the development of our method, we should stand well on the vantage ground we already possess. The materia medica was of very great value; but we must learn to rightly use it, and to understand the bearing of its contents on the different phases of disease. The institution of re-provings, likewise, was very necessary, so that new light might be shed on the action of drugs, in full view of that we now possess in physiology and pathology.

Thus it is that not one atom of truth must be renounced for the sake of friendly union; on the contrary, union is only possible where there is a firm hold on what is true. In conclusion, five practical suggestions were thrown out for the attainment of objects dear to homœopaths. There should be: 1. One international homœopathic pharmacopœia. 2. An international homœopathic directory. 3. An exchange of all homœopathic periodicals with each other, and a notice of their contents. 4. An interchange of representatives in the different societies of different countries. 5. A continuation of the International Homœopathic Convention every five years.

A vote of thanks to Dr. Hughes for his address was immediately moved, and carried unanimously, and a committee of three was appointed to carry out the suggestions mentioned above.

The election of vice-president and honorary vice-presidents was next in order. The appointment to the former fell by a large majority to Dr. Pope of London, the president of the British Homœopathic Society; and by a unanimous vote of the meeting, Dr. Talbot of Boston, Dr. Breyfogle of Kentucky, Dr. Meyhoffer of Nice, and Dr. Drysdale of Liverpool, were elected to the latter. Reports on the history of Homœopathy for the last five years were then presented from Belgium, Canada, France, Germany, Austria, Great Britain and its colonies, Italy, India, Russia, Spain, and the United States.

The discussion of the day, "On the condition and prospects of homœopathy and the best means of furthering its cause," naturally arose out of the subjct-matter of these reports. It was most ably opened by Prof. Talbot, who brought with him all that authority which his great experience in educational matters could command. He had one great precept to bring before the meeting, and that was, Work! He insisted first on thoroughness on the part of every practitioner; then on an extension of our existing hospitals, dispensaries, and societies; and — especially in this country — the establishment of a school on the surest basis that could be found. Dr. Dudgeon, of London, followed with the exhortation never to "cave in" before the enemy, and whenever possible to attack him at his weakest point. At the present time that point was in *arguments;* and Dr. Dudgeon would "peg away" until the enemy's arguments were fairly overturned. Other opinions expressed were the desirability of finding a more widely extended physiological interpretation of the symptoms in the materia medica, and also that the laity, especially the young, should be educated in the knowledge of homœopathy. Altogether the debate was well sustained, interesting, and practical. The programme for Wednesday contained three subjects for consideration. The essays on the first of these, the Selection of the Remedy, were, "Thoughts on the Scientific Application of the Principles of Homœopathy in Practice," by Dr. Hoyle of Rochdale; "Individualization and Generalization," by Dr Hughes; and a new "Similia," by Dr. Woodward of Chicago. They were characterized by originality and close reasoning, and must be read and studied to form a correct appreciation of them. It is impossible to give the most condensed outline of their contents in this short notice. Not much that was new was added to our knowledge. In the debate Dr. De Gersdorff, of Boston, urged that a correct diagnosis of the disease was the truest guide to the selection of the remedy. "Find out the seat of war," he said, "and then

apply the rule." He was followed by others in a similar strain; the general concurrence of opinion being that the materia medica be thoroughly revised, new provings should be instituted, as well as the re-proving of old medicines. The advocates of alternation made out a good case in its favor. The essay was by Drs. Martiny of Brussels and Bernard of Mons, and the discussion opened by Dr. Clarke of London. He (Dr. Clarke) confirmed the principal points put forward in the essay, — that we are unable to find a perfect similimum in dealing with a case, and that remedies help each other when alternated. He further urged that healing is an art, not a science, and in the practice of that art we should be under the tyranny neither of theory nor of dogmatism.

Dr. C. Wesselhoeft, of Boston, stepped in with a word of caution in this matter. We must rely upon the *positive* knowledge we possess, both of disease and of drugs, and decide upon that and that only, in the selection, alternation, or the order of succession of remedies. If we do so, we cannot go wrong. A novel suggestion was thrown out, that remedies should be proved in alternation.

The discussion on the relative value of clinical and extra-clinical evidence as to the efficacy of infinitesimal doses presented no new features The essayists, one and all, took up the side of those who would limit the attenuation of medicines to physical tests of drug presence: the titles being "Drug Attenuation: Its Influence upon Drug Matter and Drug Power," by Dr. Dake of Nashville; "A Plea for a Standard Limit of Attenuated Doses," by Dr. C. Wesselhoeft; and "The Question of the Dose: Hahnemannism and Homœopathy," by Dr. Cretin of Paris.

Dr. Leon Simon, of Paris, took quite an opposite view from the essayists in the opening speech. He laid down the principle that clinical evidence must be paramount in the use of drugs, inasmuch as it was always with clinical phenomena we had to deal. Physical tests were only suggestive as to probable efficacy, and therefore only accessory. As a rule, relying mostly on clinical evidence, Dr. Simon had been led to the use of the higher dilutions, and with very satisfactory results.

Dr. Meyhoffer, of Nice, occupied a middle position between the essayists and Dr. Simon. He found that results are very various, and can only be decided by experience. Thus closed the meeting of Wednesday, the 13th.

Thursday brought us to the subject of Yellow Fever, including hyperpyrexia; and the convention was much interested in the valuable information supplied by Dr. Dake, who related his experience as a member of the Yellow Fever Commission. The statistics under homœopathic treatment are most gratifying; the

mortality being only six per cent in a large number of cases, whereas under allopathic treatment it averaged twenty per cent. Dr. Dake found a unanimity of opinion as to the value of *Acon.*, *Bell.*, and *Bry.* in the first stage of this disease, and of *Ars.*, *Carbo veg.*, and *Crotalus* in the second. *Crotalus* also has been found an excellent prophylactic. These statements were corroborated by Dr. Breyfogle.

As yet, hyperpyrexia has not been very successfully treated by the rule "Similia." Hydropathy seems to have been more in favor, although one member recommended *Aconitine*, another the high dilutions of our ordinary fever remedies, and a third the use of *Veratrum viride*, as being most likely to combat that terrible phase of disease.

"The Possibilities of Medicine in Cancer" were next brought forward, based on a paper by Dr. Gutteridge of London. Dr. Clifton, of Northampton, opened the discussion. He concurred in the general opinion of those who had studied the subject, that the cancerous diathesis *per se* could not be cured, yet if the patient were kept under treatment the morbid growths resulting therefrom could be checked and often dispersed; the sufferer often lived many years, and eventually died from some other disease. The principal medicines are *Hydrastin*, *Phytolaccin*, *Ars. iod.*, *Boruta*, *Gallium*, and *Nitric Acid.* The important point, never to be forgotten, is that if the treatment be discontinued, the local and general manifestations of the disease will certainly return.

Gynæcology also found a place on Thursday's progamme. The essays were by three of our own practitioners, Drs. E. Blake, Carfrae, and Dyce Brown; each taking a different view regarding the treatment of affections of the os and cervix uteri, and representing the divided state of opinion on this subject. A general desire pervaded the debate that the materia medica should be more thoroughly studied and more persistently applied in the treatment of these affections, in preference to local and mechanical means.

Altogether, Thursday's meeting was one of exceptional interest and instruction.

On Friday, the 15th, Surgery came first in order. Dr. Watson, of London, contributed some "Surgical Observations," and Prof. Helmuth came forward, and soon imparted some of his enthusiasm to his audience when he opened the discussion on the "Help brought by Homœopathy to the Surgeon." The results he related are certainly very striking, and ought to make every homœopathic practitioner enthusiastic in his practice of surgery. Operations can be frequently avoided by the use of *Veratrum album* and other remedies in strangu-

lated hernia, *Arsenic* in carbuncle, *Rhododendron* in hydrocele, besides the many medicines which do away with the removal of tumors by the knife. More than this, treatment after operation is rendered much more satisfactory by the judicious use of *Aconite* and *Belladonna* and others. Dr. McClelland continued by advocating the use of *Hecla lava* in caries, and of *Staphisagria* for the burning pain after operation. Prof. Talbot gave his experience with *Naja* in tetanus, and *Asterias rubens* in cancer. Dr. Drysdale recommended the use of *Sepsin* in septic fever, and other medicines mentioned for this disease were *Digitalis*, *Arsenic*, and *Phosphorus*, and especially *Acetic Acid.*

Next in order we had Iritis, simple and syphilitic, under homœopathic treatment. Dr. Villas, of Chicago, contributed the essay. There was considerable difference of opinion expressed regarding the use of *Atropine*, some being for and some against. No one seemed to doubt that ofttimes it is attended with injurious results, and thus it was advisable whenever possible to supersede it by homœopathic remedies. The principal speakers were Drs. Bushrod James and Dudgeon. A short discussion on the place of homœopathic medication in ear disease closed Friday's meeting, and indeed all the regular business of the convention.

On Saturday the statistics of the convention were presented, which showed that one hundred and fifteen practitioners had given in their names as members, while the average attendance at the daily meetings was one hundred and thirty or one hundred and forty.

Several towns were then mentioned for the next meeting, among them being Boston and Rome; finally it was agreed to recommend that Brussels should receive the International Homœopathic Convention in 1886.

In connection with the convention, but as no part of it, two very interesting social gatherings took place during the week. The first was a conversazione given by the president of the British Homœopathic Society. It was held on Thursday evening, the 14th, at the gallery of the Society of British Artists, than which a better place of meeting could not be found: a lofty room, brilliantly lighted, the walls hung all around with beautiful oil paintings, and decorated with the choicest of flowers. Indeed, one could have spent the whole two hours looking at the pictures, had there been no better employment of the time. But as the company was larger than on Monday evening, not being confined exclusively to members of the convention, there was more diverse conversation; representatives of different nationalities knew each other better, and could converse with more freedom than on the former occasion.

The proceedings were enlivened by a high-class musical pro-

gramme, both vocal and instrumental, which did much to contribute to the enjoyment of the evening. Such a gathering as this forms a valuable connecting link between professional and social life, which is so refreshing to that body of men who mostly have to deal with the ills of humanity and so little with its pleasures.

It could not be that in England the convention should pass by without a public dinner; so on Friday evening, at the Criterion Restaurant, our American and foreign guests were invited to a farewell banquet by their British colleagues. Of the feast itself it is not becoming that much be said; but the toasts and the speeches thereon, the joviality and heartiness of every one present, will never be forgotten. Dr. Hughes was of course in his place at the head of the table, and Dr. Pope occupied his as vice-president. The usual loyal toasts came first, in duty bound, and were followed later by a proposal to the health of President Garfield. "To the memory of Hahnemann" was drunk in silence; and afterwards were given Homœopathic Hospitals, Societies, Literature, Our Foreign Guests, The President, The Vice-President, The British Homœopathic Society, and several more. It seemed good to hear once more the voices of Helmuth, Talbot, Meyhoffer, Dake, Claude, Breyfogle, Förster, Wesselhoeft, and others, before they parted from our shores. Many present, perhaps, would never have an opportunity of hearing them again. It was indeed a communication of thought and experience, and a cementing of friendly union, which will prove of lasting good to our common cause.

Such has been the convention of 1881; and without saying more, all seem to be agreed, in the words of Dr. Dake, that it was "a glorious success."

Our Miscellany.

THE DEATHS annually in New York City are said to exceed the births by about ten thousand.

A TRUTH. — Dr. Helmuth says, "Every individual who has work to do in this world, and *does it*, needs a vacation."

SUNSTROKE AND HEAT. — Two hundred and sixty deaths from sunstroke and one hundred and fifty from excessive heat were reported in Cincinnati for the week ending July 16.

THE NEW YORK STOCK EXCHANGE has often presented a novel sight this season, from the number of left arms tied with a handkerchief, as a sign that "the vaccination has taken."

THE EXPENSES of the Allopathic Congress are expected to reach $30,000. The Lord Mayor of London has given the delegates a banquet; Dr. and Mrs. Spencer Wells have entertained them at a garden party; etc., etc.

PUBLIC SCHOOLS. — A girl recently died in Springfield from brain disease, and the attending physician returned as the first cause of her death, "the graded-school system"; second, meningitis.

IMPORTANT (?). — The "Medical Record" informs us that homœopathy is now practically dead! Let us lament also that "the number of educated medical men who really believe in and practise homœopathy amounts, probably, to less than five per cent."

THE ANÆSTHETIC MIXTURE commonly used in the Vienna General Hospital is composed of alcohol, 90 parts; ether, 90 parts; and chloroform, 300 parts. Billroth has used this preparation for nine years with only a single death, which occurred last summer.

CANCERS. — According to Herbert Snow, who has made the study of cancers a specialty, hereditary tendency as a predisposing cause is almost valueless, and should be altogether ignored in practical diagnosis. Mechanical injuries directly produce cancer in only a small percentage of cases. Mental trouble and hard work are the most potent agents in its production.

THE INTERNATIONAL CONGRESS. — The English address at the International Congress, which met in London, Aug. 3, was delivered by Prof. Huxley, on the subject "The Relations of General Science with Medicine." Prof. Volkmann, of Halle, gave an address on "Modern Surgery"; Dr. Billings, of Washington, D. C., on "Medical Literature"; and the fourth address was given by a distinguished Frenchman.

DOCTOR-MAKING. — A French journal is responsible for the following account of an examination for a medical degree. The "Medical Record" says: "The incident might be located in this city, were it not for the Latin."

Q. Quid est creare?
A. E nihilo facere.
Q. Bene, te doctorem medicinæ creavimus.

DIPLOMAS FOR SALE. — A recent New York "Herald" contained the following advertisement: "A physician having two medical diplomas will sell one upon liberal terms. Address: Allopathy, Herald up-town office." It turned out to be a graduate of the Yale College Medical School. The County Medical Society is now engaged in looking after physicians who practise on illegal foreign diplomas. Such diplomas are, as a rule, from institutions in Breslau and Berlin. Some of them are simply matriculation papers.

RESUSCITATION IN APPARENT DEATH OF THE NEWLY BORN. — "Le Courrier Médical" contains an account of a moribund infant being revivified by immersion in hot water. The child was born of a primipara having eclampsia, in which case the forceps was employed. The heart's beatings could not be detected. For full two hours all ordinary means of restoration were used, but the child manifested no signs of life and its body was growing cold, when Dr. Goyard conceived the idea of trying hot water. The infant was plunged up to his neck in a bath, the temperature of which was between 45° and 50° C. Thirty seconds had scarcely elapsed when the first respiratory movement occurred. Five minutes later the child was fully restored to life. According to M. Goyard, the beneficial effects are due to the sudden excitation of the peripheral nerves, followed by a reflex central impulse, rather than to 'obviating cooling of the blood,' which was the explanation given by Le Bon.

"TO VACCINATE or not, that is the question!
Whether 't is better for a man to suffer
The painful pangs and lasting scars of small-pox,
Or to bare arms before the surgeon's lancet,
And by being vaccinated, end them. Yes!
To feel the tiny point, and say we end
The chance of many a thousand awful scars
That flesh is heir to, — 't is a consummation
Devoutly to be wished. Ah! soft, you, now,
The vaccinator! Sir, upon thy rounds
Be my poor arm remembered." — *Punch.*

LONGEVITY OF DIPHTHERITIC VIRUS. — In the "Allgemeine Wiener Medical-Zeitung" is an instance of the length of time the diphtheritic virus has been known to retain its poisonous character. Four years ago the son of a nobleman in Russia died of diphtheria. Recently the remains of the boy were removed to a new family vault. Previous to the removal, an opening was made in the coffin, through which the father and five children viewed the remains. On the following day all the children were attacked with diphtheria, and one of them died.

CARLYLE AND TOBACCO. — Carlyle once rode sixty miles to Edinburgh to consult a doctor, "having," as he said, "reduced my perplexities to a single question: Is this disease curable by medicine? or is it chronic, incurable except by regimen, if even so? This question I earnestly put, and got the response, 'It is all tobacco, sir; give up tobacco.' Gave it instantly and strictly up. Found after long months, that I might as well have ridden sixty miles in the opposite direction and poured my sorrows into the long, hairy ear of the first jackass I came upon as into this medical man's, whose name I will not mention." — *Exchange.*

A DANGEROUS INSTRUMENT. — According to the Philadelphia "Medical and Surgical Reporter," a number of high authorities in ophthalmology have called attention to a new instrument called the "eye-cup," which has been imported from France. It is constructed on the principle of an ordinary rubber cupping glass, but made so as to accurately fit over the eye. By pressing the rubber bulb, and then applying it, the eye is drawn out more or less by suction from its socket. It is claimed that it will relieve the presbyopia of old people, and thus render the use of glasses unnecessary. It has really been known to produce retinal congestion and hemorrhage, as well as lenticular, corneal, conjunctival, and palpebral changes, and in one case total blindness from retinal detachment was the result.

AN EPITAPH "ON A QUACK."

"I was a quack, and there are men who say
That in my time I physick'd lives away;
And that at length I by myself was slain
With my own drugs, ta'en to relieve my pain.
The truth is, being troubled with a cough,
I — like a fool — consulted Dr. Gough,
Who physick'd me to death at his own will,
Because he 's licensed by the State to kill!
Had I but wisely taken my own physic,
I never should have died of cold and tisick.
So all be warned, and when you catch a cold,
Go to my son, by whom my medicine 's sold."

Medical Times and Gazette.

WORTHY OF RECORD. — The Powell Manufacturing Company, of Baltimore, the manufacturers of Powell's Beef, Cod Liver Oil and Pepsin, the superior food and nutritive tonic, have taken the initiative in the introduction of their valuable medicine (which our leading practitioners are prescribing largely), by guaranteeing to the medical profession that they will not in any way advertise the POWELL'S BEEF, COD LIVER OIL AND PEPSIN so that it will come under the head of a patent medicine. — *Exchange.*

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 10. OCTOBER, 1881. VOL. XVI.

EDITORIAL.

TOO MUCH ENTHUSIASM ABOUT THE ADIRONDACKS.

ABOUT two years ago, Prof. A. L. Loomis, of New York, read a paper on "The Adirondack Region as a Therapeutic Agent in the Treatment of Pulmonary Phthisis." This was afterwards published in the New York "Medical Record," Vol. XV., Nos. 17 and 18, and will well repay perusal, as it is exceedingly interesting, and embodies the views of one who, from his prominence and deserved reputation in connection with this class of diseases, is entitled to speak with authority. He writes all the more feelingly of the advantages of this region as a climatic resort, because he himself, the last surviving member of a phthisical family, when threatened with an attack of the dread disease, had thrown it off in these north woods. He afterwards sent several patients there, and speaks from their experience. Of twenty such, he reports ten as recovered (from the catarrhal form, which is here most favorably affected), six as improved, two as not benefited, and two who died, — certainly a fine showing. He dwells especially upon the dryness of the soil in the St. Regis region, as it is called, — a condition now acknowledged to be of the greatest importance. The purity of the air is remarkable; and, laden with the fragrance of pine, balsam, spruce, and hemlock trees, and abounding in ozone, it is supposed to have a very beneficial effect on the diseased lung surfaces. At first Dr. Loomis sent his patients into these woods only in the summer; but finding that the relief, though often very marked, was not permanent, he finally persuaded some to remain all the year round, with better results.

"Harper's New Monthly Magazine" for May, 1881, contains a very readable and even fascinating article, written of course for the people, by Marc Cook, a former newspaper reporter, who, being far gone in consumption and having only a month to live, as his physicians told him, resolved after being made acquainted with Dr. Loomis's paper to take to the woods. After eighteen months of camping out in this region of prolonged, intensely cold winters, and of summers with warm days and cold nights, he was so far restored that he joyfully returned to civilization; and as a thank-offering immediately proceeded to write the above-mentioned article in "Harper's," and also a small book on the same subject. It is almost needless to say that under such circumstances his enthusiasm knew no bounds. Having been saved himself, he exhibited a strong and very praiseworthy desire to help to save others. His motives were undoubtedly of the very best; but unfortunately, to some extent his kindly zeal ran away with his judgment, untrained in the methods of scientific investigation. Because he had there recovered, the natural inference from his glowing experiences was, even if not expressly so stated, that any one else might there recover. At any rate, if there were to be exceptions to this rule, each reader would consider his neighbor and not himself the exception. Of readers he could not fail to have a vast multitude in a magazine with such an enormous circulation as "Harper's," even if the article had not been so beautifully illustrated and written in such a fascinating style. In a country where consumption is so common, the title alone in such a magazine would secure readers. As may be readily guessed, not a few were found to take his advice and follow his example. Some in the earlier stages will undoubtedly be benefited; but many poor unfortunates, deceived by these highly colored though unintentional misrepresentations, who have wearily dragged their miserable, panting existences from home, however humble it may be, with all its comforts, and from the kindly ministrations of tenderly loving relatives and friends, among whom they might have died in peace, will be brought home in wooden boxes, after having had their lives tortured out of them by their rough experiences, with few sympathetic hands to smooth the pathway to the grave. Already we learn that in the month of June alone, *fourteen* consumptives died in the mountains or on their way

there, and already from several sources have lamentations sprung. Among others, Rev. Dr. J. Howard Snydam of Jersey City writes from Buck Mountain Lake, in the Adirondacks, to warn consumptives against going to that region in search of health. He says that although the air is pure and the scenery beautiful, the living is not what consumptives need if they are by any means far gone in the disease. He knows of one large hotel from which sixteen, during the present season, have been carried home in coffins. The beef is generally too tough and the milk too poor for consumptives to thrive on. The stage and wagon riding over execrable roads is enough to batter the life out of a very feeble consumptive.

Nor is this all. Marc Cook himself, the well-meaning cause of much of this misery, was doomed not to realize fully even his own bright anticipations, cherished with the tenacity of that hope which is proverbial with consumptives, although existing in him with far better excuse than in most; for he died, we now learn, within three months of the date of his article. Probably not one in a thousand among those who have read or who will yet read his article or book will ever hear of this sad sequel, and the impression will go forth that his cure was permanent, as corrections always travel more slowly than original statements.

It must not be understood that we decry all health resorts in general and the Adirondacks in particular, for with proper cases and under certain circumstances we heartily favor both. One point, however, though not new, we cannot emphasize too strongly. To send consumptives who are in the last stages of the disease, who look to us trustingly for advice, and whose hopes of recovery we know to be fallacious, to *any* place away from home and friends, or even to allow them to go if we can help it, is not only exceedingly unwise, but should be condemned in the strongest language possible. Although we instinctively shrink from our painful duty in such cases, yet the "golden rule" imperatively demands it of us. The feeble chance offered by the superior climate is ten times overbalanced by the almost necessary depression resulting from the forced separation from dear ones and home comforts. Too much enthusiasm, also, and extravagant claims for the healing virtues of any health resort, or of any system of treatment, are sure to injure its reputation and interfere with its usefulness sooner or later.

GOITRE.—ARGENTUM NITRICUM.

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

APRIL 2, 1880, I was consulted by a Scotch domestic, about forty years old, of fairly fleshy habit, with strong common-sense, able to tell clearly and concisely what she had to complain of. The following are my notes of her case, taken verbatim from my case book:—

Goitre of four-years' standing, in the right half of the thyroid gland. At night it sometimes gives her a kind of choking feeling in the throat, and sometimes she complains of a raw feeling inside, and dysphagia. She often has pain in the stomach which lasts all day. After meals much loud eructation of tasteless and odorless gas, preceded by nausea (not vomiting), and accompanied by distress at the cardiac orifice, or thereabouts, as the gas comes through it. Bowels all right. No urinary symptoms. Often wakeful and uneasy at night; from the state of her stomach, she thinks. Drinks neither tea nor coffee. Eats no cake or pastry.

There was no doubt, I thought, that *Arg. nit.* was the most appropriate remedy for the stomach symptoms, although it is not mentioned under Goitre. At any rate, *Arg. nit.*^{8x} she received, and I heard no more from her till Aug. 9, 1881, sixteen months later, when she informed me that the medicine was promptly and entirely successful in removing her stomach trouble, including the loud and painful eructations, and she had been in no need of it since. Now, however, she has a return in a milder form of the same symptoms, and wants the bottle refilled. She has, in the mean time, made no change in place or kind of service. Her habits as regard eating, drinking, and sleeping being already good, I advised no change in them. Upon inquiry concerning the goitre, she told me that it soon lost the very unpleasant "choking feeling" and inside rawness, and diminished considerably in size under the remedy. It is still there, however, and varies in volume, being sometimes much smaller than at others; but she has lost the anxiety about its constant growth which she had when consulting me before.

UNSHOD HORSES.

WE have received quite a number of letters in reply to our September editorial reporting the successful driving of horses without shoes. Those that have never worn shoes naturally do the best, and those who have been shod for a considerable time naturally need to be broken into the new method *very gradually*. In some cases it may take several months of careful management in the pasture and on the road to toughen the hoofs sufficiently. The plan must not be given up because not immediately successful. In old horses who have been shod for many years, its working may be more doubtful.

THE HISTORY OF HOMŒOPATHY SINCE 1876.

BY CHARLES L. NICHOLS, M. D., WORCESTER, MASS.

AMONG the many valuable papers presented at the International Homœopathic Convention lately held in London were interesting and carefully prepared reports of the recent progress of homœopathy in the different countries where the law of Similars is practised. These reports, forming a continuation of the second volume of Transactions of our own Convention of 1876, give us a fair history of homœopathy up to the present time. Although this may be partisan in some of its views, inaccurate in some of its details, and may tend to revive and perpetuate some unpleasant discussions, it will prove a valuable addition to our literature, and will be accepted by the majority of our contemporaries and successors as a careful and honestly prepared record of those events which are so rapidly becoming crystallized into the history of the past. It may be interesting, as well as profitable, to note some of the many signs of progress presented in these papers. In

BELGIUM

two obstacles to rapid progress still exist, — the absence of official homœopathic teaching and the disability to furnish medicines except through a pharmacist; but very good progress has nevertheless been made. There are fifty-one avowed homœopaths, twenty veterinary practitioners, and about forty who practise without openly acknowledging the source of their success. In spite of many petitions, no homœopathic hospital has been granted, and four dispensaries are the only means of spreading among the poor the benefit of our method of treatment. The homœopathic principle is gaining, however, in importance and influence each year; so that the near future may find it occupying its proper position among the fixed institutions of this active country. Four medical societies and three journals help to unite the avowed homœopaths and to bring our great truth to the notice of others; while over twenty works of varying interest have been published since 1876. In one particular we note a point worthy of imitation. The homœopathic physicians of Belgium, many of them men of great culture and scientific knowledge, continue to take an active part in and show their ability to cope with the great problems of general medical science, although never failing to seize every opportunity presented to advance the interests of the law of Similars. The consideration in which they are held is shown by the fact that a memoir on Arsenicism and Phosphorism, by Dr. Gaillard, to the Royal Academy of Medicine, was recently accepted and voted a place in its archives. Turning now to

CANADA,

we find very important changes within the past five years. Homœopathy, introduced into *Ontario* by Dr. J. J. Lancaster, now numbers among its adherents in that Province eighty-four physicians. In 1858 an Act passed the Legislature by which a homœopathic board of examiners for Ontario was appointed, and empowered to examine and recommend to the Governor-General those persons qualified to practise homœopathy. Thus its legal status was established; and this board, consisting of five members, elected every five years, continued to exist for eleven years. Owing to the rivalry existing between the different medical colleges, it was found desirable to have a single medical council for final examination, in which all schools should be represented; and in 1870 the Ontario Medical Act combined the three representative modes of practice into a single medical council. The first meetings of this council being characterized by bitterness towards and unfair dealing with the homœopathic representatives, the latter finally withdrew and sought to obtain a separate charter. These differences being at length adjusted by the amended Medical Act, the board now consists of thirty-two members, — ten representatives from the different medical colleges, twelve representatives from the general profession, and five each from the homœopathic and eclectic body of practitioners; the latter, however, having ceased afterwards to exist as a separate body, were absorbed into the general profession. Since the election of 1875, which brought forward men more favorable towards our school, the proceedings have gone along very smoothly, and our school has received a fair share of officers and honors, two vice-presidents and one president having been chosen since 1875 from among its representatives. Two examiners have also been chosen, one upon homœopathic therapeutics and the other upon some general branch of medical science. The course of study is as follows: Each student is required to matriculate before the examiner appointed for the purpose by the council, and having passed in the branches required, is registered as a medical student. He may now study at any college approved by the homœopathic representatives (if he desire to practise homœopathy), the time of study corresponding with the time exacted by the council, and the final examinations being passed at the same time and in the same room with the other medical students. The questions are given out on each subject by the examiners at a regular time, one or two hours apiece being allowed for answering them. These answers are then enclosed by each student in a sealed envelope, bearing the name of the student and subjects of the papers, and handed to the examiner. He, transmitting them

unchanged to the registrar, receives back for examination those relating to his department, a number known only to this registrar having been substituted for the name of the student. If he is a student of homœopathy, his homœopathic papers go to the homœopathic examiner, who has entire control of their valuation, and his papers on other branches to other examiners. The standing on the different subjects being compared, the percentage of each student is then ascertained. This unique plan has now been in operation for six years, has thus far worked perfectly well, and tends to prove that the different schools can, if necessary, work together in unity and for mutual good; it will also eventually do away with the argument so often used against our homœopathic physicians, of insufficient medical education. This plan has been dwelt upon at considerable length because it is unique, being the first known fusion of the two schools for mutual interest and protection, and because the question of a similar board of examiners was brought before our own State Legislature during the past session; and this case will illustrate its probable mode of working.

In the *Province of Quebec* (including Montreal), the Medical Act of Uniformity of 1876 caused some temporary confusion and injustice, but will eventually result in great benefit. Thirteen avowed homœopaths practise in this Province, while many others are known to employ our method. Dr. Gale, of Quebec, reports a list of over 1,100 consultations as the first year's work of the dispensary established by himself in that city; while at the beginning of the present year a society for mutual improvement and for the advance of our cause in this Province was inaugurated, with a fine prospect of success in the future.

In the maritime Provinces, homœopathy has taken a good standing and holds a large part of the most enlightened people of this region, but here there is still a good and attractive field for the settlement of additional practitioners of our law of Similars.

FRANCE.

The very interesting report of Dr. Claude gives prominence to three events in the history of homœopathy since 1876.

(1.) The recognition of the public utility of the St. Jacques Hospital in 1878. The seventh congress of homœopathic physicians held in Paris in 1867 authorized the Homœopathic Medical Society of France to collect funds and establish a hospital in Paris, which was named the St. Jacques Hospital. From that date it has passed through the vicissitudes, from foes without and difficulties within, common to all such undertakings, but with a steadily increasing influence and a rapidly growing list of patients. It continued to exist until in 1878 a bequest by Dr. Granier of

30,000 francs placed within its reach a moderate competence. An ordinance of French law, however, refuses to all unrecognized corporations the right of appeal in a court of justice, and this bequest was consequently disputed by the heirs on the ground of legal non-existence. Homœopathy, numbering among its patrons many members of the Council of State, to which these matters are referred, at once demanded legal recognition not only for the hospital, but also, by the advice of these members, for the Society of France itself. A favorable decision was about to be given, when the grant was unexpectedly refused through the influence of the advocate of the General Academy of Medicine, although three months later legal recognition was granted to the St. Jacques Hospital. This is a good step in advance, enabling all bequests to be retained in safety, and placing the hospital on a firm basis, unaffected by the caprice of official favoritism or private jealousy, although the injustice of the opposite school prevented our entirely attaining the end which was our due. The council of the General Academy sent to their constituents a copy of the report which caused this refusal of our rights; but in a letter to the Minister of the Interior, Dr. Gonnard thoroughly answered their arguments and bravely defended scientific independence, besides adding to our literature a memoir which is one of its choicest pieçes.

(2.) The results of the International Congress of 1878.

Although its very name, "International," seems to imply a contradiction, considerable local benefit did accrue from this gathering. A preparatory commission of French homœopaths, designed to include representatives of all the varying sects in our school, having made the preliminary arrangements, the congress assembled in one of the halls of the Trocadero Palace. Representatives from different countries were present, and the customary proceedings were followed out. Among the practical suggestions made during the course of the session were: A proposal by Dr. Heerman to compile a complete materia medica in the French language; one by Dr. Cigliano, of Naples, to appoint a permanent international commission which should enlighten governments on the claims of our method; and proposals by Dr. Van den Heuvel to erect a monument on the site of Hahnemann's grave, and to obtain his correspondence for publication. This congress was not altogether a success, and some of the discussions were excited and undignified; which was due partly to a want of method, and in part to the natural indifference to and consequent lack of experience in the interchange of thought, which Dr. Claude thinks the especial tendency of French homœopathists. But by far the most important result — indeed, the only proposal of this convention which has up to this time borne fruit — is the third event, of which we have spoken, viz.: —

(3.) The founding of an institution for the teaching of homœopathy in Paris. A committee, appointed for that purpose, called together in 1879 all the homœopathists in Paris for a general discussion of this subject, but the result was not in any way advantageous. All sects of our school being present, and each demanding the acceptance, pure and unmodified, of its own programme, the issue of the meeting was simply a final separation after heated discussion, without a proper solution of important questions. The General Homœopathic Society of France then intrusted the study of the subject to Dr. Gonnard, and the project he presented was as follows: The founding, in the centre of Paris, of a free dispensary which should furnish the material necessary for daily consultations and clinics, the admission to these meetings of all medical men and students desirous of studying this doctrine, and the addition of a hall for the purpose of public lectures and discussions. The place selected was No. 31 Rue Coquillére, near the markets, and hence a good locality for a dispensary practice; and it was named the Central Homœopathic Dispensary. The conferences inaugurated this year have been thus far successful and well attended, as many as thirty allopathic physicians being present at a time, and have attracted considerable attention on all sides. Dr. Gonnard gave a masterly inaugural address upon the law of Similars and infinitesimal doses. In this he established the identity of the pathogenetic and therapeutic phenomena of drugs, and demonstrated by statistics the superiority of our method of treatment.

Dr. Jousset was the first to give a public exposition of our materia medica, drawing as far as possible from allopathic sources, giving prominence to the similar and most important characteristics, and justifying his assertions by clinical proofs. The work of Hahnemann and his relation to the ancient medical traditions were ably presented by Dr. Fredault. These lectures have been delivered weekly, and have been already productive of good fruit, the expression of differing opinions not having been fettered by the society which founded this teaching.

The homœopaths of France may be classified into three groups: (1.) The *Société Homœopathique de France.* (2.) The *Société Hahnemannisme Federative,* formed by the fusion of the society recognizing Dr. Leon-Simon as its head, with "L'Hahnemannisme" as its published journal, and that led by Dr. Chargé and publishing the "Bibliothèque Homœopathique." (3.) The unfortunately large group of indifferent and isolated practitioners.

The "Bulletin de la Société Homœopathique," a monthly publication, aiming to establish the two incontestable truths of Hahnemann, the law of Similars and the possible action of infinitesimal doses, restricts itself closely to the practical region of therapeu-

tics. The "Bibliothèque" holds with Leon-Simon to the creed of the double dynamism as the indispensable basis of medicine; while "L'Art Medical," the monthly journal founded by Tessier, besides its devotion to the Catholic religion, defends, in pathology, the theory of definite predispositions in disease and of essential morbid states. Dr. Jousset, chief editor of this journal, continues the attempt of Tessier to reconcile homœopathy and pathology, and has succeeded wonderfully in drawing the pictures of diseases and distinguishing between the operations of nature and treatment. He is supported by Dr. Gonnard, whom we have mentioned before; by Dr. Cretin, author of an admirable work on "L'Empirisme"; and by Drs. Imbert-Gourbeyre, Fredault, and others.

Dr. Chargé, the principal conductor of the "Bibliothèque," is the champion of individualization, and while excelling in drawing the image of drugs, he shows both here and in his monographs the skill required by his method and the inconveniences attending its practical exposition. He is powerfully aided by Dr. Leboucher, whose advanced age does not interfere with vigorous attacks upon the opposing systems.

Among the many books published during this period, especial notice should be taken of the "Practice of Homœopathy Simplified," by Dr. Espanet, which deserves an English translation; and a work on materia medica and therapeutics by Dr. Jousset, now in course of publication. Among the translations may be mentioned a new version by Leon-Simon, *père et fils*, of Hahnemann's "Materia Medica" and his "Chronic Diseases."

Homœopathy has three hospitals in France: the hospitals St. Jacques and Hahnemann in Paris, and that of St. Luc at Lyons. The first, in charge of Drs. Jousset, Fredault, and Gonnard, and the second, founded at the time of the Franco-German war by Dr. Leon-Simon and his adherents, have moderate resources; while the Hospital St. Luc, under the direction of M. Emery, is well endowed. Although nominally required to do so, few reports and observations have been published by these hospitals, and thus great loss of valuable material is incurred. Outpatient departments are connected with these hospitals and are well attended, at St. Jacques Hospital alone a hundred patients often being seen waiting at one time. A change in this department suggested by Dr. Claude has produced the happiest results. Formerly devolving on the physician in charge of in-patients, the work is now divided among five others, each taking one day, thus by weekly rotation diminishing the fatigue of attendance, and at the same time enabling the patients to have the same physician throughout the year. These, with the other dispensaries, have been calculated to furnish from 90,000 to 100,000 gratuitous con-

sultations to the poor. In the provinces, homœopathic physicians have less chance, the social ostracism and the law requiring the intervention of a pharmacist being very great obstacles to progress in these isolated regions. But taking everything into consideration, — the clinical advantages, the political influence, and the number of adherents to the law of Similars (over 300 openly maintaining this principle), — much greater progress should have been made. Indifference and personal self-assertion are the causes which produce this insufficient result, and prevent that unity of action which is required against the strong bulwark of allopathic injustice. It is not the great questions which divide our school, but metaphysical and philosophical theories, which are made to cover up the true principles on which all should unite to attain the rightful recognition of homœopathy. This failure to modify opinions and prejudices for the sake of principles is not confined to homœopaths ; it prevails in all French assemblies, and seems to be an almost universal fault in the disposition of the French public life of to-day.

(*To be continued.*)

MEDICAL TEACHING.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

THE question of medical education is again exciting the attention of the medical world. Unlike previous short-lived epidemics of this character, the interest has extended beyond the borders of the medical circle, and the laity are evincing a degree of feeling that leads all students of the signs of the times to hope that at last something *may* be accomplished. The most remarkable characteristic of this intermittent excitement is that each college, almost without exception, is led to assert that it recognizes the necessity for reform, and was "among the first" to establish a "higher system" of education! To the uninterested spectator the fruits of this "reform" are never apparent; the number and character of the graduates being about the same as in times past, *ante* reform. The writer is now engaged in preparing a series of papers, in which a scheme is formulated for an improved pre-matriculate, undergraduate, and post-graduate course of study, and that branch of the subject will not properly be treated at this place. The present object is, to inquire not so much *what* we teach, as *how* we teach.

Those who are familiar with the ordinary methods of instruction know that in too many instances the lectures are taken bodily from the text-books; not only in substance, but often in

arrangement and detail. How often have we heard students excuse themselves from attendance on a lecture by saying, "I stayed at home and read it up in —" Guernsey or some one else? Now, it is a pertinent question to ask, If our students are simply to have recitations poured out to them that they can read, as well as the lecturer, in their text-books, what then are the teachers to teach? Let me take up one topic and illustrate.

Most teachers of surgery give very much time to the description and illustration of major surgical operations. Not one student in five hundred will ever perform or attempt to perform such an operation; consequently the time is wasted, consumed in imparting the instruction. Operative surgery, particularly the major operations, ought to be confined to the clinics, and post-graduate instruction and reading. Operative surgery is an art based upon certain fundamental principles; these *principles* should be thoroughly mastered, and the application of them in actual practice is readily made by a person of average intelligence. The trouble is in the attempt to teach the application of principles without teaching the principles themselves. Operations may be divided into two great classes: those of necessity, and those of expediency. The former the student must be prepared to perform at short notice, without opportunity for preparation. These are very largely of a minor character, or the simple application of very plain and elementary principles. Most of the major operations come under the second head; and beyond a mere general treatment, apart from their occurrence in clinics, should receive very brief notice.

Again, nearly every student can tell all about operations for stone in the bladder, and perhaps would be sufficiently fool-hardy to attempt the operation if his first case had a calculus. Almost as uniformly the same student will not possess the faintest conception of the pathology of lithiasis; cannot tell what the presence of the stone indicates, when an operation is needed, and what to do to prevent a recurrence. If our instruction were confined to surgical pathology, exhaustively treated, with ample illustration, — blackboard diagrams, microscope, and experiment on the living subject, — it would only be a brainless man who would not be able to lay out a line of treatment in a given case. They do not get such instruction.

Why, in the July number of the "Homœopath," a teacher in one of our Western colleges gives us the list of questions for the examination in the first semester of the Junior year. Will it be believed that that most abstruse, philosophical, and imperfectly understood process, Inflammation, was one of the topics in which a *Junior* was examined? How many teachers of surgery are there who could answer, in accordance with the knowledge of the

day, the questions there propounded? How many can tell us the source of heat, the mode of escape of the leucocyte, or the manner in which formed cells are stimulated into renewed duplication? Can the teacher above referred to? I doubt it.

When we have taught our students how tissue is made; what the exigencies of its life, intrinsic and extrinsic, are; how the lesions to which it is subjected are repaired; and how artificial lesions, by the surgeon, are to be made, as to facilitating repair and avoiding peril, — we may safely trust him to make a wound. As some one has said, "No one must be permitted to make a wound until he knows how wounds are repaired." Teach your students regional anatomy fully; teach them processes of repair completely; *show* them everything you talk about, and take them outside of the text-books, far ahead of the meagre statements they read daily, — and they will be in the mental condition *college* students ought to be: viz., their minds cultivated, mental habits formed, and with habits of study to fit them to acquire the mere technicalities of an art without the common-school methods now in vogue. In other words, teach them the *science* of their calling.

Some will say, This is all very good, but the students are too impatient for the practical, the teachers have not the leisure, and the schools could not be supported. The answer is easy: For heaven's sake, then, shut the schools up! We are not suffering for doctors; we are suffering for competent men and women. Any college that has an endowment, or a support apart from the fees of students, can and *must* give us better graduates. The strife should be which of them can give the best instruction, and not which has the biggest list of graduates. In fact, in that good time coming, long prophesied, but nearer every year, the best college will be that which *rejects* the largest number, both applicants for matriculation and applicants for degrees.

LACERATED CERVIX.

BY MARY J. SAFFORD, M. D., BOSTON.

EVERY one with much obstetrical experience, whose habit it is to carefully examine his patients after their recovery from parturition, must have found that rupture of the cervix, to a greater or less degree, frequently occurs, especially in primiparæ. The reason this condition has not been more frequently and carefully observed, in regard to its results upon women, is that comparatively few physicians are in the habit of examining, after their recovery, parturient patients to see if everything is in a truly normal condition.

This post-partum examination seems to me very essential. In case there are slight deviations from the normal, precautions and suggestions of a hygienic nature are often sufficient to save a woman from local weakness, and it may be from long-continued suffering; while if treatment is necessary, the sooner it is resorted to the better.

The operation for a lacerated cervix, like almost everything that is in vogue, is often advised and made when neither the extent of the rupture nor the condition of the patient require it. When the uterus is normal in size, in consistency, and in position, when the cervix is firm and neither elongated nor thickened, I consider it a useless interference to meddle with a simple bilateral laceration which does not cause any eversion of the cervical tissue nor gaping of the os.

Simple cases of cervical laceration are often discovered, not because the woman suffers any local inconvenience, but because Mrs. Blank is being treated for some dreadful thing, and this puts Mrs. A into a self-conscious, nervous condition, and she fancies that she too is the victim of some disease. She has been told what the symptoms are when there is local trouble, and her imagination becomes so vivid as to conjure up many if not all of them. She is examined; a lacerated cervix, that she has had with good health for years, is for the first time found. The physician is ready and willing to concede that her symptoms are well founded and real; and he advises, as the only hope for future safety, an operation.

Some under such circumstances submit, and without dissenting, are operated upon. Others escape, because they are warned against it by some one more cautious and conservative; instead, a little healthful advice is given, the patient goes away relieved of her nervous anxiety, the symptoms that alarmed her soon subside, she has other children very likely, and remains a well woman. Since this operation for cervical laceration has become so common as to be made by the veriest tyro, doubtless such cases as above described have come under the observation of many physicians.

Here is a case from my book of records, that I do not believe any other method of treatment would so surely cure as the operation for cervical laceration.

A woman thirty-five years of age has borne four children, in rather rapid succession. The last confinement, four years before I saw her, was followed by severe post-partum hemorrhage, and in consequence she made a slow recovery and has never regained her former vigor. She has kept about, however, has attended to the manifold duties of her household, but finally had to succumb to her continual suffering. The symptoms need not be enu-

merated when the local condition is known: chronic metritis, uterus more than double the normal size, retroverted, and flexed to such a degree that it lies in the posterior *cul-de-sac* like a ball, heavy and doughy, with exquisite sensibility when an effort is made to elevate it. The cervix is long, with deep bilateral lacerations extending to the internal os. The os is gaping, so that it is possible to introduce the index finger into it. The cervical tissue is somewhat everted, and has a fiery-red, granulated appearance. Although the cervix is elongated and enlarged, the tissue at the internal os is attenuated, and the cervix gives no support to the uterus.

This is a case that leaves no doubt in regard to the course to be pursued. In the first place, the sensibility of the uterus must be reduced by rest and by copious hot-water injections, followed by tampons saturated with glycerine. As soon as the uterine tissues will tolerate it, bimanual massage of the uterus is desirable. The chest-and-knee position taken for a few minutes, two or three times daily, will be of service in throwing the pelvic viscera forward, and in relieving the pressure upon the sacrum. As soon as the uterus can be put into an anteverted position, a stem-and-loop pessary may help to retain it there. As soon as all the conditions seem ready for it, the operation may be made by placing the patient on the back and drawing down the cervix, or what is still better, in the Sims position on the left side. The tissue on either edge of the laceration must be freshened, and the gaping lips be brought together by as many sutures as the denuded space demands. The patient is kept quiet and in a recumbent position until healing takes place, — within a week or ten days. If a pessary has been worn, it is left out during the operation and healing. If it is found that the size and weight of the uterus are very much lessened, and it retains an anteverted position, it may not be necessary to insert the pessary again. So severe a case and one of so long standing as this will require at least six months to restore to health.

Until the uterus approaches a normal size and there is contractility in the tissue, the hot-water injections and massage are in order.

Deep, jagged lacerations, especially into the anterior lip, are not infrequently met with. The anterier lip in such cases is liable to be much longer than the posterior; it may even hang over the os so as quite to obscure it. With the denuding and uniting of these deep lacerations, contraction occurs; the lips are brought into their normal relations, and conception may occur in cases where sterility has existed for years.

THE INTERNATIONAL MEDICAL CONGRESS.

BY HORACE PACKARD, M. D., BOSTON.

THE International Medical Congress recently held in London by the allopathic fraternity was probably the largest congregation of medical men the world has ever known. Almost every civilized nation on the earth was represented by some of its most eminent physicians. Such men as Virchow, Charcot, Esmarch, Kölliker, Lister, Quain, Huxley, Wells, and many others who by their scientific investigations or great achievements in medicine or surgery have made their names famous, were present and submitted to the ovations which their admiring colleagues showered upon them. The action of the Queen in granting the convention her patronage only on condition that women physicians should be excluded was anything but commendable, and utterly contrary to preconceived ideas of her Majesty's sound sense. The Prince of Wales favored the opening exercises with his presence, and warmly welcomed the many distinguished guests from abroad.

The president, Sir James Paget, in his opening address dwelt upon the importance of following out special lines of study, and said, "Many of us may, for practical life, have a fair acquaintance with many parts of medical science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking out beyond what is already known, no one can hope for success unless by limiting himself within the few divisions of the science for which, by nature or education, he is best fitted."

The question of experimental physiology, which has recently met with such opposition at the hands of the anti-vivisectionists, was ably discussed by Prof. Virchow, who lamented that zealous humanitarians should attempt to put stumbling-blocks in the way of scientific investigations on the plea of "cruelty to animals," and claimed that the pain inflicted by scientists in their search for truth does not approach that suffered by the thousands of animals which are daily slaughtered for purposes of food.

In an address on "Skepticism in Medicine," prepared by the late Dr. Maurice Raynaud, much regret was expressed at its prevalence, and also the belief that it will soon be swept away by the triumphant scientific developments of such great minds as Jenner's and Pasteur's, and others equally distinguished. "The skeptic is he who believes not in science, but in *himself;* he believes enough in himself to dare to disown science, and to affirm that it is not subject to fixed and determined laws."

Prof. Pasteur's address on the Germ Theory was a most interesting description of the experiments he has conducted which have resulted in the adoption of a system of preventive inocula-

tion for animals similar to that devised by Jenner (vaccination) for human beings. His first experiments were made on fowls afflicted with chicken cholera. On the end of a glass rod he transferred a small portion of the blood of a chicken dying with cholera to a previously prepared nutritive fluid. In a short time, with the aid of the microscope, he found this fluid swarming with the tiny microbes which he had before detected in the diseased blood. The smallest portion possible of the fluid, no more than could be taken on a glass rod the size of a fine needle, was transferred to fresh fluid. In a short time the same change was found to have taken place as in the first trial. This he repeated with the same result, to the hundredth and even the thousandth time. On inoculating healthy chickens with these fluids, he found the virulency of the disease produced dependent on the attenuation of fluid, or, as he termed it, the "virus culture" used; *e. g.*, inoculation from the first culture produced symptoms but little less severe than the natural disease, the second still less, and so diminishing in intensity according to the degree of removal of the virus from the original blood of the dying chicken. Strange to say, the virulency of the different cultures depends on the time that elapses from the impregnation of one to the impregnation of the next. If the transmissions follow from one to another quickly, no difference is perceptible, — the hundredth is as virulent as the first; while if weeks or months are allowed to elapse, the virulency diminishes accordingly. He repeated these experiments with blood from a sheep sick with splenic fever, with the same results. Now comes the grand climax. Of fifty sheep placed at his disposal, twenty-five were inoculated with virus of a degree to produce a mild form of the disease. After recovery, the whole fifty were inoculated with the blood from a dying animal. The twenty-five that were previously inoculated had a mild attack and recovered, while the other twenty-five died. The result is that he has found it almost impossible to supply the demand for this virus, and thousands of valuable animals by its means have been saved.

Prof. Huxley's address on "The Connection of the Biological Sciences with Medicine" was, from an allopathic standpoint, a masterly effort. On biology, no one will dispute his eminence; but we cannot say as much of him regarding medicine. If he would but accept what has been developed regarding the physiological action of drugs by homœopathy, he would find that from fields in which he and his colleagues are so manfully toiling, a rich harvest has already been garnered. The learned professor hopes to see the day when "it will be possible to introduce into the economy a molecular mechanism which, like a cunningly contrived torpedo, shall find its way to some particular group of living elements and cause an explosion among them, leaving the

rest untouched." He compares the pharmacology of forty years ago with that of to-day, and citing the knowledge acquired in this *short* time of urare, atropia, physostigma, veratria, casca, strychnia, bromide of potassium, and phosphorus, says, "There can be no reason for doubting that sooner or later the pharmacologist will supply the physician with the means of affecting, in any desired sense, the functions of any physiological element of the body."

A great amount of valuable and interesting matter was presented at the sectional meetings, of which one hundred and nineteen were held, and four hundred and sixty-four written communications presented.

In the section on Anatomy, a most interesting description of the distribution of the subcutaneous veins of the trunk was given. It was necessary to make five to six hundred injections to completely fill the system, which was found on dissection to be divisible into three zones: an upper emptying into the axillary vein, a lower emptying into the femoral, and an intermediate zone, destitute of valves, emptying itself indiscriminately into either of the other sets.

The section on Medicine was wonderfully deficient of anything like a discussion on medicine. Reference was made to nerve stretching in locomotor ataxia, and treatment of scrofulous neck by early removal of the enlarged glands, both of which should have gone into the surgical department; and the recommendation of thirty-grain doses, twice a day, of silicate of soda for bacteria in the bladder.

The section on Surgery was of very great interest, especially the discussion on Lister's antiseptic method. Prof. Keith stated that previous to the use of the carbolic-acid spray he had performed ovariotomy eighty successive times without a death, and in the next twenty-five, with the spray, he lost seven. Prof. Lister himself acknowledged that he was in doubt on the matter, but was rather reticent and gave no statistics. Such statements as these were rather staggering to those who had pinned their faith to Lister. Spencer Wells is still a strong advocate of the antiseptic method, claiming that with him it has almost entirely done away with the necessity for drainage in ovariotomy. The Bigelow method for removal of stone from the bladder was conceded by all to be safer and better than any other known, though a difference of opinion was expressed regarding the size of instruments best adapted for the operation.

In the section on Diseases of Children, the question of the possibility of the same person having measles the second time was discussed, and the conclusion reached that there is perfect immunity after one attack of genuine measles, and that anything thereafter which simulates that disease must be rötheln or German measles.

The matter presented in the section on State Medicine was of the utmost interest, touching on a subject which has but recently occupied the attention of the profession; viz., "Influence of Milk in spreading Disease." A tabular report was given of seventy-one recent epidemics due to infected milk. The diseases which it is absolutely demonstrated have been spread in this way are typhoid fever, scarlatina, and diphtheria, while there is strong probability that the germs of other diseases may be transmitted in the same way. The most probable way in which milk becomes contaminated is by the soakage of the specific matter from the excrements into the well water used for washing the milk cans, and possibly from the dilution of the milk itself.

Dr. Lasègue, in the section on Mental Diseases, gave a most interesting account of his investigations regarding epilepsy. He claims that "True epilepsy is due to malformation of the skull, either idiopathic or traumatic, and all other forms are spurious or epileptoid,—*i. e.*, due to cerebral traumatism, organic lesion, and toxic or hysteric conditions. The true epilepsy, due to malformation of the skull, follows only on ossification, and invariably develops between the age of fourteen and eighteen. The head is found, on examination, to be asymmetrical either laterally or anterio-posteriorly, and this is accompanied by asymmetry of the face, the mouth especially being askew. This form is never hereditary, nor is it transmissible to offspring. The first attack of epilepsy is identical in character with all succeeding ones, therein differing markedly from the epileptoid forms. The attacks of epilepsy occur between 4 and 7 A. M., during the passage from sleeping to waking. These patients are epileptics in everything." These ideas, strange as they may seem, are said to be generally accepted by the physicians of Paris.

A question of much importance, and relating to a matter in which it seems to us a reform is needed, was brought up in the section on Ophthalmology. It is a well-known fact that since the subject of "color-blindness" has received so much attention, the employés on all the principal railroads and lines of steamers have been subjected to so-called "tests"; and many efficient men, who have faithfully served their employers for years and have never been known to miss a signal, are pronounced "color-blind" from the fact that they are found unable to exhibit the skill of an artist in selecting certain skeins, of a very uncertain shade, from a huge pile of worsteds thrown before them. While we thoroughly believe that men holding positions of such responsibility should be subjected to some adequate test, we also believe the test should be made with colors or lights of a fixed and definite character, and not with aqua-marine, baby-blue, and salmon-colored worsted.

During the convention the presidents of the sections, as well as the president of the congress, distinguished themselves by their hospitality. Many pleasure excursions were inaugurated to various points of interest, which were largely participated in by guests from abroad. The Lord Mayor gave a brilliant reception to the most distinguished members of the Institute; while a magnificent conversazione at Guildhall, provided by the Corporation of London at an expense of £2,000, afforded the others rare pleasure.

PUERPERAL ALBUMINURIA.

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

(*Read before the Worcester County Homœopathic Medical Society.*)

MRS. C——, the patient, aged thirty-one, does her own work, her husband being a laborer; she had had three living children, and three miscarriages, the last of which was Aug. 15, 1879, when she miscarried at six months. At this time she had an easy labor lasting eight or ten hours, with no bad symptoms, and made a good recovery. In the present instance I was summoned in haste on the morning of July 19, 1881, and was told by the husband that he went down cellar about 6 A. M. after kindling-wood, and thinking that he heard his wife knocking, ran up stairs and found her on the floor in a convulsion. She believed herself seven months pregnant, and had not been well for some weeks past. The children had been sick, and during the preceding three weeks the family had moved twice. I reached the bedside at 9 A. M., just after the cessation of the third convulsion, and found her stupid, almost comatose, occasionally vomiting frothy mucus tinged with bile. Prescribed *Opium*[30], one dose, followed by *Bell.*[3] in water every half-hour. During the day she had some ten or twelve convulsions at longer or shorter intervals, some being not more than fifteen minutes apart. One convulsion was brought on by a vaginal examination. I also gave one dose of *Cuprum met.*[30] some time during the forenoon. Just before a convulsion came on she would invariably brighten up a little, and at one time seemed to recognize those about her. The seizure was announced by long-continued inhalation, not followed by exhalation until the convulsion ceased; violent jactitation of the muscles of the head, trunk, and upper limbs; the jaws mostly set; eyes violently drawn upward and to the left; frothing at the mouth; the face, neck, and hands black and livid. There was not much heat of the head, though the hands and feet became like ice. There was no blood in the saliva, probably owing to the absence of teeth. For an hour and a half in the afternoon I kept

her under ether, during which time she had no convulsion; within five minutes after withdrawing the sponge she went into another. I then gave *Cuprum met.*[30] in solution; and at 6 P. M., ordering the medicine to be given every ten minutes, went for counsel.

Dr. Chas. L. Nichols saw the case with me that evening. She was still unconscious, but at 9.30 had had no more convulsions since taking the *Cuprum* at 5.30. There was no evidence that labor had commenced, except that there was somewhat more mucus in the vagina than under ordinary circumstances. We continued the *Cuprum* once an hour, leaving orders to give *Gels.*[2] if she got worse during the night. Procuring some of the urine passed during the morning, we found it heavily loaded with albumen. Upon subjecting it to microscopic examination, we found hyaline casts. The patient was tolerably quiet until 1.30 A. M., when she went into another convulsion, during which the women present said there was immense discharge of water from the vagina, and within ten minutes a living child was born, which however was dead when I reached the house at 3.30 A. M. The secundines followed almost immediately, the uterus contracted well, and I found the woman quite comfortable and apparently rational. I prescribed *Gels.*[2] every hour, and left her at 4.30.

July 20, 10 A. M. Has had two more convulsions since 6 A. M. Prescribed *Terebinthina*[1x]. I now told the husband that if he wished any one else to see her, he had better attend to it at once.

At 4.30 P. M., by request, I met Dr. J. N. Bates, a prominent old-school physician of this city. She had had no more convulsions, and seemed comfortable and entirely rational. At Dr. Bates's suggestion the bowels were freely moved by enema, and the *Terebinthina* continued. He signified his approval of what had been done, and I retained the case. The further progress of the case was favorable.

On the 24th I could get no trace of albumen, nor have I been able to get any since. Even up to Aug. 1 she could remember nothing of what had passed; did not even know that she had been pregnant, and could remember nothing of what had occurred for weeks before her illness.

Richard Hughes says: "We certainly ought not to allow a patient to reach the time of parturition with albumen still passing in her urine."

He of course assumes that the physician is to know whether or not his patient is passing albuminous urine. It is true, we all attend women in confinement of whom we may never have even heard until the labor has begun. Any supervision of these patients during pregnancy is of course out of the question. But

the majority of cases are or might be under observation during the entire term. Very many cases, especially primiparæ, need more or less constant care from conception to delivery. Certainly, the physician who allows such a case to reach parturition without being aware that his patient is passing albuminous urine, if such is the case, has not done his whole duty. How many times is serious œdema of the lower extremities passed over slightingly by the physician, with the assurance that it is unavoidable, — due solely to the pressure of the uterus, and must be endured as patiently as possible! How many of these cases would prove to be albuminuria can only be determined by a careful and persistent examination of the urine. The absence of albumen from one specimen proves nothing; the urine must be examined for several days before the search is given up. Other symptoms than œdema should turn the attention in this direction, for there are doubtless many cases of albuminuria in which there is no dropsy. Severe and persistent pain in the head, limited to one side or to a small spot, which does not readily yield to remedies; disordered vision, as amblyopia, seeing only one half of an object, bright or dark spots before the eyes; tinnitus aurium; or possibly persistent nausea and vomiting, other than that occurring in the early months of pregnancy, — any one or all these symptoms, with or without œdema, should direct the attention to the condition of the urine.

I doubt if we could all accept Dr. Hughes's statement without a murmur. The fact is generally recognized that albuminuria is not a disease *per se*, but only a symptom of a local lesion or general affection of the economy. The disappearance of the albumen will depend not only upon the ability of the physician to select the true *simillimum*, but upon the cause of the symptom.

The most frequent cause is commonly believed to be acute nephritis, due to pressure of the gravid uterus upon the renal veins; undoubtedly this will explain many cases, but not all. In fact, the microscope shows the various renal casts in urinary sediment, proving that fibrinous exudation has taken place in the uriniferous tubules. In the case above reported there were unmistakable hyaline casts, in such numbers as to make it highly probable that the nephritis was well past the acute stage. Under these circumstances, the rapid disappearance of albumen from the urine after delivery makes it a particularly interesting case.

Cazeau, in his admirable work on obstetrics, says: "Observation shows that in almost all the cases in which women die of the convulsions which too frequently complicate albuminuria, the kidneys present the anatomical characteristics of albuminous nephritis, the more or less advanced degrees of alteration appear-

ing to correspond with the duration of the disease and the amount of albumen discharged. Many times have I had occasion to observe this fact, and fearing lest I should interpret the alterations erroneously, have almost uniformly presented the kidneys to M. Rayer, who generally recognized in them the second, sometimes the third, and only once the fourth degree of alteration."

It has been shown by the experiments of Claude Bernard that albuminuria may be artificially produced in a variety of ways; viz., by injecting albumen into the blood, by feeding exclusively on albuminous food, etc. From these and other observations, some conclude that when the relative amount of albumen in the blood is in excess, albumen will appear in the urine without any organic lesion of the kidney. There seems to be good authority for the statement that albumen may appear in the urine after the use of carbolic acid, chloroform, corrosive sublimate, or phosphorus. Allen mentions some forty drugs which have produced albuminuria. The statement was made in one of the recent journals that the urine of persons who had remained in the salt water until they were cold and blue was always albuminous immediately after it. Gerhardt observes that patients who frequently or constantly had a temperature of 40° C. (104° F.) had albumen in their urine.

Cazeau thus sums it up: "It were certainly going too far to say that all cases of albuminuria during pregnancy are attended with albuminous nephritis; it is an opposite exaggeration, on the other hand, to insist that there very rarely exists a connection between the albuminous urine and the disease described by Bright. The true statement, we think, would be, that pregnancy generally produces a notable change in the relative proportion of the elements of the blood, which change consists essentially in a diminution of the solid constituents, with relative predominance of albumen. This general alteration is of itself capable of producing the elimination of albumen; but when existing in a slight degree only, and therefore unequal to the production of albuminuria, it may have its action assisted by the active or passive congestions to which the kidney may be exposed during pregnancy, and especially during labor."

The most serious consequence of puerperal albuminuria is what we all dread perhaps more than any other one thing, — eclampsia. If it is possible to avert this dreadful calamity, let us leave no stone unturned. Here we have a comparatively clear field, one in which we are not likely to have much competition from the old school. A most promising field of research is here open to every one of us. Let us never lose the opportunity to examine carefully the urine of pregnant women, keeping a careful record of every case, with treatment and results.

Reviews and Notices of Books.

Materia Medica Pura. By Samuel Hahnemann. Translated by R. E. Dudgeon, M. D. With Annotations by Richard Hughes, M. D. In two volumes. Vol. I. Liverpool: Hahnemann Pub. Soc. New York: Boericke & Tafel. 1881. pp. 718.

This is not the first English translation of this famous work. In 1846 Hempel's translation was published; but that was extremely imperfect, and besides has now been out of print for many years. The original was published in six volumes, two of which reached a third edition, and four a second. These volumes varied in size, and no alphabetical arrangement ran through all. In the second edition Hahnemann's own symptoms came first, and then those of others; in the third they were combined, his own not being marked, but credit being given to the others by initials or names. In this translation Dr. Dudgeon has wisely decided, for greater convenience, to have two large volumes of equal size, with alphabetical arrangement running through both; and to extend to the whole work, although it involved greatly increased labor, the more methodical and useful combination under each drug of all symptoms from whatever source, which combination Hahnemann himself had introduced into the two volumes which reached the third edition. The last editions of the original were used in every case; and Dr. Dudgeon has endeavored (and succeeded, in the opinion of those competent to judge) to give a perfectly faithful rendering. Hahnemann's introduction to each remedy, giving its genius, its characteristic features, is reproduced entire, as well as his explanatory foot-notes. Part of the symptoms Hahnemann obtained from the records of poisoning found in allopathic authorities. He credited more than 4,000 of these to their proper sources. In order to prevent the inaccuracies which would necessarily arise from too many retranslations, Dr. Hughes, availing himself of the unequalled opportunities afforded by the libraries of the British Museum and College of Surgeons, has, with unwearied diligence, referred back all of these quotations to their original sources, and verified some of them and corrected actual mistakes in others, thus improving on the original work. Indeed, when we see what an immense amount of work both Drs. Dudgeon and Hughes have done here, in addition to editing the scholarly "British Journal of Homœopathy," and to all the other work they are accomplishing every day in different directions, we cannot but marvel at their industry and powers of endurance. Few men could stand such

an amount of work. The best of it is, too, that their work is of such a good quality.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876. Vol. I. Papers and Discussions. Philadelphia: Sherman & Co., Printers. 1881. pp. 1117.

Vol. I. we noticed on page 120. It contained the History of Homœopathy to 1876. Vol. II., since issued, of about the same size, contains, we may safely assert, the most valuable collection of scientific papers, with discussions thereon, that our school has ever published in one volume. We may well be proud of the book as a whole. Many of the papers had been put in type and distributed at or before the meeting, thus giving the disputants an opportunity to prepare themselves a little in advance. A fine steel engraving of Carrol Dunham — the same prefixed to his Materia Medica — very appropriately serves as a frontispiece, he being the man above all others to whom the success of the Convention was due. Dr. J. C. Guernsey has ably edited the volume.

A MEDICAL FORMULARY. By Lawrence Johnson, A. M., M. D. New York: Wm. Wood & Co. Boston: Frank Rivers. 1881. pp. 402.

Dr. Johnson here presents, in a manner convenient for reference, the drugs and medicinal preparations, mostly of the United States and British Pharmacopœias, in common use by allopathic physicians, together with many formulæ and pet prescriptions obtained from leading men in the old school. Homœopathists will find little use for the book.

THE DISEASES OF OLD AGE. By J. M. Charcot, M. D., of Paris. Translated by Leigh H. Hunt, M. D. With additional Lectures by Alfred L. Loomis, M. D. New York: Wm. Wood & Co. Boston: Frank Rivers, 35 Bromfield St. 1881. pp. 280.

These clinical lectures are very scholarly and interesting, as those who know anything about the distinguished authors would naturally expect. The most of the book by Prof. Charcot is devoted to the different forms of rheumatism and gout, and the febrile state; while the additions, by Prof. Loomis, are on lung and heart diseases, cerebral hemorrhage, apoplexy and softening, chronic gastric catarrh, constipation, and hypertrophy of the prostate gland.

THE CONTINUED FEVERS. By James C. Wilson, M. D. With an Introduction by J. M. Da Costa, M. D. New York: Wm. Wood & Co. Boston: Frank Rivers. 1881. pp. 365.

This is certainly one of the best of the series in "Wood's

Library." Dr. Wilson describes, with greater fulness than there is room for in the common text-books, and yet without that excessive elaboration which sometimes defeats the practical in research, simple, continued fever, influenza, cerebro-spinal, typhoid, typhus, and relapsing fevers, and dengue. Prof. Da Costa's Introduction, on the management of fever in general by hygienic measures, etc., adds considerably to the value of the book.

A NEW FORM OF NERVOUS DISEASE, ETC. By W. S. Searle, M. D. New York: Fords, Howard & Hulbert. 1881. pp. 138.

Dr. Searle here carefully describes the symptoms of what seems to him a new disease ; new both because, so far as he knows, it has never been described nor even existed before. It is characterized by a sensation of a sudden *shock* or *blow* or *explosion* in some part of the head, often succeeding something like the epileptic aura, and almost always accompanied by intense *vertigo*. It is also attended by passive congestion of the cerebellum, sometimes extending also to the cerebrum or spinal cord. Drs. Hammond and Beard, of New York, do not think that these symptoms make up a new disease ; but Charcot, of Paris, says that they are new to him. Dr. Searle gives a very interesting and vivid description of this "new" disease, as also of the physiological and therapeutic properties of the *Erythroxylon coca*, about which he is very enthusiastic.

PHYSICIAN'S DAY-BOOK AND JOURNAL. The Henry Bill Publishing Co., Norwich, Conn.

Having used this day-book for several years, we can from experience heartily indorse it as by far the simplest, easiest, and most practical method of keeping physicians' accounts. When it is considered, too, how long a copy will last, — several years, even with a pretty large business, — it will readily be seen that a cheaper method could hardly be devised. Before using this, which is a *monthly* record, we had previously kept *weekly* accounts ; but the saving in time and labor is now so great that we wonder we could ever have been induced to try the weekly method. The necessity of rewriting so many names every week, and the greatly increased work in posting, were disadvantages enough. The "Bill Day-Book" has about 40 lines on each 8 x 13½ page, with blank spaces for name, residence, disease, member of family, amount charged, credit, etc., etc. ; as well as spaces for charging, with appropriate and ingenious symbols, the amount and kind of work done each day. Every point has been arranged and rearranged time and time again, until the book must now meet the

actual wants of the great majority of practitioners, as shown by every-day experience. A convenient obstetric record is added. The book is handsomely bound in half-russia. We advise all to try it.

A System of Surgery, Theoretical and Practical, in treatises by various authors. Edited by Timothy Holmes, M. A. American edition, thoroughly revised and rewritten by John H. Packard, M. D., and others. In three volumes. Philadelphia: Henry C. Lea's Son & Co. 1881. Vol. I. pp. 1007.

In July we called attention to the announcement of this great work, and now the first volume has appeared. It was first issued some years since in England in five large and expensive volumes, and immediately won universal confidence wherever the language is spoken. There has been so much demand in this country for its republication in a form more thoroughly adapted to the wants of the American practitioner, that Mr. Lea has decided to run the risk of issuing it.

To accomplish this, the aid has been invited of over thirty of the most distinguished gentlemen in every part of the country, and for more than a year they have been assiduously engaged upon the task. Though the original work presents the combined labor of the most eminent members of all the most prominent schools of England, yet the lapse of time since the appearance of the last edition, the progress of science, and the peculiarities of American practice have rendered necessary a most careful, thorough, and searching revision. Each article has been placed in the hands of a gentleman specially competent to treat its subject, and no labor has been spared to bring each one up to the foremost level of the times, and to adapt it thoroughly to the practice of this country. In certain cases this has rendered necessary the substitution of an entirely new essay for the original; as in the case of the articles on Skin Diseases, and on Diseases of the Absorbent System, where the views of the authors have been superseded by the advance of medical science, and new articles have therefore been prepared. So also in the case of Anæsthetics, in the use of which American practice differs from that of England, the original has been supplemented with a new essay, treating not only of the employment of ether and chloroform, but of the other anæsthetic agents of more recent discovery. The same careful and conscientious revision has been pursued throughout, leading to an increase of over one fifth in matter, while the series of illustrations has been more than doubled, and the whole is presented as a complete exponent of British and American surgery, adapted to the daily needs of the working practitioner.

In order to bring it within the reach of every member of the profession, the five volumes of the original have been compressed into three, by employing a double-columned imperial octavo page, and in this improved form it is offered at less than one half the price of the original. It is beautifully printed on handsome laid paper, and forms a worthy companion to Reynolds's "System of Medicine," which has met with so much favor in every section of the country.

Vol. I. discusses general pathology (inflammation, scrofula, syphilis, tumors, cancer, etc.), morbid processes (abscesses, gangrene, ulcers), injuries in general (wounds, burns, poisons, fractures, dislocations, etc.), complications of injuries (erysipelas, pyæmia, tetanus, hysteria, etc.), and injuries of regions (head, back, chest, abdomen, extremities, etc.).

This is a work which can be heartily recommended to physicians of all schools. To surgeons it must be indispensable. It is elegantly published, and considering the enormous amount of valuable material which has been compressed into it, is very cheap at $6.00 a volume bound in cloth, or $7.00 leather. It is sold only by subscription.

CHAMPIONNIERE'S ANTISEPTIC SURGERY, translated and edited by F. H. Gerrish, A. M., M. D. Portland: Loring, Short & Harmon. 1881. pp. 242. $2.25.

Although for some years our medical journals have contained such frequent references to Lister's method that few of our physicians are unacquainted with the crude outlines and main features of it, yet it must be confessed that a great majority who have not actually witnessed its operation in hospitals or elsewhere have not enough knowledge of its practical details to adopt it successfully. This knowledge is now readily accessible in this translation, which is the first treatise on the subject in the English language. Championnière is an enthusiastic advocate of the method of Lister (to whom the book is dedicated), and gives a very accurate account of its principles and results. The translator's work is very neatly done. In view of the great importance of the subject, every one who has anything to do with surgery should possess this work.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM. By Ambrose L. Ranney, A. M., M. D. New York and Boston: D. Appleton & Co. 1881. pp. 500.

Pure anatomy, to the student unacquainted with the different forms of disease, is often, if not generally, a very dry study. It is only after he is far enough advanced to see and appreciate its practical applications that he really enjoys it. Ranney's new

work not only presents the latest points in the anatomy and physiology of the human nervous system, but also shows the various ways in which such knowledge can be applied in general medicine and surgery. The localization of disease within the brain and spinal cord, and the proper interpretation of the symptoms of different types of paralysis, are here fully treated of. Each cranial and spinal nerve is separately described, and the clinical points pertaining to each are given, as well as its surgical relations. Altogether, this book, which fills a vacant place, is an exceedingly valuable one. It is illustrated with one hundred and seventy-nine remarkably clear and beautiful wood-cuts. The publishers' work is a model of excellence.

DISEASES OF THE BLADDER AND PROSTATE GLAND. Sixth Edition. By Walter J. Coulson, F. R. C. S. New York: Wm. Wood & Co. Boston: Frank Rivers. 1881. pp. 393.

As the fifth edition of this classic work was published twenty-three years ago, the necessity for almost entirely rewriting the present edition was of course apparent, and many changes have been made. Quite a full account of the causes of stone formation is given, and also of the preventive treatment of calculus. The most important addition, of course, is a description of the new method of "litholapaxy," invented by Prof. H. J. Bigelow, of Harvard University, which has already created a complete revolution in the doctrines regarding lithotrity all over the world. Taken as a whole, this volume forms a very interesting monograph.

LUDLAM'S DISEASES OF WOMEN. Fifth Edition. Chicago: Duncan Bros. 1881. pp. 1029.

It is perhaps needless to remark that this edition, which practically amounts to a new book, is incomparably the *best treatise on gynæcology ever published.* Although this branch of medicine, having been cultivated with great assiduity, has made wonderful progress within a few years, Dr. Ludlam has not only kept fully posted in the discoveries of others, but has also himself introduced many valuable improvements. That his work should pass through five editions in ten years attests its popularity. The last contains almost four hundred more pages than the fourth, and sixty lectures instead of thirty-two. We are greatly pleased at the change in the arrangement of the lectures, which now follow each other systematically, instead of discussing certain subjects just in the order in which patients happened to come into the clinic. In short, there is no book on the subject which can more profitably be put into the hands of the homœo-

pathic student or physician than this. If you can afford but one book, buy this.

MATERIA MEDICA AND THERAPEUTICS. By Charles J. Hempel, M. D. Third Edition, revised and enlarged by H. R. Arndt, M. D. Vol. II. Chicago: W. A. Chatterton. 1881. pp. 912.

In September, 1880, page 257, we gave our opinion of the value of this great work in no uncertain language, and at considerable length; and therefore at this time refrain from further commendation. We regret the late illness of the enterprising publisher, and also that in the family of the talented surviving author, which have for so long delayed the appearance of this volume, containing, as it does, so much valuable information in a very attractive style, of no mean literary merit. It is simply due to the publisher to state that we have never seen a medical book more beautifully gotten out than these two volumes.

OUR MISCELLANY.

RICHARD GRANT WHITE was once a student of medicine.

THE ORDER of the Knights of the Goitre are principally found in Switzerland Its members are all "swells." — *Puck.*

TRUE. — Every scientific discovery in embryo presents that double aspect, — a monster in the fœtus, a marvel in the germ.

A HELPFUL (?) WIFE. — A physician out West has a wife who is excessively jealous: she attempts suicide by poison when he is called out at night.

NEW ECLECTIC CHAIR. — The Michigan Legislature has passed the Act establishing a chair of eclectic medicine in the University of Ann Arbor, Mich.

SELF-SATISFACTION must be a delightful sensation, and it is well to be proud of one's work; but the maker of surgical appliances went, perhaps, too far when he said his artificial arms were so perfect that if they were vaccinated he would warrant them to "take."

THE NOISE OF THE FINGER. — Dr. Hammond says that when you put the end of your finger in your ear, the roaring noise you hear is the sound of the circulation in your finger, which fact any one can demonstrate by first putting his fingers in his ears and then stopping them up with other substance.

What a wonder the body is, when the fingers are such busy workshops that they roar like a small Niagara! The roaring is more than the noise of the circulation of the blood. It is the voice of all the vital processes together, — the tearing-down and building-up processes that are always going forward in every living body from conception to death.

THE COUNTY HOSPITAL at Denver, Col., has been placed in the charge of homœopathic physicians, at a saving of $2,600 per year, and a corresponding saving of life and suffering. — *Clinique.*

FRICTION IN INSOMNIA. — A simple and good, but old remedy for sleeplessness, is briskly rubbing the body, for some minutes before retiring, with either a piece of coarse woollen cloth or with a flesh brush. — *Ex.*

PROGRESSIVE EDUCATION. — The Harvard Medical School Museum has, we hear, an anatomical specimen catalogued as follows: "No. 279, Heart and blood-vessels of a snapping-turtle prepared by Mr. Edes with one lung."

A DOG'S LIFE. — Applicable to a true physician may be the reply of Lord Houghton, on Mr. Gladstone's remarking, "I am leading a dog's life!" — "The life of a St. Bernard, which is spent in saving the lives of others."

THE AGE OF AN EGG. — The "El Médico Práctico" says: In a solution of common salt one gramme to one litre, an egg one day old will sink to the bottom; one two days old will descend to half the depth of the liquid; and an older egg will float.

CREMATION. — A meeting was recently held in Bologna in favor of cremation. The medical profession are interested in the subject there as in many other places, and the proportion of persons favoring it is such that a crematory will soon be erected.

RAPID BREATHING has been successfully tried as an anæsthetic in dentistry, and Dr. A. Hewson, Sr., reports several cases in which he has resorted to this anæsthetic in labor. He recommends that the rapid breathing he kept up for five or seven minutes, the patient breathing as fast as possible.

MYOPIC HORSES. — Lord Denman, an ardent friend of domestic animals (quadrupeds), drives about the streets of London behind a horse that wears spectacles; the animal was found to be near-sighted some time ago, which defect the owner has successfully remedied. We may next look for "nervous prostration" among our four-footed pets.

VIVISECTION. — There have been reported three hundred and eleven experiments in vivisection made in England in the past year. Of these only thirty are presumed to have caused pain, and these were cases in which diseases were inoculated, the animals dying from the effects. The others were experiments performed on anæsthetized animals.

ELECTRO-MAGNETISM. — A notable case of extracting a steel spark from the eye of a Berlin workman is given by the "Medical Record." The eye of the patient had become much inflamed, and it was necessary either to extract the mote without delay or to remove the eye itself. Dr. Hirschberg, a Berlin oculist, succeeded in the former plan, by inserting a soft iron probe into the eye until it touched the mote, and then, by magnetizing the probe with the help of an electro-magnetic coil, he was able to draw forth the dangerous intruder.

MERITED PUNISHMENTS. — Dr. Keinze, editor of the Leipzig "Vereinsblatt," has recently been fined a hundred marks with costs, and required to publish his punishment in his journal, for having printed in it the *invectives against homœopathy* of Dr. Rigler, of Berlin. The sentence of the latter (Dr. Rigler) was also confirmed by the Superior Court, to which he had appealed. Dr. Börner also was fined, and made to pay costs after appeal, for having published the scaly diatribes of Dr. Rigler in his journal, the "Deutsche Med. Wochenschrift."

KANT'S SKULL. — Prof. Kupffer, of Königsberg, describes the skull of Kant, which was recently disinterred: Its capacity was 1,715 cubic centimetres. The sutures were remarkably perfect, well retained, and regular. The skull is broad for its length and height. The right side of the cerebral portion and the left of the cerebellar portion were the most developed. The cavities of the eyes were unusually high. In general, it was a mixed type, as Kant himself was, — his father having been a Scotchman and his mother a South German.

A TEMPERANCE SERMON.

If for a stomach-ache you tache
Each time some whiskey, it will break
You down and meak you sheak and quache,
And you will see a horrid snache.

Much whiskey doth your wits beguile,
Your breath defuile, yourself make vuile;
You lose your style, likewise your pyle,
If you erewhuile too often smuile.

But should there be, like now, a drought,
When water and your strength give ought,
None will your good name then malign
If you confign your drink to wign.

H. C. DODGE, *in Norristown Herald.*

PERSONAL AND NEWS ITEMS.

DIED. — Aug. 14, at Brooklyn, N. Y., Edward T. Richardson, M. D., sixty-seven years. At Woodstock, Vt., Geo. W. Colton, M. D.

LOCATED. — W. H. Dunham, M. D., at Kentland, Ind. William Shea, M. D., at Lawrence, Mass., and not at Gloucester as before announced. F. D. Tripp, M. D., at Taunton, Mass. E. E. Philbrook, M. D., at Gorham, Me.

REMOVALS. — Dr. A. M. Cushing, formerly of Lynn, Mass., has removed to 116 West Newton Street, Boston. Dr. L. C. Jewell, from Cape Elizabeth, Me., to Chatham, Mass. Dr. C. M. Marston, from Lowell to South Yarmouth, Mass. Dr. F. L. Benedict, from Bridgeport, Conn., to Portsmouth, N. H. Dr. C. P. Holden, from Gaysville to Woodstock, Vt. Dr. F. N. Palmer, to 3 Hamilton Place, Boston. Dr. W. E. Richards, from 24 to 89 Worcester Street, Boston. Dr. F. W. Payne, to 32 Gloucester Street, Boston; office at Hotel Pelham.

DR. A. J. HARE (B. U. S. M., 1877), late surgeon in charge of the National Soldiers' Home, Milwaukee, has resumed private practice in connection with Dr. C. C. Olmstead at Milwaukee, Wis.

DR. LYDIA R. CLEMENT (B. U. S. M., 1878) has returned from Europe and resumed practice in Brookline, Mass.

NATHANIEL C. PEABODY, who for many years has kept a homœopathic pharmacy at 10 Knapp Street, Boston, has recently died. The stock and good-will are for sale.

ALEXIS ST. MARTIN, the famous possessor of the gastric fistula which taught the world so much physiology, has died within a few months.

ALL of our delegates to the International Homœopathic Convention at London have returned.

A GARFIELD SCHOLARSHIP FUND, for needy students, is to be raised for the Boston University School of Medicine.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY meets October 12. The Committee on a new Insane Asylum will report. A large attendance is hoped for.

MEDICAL STUDENTS in Great Britain number 2,106, one half of whom are in England.

P. P. C. — Post-partum call. (*Pour prendre congé.*)

DR. HORACE PACKARD, of Boston, has left for a year's study in Europe.

THE MEDICAL COUNSELLOR, ably edited by Dr. H. R. Arndt, is henceforth to appear as a *weekly* journal. This we believe will be the first homœopathic weekly on record.

WE have been using in our practice of late "Maltine," manufactured by Reed & Carnrick, of New York. We are much pleased with the action of the various compounds we have used, and feel free to recommend them to the profession, for in giving "Maltine," your patient receives the most concentrated elements of nutrition in a palatable form. — *Southern Clinic*, February, 1879.

POWELL'S BEEF, COD LIVER OIL, AND PEPSIN has attained popularity as a nutrient in a remarkably short time. The combination is a good one, and the manufacturers have an enviable reputation as a reliable and honorable firm. — *Cincinnati Lancet and Clinic*, March 19, 1881.

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 11. NOVEMBER, 1881. VOL. XVI.

EDITORIAL.

GUITEAU'S INSANITY.

As Guiteau's trial will commence very soon, and as insanity will of course be the principal line of defence, it may not be out of place at this time to say a few words on the subject, based on the general information which everybody has through the newspapers, although our opinions so formed may possibly be modified by the evidence to be presented at the trial. Insanity has become such a remarkably common defence in murder trials, being now almost always expected as a matter of course, that the people are utterly disgusted, knowing that it is usually a sham device to escape the gallows. We might almost as well decide that murder is of itself an evidence of insanity, and so escape much perplexity and wrangling. Indeed, already some pseudo-scientific sentimentalists like Benedikt, in his "Brains of Criminals," a book noticed in our August number, have tried to prove that all criminals commit crime, not through any fault of their own, but through imperfect cerebral organization, and are therefore more or less irresponsible for their actions. A pretty state of things would exist if these views gained universal credence. Thus to destroy all responsibility for our actions, to abolish the power of distinguishing between good and evil, would degrade mankind to the same puppet level as the inexorable logic of the Spinozan system. The question to be decided, in such a case as this, is not as to the murderer's *insanity* but as to his *irresponsibility*. They are by no means convertible terms, although they are often used as such. Although many efforts have been made, there has never yet been, and there probably never will be framed, a sat-

isfactory definition of insanity, — one applicable to all cases, and acceptable to even a small number of physicians. The border lines between a sound and an unsound mind are exceedingly hazy. We are undoubtedly, all of us, more or less insane in somebody's opinion. Each one of us has his idiosyncrasies and eccentricities, which would be very likely to bring him within the arbitrary line of demarcation drawn by theoretical alienists to separate the *mens insana* from the *mens sana*. In this narrow and technical, but very impractical sense, Guiteau is undoubtedly insane. His conduct as a young man in the Oneida Community was characterized by intense conceit, by moral obliquities and disagreeable personal peculiarities which made him unpopular, but we have yet to learn of any decided mental aberrations. His subsequent career as a cheap lawyer, lecturer, and politician showed him to be egotistic, to be utterly unreliable, to be brutal to his wife, to be exceedingly immoral in his habits, — in short, to be a depraved and thoroughly bad man; yet no one *then* gave him the credit of being insane, although perhaps *now* some may arise to say, "I told you so." His motive for killing the President was anger at not receiving an office to which he thought he was entitled under the miserable lack-of-civil-service-reform system, coupled with the longings for world-wide notoriety — no matter on what account, provided it could be obtained — which is so sweet to one of his excessive egotism. His great fear of death by violence, after having been shot at in his cell by one whom he supposed his protector, which has been considered by some as evidence of insanity, is on the contrary the most natural feeling in the world, under the circumstances, for a sane man to have. Egotism, though sometimes symptomatic of insanity, is not by any means necessarily so, thank the Lord!

But even supposing Guiteau to be partly insane, the law recognizes that a man may be insane in some particulars, and yet perfectly sane and capable of legal and responsible acts in others. In the present case, even if he acted under a delusion which, following Guy's definition as an involuntary belief without data or premise, is exceedingly improbable, it must be shown that this prevented his recognition of the nature of the act he was doing, and that he was unable to distinguish right from wrong. From all that can be learned, he was perfectly conscious of the wickedness of the

crime he was committing. If he did not realize it in its full intensity, he yet sufficiently grasped it to know that it was wrong. Again, even if he did act under a delusion as to some matter of fact, this, supposing it to be no delusion, would certainly not have justified the act. These in law are common tests of responsibility. The medical expert, on the other hand, often overlooks the practical, common-sense solution of the problem, and, anxious to apply to the last jot and tittle the rules and compasses of his exact, scientific classification of mental aberrations, not to speak of his often still greater anxiety to testify to the benefit of the side which pays him handsomely, he often stultifies himself, and defeats the ends of justice.

About two or three years ago, a most excellent and kind-hearted, as well as shrewd man, Capt. Holm, of Malden, Mass., highly honored and respected by his neighbors, on account of some little domestic unpleasantness decided to return to his native city, Copenhagen, after having handsomely provided for his family here. His avaricious and heartless wife and son, not satisfied with this, and anxious to get hold of all his property, made their own representations to two physicians, which induced them, together with a very imperfect examination, to commit the captain to the Somerville Insane Asylum. The whole town of Malden was aroused at the outrage. His indignant friends rallied and commenced a suit for his liberation. At the trial, those who call themselves the principal mental experts of this neighborhood were secured by the money of the excessively dutiful, pious, and affectionate wife and son, who made earnest protestations of having only at heart their dear one's w lfare. These experts were perhaps blinded to the real, practical question at issue, — whether he was capable of managing his own property or not; and testified, on account of certain eccentricities of his, that he was insane and should be shut up. Their testimony was most awfully cut to pieces and ridiculed in the cleverest way by the clear-headed lawyer, Judge Hoar; and the evidence in behalf of his inability to manage his own affairs was so miserably slim, that after this side had been presented, the case was dismissed, and he was ordered to be released without one word of rebuttal on his part, although his friends had assembled a large crowd of witnesses who were anxious to testify to his soundness,

and were much disappointed that no opportunity was afforded. It was an evident case of common-sense *versus* technical quibbles and influence, and from this standpoint was exceedingly interesting.

Some there are, high as authorities, who hold that a man, even if clearly irresponsible on account of an unsound mind, who has shown himself capable of devilish acts, should be punished, even to hanging if necessary, for the protection of society; just as every one acknowledges that the safety of society imperatively demands that a hydrophobic dog be summarily dealt with. Without indorsing these extreme views, and laying aside all vindictiveness, we must acknowledge that in view of the present tendency to defeat the ends of justice by falsely pleading insanity on every possible occasion, less harm might be done, and the interests of society might be better protected, if the benefit of the doubt, if there be any, should be transferred from the criminal to "the people," than if we should aid and abet the devilish evil-doer by indulging in maudlin feelings of philanthropic sentimentality.

THE HISTORY OF HOMŒOPATHY SINCE 1876.

BY CHARLES L. NICHOLS, M. D., WORCESTER, MASS.

(*Continued from page* 299.)

GREAT BRITAIN.

DR. POPE, with his customary vivacity, gives us a very interesting account of the progress made during the past five years. The aim in England has always been to leaven the whole profession with the principles of homœopathy, rather than to create a separate school; the result has been a natural tendency to favor empiricism rather than a scientific study of our method. Many who are led to test the law of similars incline to adopt specific medication, and usually to the disadvantage of homœopathy: for in the words of Dr. Drysdale, "Empirical knowledge of individual specifics can never put the practice of medicine on a sound or scientific basis, — nay, cannot even retain in practice those very specifics themselves; for, being recommended only for certain more or less w de species of diseases, without the means of the finer discrimination of individual cases, they are at first extravagantly lauded owing to the results of a few chance hits, then tried in many cases for which they are unsuited, and in consequence

proving useless, they are unjustly depreciated and consigned to oblivion." Still, the method of selection and the fact of the efficacy of our remedies have been widely promulgated; and if the principle underlying these can be impressed more strongly upon the professional mind, rapid progress can be made. Professional ostracism remains the same; and the attempt made by Dr. Wyld about four years ago to modify the code of ethics in this particular, failed utterly, because the time for such a move was premature.

The London Hospital, through the magnificent bequest of Dr. Quin, has been greatly improved, enlarged, and its usefulness much increased. Treating about five hundred cases a year, its average death rate for the past ten years has been three per cent, — a better showing than any other hospital in London.

The School of Homœopathy, founded in London five years ago by Dr. Bayes, has been quietly fulfilling its purpose. The aim of this institution is solely to give instruction in the homœopathic materia medica and its application in disease, to those who wish to add this knowledge to that requisite for graduation in the other schools. It gives no diploma, and is merely a supplementary course for those who wish to look into homœopathy. This reason, and the difficulties naturally in the way of medical students, have rendered the attendance small up to the present time, only thirty students having taken advantage of these privileges during the five years of its existence. Dissensions among the friends of the school have also greatly hindered its progress, although all these causes have been unable to check its steady growth, and the lecturers feel confident of the ultimate success of their scheme.

Birmingham and Bath have large and flourishing hospitals; while the convalescents' home at Bournemouth and the sanitarium for sick children at Southport are doing an important work, the former alone receiving about seven hundred patients per year.

Among those who have died since 1875 are noticeable the names of Dr. Ruddock, who has made so many valuable contributions to domestic practice, and Dr. Quin, the veteran practitioner of England and founder of the London Hospital and the British Homœopathic Medical Society, of which latter he was for thirty four years the president.

AUSTRALIA,

Among the colonies, seems to be in the most flourishing condition, both in the number of physicians and in the extent of the domestic practice. Sydney has seven physicians and Melbourne as many more, besides supporting three pharmacies and a hospital with forty-eight beds. In New Zealand and South Africa we find representatives of our school both among physicians and laymen.

INDIA.

The first notice of homœopathy here is found in a book published in London, 1852, by Dr. Honigberger. Becoming acquainted with Hahnemann while visiting Paris, he imbibed some of his doctrine, and on his return to India in 1839 put it at once to practice. The Maharajah of the district being sick with dropsy and given up to die by the native physicians, this foreigner was permitted to try his new method upon the patient. Having always given to his servants, in order to test them, all previous prescriptions of English physicians, he promised on this occasion to take any medicine prepared in his presence. The third dilution of *Dulcamara*, being prepared and administered, did cause within three days a marked improvement; but through the jealousy of the natives he was finally displaced, and the Maharajah left to die under the heroic treatment of the other schools.

About ten years after this date, hospitals were established at Tanjore and Puducotta by a military surgeon who had been converted through Dr. Quin's influence; and another was established at Calcutta in 1851, under very flattering auspices. But these in every case being founded and cared for by laymen, or those little skilled in the law of similars, failed in their intention and finally ceased to live. Many men were converted, however; most of whom, being laymen, continued to do what little good was possible in their immediate vicinity, while a few physicians boldly took their stand in defence of the right. Dr. Sircar, a very influential man and at the time vice-president of the Bengal branch of the British Medical Association, was the most important convert to our ranks. He was of course ostracized, and the opposition extended so far that when appointed member of the Faculty of medicine in Calcutta University, the entire Faculty, after a vain attempt at coercion, resigned their appointment. Dr. Sircar, his position being upheld by the Senate and his principles preserved unimpaired, withdrew from the post to which he had been fairly appointed, in order to prevent the injury sure to follow such opposition if continued. The number of homœopathic physicians in India does not exceed nineteen, but a large number not in the ranks of the profession employ this form of practice. This is proved by the number of pharmacies flourishing in this country, Calcutta alone supporting nine of these centres for the distribution of homœopathic medicines; but not a single dispensary nor one hospital is in existence to-day, to extend the practice of homœopathy and attract the fancy of those inclined to this method of cure, except the dispensary established by Dr. Sircar, which gives relief to over one hundred applicants a day. In

ITALY

the political events of the past twenty years have arrested the growth of homœopathy. This cause, combined with the death of Dr. Dadéa, of Turin, the most vigorous champion of homœopathy for many years, together with several other prominent physicians, has taken from our system nearly all the life it once had. There has moreover sprung into existence a system called Mattéism, which is rapidly overspreading Italy, Switzerland, and even France and Russia, which latter country seems particularly to favor its development. Originating at Bologna, its founder gave to his mysterious preparations, being in the form of globules, the name of electro-homœopathy ; and it is hence a stumbling-block for numerous uncultivated minds to confound with our own system, similar only in name. The number of homœopathic physicians cannot be far from one hundred and fifty ; but as there is no union among them, little mutual benefit can arise from their numbers. Books published have been mainly translations, while three or four journals make the only means of intercourse throughout Italy.

RUSSIA.

The article written by Dr. Bojanus for the International Congress being requested for publication, the writer determined to apply to government for reference to their archives, in order to add to that account and verify its statements. Of the three great sources of information, one only noticed his request, and here he obtained but one packet of papers relating to homœopathy. The very interesting investigations of Hermann, the result of homœopathic treatment of cholera in the hospital at Moscow, and the reports from the homœopathic ward at St. Petersburg, were not made available. The packet obtained related to the labors of Dr. Von Grauvogl at Helsingfors. Count Adlerberg, Governor-General of that district, urged Dr. Von Grauvogl to deliver lectures upon homœopathy at the university, and placed at his disposal, by the sanction of the government, two wards of the hospital, one for chronic, the other for syphilitic cases. Six months of labor followed, and with the usual result: 81 cases were entered, of which 52 recovered, 5 died, and 25 removed or were left at closing of the wards. Monthly reports were handed in to the general administration, corresponding in numbers with the list above given, but with explanatory remarks which did away with all chance of benefit to our treatment. The report placed before the Emperor was entirely different: but 69 cases being reported, of which 35 were cured, 4 died, and 30 were left or transferred. The conclusions drawn were also unjust and untruthful; for

the report continues: ' 1. Slight acute affections, which gener get well if left to nature, get well also under homœopathic tr ment. 2. The homœopathic method has no curative influe in chronic cases. 3. Primary chancres are cured, and bub after being opened. 4. The different forms of constitutic syphilis are cured only after the orthodox treatment. 5. surgical cases requiring active interference, the homœopat treatment is really injurious." The result was what might expected: the worst class of cases selected, the poorest hygienic surroundings, and the most persistent and bitter opposition, must have resulted in a poor record; and these results, being then so warped and untruthfully presented, gave to the general administration no real conception of the value of our treatment. This effort, then, can only be placed beside the experiments of Hermann fifty years before, the comparative investigations of Dr. Marenzeller in Vienna, and indeed the result of every series of tests when reported and controlled by the opposing school. Turning now to the present position of homœopathy in Russia, we find that the general society consists of one hundred and sixty-eight members, a decrease within the past few years, due to the difficulties in attending lectures placed before native students, and the strict examination required of foreigners before admission to practice in the Empire. In spite of these discouragements, however, Dr. Bojanus believes the dawn to be approaching, and that real, substantial advance in our cause is beginning to be shown.

SPAIN

Gives evidence of steady and satisfactory progress. Dr. Nuñez, a student of Hahnemann, and the pioneer of homœopathy in this country, received royal permission to practise and lecture upon homœopathy in 1850, and since that date our school has had a recognized position. The Hahnemannian Society of Madrid, founded in 1845, after many vicissitudes and through the powerful influence of Dr. Nuñez at length succeeded in founding the Madrid Homœopathic Hospital. In 1878 this institution, containing fifty beds, was opened to the public; a course of lectures on homœopathy begun at the same time, and a diploma of "Homœopathic Doctor" awarded to all graduates of other colleges who passed the examinations at the end of this course. The hospital treats between four and five hundred patients a year, with a mortality of six per cent, and gives relief to about 10,000 out-patients. The death of Dr. Nuñez in 1879 caused some temporary embarrassment to the hospital, on account of a collision between his interests and those of the homœopathic society; but it is hoped that a friendly settlement will soon be reached, and the progress of homœopathy continue as rapid as before.

After reading these accounts from the various countries of the Old World, — discouraging in most, unsatisfactory and far below our deserts in all, — we can turn with a pardonable pride to the

UNITED STATES,

and see everywhere proofs of rapid and substantial progress. Over six thousand avowed practitioners to-day spread the blessings of our system, an increase of about 2,000 in five years; 26 State societies (6 having been founded since 1876), more than 100 local societies, 38 hospitals, 40 dispensaries, 11 medical colleges, and 17 journals, present a record worthy of our pride and the attention of all men. The very valuable report on statistics, by Dr. I. T. Talbot, shows about 1,800 hospital beds, accommodating 15,000 patients during the past year, with an average mortality of four per cent. This showing, with the record of nearly 300,000 prescriptions at the 40 dispensaries, proves how useful to the charities and how popular among the poor our system is becoming. New York, however, has the honor to lead the world in her munificence towards our profession: the city, at the request of 75,000 of her citizens, having furnished Ward's Island Hospital, capable of holding 600 beds, — the first homœopathic charity hospital supported entirely by a city; and the State having erected, at an expense of about $475,000, the homœopathic insane asylum of Middletown.

In reviewing the whole field of our history, we shall find much to dishearten us, much to render gloomy the prospect of making our law universal. Knowing, however, that truth flourishes best in a soil where liberty of thought and action prevail, we can justly feel that unfair legislation and the bitter hatred of a dominant rival are the causes of decline in countries less favored than our own, and that the seed sown so liberally in this land of freedom and progress must continue to bring a hundred-fold harvest, unless checked by partisan strife or a forgetfulness of the noble principles which stand as the motto of our oldest medical journal, — "In certis unitas, in dubiis libertas, in omnibus caritas."*

* NOTE. — Why is it that the "British Journal of Homœopathy" and the "North American Journal of Homœopathy" persist in printing the word "caritas" "charitas," issue after issue, as the motto on their cover? We can find no such word as "charitas" in *our* Latin dictionary.

SIMPLE NARCOTIC. — A new treatment of insomnia consists in rapidly closing the eyelids twenty or thirty times in succession, and thereby causing fatigue of the depressor palpebræ muscles; this will be followed in a few seconds by an irresistible desire for sleep. This method is recommended especially for the form of insomnia which accompanies nervous disease. — *Journal d'Hygiène.*

OUR LONDON LETTER.

FROM GILES F. GOLDSBROUGH, M. D., LONDON, ENGLAND.

A REVIEW of the proceedings of the late International Medical Congress (allopathic), and of the annual meeting of the British Medical Association, brings into marked relief on the one hand the present state of therapeutical science, and on the other the prospects of homœopathy, with the attitude of the main body of the profession towards it. The address of Sir James Paget, president of the Congress, was one of great liberality of thought, and full of suggestion to the student of science. It should be well taken to heart by the persecutors of Hahnemann and his followers. The subjects of anatomy, physiology, and pathology, which form the foundations of the healing art, received their due attention, and the rate of progress in each was shown to be remarkable. Surgery, likewise, came prominently to the front. The antiseptic method of Lister is daily revealing new possibilities in the field of operations. An account of the researches of Prof. Pasteur and others showed that preventive medicine is being developed to an extent scarcely dreamed of. But where was therapeutics? Our answer is almost a blank. The curability of disease scarcely yet occupies a place in medicine, — the very object for which that science exists; materia medica and pharmacology were relegated to the end of the list at the Congress, and in the discussions nothing new was brought forward. The facts dealt with were disconnected and indefinite. The president's cry was for "more light," and it was echoed by all who followed him.

At the meetings of the British Medical Association, a remarkable fact meets our notice. The subject of homœopathy seems to have been agitating the minds of some of the principal members of that Association: so much so that we have Mr. Barrow, in his presidential address, giving it a prominent place; Dr. Bristowe, who discoursed on medicine, devoted the whole of the time allotted him to Hahnemann, homœopathy, and consultation with homœopaths; and Mr. Jonathan Hutchinson, in his address on surgery, dwelt largely on the same topic. The only explanation that can be offered of this remarkable coincidence is the existence of a widespread discontent with the present state of old-school therapeutics, and at the same time a charitable leaning of a few liberal-minded men towards those of their professional brethren whom, though differing from them in therapeutics, they see to be honest and striving for what they believe to be the truth in medicine. Who can tell but that before long the cry for "more light" will be hushed, as the eyes of our allopathic

friends are opened, and are dazzled by the radiance and brilliancy of Hahnemann's great discovery? When we say that these three eminent leaders of the British Medical Association approached the subject in a fair spirit; that they gave the practitioners of homœopathy credit for being something better than knaves or fools; that two at least of them acknowledged that they have received good from reading works on homœopathy; and when at the same time they have incurred the wrath of many of their fellow-practitioners, and especially of the editor of the "Lancet," — you will probably agree with us that we have no reason to be dissatisfied with the turn things are taking, and that although openly professed homœopaths do not increase in numbers, our system is making steady headway in the orthodox school.

Mr. Barrow selected as the subject of his presidential address "The Duties of the Medical Men, Sacred and Secular," and in speaking of consultations, he defended the action of most allopaths in not consulting with those "who practise a system of medicine entirely at variance with the ordinary routine"; yet he says, "No one can, I think, deny that the homœopath stands upon very peculiar ground. He practises a *system* of medicine; though I have no belief in it, nevertheless it is a system, and if carried on in its purity, as laid down by the founder of the system, and as long as the homœopath adheres strictly thereto, I fail to see how he can be called a quack, or why he should be tabooed by the profession, — as it were, cut off from a position amongst medical men, — forbidden to gather with them, and prevented from publicly discussing his system, and hearing the contrary from those practising legitimate medicine. The benefit would be mutual, and these discussions would be of benefit to the public, and an additional proof to them that their weal was uppermost in our minds." Mr. Barrow thus concedes to us our right of equality with the general body of the profession; but he must extend his charity a little further, and cease to consider only as "legitimate" medicine the heterogeneous mass of what is at present called therapeutics, before he can expect many of his fellow-members to follow him. If allopaths could surrender their infallibility, and grant that Hahnemann may have been right, — that there may be gleams of truth in the homœopathic law, — they might then see that its practitioners *are* on an equality with themselves. On this ground of equality we take our stand, and make no surrender until our true position is established in the field of science. Later in his address, Mr. Barrow unwittingly urges a very strong argument in favor of the position he takes up with reference to the homœopathic body. He alludes to the system of homœopathy as pernicious, and then says, "The word 'pernicious' may appear a harsh one, but with the view I hold of the value of the

infinitesimal, I can apply no other. A long and patient observation and noting of cases has brought clearly to my mind this important point; viz., that homœopathy having destroyed, to a great extent, the faith of the public in medicinal remedies, many practitioners have gone to the opposite extreme to please their patients, in the administration of medicines the non-administration of which, I hesitate not to say, retards in many cases recovery, and when that is achieved, the recovery (if I may call it so) in very many cases is only partial and temporary." This speaks for itself. If the system of homœopathy, as practised by three hundred medical men in this country, is pernicious, and therefore not legitimate, how comes it that with this small band of adherents it should have so influenced the public mind that 25,000 practitioners of "legitimate" medicine have felt bound to so alter their mode of practice in order to make it conform somewhat to this pernicious system? Could the case of the "pernicious" system be put in a stronger light, or that of "legitimate" medicine in a weaker?

Dr. Bristowe is senior physician to St. Thomas's Hospital, and author of a well-known work on the practice of medicine; and thus a better representative of medicine could not have been selected to discourse upon it. These facts only increase the wonder why he should have chosen homœopathy as his subject. It is impossible to give even a summary of his address; but several characteristics of it are worthy of notice, and will suggest its contents. Unlike most who have attempted to describe and deride homœopathy, Dr. Bristowe has commenced the study of it. He has taken the "Organon" as his text-book, and based his series of arguments on that and that alone, as representing the entire system of Hahnemann's law, and the incorporation of all his investigations and experiments. He (Dr. Bristowe) thus alludes to the "Organon": "The 'Organon' itself, however, is a remarkable work, very interesting also and very entertaining; for it not only comprises the quintessence of Hahnemann's labors, but reveals the character of the man as in a mirror, with all his strength and all his weakness, all his wisdom and all his folly." Again alluding to Hahnemann, Dr. Bristowe says, "In the second place, as regards his own observations, these, as given in his 'Organon,' are not very numerous. For the most part he there lays down the law oracularly, and quotes the more or less questionable and loose statements of other authors in support of his opinions." If Dr. Bristowe would only look into the records of Hahnemann's own practical work, and also into the records of cure wrought under the rule "Similia," he would not be led to form the unjust opinions he at present holds of that illustrious man and his life-work. Further, although Dr. Bristowe has read

the "Organon," he scarcely understands all he has read. He evidently fails to comprehend the meaning of the phrase "the totality of the symptoms," for he says, "To Hahnemann it is a matter of no moment whether ascites depends on cirrhosis of the liver or on tubercle of the peritoneum; whether an attack of constipation and colic arises from lead poisoning or from a cancerous stricture; whether a paralytic seizure is the outcome of hysteria or due to some material lesion of the brain. In each case, to him, what is the condition of things within is an idle speculation: the symptoms of which the patient complains are all that the medical man needs to know, and to treat these according to the true laws of homœopathy is to cure the disease." Another characteristic of Dr. Bristowe's address is falling into the common error of judging Hahnemann and his teachings by the light of our present knowledge. He forgets that in Hahnemann's day the ætiology of disease was either not known at all, or at the best a matter of conjecture; that pathology was in its infancy, and apart from theoretical speculation, little was understood concerning disease save the totality of the symptoms. He shuts his eyes to the fact that Hahnemann, in urging his followers to the observation of facts rather than the promulgation and nursing of theories, was far ahead of the scientific mind of his day. Finally, Dr. Bristowe asks the following questions, and affects to give them answer: "Was ever tetanus, epilepsy, or hydrophobia cured by homœopathy? They (the homœopaths) profess to ward off and to cure scarlet fever by what they hold to be its homœopathic antagonist, belladonna: is scarlet fever less frequent and less fatal in the families of homœopathists than amongst the general population? What evidence is there which we can accept that any internal inflammation, any internal growth, any specific fever has been cured or even ameliorated by homœopathic remedies? Of course affirmative assertions will be made; of course statistical evidence will be forthcoming. But mere assertions, and statistics which are merely tabulated assertions, are not evidence which a man possessing scientific caution would accept in such a case." With the literature of homœopathy extant, is it not surprising that such statements should be made by men professing to set such value on honesty and thoroughness of research?

Thus far Dr. Bristowe has looked into homœopathy, and though he expresses admiration for its founder and the way he put forward and insisted on the principles of his discovery, yet he feels bound to come to the conclusion that the theory itself is erroneous, and that the logical consequences of it are an amazing *reductio ad absurdum.* He also thinks that no practical proof can be adduced of its utility. Yet notwithstanding this

unfavorable conclusion, by way of epilogue to his address, or as the "Lancet" scornfully puts it, as the moral of the foregoing remarks, Dr. Bristowe enters a powerful appeal to his fellow-physicians henceforth to desist from branding homœopaths as knaves and fools, and to treat them as honest men, who, though believing in an erroneous doctrine, are to say the least as desirous of doing good to their fellow-creatures as themselves. He further believes that good would result to patients by consultations with homœopaths; and he says he "could adduce strong reasons for the morality of acting thus." The following are his concluding sentences: "What have we to fear from homœopathy? Bigots are made martyrs by persecution; false sects aquire form and momentum and importance mainly through the opposition they provoke. When persecution ceases, would-be martyrs sink into insignificance; in the absence of the stimulus of active opposition, sects tend to undergo disintegration and to disappear. The rise and spread of homœopathy have been largely due to the strong antagonism it has evoked from the school of orthodox medicine, and to the isolation which has thus been imposed on its disciples. If false, as we believe it to be, its doom will be sealed when active antagonism and enforced isolation no longer raise it into fictitious importance. At any rate, breadth of view and liberality of conduct are the fitting characteristics of men of science."

It is to be hoped that such weighty words will be pondered well by all to whom they were addressed.

Mr. Hutchinson followed pretty much the same lines as Dr. Bristowe, except that it is evident he has not as yet attempted the study of homœopathy, but only to cull here and there any hint which he might be able to apply in his practice. Although he believes the theory of homœopathy to be absurd, and much of its practice ridiculous, yet he advocates consultation with its professors, and concludes by saying, "At the same time, we are prepared to admit that gleams of a fruitful suggestion may occasionally be discerned in its discussions, and we can surely afford to leave it to develop to its natural end"; which end, we may add, will be the supplanting of all that is bad in the old school by all that is good in the new. With a few more such men as Barrow, Bristowe, and Hutchinson, that end will be very materially hastened.

MATERNAL MARKS. — A physician was recently attending a case of labor in a family slow in the payment of physicians. After delivery the father nervously asked, "Doctor, is the baby marked?" "Yes," quietly replied the doctor, "it is marked C. O. D." The bill was promptly settled. — *Ohio Medical Journal.*

ALBUMINURIA FOLLOWING VACCINATION.

BY J. P. SUTHERLAND, M. D., BOSTON.

ON the 22d of February, 1881, I vaccinated two brothers aged about one and three years respectively. To all appearances they were in excellent health. Family history, as far as ascertained, was good. The virus used was quite fresh, and in the younger boy the development of papule, vesicle, pustule, and crust followed a natural and orderly course; but certain anomalies made their appearance in his brother's case, which were certainly unusual, although the pock itself did not deviate from a normal course. On the sixth day after his vaccination he was more or less languid, had but little appetite, and became quite feverish; and the face and body soon became covered with a small red eruption, the spots varying somewhat in size, and hard enough to be felt in passing the fingers over the skin.

The affection lasted about three days, and to all appearances closely resembled rötheln, or so-called "German measles," which at the time was prevailing to a remarkable extent.

During the course of the attack, according to his mother's account afterward obtained, he complained of its "hurting" him to urinate. Micturition was very frequent, but the quantity passed was small. For a week following, he passed urine freely and in increased quantity. It then again decreased, changing from its natural color to a reddish-yellow, and later reddish-brown.

On the 10th or 11th of March, — that is, about sixteen days after being vaccinated, — puffiness appeared about the eyes, the face became swollen, and the wise heads of the neighborhood said he had the "mumps," but thought he "looked queer." March 13 his urine was bloody, and his parents were alarmed and called me the following day. He complained of being weak and tired. His face was greatly puffed; cheeks and tissues about the eyes, ears, and molar regions swollen; skin pale and waxy; pulse 92; urine scanty, its color very dark reddish-brown, odorless, very foamy after slight shaking, remaining like suds for hours. It seemed evident that albumen would be found in the urine, though the cause was not so evident. In making the analysis the well-known tests were applied. Heat alone seemed to turn the entire amount of urine in the test-tube into an opaque, jelly-like mass, which was intensified by the addition of nitric acid. After cooling, the coagulum of albumen amounted to nearly five sixths of the entire bulk used.

March 15. Skin dry; ankles, feet, and wrists beginning to swell; not much appetite; complains of soreness in abdomen and sides; urine about the same; is languid; sleeps a great deal. Never had convulsions or much illness.

March 16. Has not passed a pint of urine in last twenty-four hours; color clearer; quantity of albumen slightly decreased. After a satisfactory analysis, the test-tube and contents were kept for several days, so that comparisons need not be guess-work.

March 18. Puffiness about face, eyes, and body disappearing; feet swollen badly; wants to sleep most of the time; seems more cheerful when awake; occasional vesical tenesmus; urine still scanty; albumen about one half entire quantity of urine.

March 20. Passed as much urine yesterday forenoon as he had in the two preceding days. Micturition occasionally "hurts," but not severely enough to make him tremble as it did. Face without much color, but puffiness almost gone. Hands swollen. Appetite much better. Quantity of albumen decreased one half since the 18th; now equals about one quarter the amount of urine used.

March 23 Passes a sufficient quantity of urine; he is looking better; vomited part of breakfast yesterday morning; "gagged" after eating this morning; nose stuffed, bleeds slightly if he attempts to clear it. Coagulum of albumen reduced to about one fifth.

March 26. No appetite. No dropsy. Urine normal in quantity, but pale, watery in color; no yellow tinge; amount of albumen one seventh.

March 30. Urine much better color; does not foam easily; heat only causes slight opacity; addition of nitric acid precipitates only a trace of albumen, — one twentieth of the amount first seen, perhaps not so much.

In the month of April he had a severe coryza, during the course of which the amount of albumen was somewhat increased. His general health greatly improved. He played about the house as usual.

On May 2 it required three hours for any trace of albumen to be precipitated; and on May 9, after a most careful test, no albumen at all could be discovered, and he was discharged as cured.

The treatment consisted in the administration of *Terebinth.*, occasionally *Canth.* and *Ars.* when he had the coryza. He had a few doses of *Aconite* during the rötheln or roseola vaccinia. His diet during the first two or three weeks was principally milk and eggs. Diaphoresis was encouraged by sponging, friction, and heat.

The chief peculiarity of this case is, that we find a condition simulating acute Bright's disease (*i. e.*, renal derangement, albuminuria, and dropsy, temporary in character), coexisting with an apparently normal vaccine disease.

It might be stated that this patient was one of over forty who were vaccinated within about ten days; many were cases of

revaccination, and it "took" most satisfactorily in all but three. In several, the arm into which the virus was inserted became disabled for a few days on account of the inflammation around the pock, — the elbows, shoulder, and axilla being very sore: all showing that the virus must have been "good." But this one little boy was the only patient who exhibited the roseola vaccinia, — for I think we must decide that notwithstanding the prevalence of "German measles," this could hardly have been a case. Even if it had been, that would not explain the albuminuria. Rötheln is usually supposed to be a mild form of measles (although there are many reasons for supposing it to have its own specific cause), and it is probably not more likely than measles to excite kidney trouble. Baehr says, "Anasarca with affections of the kidneys is a very rare sequela of measles." I have met three cases of kidney complication during measles: they were probably due to renal congestion leading to suppression of urine; two light cases, and one quite alarming. There was not the slightest trace of albumen to be found in the urine of these three patients.

The cow-pox, or vaccinia, bears an astonishing relation to small-pox, the experience of nearly a century pointing quite clearly to the fact that it possesses the power of preventing, certainly of moderating the virulence of, true variola. Even in variola, kidney complications are seldom met.

We know that acute nephritis, renal congestion, etc., leading to albuminuria, are most frequently found in diseases having a very high fever. This patient, however, had no high fever: his pulse when highest was about 92, and the flesh was so natural that taking his temperature by the thermometer was not suggested. Albumen is often found in the urine during a severe "cold," after dietetic transgressions; but nothing of the sort existed, as far as we could ascertain, in the patient, and if it had, the amount of albumen would not have been so enormous.

What then could have been the cause?

We seem forced to the conclusion that some peculiar condition of the constitution, some idiosyncrasy existed which was excited into morbid activity by the vaccine virus; in short, that the vaccination alone was the cause of the phenomena described, unaccountable as it may seem.

Lest we should seem hasty in our conclusion, let us consider briefly the question undoubtedly suggested to many minds, Was not this a more or less obscure case of scarlatina, coincident with the vaccinia? If so, it is of course nothing wonderful or even unusual. Such an occurrence is most certainly within the limits of the possible; but contrasting this history with a typical case of scarlatina, we find nearly all of the characteristic signs of the disease absent: —

I. There was scarcely any fever. The pulse was very slightly increased in the frequency of its beats.

II. The usual angina was completely absent.

III. There was no desquamation, — naturally enough, as the fever was so insignificant.

IV. The tongue presented no "strawberry" appearance.

V. The eruption was more discrete, the spots were larger and more distinct than in typical scarlet fever, and there was lacking the slightest erythematous blush.

VI. No adenitis coexisted with or followed the attack. The submaxillary and cervical glands remained unaffected.

Considering the frequent exhibitions of eccentricity displayed by this dreaded disease, the reasons given above for not regarding this case as an example of scarlatina with subsequent nephritis may seem invalid.

According to Prof Flint, "The opinion is held by many that the kidneys are oftener affected after mild than severe cases of scarlatina. This sequel certainly occurs after mild cases, and sometimes when, from the absence of either the throat affection or of the cutaneous eruption, scarlet fever had not been supposed to exist." In such cases it is evident we have little besides the kidney affection, and perhaps the prevalence of an epidemic at the time, on which to base a diagnosis. He continues, "A probable explanation, however, of its occurrence in a larger proportion of mild cases is afforded by the fact that of severe cases a considerable number end fatally during the progress of the fever" Allowing, therefore, the *possibility* of the coexistence, in this patient, of vaccinia and scarlatina, obscure or mild, or even unrecognized, we hold that the symptoms and appearance presented by the patient, combined with the albuminuria, were not sufficiently pronounced to prove it absolutely a case of scarlatina, for the reasons already advanced. As additional reasons, we submit the following as against the probability of its having been scarlet fever : —

I. The case was the only one of the kind in that region of the country. The family lived at that season of the year rather a secluded life, having almost no communication with people at a distance.

II. For a period of nearly two years, no cases of scarlet fever had occurred in the vicinity. Once, several months — perhaps a year — previous to that time, one case was called scarlet fever, but the subsequent events would lead one to suppose it must have been a mistaken case of rötheln.

III. The brother of this patient, who was with him all the time, did not contract scarlatina (he never had had it), and it was not communicated to any of the children of the neighborhood.

All these considerations would cast suspicion on the correctness of the diagnosis if we called it scarlatina.

THORACENTESIS IN CHILDREN.

Dr. J. L Smith, in a paper in the "Medical Record," speaks of the last resort in the treatment of pleurisy:—

If the fluid does not disappear, the question of surgical interference arises, and the indications for it are the following:—

1. Oppressed breathing, due to the liquid present, whether it be sero-fibrinous, purulent, or hemorrhagic.

2. If there be flat percussion note over the entire affected side, with displacement of the heart, even if there be no dyspnœa, for the latter may occur suddenly.

3. Moderate effusion, without material decrease in quantity by absorption, after some weeks of treatment. There is danger that catarrhal pneumonia, terminating in cheesy pneumonia and tuberculosis, may occur in portions of the compressed lung. Besides, the longer the lung is compressed, the slower will it return to normal expansion after the pressure has been removed.

4. A moderate quantity of fluid coexisting with disease of the opposite lung, or of the lung of the affected side.

5. Extension of the inflammation to the pericardium. Pericarditis as an extension of the inflammation is not infrequent.

6. The existence of valvular lesion of the heart.

7. The presence of pus; empyema.

The operation of thoracentesis should be performed in the eighth intercostal space, on a line perpendicular with the angle of the scapula. The admission of air to the pleural cavity should be carefully avoided. The thickness of the thoracic wall is about half an inch; in emaciated children it is less. Introduction of the canula to the depth of one inch is sufficient to pass beyond the exudation, and allow the liquid to flow through the canula. The sharp needle should not be used. Washing out the pleural cavity is unnecessary; it is injurious rather than beneficial, except in cases in which the pus is offensive. To empty the pleural cavity and approximate the pleural surfaces is the indication. Dr. Smith thinks there will be a reaction against the removal of a portion of the ribs in cases of empyema.

REPORT OF THE COMMITTEE OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY ON AN INSANE HOSPITAL.

Your committee on a Homœopathic Insane Hospital submit he following as their first report:—

It is felt by your committee, and by many of the physicians and thoughtful laity of the State, that the time has come when we

should request the State to provide homœopathic treatment for the insane who are necessarily placed under its care. On account of the existing state of feeling on the part of many in the profession, it would probably be better to have such treatment provided in a separate hospital rather than in those now existing.

At this point it seems pertinent to declare that Samuel Hahnemann, the founder of homœopathy, was the father of reform in the management of the insane. Previous to the year 1792, the treatment of the insane was barbarous and cruel; asylums were managed like prisons, and were full of devilish devices for the punishment of lunatics; the patients were regarded and treated as wild beasts rather than human beings. At that time two illustrious men, Hahnemann and Pinel, showed practically that the insane can be ruled by kindness more easily than by severity. The part taken by Hahnemann in the initiation of this reform is not generally known, even among his followers, as it was the work of but a short period of his life, and was overshadowed by the brilliant results of his investigations in the field of materia medica. In the year 1792 he was appointed to the charge of an insane asylum in Georgenthal, and in a published report he advocates gentle treatment of the insane in these words: "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility, and since such patients cannot be improved, but must be rendered worse by such treatment." Toward the end of the same year, 1792, by some accounts, Pinel made his first experiment of unchaining the maniacs in the Bicêtre; but from a sketch of his life written by his nephew, it appears that his appointment to the Bicêtre was in the latter end of 1793, and not in 1792. Thus his work of reform among the insane was begun fully a year later than that of Hahnemann. We may, then, justly claim for Hahnemann the honor of being the first who advocated and practised humane treatment of the insane.

As the founder of homœopathy was one of the first to lead in the benign change from harshness to kindness, it is fitting that we, his followers, should place ourselves in the very front of reform in the management of our asylums and in the medicinal treatment of their unhappy inmates.

From the reports of the Commissioners upon Lunacy, and from every trustworthy source of information at hand, it is felt that the hospitals now under the management of allopathic physicians and having the ordinary medicinal treatment are confessedly behind the times. Massachusetts institutions have not been excepted from the merited censure of foreign experts, even within the last few years.

The methods of restraint are condemnable, and the medicinal treatment, even by allopathic showing, amounts to nothing, or worse than nothing. It is general, crude, and wellnigh exclusively narcotic, and may fairly be summed up in the indiscriminate administration of morphine, chloral, and the bromide of potassium, — all which, in the opinion of eminent British authorities, but serve to convert curable cases into cases of hopeless mania or imbecility. Mild cases are left to the questionable influences of time and environment, without an attempt at remedial aid by the individualization of cases and the removal of the exciting causes of disease; nor has allopathy availed itself of the scientific and rational study of the pathogenesis of drugs, initiated and now being advanced by our own school of practice.

The results with the insane under homœopathic treatment, in asylums as well as in private practice, show that we are better equipped than the old school of practice for contending with mental diseases, and that we have no need to resort to their heroic and paralyzing doses of narcotics. The milder means are more efficient in insanity as well as in all other curable diseases.

There are at present four hundred homœopathic physicians in this State, and a very large proportion of the tax-paying citizens favor homœopathy, and prefer to place their sick under the care of physicians of that practice. By the lowest estimate, drawn from our extended correspondence the past summer, about two hundred cases of insanity, for which either the patients or their friends desire homœopathic treatment, come annually under the care of this State. Has not the time come when this Commonwealth should extend to its citizens liberty of choice in this important matter?

The most careful estimates show that there are in Massachusetts about 4,500 persons whose insanity has been legally established; and this number, from various causes that we need not now discuss, is yearly augmenting. The State provides in its various asylums for 3,500, leaving about 1,000 insane to be cared for in almshouses, in the hospitals of other States, or in private hands. It is, then, apparent that the request for an additional hospital in which the treatment shall be homœopathic is most opportune, since the State is in need of enlarged and improved facilities for the treatment of its insane. In building and in furnishing the insane hospitals at Danvers and at Worcester alone, this Commonwealth has expended the sum of $2,735,000 since 1873! In the grandeur, beauty, and completeness of these hospitals there has been shown a liberality that appears like prodigality. But in this vast expenditure, — a portion merely of the State's entire outlay for its insane, — the wishes of the homœo-

pathic tax-paying citizens have not been consulted, nor have they had any voice in the management of these hospitals, or in the treatment of their insane friends and patients.

We desire furthermore to recommend that properly qualified women physicians be empowered to act upon the staff of insane hospitals of our own, as well as of the hospitals throughout the State. We deem this necessary for the thorough and considerate treatment of insane women. It is a debt of honor and of reparation that is due to woman in this glorious century of her development, not only for her achievements in medicine, so cordially facilitated by the homœopathic school of practice, but more especially on account of the galling and flagrant abuses which womanhood is suffering at the hands of men in asylums for the insane.

We would also recommend that consulting boards of general practitioners be instituted, and that when our own institution shall be given us it shall be made available as a field of education and of practical training for young graduates of merit, who shall there fit themselves for the treatment of the insane.

Finally, your committee earnestly recommend that they be authorized, by a vote of this Society, to appeal in its behalf to the General Court of Massachusetts, for the passing of an Act to provide homœopathic treatment for the insane, and that they have full powers to circulate petitions and employ the potent influences of the press and pulpits of the State to lend force to their appeal.

Respectfully submitted by your committee,

I. T. TALBOT, M. D.
SAMUEL WORCESTER, M. D.
J. HEBER SMITH, M. D.
H. C. CLAPP, M. D.
W. B. CHAMBERLAIN, M. D.
D. B. WHITTIER, M. D.
A. J. FRENCH, M. D.

BOSTON, Oct. 12, 1881.

A GARFIELD SCHOLARSHIP TO BE ESTABLISHED AT THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

A MEETING of the Faculty and alumni of the Boston University School of Medicine was held at the college, East Concord Street, at twelve o'clock on Wednesday, Sept. 28; Dr. I. T. Talbot, the dean, in the chair. In calling to order, Dr. Talbot addressed the meeting as follows:—

"We need add no words of sadness to the grief of the world that President Garfield is dead. If to the darkest cloud there is

a silver lining, may we not find it in the glorious example of him whom we mourn? Born under the most adverse conditions, we find him through the struggles of bitter poverty acquiring a broad and thorough education, which gave him an elevated position among scholars. When called to the defence of the country, his wonderful energies, freely given, rendered invaluable service; and as a legislator and statesman, even in the highest position his country could give him, his efforts were untiring and his faithfulness knew no limit. Even in his last days of sickness and pain, his hopeful patience was such as the physician, better than others, can appreciate and admire. Altogether, his death has been a glorious example for us, and his life will be a great inheritance to the nation if it but emphasizes and impresses that example upon us.

"May we not, then, first ask what are our duties? They are not, of course, to imitate him in the work he was called upon to do, but in our own work to imitate the same energy, faithfulness, perseverance, and conscientiousness. As physicians, we owe him our regard for the respect in which he held our profession. As reformers in medicine, we owe him especial esteem for the courtesy and confidence he ever extended toward us, exemplified in the positive request that one of our school should remain with him throughout his long sickness. As physicians, then, as reformers in medicine, as friends of the dead Garfield, who through life was our friend, — and let us trust, whose friendship goes beyond this life, — what duties have we to perform? It is not to build monuments of stone or brass; but may we not do better far, and in benefiting our profession and humanity, may we not so associate his name and his example that our associates and our successors shall bear in mind his worth and feel his friendship?"

Prof. Smith moved the adoption of the following resolution: —

"*Whereas*, In the death of President Garfield, the soldier, patriot, and statesman, the nation has sustained an irreparable loss; and in the demise of the ripe scholar and stanch friend of education, this school, in common with every institution of learning in the land, has lost a firm support: therefore

"*Resolved*, That in honor and in memory of our late President, who in spite of poverty and obstacles acquired unusual learning and usefulness, and who was ever ready to assist those struggling for the same worthy objects, we will establish a fund, to be known as the Garfield Scholarship Fund, the income of which shall be used to aid worthy and needy students in this school who are striving to obtain a professional education.

"*Resolved*, That we call upon all the alumni and friends of

Boston University School of Medicine to unite with us in adding to this fund, and thereby not only aid the school, but also assist the meritorious to a life of greater usefulness, and serve to perpetuate the memory of one whose whole life is a noble example to the world."

Prof. Smith supported the resolutions with brief remarks, and they were adopted. It was voted to appoint a committee of two from the Faculty and three from the alumni, to have charge of the subscriptions; and Dr. Talbot, Dr. Hastings, Dr. Shaw, Dr. J. W. Clapp, and Dr. M. L. Cummings were constituted the committee. Dr. Smith moved that the executive committee prepare and forward to Dr. Boynton resolutions expressive of the appreciation of his conduct during his attendance upon President Garfield, and the motion was adopted; after which the meeting adjourned.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY CHARLES L. NICHOLS, M. D., REC. SEC.

THE quarterly meeting was held at Natural History Hall, Wednesday, Aug. 10, Dr. Francis Brick being in the chair. After the reading of the records and the reports of various committees, the society listened to a paper by Dr. Whittier, of Fitchburg, entitled "A Plea for the Medical Student." He said that the demand being for a higher standard, the medical student should expect greater advantages and chances in our medical schools. The power of observation, being the basis of all good medical education, should be particularly developed. Clinical study was the best way to do this, and in this particular our medical schools were defective. Especially was this the case with the homœopathic schools: the hospitals were not free, and hence of little benefit to the student. If the advertised extended courses were to be fulfilled, the standard of ability among the professors must also be elevated. This might be done if the colleges were controlled by the profession at large, and the aim, instead of self-interest, the greatest good of all.

In the afternoon session, after clinical cases of interest had been presented and discussed, a paper was read by Dr. Mellus, of Worcester, on "Puerperal Albuminuria," in which, after describing a successful case of uræmic eclampsia, the writer discussed the probable origin of albuminuria in pregnancy, and urged that we should watch for the existence of nephritis in these cases, and remove it as far as possible with the means in the hands of all homœopathic physicians.

After further discussion of this interesting subject, and the transaction of the usual business, the meeting was adjourned.

POND'S SPHYGMOGRAPH.

SOME time ago we bought one of these ingenious little instruments and consider it a very great improvement on all others. (We have not yet seen Dudgeon's.) It takes less time for adjustment, and seems to be less liable to get out of order than most others. Tracings can be taken, after some practice, in very little more time than is required to feel the pulse, certainly more quickly than the temperature can be taken. It was formerly always accompanied by the wrist-holder, but now many dispense with this and save packing room. The tracings are made on smoked mica or smoked paper, by means of a fine needle acted on by very sensitive levers, that receive the impulse of the radial artery by means of a rubber propagator that is pressed down over the artery. The tracing can also be taken on a slip of white paper in ink, a special pen accompanying the instrument. A small mirror is also manufactured and furnished to those who desire it, by means of which the reflection of sunlight or lamplight can be thrown upon a blackboard or the wall, and thereby demonstrations of the pulsations given to a large class. As in other instruments, the slips are propelled by clock-work. This instrument can be used as a cardiograph as well as a sphygmograph. The science has not yet been brought to that stage of perfection which will undoubtedly come by and by, but is nevertheless even now sufficiently developed to be of material help in diagnosis. Pond's sphygmograph has already done a good deal to accomplish this.

THE LATE DR. EDWARD T. RICHARDSON.

AT a special meeting of the Homœopathic Medical Society of the county of Kings, held at Brooklyn, N. Y., Aug. 17, 1881, the following was unanimously passed, and the proper official of the society requested to forward the same to the family of the deceased:—

"We are called together to give common expression to our sorrow at the death of our friend and fellow-laborer, Dr. Edward T. Richardson. He was one of the oldest and most widely known practitioners of our school in Brooklyn, and his reputation for skill in his profession was equalled and upheld by his fame as a noble, generous, Christian man.

"In view of the loss we have suffered in this unlooked-for departure of our brother to the better life, and sensible of the keen and bitter grief that will be felt by those who enjoyed the

pleasure of his society and the benefit of his conversation in his home,

"*Resolved*, That we tender to the relatives of our departed friend the assurance of our sincere sympathy with them in their irreparable affliction."

E. HASBROUCK, M. D.,
President.

R. C. MOFFAT, M. D., *Cor. Sec.*

REVIEWS AND NOTICES OF BOOKS.

LINDSAY AND BLAKISTON'S PHYSICIANS' VISITING LIST FOR 1882. Boston: A. Williams & Co.

Being in the thirty-first year of publication, this list is now pretty well known to our readers. It is arranged for weekly accounts, and is preceded by the customary tables of poisons and their antidotes, doses in the new and old systems, obstetric calendar, etc.

TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION OF 1881. London: J. E. Adlard, Bartholomew Close.

Although our English brethren are generally considered rather slow in almost everything, and are only just beginning to demand in railroad matters, for instance, the introduction of the necessary (no longer simply luxurious) convenience of baggage checks, which we have been accustomed to for many years; yet in the matter of publishing transactions they easily outstrip us. This portly and (what is of more importance) well-edited volume appeared in neatly bound cloth about two months after the meeting; whereas five years were necessary to publish the corresponding transactions of our World's Homœopathic Convention in Philadelphia in 1876. Our readers have already been furnished with a short report of the main outlines of the proceedings of this convention in London. We would advise them all to send to Dr. R. Hughes of Brighton the $2.50 necessary to secure this volume, which contains everything in full and which is very interesting. Those who do not feel like doing this should at least obtain the very able inaugural address of the president Dr. Hughes, which has been reprinted in a sixteen-page pamphlet by Leath & Ross. The volume contains, besides, full repoats (125 pages) of the history of homœopathy since 1876, — a careful

abstract of which, by Dr. Nichols, we have presented to our readers,—as well as valuable papers on Generalization and Individualization by Dr. Hughes, on Alternation by Drs. Martiny and Bernard of Brussels, on the Dose by Dr. Cretin of Paris, and others by Drs. C. Wesselhoeft, Dake, Sircar of Calcutta, etc. As a whole, the convention was a great success for rational homœopathy, and this volume is a fitting memorial of it.

THERAPEUTICS OF OBSTETRICS. By Sheldon Leavitt, M. D. Chicago: Duncan Bros. 1881. pp. 121.

A handy little book, containing a compilation of the most characteristic features of a limited number of drugs from the standpoint of the obstetrician, followed by a concise obstetric repertory.

PRACTICAL NORMAL HISTOLOGY. By. T. Mitchell Prudden, M. D. New York: G. P. Putnam's Sons. 1881. pp. 265.

A very neatly printed little manual, especially adapted for the use of those students and practitioners of medicine who, with a limited amount of time at their disposal, wish to acquaint themselves in a practical way with normal histology, particularly if they have the additional advantages of a laboratory and an instructor.

LANDMARKS, MEDICAL AND SURGICAL. By Luther Holden, M. D. Philadelphia: Henry C. Lea's Son & Co. 1881. pp. 148.

An exceedingly helpful litttle manual, especially for the surgeon, but also of value to the physician. Those who possess the last American edition of "Gray's Anatomy" already have these "Landmarks" bound up with that standard work as a supplement.

GENERAL MEDICAL CHEMISTRY. By R. A. Witthaus, A. M., M. D. pp. 444.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS. By Henry M. Lyman, A. M., M. D. pp. 338. New York: Wm. Wood & Co. 1881. Boston: Frank Rivers.

These are the August and September issues of Wood's Library of Standard Medical Authors. Dr. Witthaus, we are told, has here presented the subject of chemistry in its latest phases, in its bearings upon physiology, hygiene, therapeutics, and toxicology. Of more interest to most physicians is Dr. Lyman's work, which discusses very acceptably the anæsthetic properties of almost fifty drugs, dwelling particularly, of course, on the more important. We also find chapters on the history and accidents of anæsthesia, mixtures, inhalers, etc.; with several illustrations.

Our Miscellany.

Too Healthy. — The Shetland Islands, with a population of twenty-seven thousand, have but six physicians to attend to their wants.

Cause and Effect! — A lady, visiting a friend just confined, remarked to the grandmother, "But how small the child is!" — "Well, we had a homœopathic doctor!" — *Cincinnati Enquirer.*

Hot Water and Chloroform Narcosis. — Hot water has been applied over the region of the heart for suspension of its action in cases of chloroform narcosis, with the best results.

German Text. — Eminent oculists have decided that the reading of German text is injurious to the eyes. In view of this decision, the Bernese government has resolved to discourage its use as much as possible; and henceforth all official announcements and reports will be printed exclusively in Roman characters.

Vaccination in Morocco. — The wife of the grand *sherif* of Morocco, who is an English lady, has induced the Moors to accept vaccination. Once a week she, with her own hands, vaccinates children, whose mothers bring them from long distances. Not long since she operated upon fifty youngsters in one day. The *sherifa*, though she retains her Christian faith, is held in high reverence by the Mahometans.

An Earnest Student. — A young student, while in a foreign city to pursue the study of medicine, after an absence of eighteen months receives a visit from his father. Like a dutiful son, he parades the author of his being through the city, pointing out to him its social and architectural wonders. After a while they halt before a huge and many-pillared building, surrounded by a massive grating. The father questioned as to the "lordly pile," to which the son replied, "Hanged if I know! but I will inquire of that officer"; and accompanied by his sire, he crosses the street and puts the question. "That, gentlemen," said the municipal guardian, "is the *medical school!*"

Brain Work and Longevity. — Dr. Beard, who has made "nervousness and its causes" the study of years, has also given much attention to the longevity of brain workers; and concludes, from studying the lives of very many eminent men, in favor of the tendency of brain work to promote long life. The average longevity of all classes he places at a little over fifty-one years. One hundred of the greatest men of the world lived, on an average, seventy-five years; one hundred and fifty precocious great men lived sixty-six years; five hundred great men lived sixty-four years; clergymen average sixty-four years; farmers, sixty-four; lawyers, fifty-eight; physicians, fifty-seven years. The greatest amount of original work is said to be done between the ages of thirty and fifty years; most of it before the forty-fifth year. There are, however, many exceptions to this rule.

What Coffee will do. — Dr. Henry Segur thus enumerates the blessings which coffee can produce: It is a mental and bodily stimulant, assisting to convert the blood into nervous tissue, and thus recruit the nervous, moving, and thinking faculties. It lessens the waste of tissue, and thus lessens the amount of food necessary to support the system. It will often cut short and cure attacks of intermittent fever. In typhus fever it increases the excretion of urea, and so far purifies the blood without increasing tissue metamorphosis. It tends to lessen coma and low delirium. It is a great reliance in yellow fever. It is useful in spasmodic asthma, whooping-cough, and hysterics. It is a diuretic in cardiac dropsy. In opium poisoning its efficacy is well known. It relieves the sense of oppression and helps digestion after a hearty meal. It is a disinfectant and deodorizer. Habitual coffee drinkers generally enjoy good health and live to a good old age.

A New Exhilarant. — In a late French medical paper, Dr. Luton, of Rheims, gives an account of the exhilarating effects of the tincture of ergot of rye with phosphate of soda, which are as follows: A woman, aged sixty-two years, while at *Maison de Retraite*, in Rheims, received, for a knee disease, tincture of ergot of rye

with phosphate of soda, in a little sweetened water. About three quarters of an hour after this, the patient burst into loud laughter, which continued more than an hour, with brief intervals. The laughter seemed associated with merry ideas, and indicated a sort of intoxication. There was no reaction, and the woman was in good-humor and spirits. The experiment was repeated on this patient and on seven or eight women and girls, with like results. With men, the action of the remedy was less marked; it appeared in coloring of the face, giddiness, and slight headache. The effects in question have a common origin, it is thought, with those from eating rye bread when in rainy years the cereal contains as much as five per cent of ergot. A kind of intoxication is produced which the consumers by no means despise.

HIGH TEMPERATURE. — According to Dr. J. Milner Fothergill, a rise or fall in the temperature is often the first indication of a coming change. Also that at times a rapid rise of temperature originates in a nervous condition; is, in fact, "true neurosis." In one case cited, the temperature of a very nervous girl was for months over 103°. This rise was accompanied by increased rapidity in respiration and pulse. She was sinking from inanition, yet never approached the typhoid condition which is supposed to be the consequence of a sustained high temperature; nor did she show any signs of persisting fever. Austin Flint, M. D., says: "The physician is liable to be misled by placing too much reliance on the laws of temperature. They are often interfered with by accidental events, and these neurosal disturbances are usually manifested in women. As an illustration, a young girl had had typhoid fever, convalescence being declared by a decline of temperature and other symptoms, when suddenly hysterical symptoms were manifested, and the temperature rose to 105°. The physician was alarmed, but in a few hours the temperature again declined, and recovery followed without further impediment.

HIGH-STRUNG MEDICAL ETHICS. — According to the immutable laws of the Spanish court, no one but a Spanish physician can attend a queen of Spain. When the illness of the late beloved Queen Mercedes became desperate, her doctors called in their German colleague in consultation, but told him he must prescribe for the queen without seeing her, on only *their* report of the symptoms and general condition. Dr. Kisbert declared that it was essential for him to examine the patient before he could indicate what remedies would be efficacious. That, however, could on no account be permitted. He then suggested that he might be allowed to see her through some open door or window, without approaching her, or even entering the sick-room. That concession, too, was refused. "Then, gentlemen, I can do nothing," was his reply. "I am willing to prescribe, but can hardly do so with good effect without personally inspecting the patient." He wrote a prescription, and left the palace. Three days later, the fair young queen was dead; but the laws of Spanish court etiquette remained intact.

FRANKNESS WORTHY OF EMULATION. — At one of the meetings at the International Medical Congress for 1881, held in London during the month of August, "Listerism" was under discussion, after the reading of a paper by Spencer Wells. Prof. Keith, one of the speakers on this subject, has a world-wide reputation, not only as a warm disciple of Lister, but as illustrating by his remarkable success in ovariotomy, *more than any other surgeon*, the value of the antiseptic or Listerian method. His few, slowly uttered words had somewhat the effect of a bomb on the minds of his hearers; for he assured them that for several months he had "abandoned the antiseptic treatment altogether." He had eighty successive recoveries under Lister's method, which in itself was a wonderful showing; but out of the next twenty-five cases, he lost seven. One died of acute septicæmia in spite of the most thorough antiseptic precautions, three of "unquestionable carbolic-acid poisoning," and one of renal hemorrhage. He said that out of the eighty successful cases, many came too near dying; that a large number got a high temperature — 105°, 106°, 107° Fahrenheit — the evening following the operation: "but," he said, "they happened to pull through." He then said that for the past four months, he had abandoned the antiseptic method, relied upon perfect cleanliness, care in controlling hemorrhage, and thorough drainage; and his cases were giving him much less trouble, with more satisfactory results. Then Prof. Keith stopped for a few moments, as if realizing that the whole world of surgery was awaiting his utterances. It was an interval of complete silence, but of intense excitement. He soon raised his head toward his audience, saying, "Gentlemen, I have felt it my *duty* to make these statements, for *they are true!*" and seated himself.

The members of the congress could have been no less surprised when Lister himself said in his address that he very much doubted whether, in the hands of a skilful, careful operator, it were not better to dispense with the antiseptic plan, in consideration of the rapidity with which wounds of the peritoneum heal, and the remarkable absorbing power of that membrane, and its ability to take care of its exudates. A general discussion followed; and among the many exclamations in different tongues, those of a German seemed prominent: "Mein Gott! Lishterism ist todt! Fort mit dem spray? Fort mit dem acid carbolique? Was giebts zu bleiben?"

PUNCH'S OFFICIAL PROGRAMME OF THE INTERNATIONAL MEDICAL CONGRESS. — *First Day.* — Grand banquet; interesting experiments with various wines; confidential exchange of experience after the third bottle.

Second Day. — Grand *déjeuner;* surgical operations on cold fowls and pies; general investigation of "mixing"; valuable results obtained by taking a combination of champagne, sherry, port, claret, pale ale, and chartreuse vert.

Third Day. — Garden party; examination of the action of the muscles in the game of lawn-tennis; close study of strawberries and cream and champagne cup; supper experiment at the Albion; extempore lecture upon the benefits to be derived by taking whiskey and water internally before retiring to bed.

Fourth Day. — Select dinner party of savants interested in food; careful consideration of the effect upon the system of turtle soup, curried whitebait, canvas-back ducks, and an entirely new and original with-your-cheese-pick-me-up, made of sardines, olives, truffles, cayenne pepper, tomatoes, capers, herring roes, fowls' livers, and tarragon vinegar; human capacity for absorbing champagne in extra large doses practically tested; after the experiments, a long consultation with the police.

Fifth Day. — Psychological picnic; exercise of the nerve power of the lower limbs to the sounds of a military band; interesting operation of a quadrille, a polka, and a waltz; day finished with a scientific supper; preparations of different kinds of meat; practical lectures upon the anatomy of the fowl, the duck, and the turkey; experiments in wine temperature; claret 70° and champagne 4° below zero; perambulating difficulties and optical delusions; exercise of the vocal chords, — subject, "We won't go home till morning!"

Sixth and Last Day. — All the foreign doctors ill in bed, sending for all the English doctors; general prescription, large doses of soda-water!

ANTIQUITY OF THE DRAINAGE TUBE.

THE "British Medical Journal" contains the following interesting note: —

Sir, — The following passage from "Memoirs of Capt. Creichton" may interest some of your readers. The "Memoirs" were compiled by Dean Swift, from the manuscripts and oral relations of Creichton, who had been a "remarkable cavalier" in the reigns of Charles II. and James II., and were published in autobigraphical form in the year 1731. In the skirmish at Ayrmoss, in the year 1680 or 1681, Creichton received a broadsword wound in the umbilical region, of which he gives the subsequent history with some minuteness. I give the dean's words, but considerably abridged: —

"My surgeon having neglected to tie a string to the tent of green cloth which he used for the wound, the tent slipped into my body, where it lay under my naval seven months and five days. When the tent was first missing, neither the surgeon nor anybody else ever imagined it was lodged in my body, but supposed it to have slipped out of the wound while I slept. While I continued in Edinburgh, I ordered some pipes of lead to be made in a mould, through which the thin corruption which continually issued out of the wound might be conveyed, as through a faucet. These pipes I cut shorter by degrees, in proportion as I imagined the wound was healing up at the bottom. When in Ireland, I made a coarse pipe myself. This pipe, after the wound was washed with brandy, always remained in my body till the next dressing; but being made without art, and somewhat jagged at the end, it happened one morning, when the pipe was drawn out as usual, in order to have the wound washed, the tent followed."

Are the rough-and-ready "pipes" of the shrewd old cavalier the first recorded instance of the drainage tube? Whether or not, he deserves credit for his ingenuity.

I am, sir, your obedient servant,

CAROLLY NORMAN, *F. R. C. S. I.*

ANOTHER CONTRIBUTION TO THE SUBJECT OF TUBERCLE INHALATION.

BERTHEAU instituted at the Pathological Institute, at Kiel, some experiments upon this point, mostly upon dogs. The animals were confined, about an hour each, in an apartment into which liquids containing tuberculous matter were introduced in the form of a spray. In five cases, in which the sputa of phthisical patients were used, there was invariably found, on killing the animals seventeen to twenty days after the inhalation, a tolerably abundant development of gray miliary tubercles in the lungs, which presented all the anatomical features of genuine tubercles. The other organs were perfectly normal, and the animals exhibited no signs of sickness during life. In one case, in which sputa of pneumonia and bronchial catarrh were employed, the result was after five weeks negative, there being only at separate points, visible under the microscope, interstitial cell growths of limited extent.

Also in animals killed during the first week after the inhalation the condition was perfectly normal. — *Deutsches Archiv. f. Klin. Med.*, and *Centralblatt*, — *Maryland Medical Journal.*

PERSONAL AND NEWS ITEMS.

A NEW VISITING LIST has just been published by Otis Clapp & Son, and will be found very convenient. Examine it before buying for 1882.

DR. C. H. HALLOWELL (B. U. S. M. '79) has removed from Exeter, N. H., to Solomon City, Kan., and gone into the banking business.

MARRIED. — Oct. 25, Angus MacDonald, M. D., to Annie T. Hackett, both of Boston.

A SECOND INSANE ASYLUM (for the *chronic* insane) has been placed under the charge of a homœopathic physician in New York State. It is at Binghamton, and Dr. Armstrong is at its head.

DR. THOMAS R. LEADAM, one of the oldest and best known of English homœopathists, and author of an excellent work on diseases of women, died at London, Sept. 5.

THE ECLECTIC CHAIR AT MICHIGAN UNIVERSITY. — We are informed that the statement, which has gone the rounds of the medical journals, that such a chair has been established, is erroneous. Dr. Franklin has resigned the deanship in the homœopathic department, and is succeeded by Dr. Wilson.

J. RUTHERFORD RUSSELL'S HISTORY OF THE HEROES AND ART OF MEDICINE. — A copy of this book, published in London some years ago, and now out of print, is very much desired by the editor of the GAZETTE, who would be happy to enter into correspondence with any one willing to dispose of a copy.

REMOVALS. — Dr. George H. Martin (B. U. S. M. '81), from the National Soldiers' Home, Milwaukee, to 312 Ellis Street, San Francisco, Cal., to be associated with his uncle, Dr. C. B. Currier, formerly of New York. Dr. C. H. Hadley, from Martha's Vineyard to South Braintree, Mass. Dr. J. W. Bosworth, from Boston to Lynn, Mass., 18 Newhall Street. Dr. John H. Payne, from Hotel Eliot to 680 Tremont Street, Boston. Dr. H. P. Shattuck, from Columbus Ave., to 112 West Springfield Street, Boston. Mrs. Dr. Hayward, to 7 Franklin Street, Lynn, Mass. Dr. W. H. Tobey, from 364 to 361 Columbus Ave., Boston (opposite). Dr. E. G. Rankin, to 24 East 35th Street, New York. Dr. F. D. Tripp, of Taunton, Mass. (B. U. S. M. '81) has been appointed one of the house physicians at the Homœopathic Hospital at Ward's Island, New York. Dr. N. W. Emerson, of the same class, has located at Dorchester, Mass., and Dr. R. W. Southgate with his father at Dedham, Mass.

AMERICAN PUBLIC HEALTH ASSOCIATION.

BOSTON, MASS., Oct. 20, 1881.

EDITOR "NEW ENGLAND MEDICAL GAZETTE":

Dear Sir, — The ninth annual session of the American Public Health Association will be held at Savannah, Ga., Nov. 29 to Dec. 2, inclusive. I shall be greatly obliged if you will give prominent mention of the fact to your readers, with such kindly commendation of the association and its work as you can.

I am, with esteem, faithfully yours,

AZEL AMES, JR., M. D.,
Secretary.

[Unless we are mistaken, this is the association which at one time, not very long ago, vigorously opposed the admission of homœopathic physicians, and refused on that account the application of our Dr. Verdi, now on the National Board of Health. It is a very encouraging sign that they have overcome their prejudices to the extent indicated by the foregoing letter. It is really a very laudable enterprise, and one in which all schools ought to be able to unite cordially. — ED.]

BOENNINGHAUSEN'S THERAPEUTIC POCKET-BOOK, LIPPE'S MATERIA MEDICA, TESTE'S MATERIA MEDICA, BURT'S CHARACTERISTIC MATERIA MEDICA, JAHR'S SYMPTOMEN CODEX, HAHNEMANN'S MATERIA MEDICA PURA (Hempel's translation), HAHNEMANN'S CHRONIC DISEASES (in five volumes), HARTMANN'S ACUTE AND CHRONIC DISEASES and DISEASES OF CHILDREN, MARCY AND HUNT'S THEORY AND PRACTICE, BOENNINGHAUSEN'S WHOOPING-COUGH, RAE'S ELECTRICITY, HALE'S NEW REMEDIES (second edition), FINCKE'S HIGH POTENCIES, and others. — A copy of each of these books, now out of print, can be obtained of Otis Clapp & Son. See advertisement in this number.

WE have had considerable experience in the use of Phillips' Preparation of Wheat Phosphates and Cod Liver Oil, and unhesitatingly recommend it as one of the best medicinal nutrients with which we are acquainted. — *Medico-Chirurgical Quarterly for October*, 1881.

WE commend to the attention of our readers the advertisement of Messrs. Fairchild Brothers & Foster, of New York. Their pharmaceutical specialties are well known, and they have achieved an enviable reputation for excellence and reliability. Their carefully *maintained* uniform quality is especially praiseworthy, as it secures the physician against a frequent source of disappointment as to results. It is the policy of this house to offer to physicians active, reliable, and agreeable forms of well-tried remedies, of which their preparations of Pepsine, Pancreatine, and Phosphorus afford good illustrations.

POWELL'S BEEF, COD LIVER OIL, AND PEPSIN is manufactured by the Powell Manufacturing Company, of Baltimore, Md. The components of this remedy are expressed in the name; this at once commands for it the attention of medical men. A happy and useful idea it was of the Powell Company to combine into such a palatable and elegant preparation the wonderful tonic, nutritive, and digestive properties of BEEF, COD LIVER OIL, AND PEPSIN. This combination cannot help being as claimed for it; *i. e.*, a reliable and palatable tonic and nutritive medicine. We are informed by the proprietors that the remedy is meeting with an unusually large sale for its short introduction, and that many leading practitioners are recommending it in the highest terms. This combination is an advancement in pharmaceutical science, and will doubtless be very successful. — *New Remedies.*

THE

NEW ENGLAND MEDICAL GAZETTE.

No. 12. DECEMBER, 1881. VOL. XVI.

EDITORIAL.

NON-RESTRAINT in the management of the insane — that is, the abolition of mechanical appliances, such as muffs, straps, crib bedsteads, camisoles, etc. — is now beginning to be the popular cry in America. It has only been adopted to any considerable extent in two or three of our asylums; and most of our superintendents, who seem on the whole to be a clannish set, wise in their own conceit, are opposed to the innovation, in spite of the fact, supported by the best authority, that in England it has met with wonderful success for a number of years. The well-known Dr. Tuke, in a presidential address before the British Medico-Psychological Association last August, said: "No one will call in question the statement, as a historical fact, that the commissioners of lunacy and the medical superintendents of asylums in this country are, with few exceptions, in favor of non-restraint." Statistics show that of the fifty-nine asylums in England, containing 38,209 patients, 29, containing 17,756, or 46 per cent of the whole number, used *no* mechanical restraint in 1880; 8, with 5,057 patients, used *neither restraint nor seclusion;* and 8, with about the same number, used restraint but once each.

One asylum in the United States uses more restraint in a single year than all the 59 asylums in England; and yet no one claims that in America success in the treatment of the insane is better than in England. The two superintendents in this country most opposed to non-restraint are at Utica and Newburg; and yet in the asylum at Utica, with restraint, during the last seventeen years, there has been one suicide in every 56 deaths, and at Newburg, one in every 28 deaths; while in England, with non-

restraint, there has been only one suicide in 536 deaths. This and other information we find in a very interesting and valuable paper by Dr. H. B. Wilbur in the December "Archives of Medicine." When pushed to the wall and forced to acknowledge that the English asylums have got along well without restraint, many here have boldly asserted that recourse to it was obviated by the free use of stupefying drugs, such as opium, chloral, etc. To ascertain the truth or falsity of this statement, Dr. Wilbur addressed circulars to the superintendents of all the insane asylums in England and America, requesting information on these points. The replies elicited are tabulated and given in detail in the paper referred to, and afford abundant evidence that in England, not only are stupefying drugs *not* substituted for mechanical restraint, but there is even far less occasion to resort to them than when restraint was used. Furthermore, statistics show that in America, from two to six times more money is spent for drugs for each insane patient than in England; a fact which is rather damaging to the American theory. This ought to overwhelm our close corporation of American superintendents; but we doubt if anything short of a special revelation could accomplish such a task.

Some of the notes and comments appended to the statistical replies from England were as follows: —

Dr. Major remarks: "I believe it to be a great mistake to consider that with us non-restraint depends in any degree upon our use of sedatives. Were sedatives taken from us, I am sure we should not use less than we do now. Here, also, I have cases who have *most destructive tendencies and habits*, and who, I feel sure, if restraint were in use, would be restrained; but they are not habitually on sedatives. I still believe that in *rare* instances, restraint (other than surgical) is of advantage to the patient, and therefore should be resorted to; but I think those cases so rare as to be quite an event in procedure."

Dr. Rayner, of the male department of Hanwell Asylum, adds: "In the nine years I have been here, I have never used mechanical restraint, although I should not hesitate to do so if the necessity arose. I never use sedatives to allay excitement, and narcotics to procure sleep very rarely; no patient has sleeping draughts as a habit, and probably not more than two or three such draughts are given in a month. My rule is, 'Better no

sleep than a stupor from drugs,' of whose action we only know that they gravely affect the processes of nutritional repair; that the most protracted cases of mania are those in which narcotics have been used, the most intractable cases of insanity those which have been most freely treated with sedatives and narcotics."

Dr. Brushfield, of the Brookwood Asylum, with 1,050 patients, says that "mechanical restraint has not been used in the asylum since its opening in 1867. Seclusion (that is, shutting up a patient by himself) has not been practised since the year 1875."

Dr. Whitcombe, of the East Riding Asylum, remarks: "At the present time not a single patient is under treatment to allay excitement. The chief means used here are employment, out-door exercises, and in-door amusements. Restraint and seclusion are rarely, if ever, needed. I look upon chemical as one of the most pernicious forms of restraint."

Dr. Davies, of the Kent County Asylum, said in a letter to the "Journal of Mental Science," January, 1881: "Chemical restraint (*i. e.*, stupefying drugs) has long since ceased to be practised here. I did not make the change suddenly; it has been a gradual transition. I used to give large doses of morphia, chloral, etc., then less, and now none."

Dr. Rutherford, of the Woodilee Asylum, says: "This full employment of the patients renders it possible to give greatly extended liberty, and to do away with all remaining forms of mechanical or chemical restraint, such as walled courts, locked doors, stimulants, narcotics, and sedatives."

The whole of this, being allopathic testimony, of course comes with all the more force. Our Homœopathic Insane Asylum at Middletown, N. Y., gives absolutely no narcotics or sedatives.

GUITEAU'S INSANITY.

At the time of this writing (Dec. 10), Mr. Scoville has exhibited the extent of his resources in his efforts to prove his brother-in-law insane. Little as we expected in this direction, their absurd weakness has surprised us. About as much might have been brought forward with a little effort to prove the insanity of almost any criminal. The prosecution, on the

other hand, although they have only just begun, have already dealt some powerful blows with their crowd of witnesses who have for years known the Guiteau family, and testify to their sanity, and with the affidavits to the same effect of three of the family themselves, including the prisoner and his father, when applying for life insurance. Within a week we expect very convincing testimony to the prisoner's responsibility. We already notice a considerable diminution in the exhibition of those "maudlin feelings of philanthropic sentimentality" which some well-meaning but unwise persons have indulged in, and which we referred to last month. A good deal of this has been brought about by the ridiculous caperings of Guiteau in his vain efforts to play the madman, which of course was his only card. The Boston "Post" made an excellent hit when it said that because a man chooses to make a fool of himself, it is no proof that he is insane. We would suggest that the assassin, who, in our opinion, is one of the most wicked and hardened wretches in the country, be told that if the Deity gave him an irresistible impulse, an "inspiration" to do the deed, the Deity has also given our government an irresistible impulse, an "inspiration" to hang him.

TONE DEAFNESS.

BY H. C. ANGELL, M. D., BOSTON.

THIS is a name given to an aural defect which is considered analogous to a defect of vision known as color-blindness; that is, the ear fails to catch certain sounds, just as the eye fails to distinguish certain colors, the hearing and sight for all other tones and colors being normal, or of the average acuteness.

This peculiarity in the organ of hearing is not always a defect, if we mean by this a falling-off of acute perception for any given tone; because in some instances it appears that the hearing is marvellously quick for certain tones, and at the same time shows the average or more than the average quickness for other tones. Such conditions of the hearing find no exact parallel in the sense of sight.

Some persons, it is true, have remarkably acute sight, so that in describing it we say that vision equals $\frac{7}{6}$ or $\frac{8}{6}$ or even $\frac{9}{6}$, the average good vision being $\frac{6}{6}$. This vision may therefore, for certain forms or things, or perhaps for all forms, be one third or one half above the average.

But the hearing may be relatively far more acute than this. Some years ago there was published in the GAZETTE the record of a case that was sent to me for the relief of deafness, but in which I could find no deafness; on the contrary, the patient heard the voice perfectly well, and the ticking of a watch at a most extraordinary distance. The hearing distance of the watch used being four feet, my patient, a woman of forty, heard it repeatedly at from twenty to twenty-four feet. She remembered that she often heard her husband's watch tick at night, though it was kept in the room adjoining that in which she slept. Her sense of sight was not markedly above, though somewhat above the average. I recall the case of a piano tuner, seen many years ago, whose hearing showed a susceptibility to the sound of a watch that puzzled me greatly. I tried to believe it due to his occupation. He assured me that his hearing was impaired, although I found it good for the voice generally. Lately a young married lady was sent me for impaired hearing. I found, right, a drum-head made up chiefly of cicatricial tissue, from the repeated healing of perforations in early life. Hearing distance for this ear, six inches, for a watch that should be heard at three feet. The other ear appeared to be in a normal condition, so far as one could see, but she complained of unusual deafness. I put the watch to her ear, and to my surprise she heard it at twelve feet; that is, at four times the usual distance. There was a catarrhal condition of the pharynx, and she complained sometimes of sudden accession of deafness in her best ear after swallowing, — due to closure of the mouth of the eustachian passage. A few applications of an astringent solution of chloride of zinc to the pharynx and openings of the eustachian tubes was followed by an improvement in her hearing.

The variations in what is called the normal hearing power, in different individuals, make its exact measurement almost impossible. From a distant street band I hear first the large bass instruments; my friend catches first the clarinets and octave flutes. So it would seem that all ears have their favorite tones; these are heard quicker than others, which may nevertheless be heard very well.

The variations in the perception of color in different persons bear a general but not very close resemblance to this. Doubtless a favorite color is more quickly noticed than others; but whether it can be seen at a greater distance has not been determined, so far as I am aware.

When, therefore, the hearing, being generally normal, is defective for tones on a certain key, it is analogous to defective color perception in the eye; but when it exhibits extraordinary acuteness for certain tones, it reminds one more of those exhilarations that are noticed occasionally in the senses of taste and smell.

IMPRESSIONS CONCERNING MEDICAL AFFAIRS ABROAD.

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

ALTHOUGH I intend to speak of the impressions and incidents likely to interest a physician visiting a medical congress and medical men in their private capacity, I cannot do so without expressing a feeling of gratitude toward that body of colleagues who received us with so much cordiality and entertained us with such warm hospitality.

The meeting of the International Congress occurred at London, July 11–16, 1881. It would seem as if much new information might be gained at each meeting. The discussions generally turn on subjects written out by writers whose views are known. I do not believe that medical congresses, great or small, give rise to novelties. *Workers* can and do yield their best outside of societies, but it is optional with a scientist if he will give his work to the society or not.

Such meetings, however, show the tendency and working of schools within schools; they show us the strength and weakness of our own.

There are two hundred and ten practitioners of our school in England. Numbers are not a sign of weakness; we must judge them by what they do. They have done more than the two thousand five hundred Old-School doctors who assembled a month later, speaking and acting on every subject except therapeutics. Ours, on the other hand, are all practical men, aiming at the best methods of curing the sick, developing a general method, and its special application in *general practice* and its *specialties* (Dudgeon in last number of Brit. Journal). The dose question is much nearer its solution. By far the greatest majority declare in favor of a rational limit. It was to be noticed that the question should be settled amicably; hence all speakers said a friendly word for the old Hahnemannian extremes. This was, of course, misinterpreted in certain reports. Thus the "Allgem. Homœop. Zeitung," Vol. CIII., No. 9, creates some champions of high potencies who, on their native soil, are known to be rational, honest practitioners. Amicable expressions of this kind were too common at the convention in London; they are misleading. A man had better say what he actually thinks, even if it does not please everybody.

Colleges of homœopathy granting diplomas are yet impossible, not only in England, but on the Continent. I think in monarchies, however liberal, individuals underrate their influence upon the powers that be.

Homœopathy in France is well established, but, like politics, it cannot arrive at a reliable status. In politics, popery threatens the

republic and may destroy it once more; to homœopathy, a partisan spirit akin to that in politics prevents consolidated action; still, as in politics, there is plenty of fire and strength and any amount of genius and learning. Too much theorizing and system-building are also noticeable.

Germany, the cradle of homœopathy, was not represented at all at the congress, unless by German doctors from Nice, St. Petersburg, and Boston; that's truly German. The "nation of thinkers" produces a Hahnemann, but does not seem ambitious to be represented at an International Congress. Still, if you suppose they are doing no thinking in Germany, you are mistaken; they have their hands too full of other work at present.

Germany had appointed two delegates, Goullon and Elb. Goullon has just lost his wife, and was to be most sincerely excused for not attending. Dr. Elb, of Dresden, was sick and absent from home.

Let us see what Germans are doing: they are fighting a battle and gaining a victory like that of Sedan. The attacks were of two kinds. In the first place there were arguments of men of the Old-School: they are repelling these attacks with equal strength and greater success; second, they were assailed by wicked calumnies which they met by resort to the courts of law, and were by law defended.

The latest attempts at scientific refutation of homœopathy proceeded chiefly from Prof. Jörgensen (see "Sammlung Klin. Vortrage," published by R. Volkmann), and more recently from Dr. Carl Koeppe.

Both of these articles are based on the ground that homœopathy has not improved since Hahnemann's time; that he was not only wrong, but an ignorant impostor. It is further claimed that although homœopathy is founded on error, homœopathists have no right to depart therefrom without being guilty of error and imposition.

These articles have called out a number of masterly replies by the late Clotar Müller, Maynzer, and others, principally Dr. W. Sorge, of Berlin. Public discussion of these questions has aroused a strong interest in favor of homœopathy throughout Germany. The interest was much augmented by the other class of attacks upon practitioners of our school. Seeing that would-be scientific criticisms failed, the leaders of the Old School, chiefly in Berlin, seem to have massed their forces for a combined effort.

First, the central committee of the Berlin Society of Physicians prohibited consultations with homœopaths. The next step was a systematic attack of a flagrantly abusive kind, initiated by speeches by a certain Prof. Liman, and one Dr. Goldammer. Later on, a certain Dr. Rigler, of the Western Society of the

Physicians of Berlin, gave vent to a series of unmitigated insults toward homœopathists, introducing a petition to the government to abolish the right of dispensing medicines. This was indorsed by Profs. Bardeleben and Frerichs. But these misdemeanors were excelled in violence and injustice by Prof. O. Liebreich in a public lecture, wherein he forgot himself so far as to call us charlatans, quacks, and impostors.

The most dignified reply to such a person was the publication concerning the status and prosperity of the public homœopathic dispensaries of Berlin, which in October, 1880, alone treated fourteen thousand patients, since then increased to sixteen thousand The movement, furthermore, resulted in the first steps towards the establishment of a homœopathic hospital in Berlin.

The petition of the allopaths was met by a counter-petition which resulted in the complete failure of the former.

The libellous attacks of Drs. Rigler, Liman, Goldammer, Heinze, and Börner were met by appeals to the courts of law, which resulted in verdicts against each to pay fines, costs of several hundred marks, and publication of the verdict in the defendants' own journals.

The most important result of such activity in Germany is the appearance of a new periodical, viz., the "Gazette of the Society of Homœopathic Physicians of Berlin," the first numbers of which have already appeared.

In other German cities homœopathy, though represented by few, is well represented. In Leipsic they have a fund of one hundred and sixty thousand marks for a hospital. Their dispensaries are in a flourishing condition and very popular, — one of the strongest proofs of the popularity of the New School. A very active trade is carried on, not only by those pharmacists devoted exclusively to the preparation of homœopathic medicine, but also by ordinary druggists, all of whom sell "homœopathic" medicines. Each has (as by law provided) a special room for such preparations.

All this proves that homœopathy is understood and appreciated by the public, who find that they do vastly better, and entirely on the side of safety in using simple, minute doses of medicine. The only obstacle to the free growth of our school is to be sought for in the too powerful organization of European universities, which, wedded to the general government, have the power to suppress and prevent public instruction in our method of practice. This, at least, is the reason quoted over there. A few years more of experience in political self-reliance will prove that neither universities nor governments are a serious barrier to the needs and just demands of the public.

UNSHOD HORSES.

BY J. C. MORGAN, M. D., PHILADELPHIA.

THE invitation in the September GAZETTE to communicate on the use of horses without shoes recalls my own Western experience. In many parts of Illinois farmers and others are in the habit of shoeing only the fore feet. Without much consideration I adopted the custom, and have nothing to say in its favor. It is quite true that my experience may be inconclusive, but I will give it.

First. I had a fine saddle mare, with long and graceful neck and limbs, and excellent spirit. I rode her over (mostly) prairie roads for some time, and gradually her gait became bad; she staggered occasionally, and on one occasion her knees bent under her, as if she were about to lie down in the road; necessitating, on my part, an instantaneous change of base. I led herhome, and thought of "blind staggers," colic, etc., but there were no other signs of either. Being about to enter the military service, (1862), I left her in the hands of a neighbor, and she was soon utterly ruined, — just how, I did not learn, — and became a dead loss.

Second. At the commencement of the Vicksburg campaign, I bought an excellent, strong horse for my personal transportation, and had his fore feet, only, shod. He did well at first, but after a few months began to behave as did the mare previously; yet I had no suspicion of the nature of the trouble, and have since accused myself of dulness that the want of hind shoes did not occur to me as the cause. Spurs availed nothing: that horse poked along at the same awkward rate all the time, with hocks unduly flexed and spiritless air, until the phrase "the noble horse" seemed almost as keen a sarcasm as "the noble son of the forest."

After the fall of Vicksburg I came North on furlough, and brought my steed to be sold at St Louis. As a matter of business policy, and in view of his future employment on hard pavements, I had a full set of new shoes put on him after my arrival there; then mounted him and experienced a revelation. My spiritless beast was transformed; full of vim, he bounded forward on the hard street, and seemed equal to any demand I could make upon him. My vexation, on reflecting on what plainly seemed my great mistake, was only equalled by my regret that he was not left (shod) anent my tent door. But "armies will steal," and I contented myself with pocketing the value of my really noble animal. I do not want any second trial at this writing.

ENCEPHALITIS.

BY JOHN L. COFFIN, M. D., WEST MEDFORD, MASS.

By this term I mean non-tuberculous inflammation, of greater or less extent, of the cranial contents, whether confined solely to the meninges (the "simple acute meningitis" of some authors) or to the brain substance ("cerebritis"), or to both together; for I agree with Edmonds that "the consideration of these various slightly differing conditions under different names and as individual diseases has no practical advantage, but the tedium of much repetition, resulting in confusion. In truth, the distinction is much more easily made in the text-book or lecture-room than at the bedside, and when made lends little or nothing to the ultimate object sought in all medical investigation, the cure of the disease."

According to this author, the disease may come on insidiously, or suddenly. Fever is a prominent symptom, which may or may not be preceded by chill. We find cold extremities, with hot head, contracted pupils, great sensibility to light, startings and jumpings from slight noises or disturbances. The child if old enough will complain of pain in the head, otherwise the head will be rubbed or beaten with the hands. Generally there is a confined state of the bowels, high-colored urine, great thirst followed by vomiting and rolling of the head; convulsions may occur, or a state of increasing stupor ending in coma and death.

In cases where violent delirium or convulsions occur, the disease usually pursues a rapid course, paralysis of the brain taking place, with probable hemorrhagic extravasation into the meningeal cavities; in other cases, proceeding more slowly but not less fatally, hydropic effusion ensues. These cases of longer duration are attended by great pallor of the face, half-opened, glazed, highly injected eyes, total insensibility to surrounding influences; the respiration and circulation being about the only functions performed, and these very imperfectly.

West, under the term "simple encephalitis," states that the disease usually comes on suddenly in a previously healthy child, ushered in by convulsions which often recur, violent fever and vomiting, and advances rapidly to death. Watson, referring more particularly to adults, says that the disease may come on in different ways, and mentions one class in which the first symptom is furious delirium; in another class, nausea and vomiting with obstinate constipation begin the attack; still other cases set in with violent general convulsions, and this he considers a sign of *cerebral* inflammation more certain than the advent of delirium.

Under the term "simple acute meningitis," Condie thus graphically portrays the progress of the disease: "If the disease is not arrested, the patient becomes more and more drowsy and finally comatose. In the progress of the disease the increased heat of the surface disappears, diminished temperature of the extremities often being a very early symptom. The external senses lose by degrees their abnormal acuteness, and finally become morbidly obtuse. The pupils are at first alternately dilated and contracted, but at length become permanently dilated and insensible to the brightest light. The eyes are often affected with strabismus, or the eyeballs have a tremulous motion, or are permanently turned upwards and outwards; the hearing becomes more and more dull, and finally there is total insensibility to sound; the face becomes pale and cold and the features shrunk; the eyes assume a dull and sunken appearance, and in the progress of the disease perfect blindness ensues; convulsive twitchings of the muscles of the face and extremities are now more frequent and violent. Convulsions of the limbs alternating with a state approaching to paralysis, or convulsive movements of certain sets of muscles with imperfect paralysis of others, are not infrequent; respiration marked by great irregularity and inequality; long sighs are frequently succeeded by a number of short, quick respirations, etc."

The general post-mortem appearances are injection of the membranes and effusion of pus, lymph, and serum; serum being most abundant in cases of longest duration.

Among the predisposing causes, various authors mention the age of childhood, hereditary irritability of the nervous system, precocity of intellectual development. West considers the age of infancy especially prone to inflammatory troubles, due to two general causes: 1st, That the brain at that time is undergoing its most rapid development, and that any inflammatory or diseased condition set up at this time proceeds with proportionate activity; 2d, That the brain is much more exposed to disorder owing to far wider variations of which the cerebral circulation is susceptible in early life than subsequently. However this may be, it seems to me that altogether too little attention has been and is now given to hereditary irritability of the nervous system as a predisposing cause of brain trouble in children. That nervous diseases among adults are alarmingly on the increase, and that the general habits and modes of living in our own day are such as tend to weaken and wear out rather than strengthen the nervous system, I think no thoughtful one will deny. As a result of this, the offspring of to-day cannot and do not inherit brains otherwise than irritable. Many such children are by nature hyper-sensitive to surrounding influences which in a normally

strong child would have no effect; and therefore under slightly abnormal conditions, such children take on acute inflammatory troubles of the brain, the exciting cause sometimes being so slight as to escape observation.

Among the exciting causes are injuries to the head, as from falls, blows, concussions, etc.; violent and long-continued paroxysms of crying (here the question pertinently suggests itself as to whether the crying is not rather an early symptom than a cause); difficult dentition; and following or occurring during the course of other diseases. Edmonds also call to mind the fact that troubles resulting from traumatic causes may not show themselves for eight or ten days afterwards. I myself am of the opinion that a much longer time often elapses before symptoms sufficient to alarm parents or nurse arise.

All authors agree that the prognosis from the start is unfavorable. On this point I again quote from Edmonds; he says: "The unusual violence of the symptoms, involving tissues of so much delicacy and of the very first vital importance, always renders the disease of the very gravest import, especially if any considerable time shall have elapsed before the adoption of appropriate treatment. You should always advise those having care of the child that the peril is great, and a successful result can only be hoped for under a state of the utmost diligence and co-operation of all concerned in the management." I most heartily wish that my personal experience in this disease had been such that I could speak with a greater degree of confidence as regards its treatment. Unfortunately it has not. The inability to obtain strictly subjective symptoms from infants, and the fact that very generally the disease has obtained considerable headway before the physician is called, render the treatment particularly difficult. I do believe, however, that, recognizing the existence of a hereditary tendency, much of a preventive nature may be done. Such children should at all times, from the cradle to the age of five or six, be kept as quiet as possible. They should be kept at home, the excitement of seeing many people or places being strictly avoided. No effort should be made to teach such children, and any intellectual precocity (you will generally find it in them, for they are always the brightest babies) should be restrained rather than encouraged. In short, just so far as is possible, they should be allowed only to *exist*.

Encephalitis being established, the treatment may be divided into medicinal and auxiliary. Under medicines, *Aconite*, *Belladonna*, *Gelsemium*, *Opium*, *Cicuta*, and *Hellebore* may be noticed. "*Aconite* for the incipient fever," says Edmonds; and quotes an old practitioner, whose name he does not give, as saying that "the arena of serous inflammations furnished aconite with its chief

opportunity for therapeutic triumph." I cannot speak thus encouragingly of it. *Gelsemium* has, in my hands, more often and more readily controlled the pulse and the overloaded brain. It seems plausible to me that the accelerated pulse and consequent fever in this class of diseases is due to direct action of the inflammatory process on the origin of the vagus and cardiac nerves, rather than a reactionary fever such as would result from a chill, suppressed perspiration, or exposure to a cold, dry wind. The action of *Gelsemium*, as indicated by its symptoms, corresponds more exactly, I think, with the former than the latter of these two conditions, and is therefore more homœopathic to it. For the stage of excitement, with flushed face, dilated pupils, delirium, etc., *Belladonna* would be indicated. For the sopor, with paleness and contracted pupils, *Opium*. For the stage of effusion, with rolling of the head, squinting of the eyes, or strabismus, *Hellebore*. *Digitalis* is mentioned for delirium, with irregular pulse. As regards all these remedies, I can only say that I have been repeatedly disappointed, particularly as regards *Belladonna* and *Opium*, and have obtained the best results from an early and persistent use of *Hellebore*, 3x to 30th. As regards auxiliary treatment, darkness and the most perfect quiet are indispensable, only the person having the immediate charge of the child being allowed in the room with it. If the temperature be high, with dryness of the surface, the body must be bathed frequently with tepid water. Mustard water to feet and legs will frequently quiet great restlessness. The head should be kept bathed in tepid water, or the douche used, the water being allowed to fall from the height of two to four feet. I have never seen benefit result from the use of the ice cap or bag. As a final resort in extreme cases, I have seen the "hemlock sweat," so called, used with good effect. The boughs of hemlock are gathered, the twigs picked and placed in a tub; boiling water is poured over them; immediately they are rapidly removed from the tub, spread upon a blanket; and the child, having been completely stripped, is placed therein and rolled up, being kept there from fifteen to twenty minutes. He is then removed and placed in a warm, dry blanket. In almost hopeless cases, after this procedure, I have seen the pulse fall and the patient roused to consciousness from a state of deep stupor.

A CASE OF RUPTURE OF THE UTERUS.

BY JOHN H. THOMPSON, M. D., NEW YORK.

Nov. 25, 1880, I was called by Dr. J. E. Russell at 9.30 A. M. to assist him in a case of labor. At 10.15 I reached the house of the patient, a colored woman, aged thirty years, who had borne two children.

The doctor informed me that she had been in labor since 9 P. M. of the day before; that he had remained with her all night until 3 o'clock A. M., when, as matters were not progressing any, he went home (only a short distance), to take some rest. In two hours he returned, and found that the liquor amnii had escaped and the uterus was firmly contracted. On examining he could not then make out the presentation. For an hour she did not have a single pain, but at 7.30 he found the left hand of the child protruding from the vulva, with the palm anteriorly, and no evidence of life.

This was the condition in which I found her. On reaching up into the vagina I found a loop of the cord, devoid of pulsation. I then endeavored to make out the position of the child, and found that its chest was anterior and lying under the walls of the woman's abdomen, with the left shoulder forced down into the os and pelvis. The uterus was firmly and constantly contracted, and contained no fluid, the water having entirely escaped. I then administered chloroform, and introduced my hand into the uterus between the thorax of the child and the anterior wall, when I found the placenta attached. I was anxious to turn the child, but the uterus was in a state of such constant and powerful contraction, that it was impossible to get my hand as far as the legs or feet, but judging from the position of the body they were toward the fundus uteri. The child's head was extended so that the occiput rested nearly or quite against the back of its body; thus the face was looking toward the hollow of the sacrum. After considerable manipulation I succeeded in replacing the hand and arm within the uterus, but could not turn the child. As I considered the case a very critical one and likely to result in peritonitis or something else dangerous to the life of the mother, and not wishing to bear all the responsibility — Dr. Russell being a recent graduate — I told him I thought that we had better call in another physician. We then sent for Prof. S. P. Burdick, who came at 11.30. He made an examination, and advised "to turn the child and deliver." When we got her sufficiently under the influence of the chloroform again, Prof. Burdick endeavored to get his hand into the uterus, but could not on account of its persistent and violent contraction. After manipulating until his hand was wearied and lame from the squeezing it had received, he put a blunt hook around the child's neck and tried to pull it down, so as, if possible, to decapitate it, but the body could not be moved, even though considerable traction was made. I then introduced my hand up to the placenta and removed about one half of it piecemeal, as it was partially detached. But very little blood followed this procedure, and the uterus seemed to relax a trifle. By this time my hand ached

very much and was almost powerless; therefore Prof. Burdick made another attempt, this time endeavoring to push the body of the child upward, and by gradually crowding his hand beyond the body to grasp a leg or foot, and then to turn the child. After a time he succeeded in getting hold of one leg and drew it down, soon after which he got the other, and a male child, weighing not more than four and a half or five pounds, was presently delivered quite dead, as before ascertained. Prof. Burdick then followed up the umbilical cord to deliver the placenta. When withdrawing his hand it was discovered that he had a loop of intestine over one of his fingers. We then each made an examination, and found that there was a longitudinal rupture in the posterior wall of the uterus, extending from the fundus to the cervix, fully six inches in length, through which *the intestines were protruding* into the cavity of the womb; that the posterior wall of the uterus was flabby and not at all contracted, while the anterior wall was drawn together in a good state of contraction, which could even be felt externally. There was no flow of blood, and the intestines were immediately pushed out of the womb into the abdominal cavity. The woman was placed in as comfortable a position as possible on the bed, a napkin and bandage applied. It was then about one o'clock in the day, at which time Prof. Burdick and myself left the patient. She returned to perfect consciousness in an hour, and complained of much pain on moving. The pulse was then 100; temperature, 99°. Dr. Russell left at three o'clock and returned at four, when he was told that at 3.30 she sat on a vessel to urinate and evacuate the bowels, both of which she accomplished. He then gave her a hypodermic injection of five minims of Magendie's solution of morphia, after which she slept for an hour. On waking at five, her pulse was 120, her temperature in the mouth, 103°, and she was suffering considerable pain. A second injection of *Morphine* was given at about 9 P. M., under the influence of which she passed a comparatively quiet night.

On the morning of the 26th her condition was not materially changed; pulse and temperature were still high, with great pain and tenderness in the bowels. At 11 A. M. she was given another hypodermic injection of *Morphine*, and was kept under the influence of it during the day. At 8.30 P. M. she died. An autopsy could not be obtained.

After having related this case to some of my colleagues, and asked what they would have done had they been in my place, one wisely remarked, "No matter what you did in such a case as that, you would wish you had done something else."

ROTUNDA HOSPITAL, DUBLIN, IRELAND.

BY G. R. SOUTHWICK, M. D. (B. U. S. M. '81).

ROTUNDA HOSPITAL was founded in 1745, and, with one exception, is the oldest of its kind in the world. It consists of the obstetrical portion, or hospital proper, with an externe department; an auxiliary hospital for gynæcology; and a dispensary, open every day, for diseases of women and children. The opportunities for study are excellent, and pupils come here from all parts of the world. Last year there were nearly three thousand confinements in the obstetrical department, besides a large number of cases in the auxiliary hospital. There are two classes of pupils, externe and interne. The latter live in the hospital, and have better advantages than the former. They are limited in number, and are usually graduates who come here to learn the teachings of what is considered the leading school of English midwifery. Each pupil is on duty two days in the week, and conducts in turn all natural cases occurring on those days. He can see all the deliveries whenever they occur, also a large number of operations. Among the best cases I have seen here are placenta prævia, post-partum hemorrhage, turning, forceps above the brim, funis presentations, two ovariotomies, and there is another case now in the hospital to be operated upon in a few days.

The hospital is in charge of a master and two assistants, one of whom, accompanied by the students, visits the wards each morning and explains the various cases of interest. Herein there is a great advantage over many other hospitals, as the after treatment often proves the essential part of a rapid and complete recovery. The master conducts a gynæcological clinic four times a week, where practical instruction is given.

During the winter and spring sessions two courses of lectures are delivered on obstetrics and gynæcology. Pupils can enter at any time and remain a month or longer, as they like. Internes can obtain a special certificate in gynæcology after remaining three months and giving attention to the instruction in that branch. After six months' stay and practice in the hospital, they can obtain the degree of L. M. (Licentiate in Midwifery) by passing an examination before the master and his assistants. Application for admission should be made to Dr. Lombe Atthill, Master of Rotunda Hospital, Dublin.

Midwives also are educated here. The students' rooms are small and scantily furnished. When there are many pupils here, as is often the case in summer, the chances are of course not so good for conducting many cases. Any one coming here can not be too familiar with the subject. The books recommended

are Leishman's "Obstetrics," Barnes's "Obstetric Operations," and Thomas on "Diseases of Women." Expenses are moderate in comparison with most European schools. Board varies from $5.50 to $6 a week. Tuition for interne pupils is as follows: For six months about $92; for three months about $58. Pupils supply light and fuel in their bedrooms. As a rule, books cost a little more and instruments a little less here than in Boston. Care should be taken in bringing books which are reprints from English copyrights, as even a single book is liable to confiscation if found by the custom-house officers.

I will give a brief sketch of the methods and treatment employed here in some of the more common cases. Those educated in Boston University School of Medicine cannot fail to notice the great similarity of treatment (non-medicinal) to the teaching of the obstetrical department there, which shows it is keeping pace with the times in the scientific practice of midwifery. Patients are not admitted till in labor. If their bowels have not been opened freely, a simple enema of soap and water is given. They are encouraged to walk about the room and not to go to bed till the completion of the first stage. The position is always the left side with the nates projecting to the edge of the bed; frequent examination during the third stage is not considered good practice; if rupture of the perineum is threatened, the head is retarded in a manner to be described later; after the birth of the head see if the cord is around the child's neck; if so, pull the cord down gently; if not, no interference is made unless there is delay and the skin grows dark purple; then delivery is hastened by careful traction on the child's head, remembering at the same time the movement of restitution, which nature usually hints to us. During delivery the hand should always follow down the fundus and be kept there till the binder is applied. If the placenta is not expelled in about twenty minutes, it is expressed by a method very similar to that known as Credé's. The fundus is grasped in the following manner: The ulnar side of the left hand is pressed deeply into the abdomen, the palm on the fundus, the fingers behind, the thumb in front of it. A good illustration of this can be found in the last edition of "Playfair." During a contraction the uterus is compressed and pressure made in the axis of the pelvic canal and not against the sacrum; the cord is not to be interfered with in the least. Except in very rare cases and adherent placenta the above method will be effectual in expelling it. As the placenta is expressed, it is caught by the nurse, who twists it without traction so as to form a sort of rope of the membranes, which is an excellent way of preventing any pieces being retained. Sometimes the uterus is so relaxed that it is difficult to grasp it. Then friction on the fundus, or the

application of a cold hand, or a few drops of cold water to the nates or abdomen, will often bring on a contraction. Ergot is very seldom used and only in the third stage of labor, except when forceps are applied; then a dose is usually given just before operating. The danger from it if given in the first or second stage is increased risk of laceration of the perineum, and also risk to the child from separation of the placenta, by the tonic contraction of the uterus. Considerable importance is attached to the application of the binder, which is done in the following manner: The patient lies well over on her left side; the binder is placed in a folded sheet and at the same time both are slipped under her. It should be a yard and three fourths long and eighteen inches wide, or long enough to reach from below the trochanters to the ensiform cartilage; the anterior portion of the binder laps over the posterior, and its lower edge should be about two inches below the trochanter major; the binder is drawn tight and the first pin inserted at the lower margin. This prevents the binder from slipping up. The second pin is put in half-way between the first and the crest of the ilium, and the binder drawn snugly. The third pin is inserted at the crest of the ilium, and the binder again drawn very tight, for the purpose of exerting pressure on the fundus and preventing its rising. The fourth pin is put in about three inches above the last, and the binder left loose to allow the woman liberty to breathe. The pins should be placed in a line posterior to the left side. No pads over the uterus are allowed, except in very rare cases of hemorrhage.

If the binder is applied in the above manner, they think it imitates the application of the hand to the fundus; that it tends to prevent post-partum hemorrhage and promotes involution of the uterus. When the pulse is over a hundred immediately following delivery, the case is to be carefully watched for post-partum hemorrhage; also where there is severe lumbar pain after labor, as it is one of the earliest signs of internal hemorrhage, and the uterus should be carefully examined externally for any enlargement. Where there is suspended animation of the child, the usual means are employed after removing the mucus from its mouth, such as blowing on its face, sprinkling cold water on it, slapping the buttocks, artificial respiration by compressing the thorax with one or both hands or by raising the arms to the head, alternate baths of hot and cold water; methylene spirit is also used with good success by pouring a little on the abdomen and rubbing it over the epigastric region.

Cases of rigid os or œdema of the anterior lip, more particularly when occurring in primiparæ, are treated by hot baths with very satisfactory results. While in the bath hot water is syringed against the cervix, and on returning to the bed the patient is

usually given twenty grains of chloral hydrate and thirty grains of bromide of potash. It may be noticed that the treatment for the œdema is not the same as Leishman's, who advises gently pushing up the lip before and holding it there during a pain.

The teaching here is that while it may succeed in many cases of multiparæ, with primiparæ it is apt to increase the œdema without doing any good. On this account the hot bath and abstaining from all unnecessary examinations are preferred. In prolapse of the funis and head presenting, when the membranes are ruptured and os fully dilated, forceps are applied. If these slip, or compress the cord, podalic version, with immediate extraction, is at once resorted to. All attempts at reposition of the cord are considered useless in the majority of cases, and valuable time wasted. Barnes's long double-curved forceps are recommended, and applied according to the method described by him in his obstetrical operations; that is, in relation with the pelvis rather than to the diameter occupied by the child's head. I have not seen Tarnier's forceps used. Dr. Atthill is not in favor of them, although they have been adopted in Edinburgh. The so-called support of the perineum, as often practised, is regarded as apt to cause the very trouble which it is intended to avoid. The method employed here is as follows: The woman in the usual obstetric position, the accoucheur takes his place at her back, passes his left hand between her thighs, and retards the advancing head, as it protrudes through the vulva, by pressure with his fingers, first on the vertex, later at a point near the perineum. Little use is made of the right hand except with the thumb and fingers gently to push the perineal structures up on the head during the last two or three pains. The palm of the hand is not used and should not touch the perineum. During the last pain the woman is encouraged to cry out, which is very important in preserving the integrity of the parts, as it diminishes the force of the pain and tends to prevent too rapid expulsion of the child. Care is also taken during the birth of the shoulders. Owing to their sharp corners they will sometimes make a severe laceration, which otherwise would have been slight. In cases of rigid perineum I have seen hot-water cloths applied with benefit. The treatment of after-pains in old-school practice has materially changed with the past few years, and the use of opiates discarded, as not in harmony with the scientific practice of midwifery. After-pains are now considered as desirable contractions of the uterus following delivery, excited by the presence of clots or a portion of retained placenta. The indications for treatment are to remove the cause and prevent its recurrence. These are fulfilled in the use of ergot, which in keeping up a tonic contraction expels the clots, prevents accumulation of blood and consequent formation of them. When the pain is very severe and the uterus

considerably distended, great relief is given by syringing out the uterus, which will be mentioned later. Opiates, while they may relieve the pain, do not contract the uterus, but tend rather to relax it, and the relief given is therefore temporary.

The syringe used for removing fœtid lochia is one invented for the purpose by Dr. Atthill, but a Davidson's, with a long, slender nozzle attached, will answer the purpose. If the patient is syringed in the first twenty-four hours following delivery, Condy's fluid (permanganate of potash) is used, enough to give the water a purplish hue. If syringed later than twenty-four hours, the following preparation of carbolic acid is preferred: —

℞	Acid carbolic	ʒ j.
	Glycerine	gtt. x.
	Aquæ tepid	O. j.

In syringing the patient should lie on her left side, the nates projecting beyond the edge of the bed, her back supported by the nurse, who should have one hand on the fundus. The vagina is first syringed with tepid water, and then the uterus with either of the above injections selected. Great care is necessary to prevent air entering the uterus, as serious consequences might ensue. In the treatment of sore nipples from abrasions or cracks, sulphurous acid, strength of British pharmacopœia, is applied locally. Rest, if possible, for a short time is advisable to allow the nipples to heal. Nipple shields made entirely of soft rubber are preferred to all others. When new, it is a good plan before using to wash them in whiskey or some other spirit and rinse them afterwards; this will remove the taste, which is sometimes objected to by the infant. Glass shields with rubber nipples are not so good. Breast pumps are considered positively injurious, and often the cause of mammary abcess. When there is too much milk, or for some reason it is desirable to diminish the secretion of it, the following means are used: The child is not allowed the breast nor is any milk drawn from it, as this would only stimulate the glands to further secretion; for the same reason, rubbing the breast is not permitted. A simple cerate, of equal parts of white wax and olive oil, is spread on a circular cloth having a hole in the centre to receive the nipple, and applied to the breast. This is simple treatment and is usually followed with very satisfactory results.

THE FUTURE OF INOCULATION. — Customer: "My nephew is just starting for Sierra Leone, and I thought I could not make him a more useful present than a dose of your best yellow fever. Would you tell me the price, please?" Chemist: "Well, ma'am, the germs are so difficult to cultivate in Europe, that I would advise your waiting for the next West Indian mail, when I am expecting a nice, fresh consignment from St. Thomas. Meanwhile we would recommend our half-guinea traveller's assortment of the six commonest zymotics, and could add most of the tropical diseases from stock at five shillings each. We have some nice Asiatic cholera, just ripe, but they are more expensive." — *London Punch.*

THE ELASTIC LIGATURE IN FISTULA IN ANO.

BY RUSSELL F. BENSON, M. D., TROY, N. Y.

In referring to the surgical treatment of fistula in ano, Helmuth says (page 779, 1879 edition): "I prefer over all methods the elastic ligature of Dittel. I have operated with it many times with better results than with the knife." On the following page, after describing the operation itself, he says: "The patient is not confined to bed. The elasticity of the ligature cuts its way out, in from four to ten days." I make this quotation simply to call attention to the inference one would naturally draw from the foregoing description that the procedure is unaccompanied by great bodily suffering, an amount of pain that would *compel* a patient to remain in bed, or still less to require the almost constant administration of opiates.

About Oct. 1, 1880, I was consulted by Mrs. H——, a robust woman of thirty-five years, about a discharge from two openings, each distant half an inch from the anal orifice. Her physician (allopathic) had treated her for ischio-rectal abscess, the evacuation of which had been followed by the establishment of two fistulæ, one on either side of the anus. They were both incomplete, the blind extremity of one being three and the other two inches from its mouth. I at once advised an operation; but as she was greatly alarmed at the thought of anything like surgical interference, I told her that we would try the milder measures first; these failing, she must accept the more severe treatment, but that promising a better result. Having treated successfully by injections chronic sinuses in other regions, I concluded to try them here. I employed in succession (after using an enema and securing rest of the rectum by opium suppositories) solutions of *Iodine* in *Sulph. ether*, *Carbolic acid* and *Hamamelis*, *Nitrate of silver*, and *Hydrastis*. Six weeks of this kind of treatment passed and there was no improvement. The patient, disgusted, now consented to an operation. Accordingly on the night of Nov. 14, I ordered a copious enema of soapsuds, thus securing an empty rectum. On the following morning I administered ether, and when anæsthesia was complete, I passed a director into the bowel through the longest sinus, thus converting an incomplete into a complete fistula. Guided by this, I then introduced the elastic cord. The free ends of the ligature, one hanging from the anal opening, and the other from the opening of the sinus, were now passed through a perforated bullet, traction made on the cord, and the leaden circlet forcibly closed. The anæsthetic being withdrawn, and a goodly supply of fresh air admitted to the apartment, my patient rapidly regained consciousness.

As she was wholly unable, however, to endure the terrible agony which followed, I administered one half grain *Morph. sulph.* and was obliged to repeat the dose at intervals of six to eight hours for two days, and afterwards a smaller and diminishing quantity at longer and longer intervals until the ligature came away. On the 25th of November, the tenth day, I was obliged to tighten the cord, which separated on the 27th, and was followed by a spontaneous evacuation of the bowels. The wound healed finely, and the patient has remained well up to this date.

I should be pleased to hear from others who have used this method, whether their experience coincides with mine as to the amount of pain induced, or as to the cure of two or more fistulæ by operating upon one, and what success they have had by other means excepting the knife.

BOSTON'S OFFENSIVE WATER.

BY I. T. TALBOT, M. D., BOSTON.

[*A Paper read before the Boston Homœopathic Medical Society, Nov.* 10, 1881, *with discussion and action thereon.*]

THE present condition of the water furnished by Boston in its corporate capacity to its citizens is such as may well excite alarm in the community, and especially among physicians, whose highest duty is to protect the people from disease. In this short paper I do not propose to enter upon the difficulties of managing a great system of water supply, but rather to point out certain grave and obvious defects and conditions which can be and which should be immediately removed. Some of these conditions are of recent origin, and others have been gradually increasing during the thirty-three years since the Cochituate water was introduced into Boston.

1. Pegan Brook. It is claimed that the town of Natick has now a right to drain its sewage and filth through Pegan Brook into Lake Cochituate, because it has always done so; that the citizens of Boston have for thirty-three years been drinking a constantly increasing amount of this filth from Natick seems most astonishing; that the Water Board, clothed with power to spend millions of dollars on these water works, should not have found means to remedy this disgusting condition, seems still more strange. If it is a determination on the part of the citizens of Natick to injure the citizens of Boston (which nobody believes), law could certainly set matters right; if it is merely a matter of dollars and cents, Boston should not stand haggling while its people are reaping death from this cause.

2. Sudbury River basins. But, whatever may be said of the vested rights of sewerage into Pegan Brook, certainly nothing can be urged in extenuation of those who, in the construction of these basins, would take fields covered with barnyard manure and vegetable mould and turn water upon them, and when well saturated introduce it into Boston for its citizens to drink.

3. Eels. Few persons are aware of the quantity of eels living and growing in the large water pipes of the city. The nature of this fish is such that it can exist without access to light and air, and the mud and silt in the main pipes afford a favorable ground for propagation and growth. The current is not so rapid as to prevent their free circulation, and there they live for years, and sometimes grow to enormous size. They are not likely to enter the small outlets or supply pipes for houses, and yet we find in the last report of the Boston Water Board that two hundred and eighty-six stoppages of these pipes by fish have occurred in the past year. But the enormous number of eels existing in the pipes is shown by the number discharged from any outlet of considerable size. The Standard Sugar Refinery, in South Boston, uses a large amount of water, which is discharged into a meter through a four-inch pipe. To protect this meter it was necessary to construct an eel-trap, through which the fish could not pass. This trap had to be frequently cleansed, sometimes every day, and seven eels, weighing twenty-five pounds, have been taken as the accumulation of a single day. Some of these are of great size, measuring three feet in length, as large round as a man's wrist, and weighing six and a quarter and six and a half pounds. So troublesome did this matter become, that the Water Board was obliged to construct an eel-trap in the street in connection with the main pipe, and thus prevent their entrance into the four-inch service pipe. If this immense number of eels can infest a four-inch pipe so far distant, there can be no doubt of the condition of the larger mains in other parts of the city. Now, though eels do live to a green old age, there is no doubt that they do finally die and go to decay ; and if you will put a good fat, six-pound decaying eel into a tub of water, you will in a few days get precisely such water as the people of Boston have from time to time furnished them. This condition has, by a kind of euphemism, been called a "cucumber taste," but it sometimes has that "ancient and fish-like smell" that would put to shame the vilest of cucumbers. It varies very greatly at different times, depending on whether the dead carcass is before your door or has floated on to your neighbors'. There are epidemics among fish as among other animals, and it would seem as though these anguillæ had been recently thus afflicted. The result is offensively brought to our senses,

though their perishing carcasses are daily diluted in 26,000,000 of gallons of water. For days at a time, in various parts of the city, one cannot make his morning ablution or use the water for brushing his teeth without producing nausea, and servant-girls at the wash tub have been sickened even to vomiting. With such facts before them, is it not strange that members of the Water Board should profess to be in ignorance of the cause of these impurities? It is well enough to call science to our aid; it is very proper to have correct analyses of the water; but until the evils of Pegan Brook and Sudbury River basins, and dead and decaying eels are remedied, we shall look in vain to science for any good results in this matter. He added: This matter is one of so much importance to us physicians, and to every one of our patients, as well as to all others in the city, that I submit upon it the following resolutions, which I move that the society should adopt: —

Resolved, That the present filthy condition of the aqueduct water in Boston is offensive to the senses and injurious to the health of the inhabitants of this city, and we call upon the Water Board to take immediate measures for its purification: first, by removing, at whatever cost, all the present known and obvious causes of pollution; and second, under the direction of the most capable scientific men, by avoiding as far as possible all future sources of impurity.

Resolved, That the city government be requested, in its highest office of providing for the health and welfare of the citizens, to furnish means for and aid the Water Board in carrying out practical and efficient measures for the purification of the water provided by the city.

In seconding the motion to adopt the resolutions, Dr. Conrad Wesselhoeft said that when the Sudbury River basins were being constructed he had inspected them with some care. For them the masonry was both ornamental and massive, but none of the vegetable mould on their bottoms had been removed. His opinion was that the water has remained in them until it has become an infusion which is nutritious to certain forms of vegetable and animal life, which, if they are not unhealthy, are not pleasant additions to a fluid used for drinking purposes. Whatever might have been the cause, he had seen under the microscope in filtrations from Cochituate water dozens of different algæ and crustacea and articulata; he had no doubt that a more thorough examination on his part would have disclosed myriads of other forms of like character. He was strongly in favor of giving definite form to a demand for better water for the people of this city.

Dr. Loring desired to know why it is that there is such differ-

ence in the taste of the water in different localities, as at the Highlands she had found it sweet, and on Columbus Avenue she had found it offensive both to smell and taste.

Dr. Talbot in reply said, The condition of "don't know" into which the Water Board has worked itself is simply marvellous. When he was in its room in the City Hall a short time ago, one of its members had shown him two glasses of water — one drawn in the basement of the building and very offensive, the other taken from a pipe in the top of the same structure, and sweet both to smell and taste — and asked him, "How do you account for the difference?" To him it seemed so obvious that he wondered any one who had given the subject any thought should ask such a question. It is well known that water — especially water in motion — has a tendency to purify itself. That which supplies the Highlands and the upper stories of the lofty buildings in all parts of the city is so pumped that no eels or other objects of perceptible size can pass through the suction pipe; then it is sent on a long course through pipes into which there is no entrance save that through which it comes. If it were foul when first pumped it would soon begin to lose its offensive properties, and erelong it would be sweet to taste and smell and apparently pure.

Dr. Woodvine, Dr. H. C. Clapp, Dr. Sherman, Dr. Farnsworth, and others spoke in favor of the adoption of the resolutions, after which they were adopted by a unanimous vote.

Dr. Farnsworth, of Cambridge, called attention to the difficulty of convincing the State Board of Health of the existence of a nuisance, of which he had seen an instance in the movement against the pollution of Miller's River. In that contest he said the people of Cambridge — of East Cambridge particularly — had had arrayed against them the influence of the Boston and Albany Railroad Company and that of the Cunard Steamship Company, which had so nearly blinded the Board that it was almost impossible to convince it that there was any nuisance at all. To do any good, the source of difficulty must be pointed out to that official Board whose duty it is to deal with it.

Dr. Talbot remarked that when there were 1,900 cases of smallpox at one time in Boston, nine years ago, the Board of Aldermen, which had charge of the city's health, covered the real condition of things up and evaded action for the abatement of the epidemic until it was forced by popular opinion, emphatically expressed, to do what it should have done. He felt that in the matter of the purity of the city's water supply, nothing would be done until the City Council is compelled by an exact statement of facts to abate a nuisance of which every one has a right and ought to complain.

Dr. Sherman moved that a committee be appointed to investi-

gate the sources of the water supply, ascertain the cause of impurities, and report thereon to the society. This motion having been acted upon affirmatively, Drs. Conrad Wesselhoeft, Woodvine, and I. T. Talbot were appointed to perform the duties designated by it.

Reviews and Notices of Books.

Photographic Illustrations of Cutaneous Syphilis. By Geo. H. Fox, A. M., M. D. New York: E. B. Treat, 757 Broadway. 1881. Parts X., XI., XII.

These three parts, portraying five cases of the ulcerative forms of the syphilodermata, three of hereditary syphilis, four of syphilitic dactylitis, besides chancre, chancroid, periadenitis, and condylomata (syphilitic and non-syphilitic), complete this great work, which, for artistic merit and clinical accuracy, is not surpassed by anything we have seen. In the absence of patients in the class-room, these beautiful plates will form a very fair substitute. The running commentary also forms a very good brief treatise on the subject. The last part is accompanied by a title-page, table of contents, condensed notes on the cases, and a formulary. The whole work, containing forty-eight quarto plates representing seventy cases from life, can be obtained nicely bound for $28. Editions in French and German are soon to be published.

The Diseases of Infancy and Childhood. By J. Lewis Smith, M. D. Fifth Edition. Philadelphia: Henry C. Lea's Son & Co. Boston: Hall & Whiting. 1881. pp. 836.

This is one of those standard books now so universally regarded as high authority, and which has justly earned for itself such a reputation that it is needless to commend it to our readers as a scholarly treatise, to be depended on in all save treatment. This edition is more practical than its predecessors, and many additions have been made, although the bulk of the work remains about as formerly. It is a book well worth having.

Special Pathology and Therapeutic Hints. By C. G. Raue, M. D. Second Edition. New York: Boericke & Tafel. 1881. pp. 1072.

The succeeding editions of many books differ from each other in very little more than in name. As it sounds well to issue a second, third, or fourth edition, publishers and authors will often print a small lot at first, and then, after a few unimportant altera-

tions (for the sake of making a difference), will issue another small lot. Dr. Raue is certainly not chargeable with this offence. His second edition is thoroughly revised, entirely rewritten, and greatly increased in size. No work on pathology in these days can last a dozen years without thorough revision, and of course it was necessary in this case, excellent as the first was. The therapeutics have required less change. As all homœopathists by this time know the worth of the book, it is needless for us to say more than that this presentation brings the work up to date on the same general principles as before. All of our students will want it.

A PRACTICAL TREATISE ON HERNIA. By Joseph H. Warren, M. D. Second Edition. Boston: James R. Osgood & Co. 1881. pp. 428.

Last May, page 154, we reviewed the first edition of this work, which now appears from a new publishing house, much enlarged, very much improved in appearance, and at almost double its former price. An entirely new Introduction has been substituted for the old one, and new chapters have been added on the causation of hernia, recent operations, artificial anus, hydrocele and varicocele, observations and clinical reports. Some new illustrations have been added by the heliotype process. The rapid sale of the first edition shows how much interest the profession takes in this beautiful operation, which is, we believe from our knowledge of several cases, by far the best for this distressing malady.

ECZEMA AND ITS MANAGEMENT. By L. Duncan Bulkley, A. M., M. D. New York: G. P. Putnam's Sons. Boston: Frank Rivers. 1881. pp. 344.

There is much truth in the quotation from Wilson, "To be a successful practitioner in the treatment of eczema, a medical man must be an accomplished physician; to manage the local treatment with success, he must also be an able surgeon. . . . In a word, the highest and best qualities of medical art and science must be put in practice, with foresight and discretion, for the treatment of an eczema." Therefore we are only too glad to get all the help we can in the management of this obstinate disease. Dr. Bulkley here ably discusses its forms, symptoms, frequency (from statistics of 2,500 cases), diagnosis, prognosis, nature, causes, and treatment. Homœopathists will be pleased to learn that in spite of the modern tendency to consider it a merely local disease, Dr. Bulkley strongly urges its constitutional nature. The inference is obvious. Many of the chapters have already appeared in medical journals, or have been read before societies. The basis of the work is an essay read before the American Medical Association in 1874.

ESSENTIALS OF PRACTICAL MEDICINE. By Henry Hartshorne, A. M., M. D. Fifth Edition. Philadelphia: Henry C. Lea's Son & Co. Boston: Hall & Whiting. 1881. pp. 669.

The fifth edition of this well-known epitome of practical medicine is issued for the purpose of presenting in a very condensed form the advances in our knowledge accumulated during the last seven years, and several hundred brief additions have been made. The greatest changes are to be noticed in the pathology of the nervous system. Dr. Hartshorne is, nevertheless, in spite of his professed desire to bring his book up to date, a very old-fashioned Rip Van Winkle, and can see very little good in the modern physiological therapeutics (Bartholow, Wood, Ringer, etc.), but harps on experience. It is therefore not strange to read on page 18, about homœopathy, from which physiological therapeutics took its rise, "However serious may have been the detrimental effect upon the welfare of the public at large of Hahnemannic homœopathism," (what a word!) "it has scarcely influenced the progress or present status of medical science, either for good or evil." This statement, which few even of his own school would now accept, is wonderfully refreshing.

A TREATISE ON FOOD AND DIETETICS. By F. W. Pavy, M. D. Second Edition. New York: Wm. Wood & Co. Boston: Frank Rivers, 35 Bromfield Street. 1881. pp. 402.

This book, the October issue of Wood's Library, we can heartily commend as exceedingly interesting and valuable, both from a theoretical and practical standpoint. It contains chapters on the "Dynamic Relations," the "Origination and Preservation of Food," on "Alimentary Principles and Substances," on the "Principles of Dietetics," on "Practical Dietetics," on "Therapeutic Dietetics," and on "Hospital Dietaries." Lovers of the curious, as well as those anxious to cure diseases, will here find abundant food for reflection.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY FOR 1881.

The general secretary, Dr. J. C. Burgher, of Pittsburg, Pa., here promptly presents a handsome volume neatly bound in cloth like last year's. The promptness of publication and neat binding are in pleasant contrast to most of the issues of the society. The Institute Transactions always contain interesting papers. Prominent in this volume are some on infantile syphilis, laceration of the cervix uteri, personal hygiene, puerperal mortality, perineorrhaphy, cancer and its diagnosis by the microscope, etc.

FOSTER'S PHYSIOLOGY. Second American Edition. Philadelphia: Henry C. Lea's Son & Co. 1881. pp. 987.

Foster's Physiology is now generally admitted to be the best in the market, and has already had a very large sale. No new edition has appeared in England since the first American edition; but Dr. Reichert, the American editor, has improved the latter by adding to its text all the recent advances made in experimental physiology. Much material has also been rewritten. Like all of Lea's books, it is handsomely printed and bound.

THE CHILD OF PROMISE; OR, THE ISAAC OF MEDICINE AND ISHMAEL THE HALF-BROTHER. By Wm. M. Cate, M. D. Washington: H. B. Burnham & Co. 1881. pp. 280.

Under these and other quaint Biblical headings, Dr. Cate, formerly of Salem, Mass., where his father still practises, gives a biography of Hahnemann, and a popular exposition of the principles of homœopathy, together with a brief historical account of the principal medical systems which the world has seen. We hope that, falling into the hands of many of the laity, it may be the means of converting them from the error of their ways.

A MANUAL OF MIDWIFERY. By Alfred Meadows, M. D. Fourth Edition. New York: G. P. Putnam's Sons. 1882. pp. 500.

This is a very handy little manual for the young practitioner, and well adapted to carry to the lying-in chamber. The present edition is considerably enlarged and thoroughly revised with the assistance of Albert J. Venn, M. D. The practical value of the book is very much increased by the addition of one hundred and thirty-seven good wood-cuts.

HOLMES'S SYSTEM OF SURGERY AMERICANIZED. Vol. II. Philadelphia: Henry C. Lea's Son & Co. 1881. pp. 1063.

In October we noticed the first volume of this magnificent work, which ought to enrich the library of every physician who can afford to own twenty medical books. Volume II. contains elaborate English treatises, revised by American surgeons, on diseases of the eye, ear, nose, tongue, veins, arteries, aneurism, lymphatics, mouth, teeth, intestines, rectum, hernia, urinary organs, calculi, lithotomy, lithotrity, male organs of generation, gonorrhœa, and surgical diseases of women. It contains three hundred and nine illustrations, besides four full-page chromolithographic plates containing nineteen figures. The whole work forms a regular cyclopædia of surgery; and together with Reynolds's elegant "System of Medicine," published in three volumes by the same house, it forms a complete library of medicine.

INSANITY AND ITS TREATMENT. By Samuel Worcester, M. D. New York: Boericke & Tafel. 1881. pp. 462.

Although within the past ten or fifteen years homœopathic literature in America has grown to very handsome proportions, yet, strange to say, no systematic work on insanity has ever before appeared from one of our school; as Jahr's "Mental Diseases," which was not much more than a small repertory of mental symptoms, could hardly be called a systematic treatise. Indeed, what is still stranger, no allopathic physician in America, so far as we know, has ever produced such a book. The basis of Dr. Worcester's work was a course of lectures delivered before the senior students of the Boston University School of Medicine. As now presented with some alterations and additions, it makes a very excellent text-book for students and practitioners. Dr. Worcester has drawn very largely upon standard authorities and his own experience, which has not been small. In the direction of homœopathic treatment, he has received valuable assistance from Drs. Talcott and Butler, of the New York State Homœopathic Insane Asylum. It is not, nor does it pretend to be, an exhaustive work; but as a well-digested summary of our present knowledge of insanity, we feel sure that it will give satisfaction. We cordially recommend it.

LECTURES ON ELECTRICITY. By A. D. Rockwell, M. D. Second Edition. New York: Wm. Wood & Co. 1881. pp. 122.

Prof. Graham Bell's induction balance, which located the bullet so accurately in President Garfield's body (?), is explained in this edition. The most important addition is the chapter on Franklinic electricity, the claims of which have recently been so strongly urged in certain quarters. The advantages and limitations of this form of electricity are here very carefully stated.

OTIS CLAPP & SON'S PHYSICIAN'S VISITING LIST. Boston, 3 Beacon Street.

FAULKNER'S HOMŒOPATHIC PHYSICIAN'S VISITING LIST. New York: Boericke & Tafel.

THE PHYSICIAN'S MEMORANDUM BOOK. Ann Arbor, Mich.: Joel A. Miner.

THE MEDICAL RECORD VISITING LIST. New York: Wm. Wood & Co.

All of these are good visiting lists, and we could conscientiously recommend any one of them. Individual tastes differ so much in this direction, that even if we should express our preference, many would doubtless disagree.

Otis Clapp & Son's is a new candidate for public favor, and besides handsome paper and binding, presents a very convenient arrangement for the record of visits and prescriptions: the columns for these adjoining instead of facing each other on opposite pages. It contains a few of the tables and information common to works of its class, but does not stretch the amount to the proportions of a text-book, thus making it cumbersome. It is small in size and compact for the pocket.

Faulkner's has pleased its users for years. One of its great points is its handy repertory.

Miner's peculiarities are its ledger sheets, its clinical record (pulse, temperature, etc.), and its cash accounts.

Wood's, unlike the others, which will do for any year, must be used in the year of its issue. It has the advantage, however, of having the whole of the date printed (day of the week and month). It is very handsomely gotten up.

Our Miscellany.

MUSHROOMS IN MAMMOTH CAVE. — The efforts of an enterprising Frenchman to rent a part of the Mammoth Cave for the raising of mushrooms are quite equal to Yankee thrift and ingenuity.

GREEN LIGHT FOR PLANTS. — It is said ("Journal of Chemistry") that plants will not thrive in a green light, but will soon wither and die under it. They specially require the red rays of the sun.

BETTER LEFT UNSAID. — A physician was called to visit a lady living at a considerable distance from him. After continuing his calls for some time, she expressed fear that it might be inconvenient for him to come so far on her account. "O madam," the doctor innocently replied, "I have another patient in the neighborhood, and I can thus kill two birds with one stone."

YELLOW FEVER. — Dr. Da Gama Lobo, of Rio Janeiro, physician to His Majesty the Emperor of Brazil, has been making microscopic investigations relative to the land origin of yellow fever. He found at Vera Cruz and at Havana evidence that these localities are fruitful sources of a poison which causes the disease. The toxic agent is derived from a species of infusoria, the *opunsia Mexicana*, which belongs to the family of *bacillæ*.

TRIBUTE TO MRS. ELIZABETH THOMPSON. — In honor of this well-known philanthropist, one of the White Mountain peaks has been named "Elizabeth Thompson." It is between the Garfield and Lafayette peaks. This lady, it will be remembered, defrayed the expenses of the Homœopathic Commissioners who went, in 1877, to New Orleans, Memphis, etc., for the relief of the yellow-fever sufferers; also to investigate the causes of that disease.

MECCA WATER. — Prof. Frankland, of London, has lately analyzed water taken from the sacred well of Mecca. The water is transported to all Mohammedan countries, and is greatly sought for by the faithful. The sample examined was found extremely filthy and much affected by sewage, and is forcibly described as bottled cholera. It requires no effort of the imagination to realize the virtues of this water as a disseminator of disease, whatever its merits may be. — *Boston Med. and Surg Jour.*

MALARIA IN NEW ENGLAND. — We learn that eight or ten cases of intermittent fever of unquestionable local origin have been observed in Millbury in this State. Millbury is a pleasant manufacturing town of about five thousand inhabitants, and is situated on the Blackstone River, not far from Worcester. The old theory that malaria never infected any granite region, but only when soil contained limestone, was long since exploded.

A FAIR, to raise funds for the RHODE ISLAND HOMŒOPATHIC HOSPITAL, the charter for which has been accepted, will be held in Music Hall, Providence, Jan. 17, 18, 19, and 20, by the Ladies' Aid Association. Gov. Littlefield and other prominent citizens are on the Executive Committee. It is earnestly hoped that this fair may be a grand success, and that the hospital may be soon established. Friends of homœopathy throughout New England are invited to contribute salable articles or money, and to be present.

ADVICE TO YOUNG DOCTORS. — From the "London Medical Times and Gazette" is the following cynical advice in reply to a correspondent: "It has been said that medical practitioners are even more indebted to new houses than are undertakers, and that when a young medical man of fair ability and pleasing manner wishes to settle down in London, his wisest course is to choose some semi-fashionable district, where showy houses, with low windows, and thin walls are being run up. If the soil on which the houses are being built is clay, so much the better for the young doctor. If the level of the ground is little above that of the Thames, his prospects are yet more brilliant. He may safely marry for love, for although the fees he will receive may not seem overwhelmingly large, he will be certain of constant employment. But towards the realization of all this, it is important he should secure for his own habitation an old and well-built house."

THE METRIC SYSTEM IN AMERICA. — Americans may find an ever-present metric standard in the *five-cent nickel pieces*. There are two centimetres in one diameter. They weigh five grammes each; the stamped "five" recalls this. Five in a row make one decimetre; one cubic decimetre equals one litre. The gramme equals one cubic centimetre of distilled water at standard temperature, and equals 15 grains. Fifty nickel pieces in a row equal one metre; the metre equals 39 4–10 inches, equals one yard and one nail (nearly). The "dioptric" in ophthalmology equals one metre, equals the measure of refraction of a lens of nearly forty inches focal length. One tenth of one centimetre equals one millimetre; homœopathic vials are uniformly indicated by writing their length in millimetres, followed by the figures denoting their breadth also in millimetres, — all in one continuous numeration. Homœopathic pellets are numbered by placing ten of the same size on a millimetre scale in one row. The number of millimetres over which they thus extend is the officinal number of such pellets. No. 40 is so called because ten of them measure forty millimetres, and so on. Greek prefixes increase the denominations decimally; Latin prefixes diminish in like manner, contrary to the custom in chemistry. — *Ex.*

IN order to aid the defective action upon starch by the natural diastate being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel, etc., without interfering either with its attractiveness in appearance, or its toothsomeness; indeed its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the maltine should be added. — *J. M. Fothergill.*

"SOUTHERN CLINIC," for January, 1881, under editorial notices, says of Powell's Combined Beef, Cod Liver Oil and Pepsin: "It is a preparation worthy of the attention of the medical profession. We have here a combination that is palatable, nutritious, and digestible."

"FOR the past few months I have recommended Phillips's Cod Liver Oil and Wheat Phosphates in general debility of the system, the result of pulmonary disease and nervous exhaustion; I have found the preparation particularly serviceable." — *Dr. McDonald in Lancet.*

41C
708+